



**ASHA**  
American  
Speech-Language-Hearing  
Association

SLP Health Care Survey Report:  
Practice Trends  
2015–2021

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September 21, 2021

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## Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2021 SLP Health Care Survey* to gather information from speech-language pathologists (SLPs) about practice issues, service provision, earnings, the workforce, 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, 2017, and 2019 *ASHA SLP Health Care Surveys* are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

## Survey Report Highlights

### Off-the-Clock Work

- In 2021, 49% of SLPs who were paid per hour or per home visit reported working “off the clock” (unpaid) in the last 12 months *typically daily* or *weekly*—up from 43% in 2019.

### Productivity

- In 2021, 66% of SLPs who were primarily clinicians had a productivity requirement—up slightly from 60%–64% from 2015 to 2019.
- In 2021, SLPs’ overall median productivity requirement was 80%—the same as in 2015, 2017, and 2019.
- In 2021, 69% of SLPs reported that no activities counted toward their productivity calculation when the patient was not present—the same as in 2019.

### Pressure From Employers or Supervisors

- In 2021, 58% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months—down from 68% in 2019.
- In 2021, 11% of SLPs indicated that they had felt pressured to *provide inappropriate frequency or intensity of services* in the last 12 months—down from 14% in 2019.

### Addressing Cultural and Linguistic Influences on Communication

- In 2021, 42% of SLPs reported collaborating with interpreters/cultural brokers in the last 12 months to address cultural and linguistic influences on communication—down from 50% in 2015 and 48% in 2017.

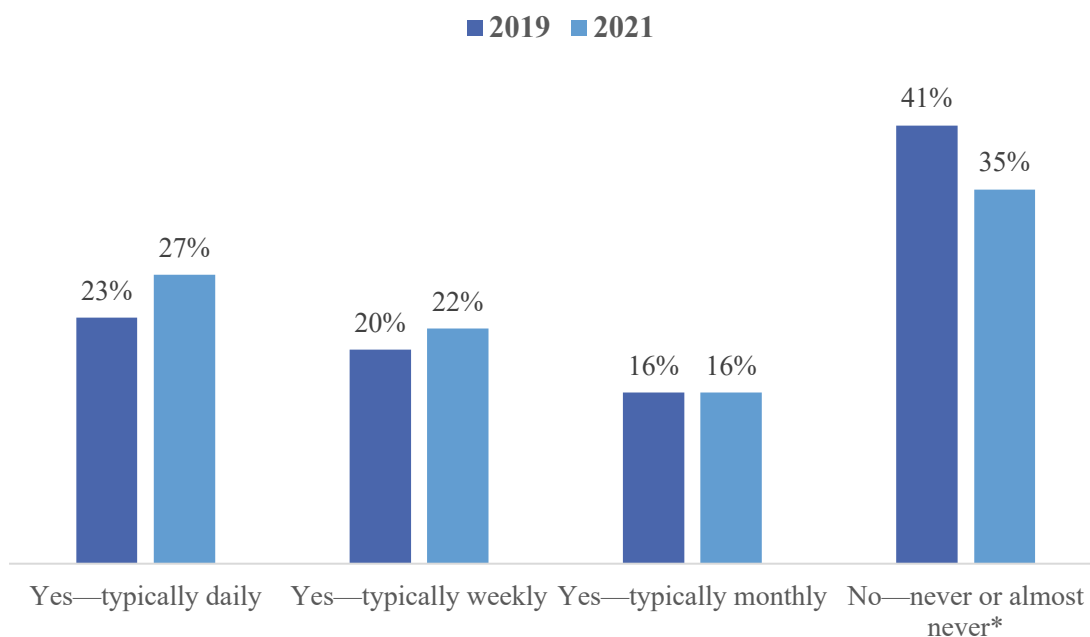
### Multiskilling Activities

- In 2021, 22% of SLPs were required to do physical transfers of patients as part of their job—down slightly from 25% in 2019.
- In 2021, 52% of SLPs indicated that they were *fairly* or *very well prepared* by their current employer to do physical transfers of patients—about the same as in 2019 (51%).

