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 examine how their use has changed in hospital use since the 2010 passage of the ACA

Background

What is Clinical 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 Assistive Personnel (UAP), whose primary function is to support nurses, and additional paraprofessional support workers that are supervised by other healthcare practitioners
- CSPs are a workforce category that has an associate degree, 6 to 12 weeks certified training, on the job training
- In 2012, about 60 percent (9.1 million) of healthcare jobs required post-secondary or higher degree, this group of workers is projected to grow to about 12 million in 2020, with a 26 percent growth rate, compared to 7 percent for all healthcare workers
- CSPs form a large part of this group of workforce

Why is CSPs important?
- The aging population coupled with expanded health insurance coverage creates an increasing healthcare demand. Concerns have been expressed about the potential shortfall of clinicians, e.g. physicians, nurses, and licensed allied professionals, in particular due to their long training periods
- The use of various forms of CSPs has been a primary strategy for hospitals to manage professional shortages while at the same time reducing costs
- UAP jobs and 29 percent preferred certification for nursing assistants

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Identification Strategy
- Identification criteria for CSP title was based on the skill mix category and job description in Premier’s operational database
- CSPs are categorized into 3 levels: 1) Jobs that require a “clinical non-licensed” skill-mix category, 2) Titles with “assistant”, “aide”, or “technician” suggesting providing supports for diagnostic, technical, and therapy services and are in support of licensed professionals, and 3) Jobs that work in clinical or hospital settings
- CSPs are categorized into 3 levels: 1) Jobs that require a non-clinical degree to be licensed, and 2) Any jobs requiring a hacciscale degree
- A total of 26 unique job titles were finally identified

Classification Strategy
- CSP jobs were 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 postsecondary non-degree or a certificate
  - Level-3 CSPs require a high school diploma and on-the-job training
- Educational requirements were based on various sources of information, including requirements provided by U.S. job descriptions from major online job boards, and key informant interviews with industry experts

Measurement

Labor Hour:
The annual average number of worked hours for each CSP job title by each facility
- 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
- Allows to assess the actual CSP usage in hospitals

Data Source

2010-2014 Premier’s operational database
- The database contains information on basic facility characteristics, department description, job title and description, and staffing information such as labor hours, expenses, and skill mix category
- CSPs are identified regularly from a subset of Premier’s dataset on hospitals, which represents over 500 healthcare systems with a presence in all 50 states and District of Columbia
- Final analytic data included 438 facilities, 214 departments, and 285 unique job titles

Results

Figure 1. Percentage Distribution of Each CSP Worked Hours Among Hospitals, 2010-2014

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

Figure 3. Trends in Mean Number of Specific CSP Hours By Inpatient Units, 2010-2014

Figure 4. Trends in Mean Number of Specific CSP Hours By Level-1 and Level-2 CSPs in Hospitals, 2010-2014

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 large number of 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 allied health 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 levels in hospitals
- Examined the trends of CSP average worked hours by job levels in hospitals
- Examined 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 requiring the lowest education level and remuneration during this period. Only Level-2 CSPs experienced growth in our findings, while levels-2 and level-1 jobs have been declining over time
- It 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 a higher level of personal care (Aiken et al. 2012, Cook et al. 2012, Keenan et al. 2013)
- Despite the overall decrease, the use of level-1 CSPs increased in EDs over time
- This may be a result of increased acuity of patients admitted to EDs
- The use of non-licensed nursing students, i.e., Graduate Nurses, is growing
- This could reflect the use of non-licensed nurses who, because of the data location for nurses that begins with the greatest recession, may be among the fastest to adopt robots and working part time in U.S. hospitals (Pittman et al. 2013)

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

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