ASHA
Speech-Language Pathology
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SLP HEALTH CARE 2019 SURVEY

Practice Issues

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Contents

Executive Summary 1

Productivity Requirement 2

Productivity Percentage 3

Productivity Activities 3

"Off-the-Clock" Work 4

Pressure From Employers or Supervisors 5

Alternative Payment Models 5

Multiskilling 6
- Activities 6
- Preparation 8

Survey Notes and Methodology 9
- Response Rate 9

Survey Reports 9

Suggested Citation 10

Supplemental Resources 10

Additional Information 10

Thank You 10

Appendix: State Listings and Data Tables 11
- Regions of the Country 12

Figures

Figure 1: Percentage of SLPs With a Productivity Requirement, by Facility 2
Figure 2: Percentage of SLPs With a Productivity Requirement, by Region of the Country.....2
Figure 3: Productivity Percentage Required, by Type of Facility.....3
Figure 4: Off-the-Clock Work, by Facility.....4

Table

Table 1: Preparation for Multiskilling Activities.....8

Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2019. We designed the survey to provide information about health care–based service delivery and to update and expand information gathered during previous SLP Health Care Surveys. The results are presented in a series of reports.

This report addresses only questions on the survey pertaining to practice issues. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), and long-term acute care (LTAC) hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs).

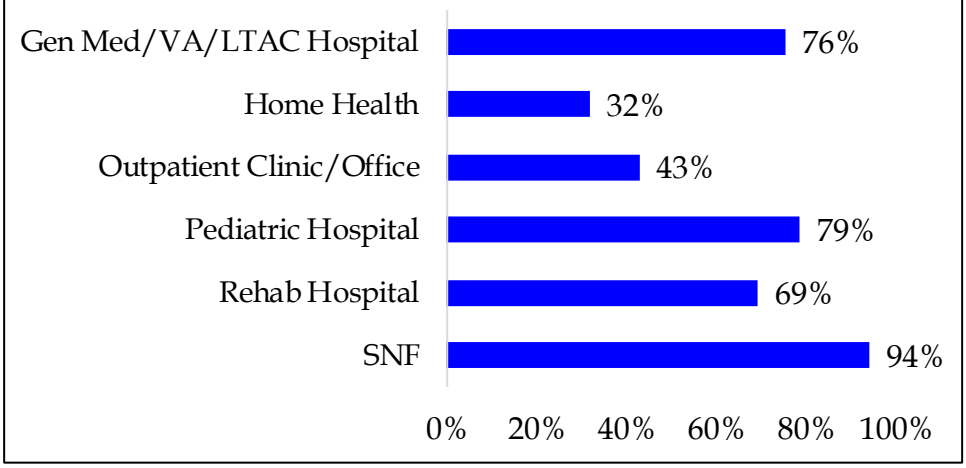
Highlights

- 94% of SLPs in SNFs had productivity requirements.
- The average productivity requirement was 79%, ranging from 68% in pediatric hospitals to 84% in SNFs.
- 69% said nothing counted toward their productivity requirement when patients were not present.
- 25% typically performed "off-the-clock" work daily.
- 14% had been pressured by employers or supervisors to discharge inappropriately (e.g., early or delayed) or to provide inappropriate frequency or intensity of services.
- 54% of clinical service providers had never heard of alternative payment models.
- 32% of clinical service providers in home health agencies or clients' homes were required to perform medication reconciliation as part of their job.
- 23% of SLPs in home health agencies or clients' homes had been very well prepared by their current employer to perform medication reconciliation.

Productivity Requirement

Of the SLPs who were clinical service providers and worked full- or part time, 61% said they had a productivity requirement. Productivity requirements were more common in SNFs than in other facilities (p = .000; see Figure 1).

