Use of a Pain Assessment Survey to Address F-Tag 309 Requirements

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Purpose

This research was conducted to assess skilled nursing facility (SNF) preparedness for F-Tag 309 survey interpretive guidelines. New pain management guidance released by the Centers for Medicare & Medicaid Services (CMS) directs surveyors to investigate whether facilities are following proper pain management practices. To comply with these requirements, SNFs need to evaluate how professional staff screen, assess, monitor, and establish a plan of care to manage pain in order to avoid being cited with a quality of care deficiency.

Method

Nursing personnel from two facilities in New Jersey were randomly selected to participate in a survey to assess pain management practices and preparedness for F-Tag 309. Questions were divided into sections to evaluate screening, assessment, plan of care, monitoring and care planning associated with pain management. Each section in this paper-based survey accounted for 20 points. A scoring system was developed to rate each survey and calculate individual respondent and aggregate facility scores. Items were scored from 0 to 5, depending on the number and type of question in each section. Higher scores indicated a greater level of preparedness and these ranged from 0 to 100. This data, along with demographic information about respondents and their estimate of the prevalence of moderate-severe pain were entered into Microsoft Access, which was used to perform the analysis.

Results

There were 40 surveys returned, all of which were included in the analysis. The majority of respondents (77%) had 11 or more years of professional experience and most (52%) were RNs. Overall, the mean percentage of residents with moderate-severe pain was estimated to be 67% (range 4%-100%). The readiness score for facility one, two, and overall was 91, 74, and 84, respectively. In the aggregate sample, points were derived from screening (14.6), assessment (16.9), plan of care (18.1), monitoring (18.3), and care planning/implementation (16.1). Residents were most frequently screened for pain upon admission (77%) and when their condition changed (62%) but 20% were not screened regularly. Respondents observed (95%) and interviewed residents (95%) rather than depend on chart review (30%) or the MDS (47%) to screen for pain. The numeric pain scale was selected by 80% of respondents as the most frequently used pain assessment tool. Approximately half indicated they could recognize target signs/symptoms of pain (55%) and screen for different types of pain (50%). Some care plans were not revised when necessary (28%) and frequently did not contain monitoring parameters (38%). Some respondents did not use a standardized pain protocol (13%) or an assessment tool (15%). Pharmacologic (65%) and non-pharmacologic (30%) approaches were used to treat pain but treatment goals were not included in 15% of care plans.

Conclusions

Administering a survey to nursing professionals can provide insight into the preparedness of a facility for the new F-Tag guidance provided to LTC surveyors. Although not validated, the survey can be used as part of a comprehensive plan to identify areas for improvement and to optimize pain management. Educational efforts should be specific for each facility based on survey results. Screening for pain and care planning are areas that should be addressed based on these results. Administration of this survey
will be expanded to include other facilities, including hospitals, which will provide an opportunity to benchmark as compared to the aggregate sample.