## Off-the-Clock Work

In 2021, overall, 49% of SLPs who were paid per hour or per home visit reported working “off the clock” (unpaid) in the last 12 months *typically daily* or *weekly*—up from 43% in 2019 (see Figure 1 and Appendix Table 1). An additional 16% of SLPs reported working off the clock *typically monthly*—the same as in 2019. About 35% of SLPs reported *never or almost never* working off the clock—compared with 41% in 2019.

**Figure 1.** Percentage of SLPs who were paid per hour or per home visit who reported working off the clock in the last 12 months, by year.



*Note.* These data are from the 2019 and 2021 *ASHA SLP Health Care Surveys*. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. \*In 2019, this item was *no—never*.  $n = 1,334$  (2019);  $n = 965$  (2021).

## Off-the-Clock Work by Health Care Setting

In 2019 and 2021, SLPs in home health care settings who were paid per hour or per home visit were most likely to report working off the clock *typically daily* or *weekly* (see Appendix Table 1). In 2021, 73% of SLPs in home health care settings who were paid per hour or per home visit reported working off the clock *typically daily* or *weekly*—up from 64% in 2019.

## Productivity Requirement

In 2021, overall, 66% of SLPs who were primarily clinicians had a productivity requirement—up slightly from 60%–64% from 2017 to 2019 (see Appendix Table 2).

### Productivity Requirement by Health Care Setting

From 2015 to 2021, SLPs in skilled nursing facilities were the most likely, or among the most likely, to have a productivity requirement (see Appendix Table 2). In 2021, 95% of SLPs in skilled nursing facilities had a productivity requirement—the same or about the same as in recent past years (94%–95% from 2017 to 2019). SLPs in home health care settings and outpatient clinics or offices were least likely to have a productivity requirement.

### Productivity Requirement by Geographic Region

In 2019 and 2021, SLPs in the Midwest were more likely than SLPs in the other regions of the country to have a productivity requirement (see Table 1; see page 12 for a key of geographic regions/divisions and corresponding states/District of Columbia). In 2021, 74% of SLPs in the Midwest had a productivity requirement—up from 69% in 2019.

**Table 1.** Percentage of SLPs who had a productivity requirement, by geographic region and year.

Response	%				
	Overall	Northeast	Midwest	South	West
<b>2021</b> (n = 1,213)					
Yes	66	64	74	67	56
No	34	36	26	33	45
<b>2019</b> (n = 1,892)					
Yes	61	54	69	61	58
No	39	47	31	39	43

*Note.* These data are from the 2019 and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. Because of rounding, percentages may not total exactly 100%.

## Productivity Percentage

In 2021, SLPs' overall median productivity requirement was 80%—the same as in 2015, 2017, and 2019 (see Appendix Table 3).

### Productivity Percentage by Health Care Setting

In 2015, 2017, 2019, and 2021, SLPs in skilled nursing facilities had the highest median productivity requirement (85% each year; see Appendix Table 3). SLPs in pediatric hospitals had the lowest median productivity requirement (65%–70%).

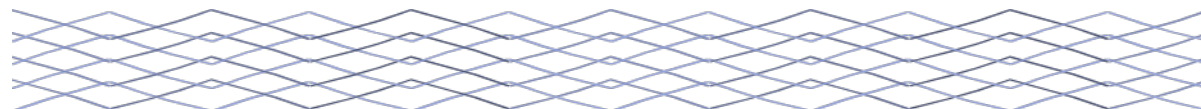
## Calculating Productivity

In 2015, 2017, 2019, and 2021, SLPs were asked to indicate the activities that counted toward their productivity calculation when the patient was not present. In these years, most (64%–69%) SLPs reported that *nothing counts when the patient is not present* (see Table 2).

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

Activity	%			
	2015 (n = 916)	2017 (n = 1,021)	2019 (n = 1,159)	2021 (n = 854)
Care coordination activities	13	11	12	11
Clinical team meetings	20	16	16	17
Documentation	19	13	14	11
In-services or informal staff training sessions <sup>a</sup>	18	15	14	17
Other activities <sup>b</sup>	11	5	5	5
Nothing counts when the patient is <u>not</u> present <sup>c</sup>	64	68	69	69

*Note.* These data are from the 2015, 2017, 2019, and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. <sup>a</sup>In 2015, this item was *in-services or informal staff training*. <sup>b</sup>In 2015, this item was *other clinical activities (e.g., preparing materials, communication boards)*. <sup>c</sup>In 2015, this item was *none of the above*.



