



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

SLP Health Care Survey Report:
Practice Trends
2015–2017

Gail Brook, Surveys and Analysis
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289
August 15, 2017

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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2017 SLP Health Care Survey* to gather information from speech-language pathologists (SLPs) about the workforce, service provision, earnings, and other professional topics. Results from this survey are presented in a series of reports, including this report on practice trends.

Results from the 2015 *ASHA SLP Health Care Survey* are included in this report for comparative purposes.

Survey Report Highlights

Productivity

- In 2017, 64% of SLPs had a productivity requirement, up slightly from 60% in 2015.
- In 2017, the median productivity percentage was 80%—the same as in 2015.
- In 2017, 41% of clinicians reported that meeting the productivity requirement at their job was *very important*, about the same as in 2015 (42%).
- In 2017, 16% of SLPs reported that clinical team meetings counted toward their productivity calculation, down slightly from 20% in 2015.
- In 2017, only 13% of SLPs *always* completed documentation at the point of service (i.e., with the patient present)—the same as in 2015.

Unpaid, Off-the-Clock Work

- In 2017, 27% of hourly SLPs worked “off the clock” *typically daily*, down from 32% in 2015.

Pressure to Engage in Clinically Inappropriate Activities

- In 2017, 69% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, up from 62% in 2015.
- In 2015 and 2017, SLPs in skilled nursing facilities were least likely to report that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months.

Addressing Cultural and Linguistic Influences on Communication

- In 2017, 48% of SLPs reported using an interpreter or cultural broker in the past 12 months to address cultural and linguistic influences on communication, down slightly from 50% in 2015.

Productivity Requirement

In 2017, overall, 64% of SLPs reported that they had a productivity requirement, up slightly from 60% in 2015 (see Appendix, Table 1).

Productivity Requirement, by Health Care Setting

From 2015 to 2017, SLPs in pediatric hospitals and skilled nursing facilities were most likely to have a productivity requirement (see Appendix, Table 1). SLPs in home health care settings were least likely to have a productivity requirement. In 2017, 36% of SLPs in home health care settings had a productivity requirement, about the same as in 2015 (33%).

Productivity Percentage

In 2017, SLPs' overall median productivity percentage was 80%—the same as in 2015 (see Appendix, Table 2).

Productivity Percentage, by Health Care Setting

From 2015 to 2017, SLPs in skilled nursing facilities had the highest median productivity percentage (85%; see Appendix, Table 2). SLPs in pediatric hospitals had the lowest median productivity percentage (65%–70%).

Importance of Meeting Productivity Requirement

In 2015 and 2017, SLPs who had a productivity requirement were asked to use a 5-point scale to rate how important meeting the requirement was at their job. In 2017, 75% of SLPs rated meeting the requirement as 4 (*somewhat important*) or 5 (*very important*), about the same as in 2015 (76%; see Table 1).

Table 1. Ratings for how important it is for SLPs to meet the productivity requirement at their job, by year.

Rating	%	
	2015 (n = 897)	2017 (n = 1,004)
1 = <i>Not at all important</i> ^a	< 1	1
2 = <i>Not very important</i>	4	5
3 = <i>Midpoint</i>	20	20
4 = <i>Somewhat important</i>	34	34
5 = <i>Very important</i> ^b	42	41

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%. ^aIn 2015, this item was titled “1 = Of no importance.” ^bIn 2015, this item was titled “5 = Extremely important.”

Calculating Productivity

In 2015 and 2017, SLPs were asked to indicate the activities that counted toward their productivity calculation when the patient was not present. In 2017, 16% of SLPs indicated that clinical team meetings counted toward their productivity calculation, down slightly from 20% in 2015 (see Table 2).

Table 2. Percentage of SLPs who reported that the following activities counted toward their productivity calculation when the patient was not present, by year.

Activity	%	
	2015 (n = 916)	2017 (n = 1,021)
Care coordination activities	13	11
Clinical team meetings	20	16
Documentation	19	13
In-services or informal staff training sessions ^a	18	15
Other activities ^b	11	5
Nothing counts when patient is <u>not</u> present ^c	64	68

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. ^aIn 2015, this item was titled “In-services or informal staff training.” ^bIn 2015, this item was titled “Other clinical activities (e.g., preparing materials, communication boards).” ^cIn 2015, this item was titled “None of the above.”

