Clinical Support Personnel in the U.S. Hospitals: Job Trends From 2010-2014

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Objective

- To obtain a detailed and up-to-date picture of hospital-based CSP workforce in the U.S.
- To understand how hospitals are using CSPs currently
- To assess the presence of CSPs in hospital use since the 2010 passage of the ACA

Background

What is Critical Support Personnel (CSP)?
- CSPs are a portion of the allied health workforce who perform clinical tasks under the supervision of registered nurses or other licensed healthcare professionals in hospitals
- CSPs include Unlicensed Assistant Personnel (UAP), whose primary function is to support nurses, and additional part-time support workers that are supervised by other clinicians
- CSPs typically require an associate degree, 6-12 week certified training, or a job training
- In 2012, 130 percent (61 million) of healthcare jobs required post-secondary or no, degree, this group of workers is projected to grow to almost 1.8 million by 2020 with a 35 percent projected job growth

Why is CSPs Important?
- CSPs form a large part of this group of workforce
- CSPs is a portion of the allied health workforce who perform delegated and supervised by nurses in hospitals
- CSPs are growing in importance as hospitals manage professional shortages while at the same time trying to reduce patient-to-nurse ratio laws
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What is the Limitation?
- Limited research on hospital-based CSPs
- Most research has been focused on UAPs, a subset of CSPs
- Those require the lowest education level and remuneration during the same time reducing costs (Huslen 1998, Zimmermann 2000, Omre et al. 1988, Keener 2010)

What is the limitation in the literature?
- Data collection was based on hospital-based CSPs
- Most recent data has been focused on UAPs, a subset of CSPs

Data Source

2010-2014 Premier's operational database
- The database contains information on basic facility characteristics, department characteristics, job title and description, and staffing information such as labor hours, expenses, and skill-mix categories

Identification Strategy
- Identification criteria for CSP title was based on the skill mix category and job description in Premier's operational database
- Skill mix categories include 1) titles that belong to “critical non-clinical skill-mix category”, 2) Titles with “assistant”, “aide” or “technician” suggesting providing supports for diagnostic, technical, and clerical roles, 3) Jobs that work in clinical or hospital settings
- Critical non-clinical skills included: 1) jobs that are externally mandated to be licensed, and 2) Any jobs requiring a baccalaureate degree

Classification Strategy
- CSP job was categorized into 3 levels based on the entry level educational requirements as follows:
  - Level-1 CSPs require an associate degree
  - Level-2 CSPs require a post-secondary degree or a certificate
  - Level-3 CSPs require a high school diploma and on-the-job training

Classification Strategy
- Educational requirements were based on various sources of information, including requirements posted by U.S. job descriptions from major online job boards, salary and skill interview with industry experts.

Measurement

Labor Hour: The annual average number of worked hours for each job title
- Includes regular work, overtime, education, meetings, call back (excluding on-call hours during which staff are not actually called in) and other worked hours, representing the time necessary to care for patients in the hospital, which represents over 500 healthcare systems with a presence in all 50 states and District of Columbia
- Final analytical data included 438 facilities, 214 departments, and 281 unique job titles

Conclusion, Policy Implications, and Future Research

- In the absence of representative data on CSPs, this longitudinal analysis demonstrates the importance of examining CSP workforce in greater detail that BLS is able to do
- The dearth of data among these workers suggests that they represent critical job opportunities for Americans and are critical to delivering safe and effective healthcare
- Our current analysis lays the groundwork for future research to examine how the CSPs relates to hospital staffing, particularly nurses and other CLM professionals
- Ultimately, future studies should explore the relationship of specific CSP staffing mix ratios to quality and cost outcomes

Analytical Approach

Quantitative Analysis
- Examined the 2014 distribution of CSP average worked hours across all CSP jobs
- Examined the trends of CSP average worked hours by job titles in hospitals across all states for 2010-2014
- Examined the percentage change in average worked hours for each CSP job from 2010-2014

Discussion
- Hospitals reduced the use of higher paying CSPs while increasing those require the lowest education level and remuneration during the same time reducing costs (Huslen 1998, Zimmermann 2000, Omre et al. 1988, Keener 2010)
- Despite the overall decrease, the use of level-1 CSPs was growing during the recession, may be entering the country with student visas and the availability of appropriately trained staff to participate in Premier data collection effort
- Could be part of an effort to reduce labor costs, or attributable to changes in patient demographics, such as an increasing proportion of the older patients who require in-hospital services (Cook et al. 2010, Cheadle et al. 2013) to changes in patient demographics, such as an increasing proportion of the older patients who require in-hospital services (Cook et al. 2010, Cheadle et al. 2013)
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Limitations
- Our analysis is limited by the fact that it is a convenience sample
- The sample contained a greater proportion of large facilities, potential differences in software costs and the availability of appropriately trained staff to participate in Premier data collection effort
- We face the challenge of obtaining reliable and comprehensive data on hospital-based CSP workforce.