Figure 1: Percentage of SLPs With a Productivity Requirement, by Facility

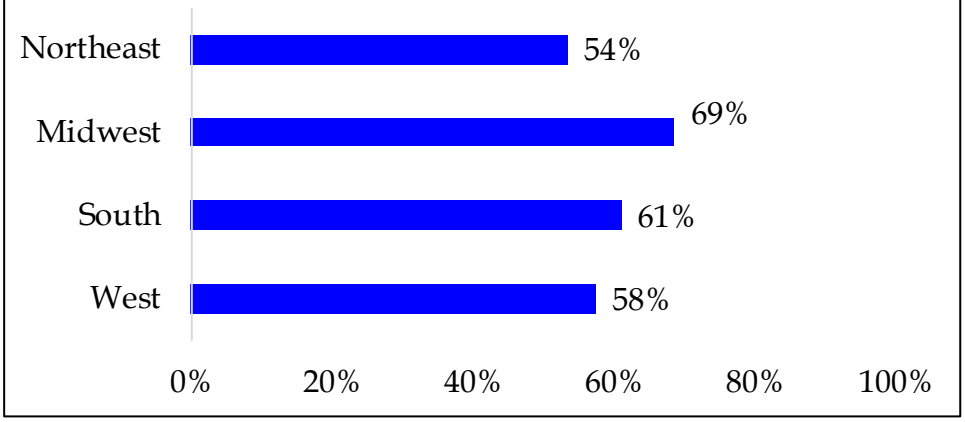


Note. n = 1,865.

SLPs who were paid per visit (17%) were less likely than those who received an annual salary (61%) or hourly wage (71%) to have a productivity requirement (p = .000).

SLPs who were employed in the Midwest were more likely than those in other parts of the country to report a productivity requirement (p = .000; see Figure 2).

Figure 2: Percentage of SLPs With a Productivity Requirement, by Region of the Country

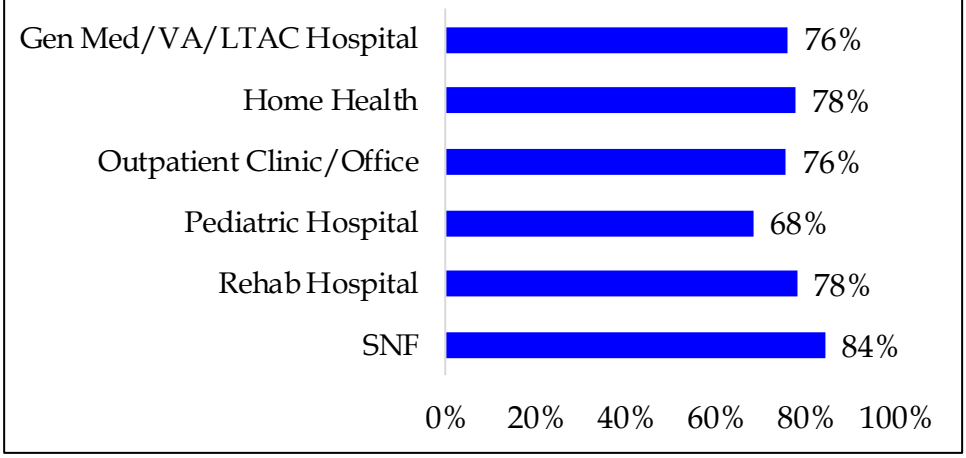


Note. n = 1,892.

Productivity Percentage

The average (mean) productivity requirement was 79%, ranging from a low of 68% in pediatric hospitals to a high of 84% in SNFs (p = .000; see Figure 3).

Figure 3: Productivity Percentage Required, by Type of Facility



Note. n = 1,038.

Interpreting data from Figures 1 and 3 tells us that 94% of SLPs in SNFs, for example, had a productivity requirement (see Figure 1), and the average productivity requirement for that group was 84% (see Figure 3).

Productivity Activities

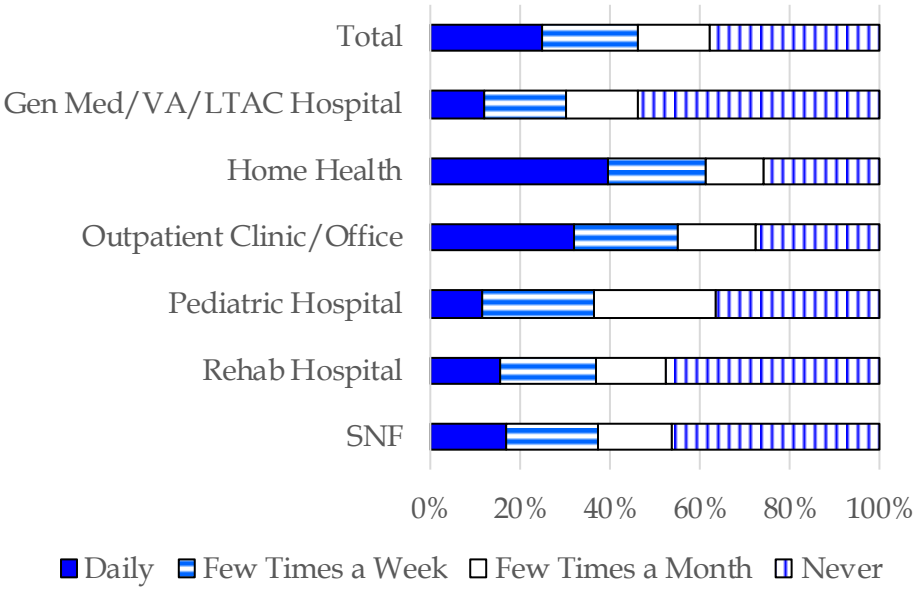
We asked SLPs with a productivity requirement to select which of five activities counted toward their productivity calculation when patients were not present. Note that 69% said that nothing counted when patients were not present.

