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 understand how hospitals use in hospital use of CSPs 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 Assistance Personnel (UAP), whose primary function is to support nurses, and additional paraprofessional support workers that are supervised by other colleagues.

Identification Strategy
• Identification criteria for CSP title was based on the skill mix category and job description in Premier’s operational database

Measurement

Labor Hour: The annual average number of worked hours for each job title/hospital
• 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 and meet operational needs.
• 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 sheer numbers of these workers suggest that they represent critical job opportunities for Americans and are critical to delivering safe and cost effective healthcare

Classification Strategy
• CSP job was categorized into 3 levels based on the entry-level educational requirements as follows:
  - Level-1 CSPs: require a high school diploma and on-the-job training.
  - Level-2 CSPs: require a high school diploma, a certification and a minimum of 1 year of experience.
  - Level-3 CSPs: require a high school diploma and an associate degree, to a bachelor’s degree.

Results

• The use of various forms of CSPs has been a primary strategy for hospitals to manage professional skill mix changes while at the same time reducing costs (Huston 1996, Zimmerman 2000, Orne et al. 1996). At that time, only Level-1 CSPs required a high school diploma for jobs that are externally regulated.

Discussion

• Despite the overall decrease, the use of Level-1 CSPs was growing possibly stemming from software costs and the availability of appropriately trained staff to participate in Premier data collection effort.

Conclusion, Policy Implications, and Future Research

• Our analysis is limited by the fact that it is a convenience sample
• The sample contained a greater proportion of large facilities, possibly representing less from software costs and the availability of appropriately trained staff to participate in Premier data collection effort

Limitations

• The mere numbers of these workers suggest that they represent critical job opportunities for Americans and are critical to delivering safe and cost effective healthcare
• Our current analysis lays the groundwork for future research to examine how the CSPs relates to hospital staffing, particularly nurses and other licensed providers.

Appendix

Data Source

12014-Premier’s operational database
• The database contains information on basic facility characteristics, departmental data, job title and description, and staffing information such as labor hours, expenses, and skill mix categories

Table 1: Classification Strategy

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Table 2: Data Measurement

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- 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 sheer numbers of these workers suggest that they represent critical job opportunities for Americans and are critical to delivering safe and cost effective healthcare
- Our current analysis lays the groundwork for future research to examine how the CSPs relates to hospital staffing, particularly nurses and other licensed providers.
- Ultimately, future studies should explore the relationship of specific CSP staffing mix ratios to quality and cost outcomes

Table 3: Analysis Approach

Analysis Approach
• Examined the 2014 distribution of CSP average worked hours across all CSP job titles.
• Examined the trends of CSP average worked hours by job titles in U.S. hospitals and across all job levels by hospital years.
• Examined percentage change in average worked hours for each CSP job from 2010-2014

Table 4: Trends in Mean Number of CSP Hours By Levels and Hospital Locations

Figure 1: Percentage Distribution of U.S. CSP Worked Hours Among Job Titles, 2010-2014

Figure 2: Percentage Change of Mean Number of Specific CSP Hours in Hospitals by Job Levels, 2010-2014

Figure 3: Trends in Mean Number of Specific CSP Hours by UAPs, 2010-2014

Figure 4: Trends in Mean Number of CSP Hours By Levels and Hospital Locations, 2010-2014

Figure 5: Trends in Number of Specific CSP Hours in Hospitals by Levels, 2010-2014