## Pressure From Employers or Supervisors

In 2021, overall, 58% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months—down from 68% in 2019 (see Table 3 and Appendix Table 4).

When asked to indicate the activities that they had felt pressured to engage in, SLPs most often reported *discharge inappropriately (e.g., early or delayed)*, *provide evaluation and treatment that are not clinically appropriate*, and *provide inappropriate frequency or intensity of services*.

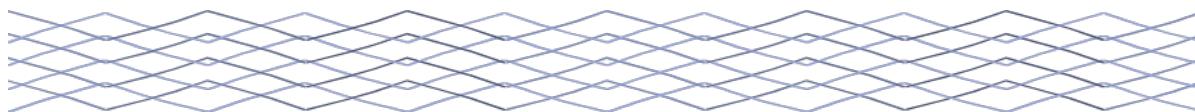
**Table 3.** Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months, by year.

Activity	%			
	2015 (n = 1,555)	2017 (n = 1,643)	2019 (n = 2,174)	2021 (n = 1,671)
Alter documentation for reimbursement	8	6	4	3
Discharge inappropriately (e.g., early or delayed)	19	15	14	10
Provide evaluation and treatment that are not clinically appropriate	16	11	12	10
Provide group therapy when individual therapy was appropriate	—	—	—	7
Provide inappropriate frequency or intensity of services	20	16	14	11
Provide services for which you had inadequate training and/or experience	8	7	8	7
Did not feel pressured	62	69	68	58

*Note.* These data are from the 2015, 2017, 2019, and 2021 *ASHA SLP Health Care Surveys*. In 2015 and 2017, analyses were limited to SLPs who were employed full or part time primarily as clinicians. In 2019 and 2021, analyses were limited to SLPs who were employed full or part time. Dash indicates that the item was not included in the survey.

## Pressure From Employers or Supervisors by Health Care Setting

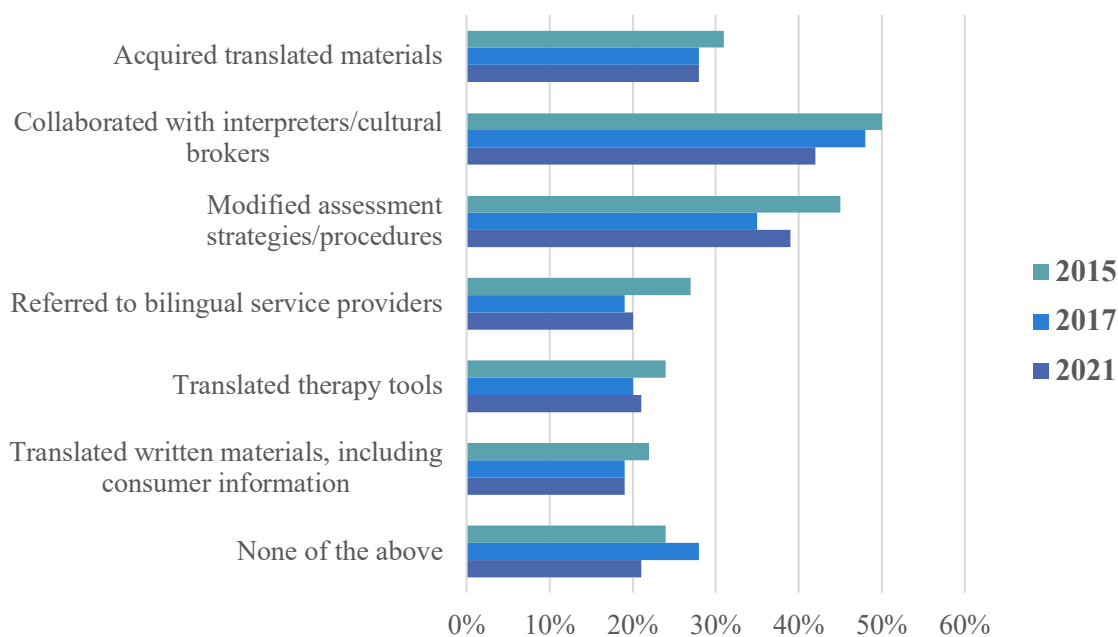
From 2015 to 2021, SLPs in skilled nursing facilities were least likely to report that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months (see Appendix Table 4).