- SLPs selected "clinical team meetings" more frequently (16%) than they selected any of the other activities. The range was from 10% of SLPs in SNFs to 28% of SLPs in home health agencies or clients' homes (p = .000).
- 14% selected "documentation." The type of facility where SLPs were employed was not a significant predictor of their responses (p = .061).
- 14% selected "in-services or informal staff training sessions." The range was from 8% of SLPs in pediatric hospitals to 21% of SLPs in home health agencies or clients' homes (p = .042).
- 12% selected "care coordination activities." The range was from 8% in outpatient clinics or offices to 22% in home health agencies or clients' homes (p = .015).
- 5% of the SLPs said that other activities counted. Facility was not a predictor of this response (p = .204).

"Off-the-Clock" Work

Overall, one quarter (25%) of the SLPs who were clinical service providers and worked full- or part time said that they typically performed off-the-clock work daily during 2018, 21% a few times a week, 16% a few times a month, and 38% never (see Figure 4).

Figure 4: Off-the-Clock Work, by Facility



Note. n = 1,667.

Facility type (p = .000), region of the country (p = .013), population density (p = .000), and salary basis (p = .000) all had an effect on responses. (See Appendix for list of states in each region.)

- Between 12% of SLPs in general medical, VA, or LTAC hospitals and pediatric hospitals and 40% in home health agencies or clients' homes typically performed off-the-clock work daily.
- Between 21% of SLPs in the Midwest and 31% in the Northeast typically performed off-the-clock work daily.
- Between 18% of SLPs in rural areas and 28% in suburban areas typically performed off-the-clock work daily.
- Between 18% of SLPs who received an hourly wage and 48% who were paid per visit performed off-the-clock work daily.

Pressure From Employers or Supervisors

When we asked participants in the survey whether they had been pressured by their employers or supervisors to engage in any of five types of activities, 68% said that they had not been pressured. This response ranged from 49% in SNFs to 80% in pediatric hospitals (p = .000).

The type of facility where SLPs worked was related to all five activities.

- Overall, 14% said they had been pressured to discharge inappropriately (e.g., early or delayed). The range was from 6% in outpatient clinics or offices to 35% in SNFs (p = .000).
- Overall, 14% felt pressured to provide inappropriate frequency or intensity of services. The range was from 8% in outpatient clinics or offices to 23% in SNFs (p = .000).
- Overall, 12% felt pressured to provide evaluation and treatment that were not clinically appropriate. The range was from 6% in outpatient clinics or offices and in home health agencies or clients' homes to 25% in SNFs (p = .000).
- Overall, 8% felt pressured to provide services for which they had inadequate training and/or experience. The range was from 6% in rehab hospitals and SNFs to 11% in outpatient clinics or offices (p = .020).
- Overall, 4% felt pressured to alter documentation for reimbursement. The range was from 1% in pediatric hospitals to 6% in SNFs (p = .028).

Alternative Payment Models

Clinical service providers who were employed full- or part time were asked how familiar they were with the concept of alternative payment models in health care delivery and payment.

- 54% had never heard of it.
- 25% had only HEARD of it.
- 19% knew a little about it.
- 2% knew a lot about it.

Those who had never heard of it ranged from 41% of SLPs in SNFs to 71% in pediatric hospitals (p = .000).

Population density had an effect on responses: 43% of SLPs in rural areas, 53% in city or urban areas, and 59% in suburban areas had never heard of it (p = .000). In addition, 51% of SLPs who were paid hourly, 56% paid annually, and 61% paid per visit had not heard of it (p = .012).