Point-of-Service Documentation

In 2015 and 2017, SLPs who had a productivity requirement were asked how often they completed documentation at the point of service (i.e., with the patient present). In 2017, overall, 56% of the SLPs reported that they *rarely* or *never* completed documentation at the point of service—the same as in 2015 (see Appendix, Table 3).

Point-of-Service Documentation, by Health Care Setting

From 2015 to 2017, SLPs in home health care settings and skilled nursing facilities who had a productivity requirement were most likely to report that they *usually* or *always* completed documentation at the point of service (see Appendix, Table 3). SLPs in general medical, Veterans Affairs (VA), long-term-acute care (LTAC), and pediatric hospitals who had a productivity requirement were most likely to report that they *rarely* or *never* completed documentation at the point of service.

Unpaid, Off-the-Clock Work

In 2017, overall, 27% of hourly SLPs reported working “off the clock” *typically daily*, down from 32% in 2015 (see Appendix, Table 4). Nearly one third of hourly SLPs (31%) reported *never* working off the clock, about the same as in 2015 (29%).

Unpaid, Off-the-Clock Work, by Health Care Setting

From 2015 to 2017, hourly SLPs in home health care settings were most likely to report working off the clock *typically daily* (see Appendix, Table 4). In 2017, 47% of hourly SLPs in home health care settings reported working off the clock *typically daily*, about the same as in 2015 (50%).

Pressure to Engage in Clinically Inappropriate Activities

In 2017, overall, 69% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, up from 62% in 2015 (see Table 3 and Appendix, Table 5).

Table 3. Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, by year.

Clinically inappropriate activity	%	
	2015 (n = 1,555)	2017 (n = 1,643)
Alter documentation for reimbursement	8	6
Discharge inappropriately (e.g., early or delayed)	19	15
Provide evaluation and treatment that are not clinically appropriate	16	11
Provide inappropriate frequency or intensity of services	20	16
Provide services for which you had inadequate training and/or experience	8	7
Did not feel pressured	62	69

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.

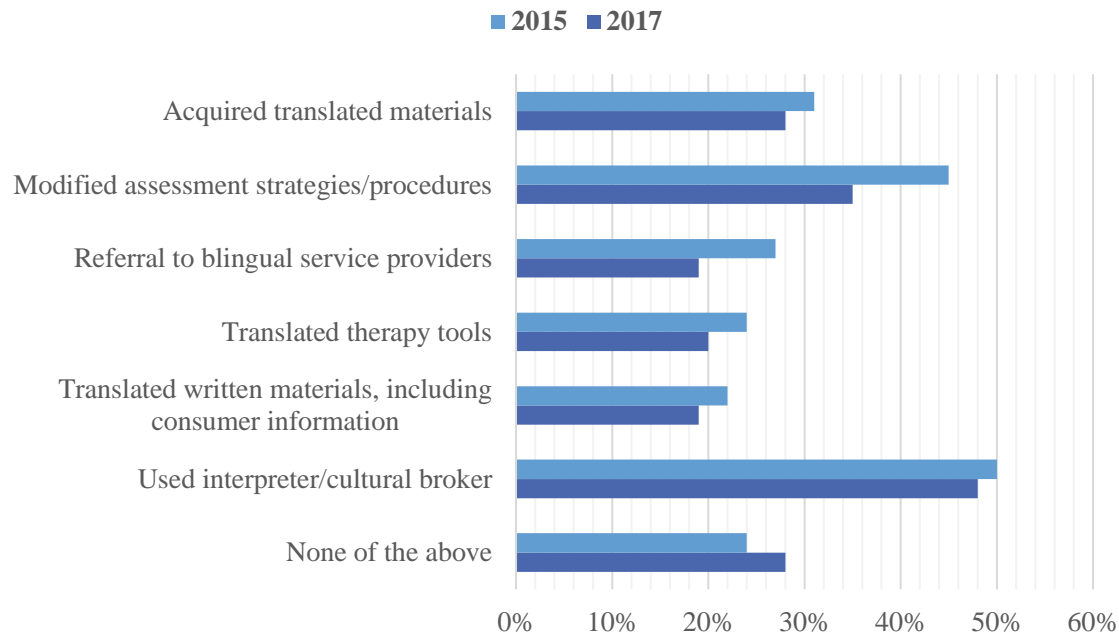
Pressure to Engage in Clinically Inappropriate Activities, by Health Care Setting

In 2015 and 2017, SLPs in skilled nursing facilities were least likely to report that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months (see Appendix, Table 5).