Multiskilling

Multiskilling was introduced with the following definition:

Multiskilling *refers to cross-training of basic patient care skills (e.g., taking vitals), professional non-clinical skills (e.g., patient/family education on medication compliance), administrative skills (e.g., quality improvement activities), and/or cross-training of clinical disciplines (e.g., suctioning individuals with tracheostomies).*

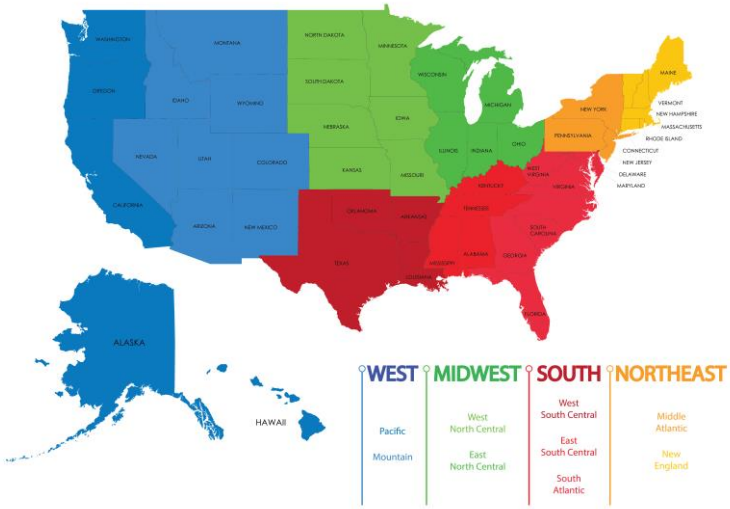
Multiskilling activities are provided within the contexts of the ASHA Code of Ethics, federal/state laws and regulations, and reimbursement and regulatory guidelines.

Activities

The definition was followed by two questions on the topic. The first question asked the SLPs who were clinical service providers to identify which of six activities—that are not included in ASHA's scope of practice—they were required to do as part of their job.

- Overall, 25% selected "physical transfers of patients." The range was from 14% in home health agencies or clients' homes to 54% in rehab hospitals (p = .000). Region of the country also had an effect, with a range of 19% of SLPs in the Northeast to 29% in the South selecting this response (p = .003).
- Overall, 20% selected "vitals." The range was from 8% in outpatient clinics or offices to 38% in home health agencies or clients' homes (p = .000). Region of the country also had an effect, with a range of 13% of SLPs in the Northeast to 25% in the South selecting this response (p = .000).
- Overall, 18% selected "suctioning," ranging from 7% in home health agencies or clients' homes to 45% in general medical, VA, or LTAC hospitals (p = .000). Region of the country also had an effect, with a range of 13% of SLPs in the Northeast to 21% in the West selecting this response (p = .013).
- Overall, 11% selected "medication reconciliation." The range was from 3% in outpatient clinics or offices to 32% in home health agencies or clients' homes (p = .000).
- Overall, 2% selected "wound measurement/management." The range was from approximately 1% in most types of facilities to 7% in home health agencies or clients' homes (p = .000).

- Overall, 3% selected "other." The range was from 2% in outpatient clinics or offices and SNFs to 6% in home health agencies or clients' homes (p = .024). Region of the country also had an effect, with a range of from 2% in the South to 6% in the West (p = .033).
- Overall, 59% selected "none of the above," ranging from 37% in general medical, VA, or LTAC hospitals and in rehab hospitals to 77% in outpatient clinics or offices (p = .000). Region of the country also had an effect, with a range of from 55% in the South to 65% in the Northeast (p = .012).



Preparation

The second multiskilling question asked how well prepared they had been by their current employer to perform the multiskilling activities.

Table 1: Preparation for Multiskilling Activities

Scale: 1 = Not at all prepared
2 = Minimally prepared
3 = Fairly well prepared
4 = Very well prepared
NA = Not applicable

Activity	1	2	3	4	NA	*n*
Physical transfers of patients	9%	20%	27%	24%	20%	656
Vitals	7%	17%	23%	22%	31%	603
Suctioning	10%	12%	15%	26%	37%	615
Medication reconciliation	11%	15%	11%	8%	55%	544
Wound measurement/ management	11%	5%	2%	1%	81%	486

The type of facility where SLPs were employed as clinical service providers had an effect on four responses.