Addressing Cultural and Linguistic Influences on Communication

In 2015 and 2017, SLPs were asked to identify the clinical approaches they had used in service delivery in the past 12 months to address cultural and linguistic influences on communication. In 2017, overall, 48% of SLPs reported using an interpreter or cultural broker, down slightly from 50% in 2015 (see Figure 1 and Appendix, Table 6). About one third of SLPs (35%) reported modifying assessment strategies or procedures, down from 45% in 2015.

Figure 1. Percentage of SLPs who reported using the following clinical approaches in service delivery in the past 12 months to address cultural and linguistic influences on communication, by year.



Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. $n = 1,573$ (2015); $n = 1,655$ (2017).

Addressing Cultural and Linguistic Influences on Communication, by Health Care Setting

The clinical approaches used by SLPs in service delivery to address cultural and linguistic influences on communication varied by health care setting. For example, in 2015 and 2017, 30% of SLPs in skilled nursing facilities reported using an interpreter or cultural broker in the past 12 months to address cultural and linguistic influences on communication, compared with more than 80% of SLPs in pediatric hospitals (see Appendix, Table 6).

Survey Methodology

The survey was sent in February 2017 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care facilities in the United States. The sample was stratified by type of facility and by private practice. Of this group, 1,500 SLPs were assigned to a control group to receive the survey via postal mail. They also received a survey pre-notification e-mail at the time of the first postal mailing. Second (March) and third (April) postal mailings followed, at approximately 3- or 4-week intervals. An e-mail with a link to a web-based survey was sent in May to those who had not yet responded. The 2,500 SLPs assigned to an experimental group were sent up to four e-mails with a link to a web-based survey between February and May, as well as up to two surveys sent via postal mail in March and April.

Because facilities with fewer SLPs, such as pediatric hospitals, were oversampled, ASHA used weighting when presenting survey data.

Response Rates

Of the original 4,000 SLPs in the sample, 11 were retired, seven had incorrect postal mail addresses, 94 were employed in other types of facilities, 13 were not employed in the field, and three were ineligible for other reasons, which left 3,872 possible respondents. The actual number of respondents was 2,019—a 52.1% response rate. Past *ASHA SLP Health Care Survey* response rates were 54.6% (2005), 63.8% (2007), 54.6% (2009), 62.5% (2011), 53.5% (2013), and 46.9% (2015).

Suggested Citation

American Speech-Language-Hearing Association. (2017). *SLP Health Care Survey report: Practice trends, 2015–2017*. Available from www.asha.org.

Additional Information

Companion survey reports are available on the ASHA website at www.asha.org/Research/memberdata/HealthcareSurvey/.

Questions?

For additional information regarding this report, please contact Janet Brown, director of Health Care Services, at 800-498-2071, ext. 5679 or jbrown@asha.org. To learn more about how the Association is working on behalf of ASHA-certified SLPs in health care settings, visit www.asha.org/slp/healthcare.

Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and the public. Thank you!

Appendix: Data Tables



Productivity Requirement, by Health Care Setting and Year

Table 1. *Do you have a productivity requirement?*

Response	%						
	Overall	General medical/ VA/LTAC hospital	Home health agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (n = 1,590)							
Yes	64	76	36	45	85	75	95
No	36	24	64	55	15	25	5
2015 (n = 1,537)							
Yes	60	59	33	51	87	80	83
No	40	41	67	49	13	20	17

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.

Productivity Percentage, by Health Care Setting and Year

Table 2. *What is your productivity requirement?*

Productivity requirement	%						
	Overall	General medical/ VA/LTAC hospital	Home health agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (n = 962)							
Median (middle)	80	80	80	78	70	75	85
Mean (average)	78	78	73	76	69	78	85
Mode	80	80	80	80	60	75	85
2015 (n = 827)							
Median (middle)	80	80	80	75	65	80	85
Mean (average)	80	80	79	76	68	80	86
Mode	80	80	80	80	65	80	85

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.

Point-of-Service Documentation, by Health Care Setting and Year

Table 3. How often do you complete documentation at point of service (i.e., with patient present)?

Response	%						
	Overall	General medical/ VA/LTAC hospital	Home health agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (<i>n</i> = 1,570)							
Never	18	31	13	19	34	20	7
Rarely	38	50	31	40	46	47	31
Usually	32	13	33	29	17	24	51
Always	13	7	24	12	3	9	10
2015 (<i>n</i> = 1,527)							
Never	23	32	17	20	49	23	20
Rarely	33	49	25	39	36	32	28
Usually	31	16	35	29	9	39	39
Always	13	3	23	12	6	7	14

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%.

Unpaid, Off-the-Clock Work, by Health Care Setting and Year

Table 4. IF YOU ARE AN HOURLY EMPLOYEE, did you perform unpaid, “off-the-clock” work during 2014 or 2016?

Response	%						
	Overall	General medical/ VA/LTAC hospital	Home health agency/client’s home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (<i>n</i> = 1,077)							
Yes—typically daily	27	15	47	33	14	17	24
Yes—typically a few times a week	19	15	22	20	21	18	18
Yes—typically a few times a month	23	20	20	23	32	27	25
No—never	31	51	12	24	32	38	34
2015 (<i>n</i> = 1,070)							
Yes—typically daily	32	22	50	31	27	31	25
Yes—typically a few times a week	20	15	25	24	17	22	18
Yes—typically a few times a month	19	22	13	20	3	11	25
No—never	29	42	12	25	53	36	32

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%.

Pressure to Engage in Clinically Inappropriate Activities, by Health Care Setting and Year

Table 5. *In the past 12 months, have you felt pressured by an employer or supervisor to engage in any of the following activities? (Select all that apply.)*

Clinically inappropriate activity	%						
	Overall	General medical/ VA/LTAC hospital	Home health agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (<i>n</i> = 1,643)							
Alter documentation for reimbursement	6	7	4	4	2	4	10
Discharge inappropriately (e.g., early or delayed)	15	6	8	6	7	15	37
Provide evaluation and treatment that are not clinically appropriate	11	14	6	4	4	12	23
Provide inappropriate frequency or intensity of services	16	15	10	7	12	17	32
Provide services for which you had inadequate training and/or experience	7	6	10	8	7	6	6
Did not feel pressured	69	75	76	79	77	70	47
2015 (<i>n</i> = 1,555)							
Alter documentation for reimbursement	8	4	5	6	3	11	15
Discharge inappropriately (e.g., early or delayed)	19	13	12	11	9	16	43
Provide evaluation and treatment that are not clinically appropriate	16	17	7	5	7	26	37
Provide inappropriate frequency or intensity of services	20	19	11	10	6	24	41
Provide services for which you had inadequate training and/or experience	8	11	10	10	6	5	5
Did not feel pressured	62	67	70	72	81	53	40

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.

Addressing Cultural and Linguistic Influences on Communication, by Health Care Setting and Year

Table 6. *In the past 12 months, which clinical approaches have you used in service delivery to address cultural and linguistic influences on communication? (Select all that apply.)*

Clinical approach	%						
	Overall	General medical/ VA/LTAC hospital	Home health agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (<i>n</i> = 1,655)							
Acquired translated materials	28	39	22	20	53	44	25
Modified assessment strategies/procedures	35	40	27	32	47	46	36
Referral to bilingual service providers	19	17	16	27	41	26	8
Translated therapy tools	20	25	14	14	21	40	22
Translated written materials, including consumer information	19	22	17	13	40	31	19
Used interpreter/cultural broker	48	77	41	43	81	71	30
None of the above	28	14	35	31	9	11	37
2015 (<i>n</i> = 1,573)							
Acquired translated materials	31	37	30	26	41	40	28
Modified assessment strategies/procedures	45	57	41	47	46	46	40
Referral to bilingual service providers	27	33	28	30	59	27	15
Translated therapy tools	24	31	21	17	25	39	25
Translated written materials, including consumer information	22	30	18	17	25	37	19
Used interpreter/cultural broker	50	69	46	47	85	71	30
None of the above	24	18	26	23	4	12	33

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.