- 33% in rehab hospitals; 28% in general medical, VA, or LTAC hospitals and in outpatient clinics or offices; 27% in pediatric hospitals; 18% in SNFs; and 15% in home health agencies or clients' homes were very well prepared for the physical transfer of patients (p = .000)
- 45% in home health agencies or clients' homes; 19% in SNFs; 18% in rehab hospitals; 16% in general medical, VA, or LTAC hospitals; 12% in outpatient clinics or offices; and 5% in pediatric hospitals were very well prepared for vitals (p = .000).
- 46% in general medical, VA, or LTAC hospitals; 29% in pediatric hospitals; 25% in rehab hospitals; 18% in outpatient clinics or offices; 16% in SNFs; and 14% in home health agencies or clients' homes were very well prepared to suction patients (p = .000).
- 23% in home health agencies or clients' homes; 5% in pediatric hospitals and outpatient clinics or offices; 3% in general medical, VA, or LTAC hospitals and in SNFs; and 2% in rehab hospitals were very well prepared for medication reconciliation (p = .000).

Survey Notes and Methodology

The *ASHA SLP Health Care Survey* has been fielded in odd-numbered years since 2005 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of SLPs.

The survey was fielded in February 2019 to a random sample of 4,500 ASHA-certified SLPs who were employed in health care settings in the United States. Half of each group was randomly assigned to a control group to receive cover letters with the chief executive officer's full signature, and half received letters signed with only her first name. Everyone also received an electronic "be-on-the-lookout-for" message sent 2 days before the mailing of the first letter. Second (March) and third (April) mailings followed, at approximately 3- or 4-week intervals.

The sample was a random sample, stratified by type of facility and by private practice. Small groups, such as pediatric hospitals, were oversampled. Weighting was used when presenting data to reflect the actual distribution of SLPs in each type of facility within ASHA.

Response Rate

Of the original 4,500 SLPs in the sample, 1 was deceased, 2 were retired, 14 had incorrect postal addresses, 39 were employed in other types of facilities, 7 were not employed in the field, and 4 were ineligible for other reasons, leaving 4,433 possible respondents. The actual number of respondents was 2,232, resulting in a **50.3%** response rate. The results presented in this report are based on responses from those 2,232 individuals.

Survey Reports

Results from the *ASHA 2019 SLP Health Care Survey* are presented in a series of reports:

- Survey Summary
- Workforce
- Practice Issues
- Caseload Characteristics
- Annual Salaries
- Hourly and Per Home-Visit Wages
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2019). *ASHA 2019 SLP Health Care Survey: Practice issues.* Retrieved from www.asha.org.

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). Documentation. Retrieved from www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Health-Care

American Speech-Language-Hearing Association. (n.d.-b). Health care resources. Retrieved from www.asha.org/slp/healthcare

American Speech-Language-Hearing Association. (2016). Code of ethics. Retrieved from www.asha.org/policy/ET2016-00342/

Additional Information

For additional information regarding the *ASHA 2019 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in SLP, ext. 5686, msampson@asha.org; or Rebecca Politis, associate director, Health Care Services in SLP, ext. 5679, rpolitis@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2019 SLP Health Care Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.

Appendix: State Listings and Data Tables

Regions of the Country

Northeast

- Middle Atlantic
  - New Jersey
  - New York
  - Pennsylvania
- New England
  - Connecticut
  - Maine
  - Massachusetts
  - New Hampshire
  - Rhode Island
  - Vermont

South

- East South Central
  - Alabama
  - Kentucky
  - Mississippi
  - Tennessee
- South Atlantic
  - Delaware
  - District of Columbia
  - Florida
  - Georgia
  - Maryland
  - North Carolina
  - South Carolina
  - Virginia
  - West Virginia
- West South Central
  - Arkansas
  - Louisiana
  - Oklahoma
  - Texas

Midwest

- East North Central
  - Illinois
  - Indiana
  - Michigan
  - Ohio
  - Wisconsin
- West North Central
  - Iowa
  - Kansas
  - Minnesota
  - Missouri
  - Nebraska
  - North Dakota
  - South Dakota

West

- Mountain
  - Arizona
  - Colorado
  - Idaho
  - Montana
  - Nevada
  - New Mexico
  - Utah
  - Wyoming
- Pacific
  - Alaska
  - California
  - Hawaii
  - Oregon
  - Washington