## Addressing Cultural and Linguistic Influences on Communication

In 2015, 2017, and 2021, SLPs were asked to identify the clinical approaches that they had used in service delivery in the last 12 months to address cultural and linguistic influences on communication. In these years, overall, 42%–50% of SLPs identified *collaborated with interpreters/cultural brokers* (see Figure 2 and Appendix Table 5). About 35%–45% of SLPs identified *modified assessment strategies/procedures*.

**Figure 2.** Percentage of SLPs who used clinical approaches in service delivery in the last 12 months to address cultural and linguistic influences on communication, by year.



*Note.* These data are from the 2015, 2017, and 2021 *ASHA SLP Health Care Surveys*. Analyses are limited to SLPs who were employed full or part time primarily as clinicians.  $n = 1,573$  (2015);  $n = 1,655$  (2017);  $n = 1,433$  (2021).

## 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, 2017, and 2021, at least 68% of SLPs in pediatric hospitals reported collaborating with interpreters/cultural brokers in the last 12 months to address cultural and linguistic influences on communication—compared with 23%–30% of SLPs in skilled nursing facilities (see Appendix Table 5).

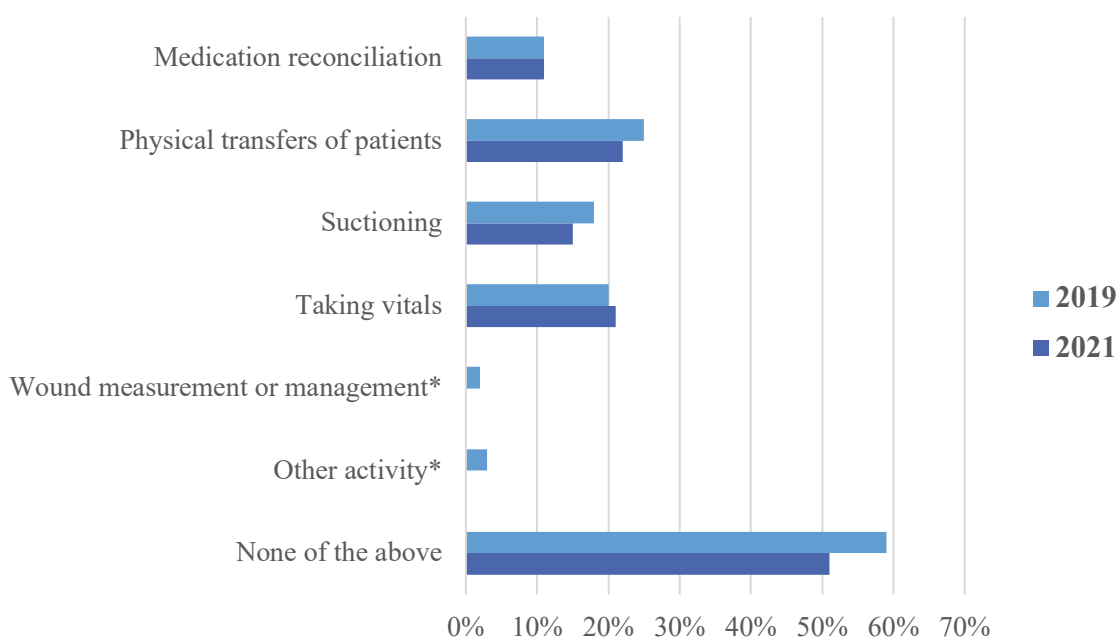


## Multiskilling Activities

As defined in the survey, *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.

In 2019 and 2021, SLPs were asked to indicate which multiskilling activities, if any, they were required to do as part of their job. In 2021, overall, 22% of SLPs were required to do physical transfers of patients—down slightly from 25% in 2019 (see Figure 3 and Appendix Table 6). About 21% of SLPs were required to take vitals—about the same as in 2019 (20%).

**Figure 3.** Percentage of SLPs who were required to do multiskilling activities as part of their job, by year.



*Note.* These data are from the 2019 and 2021 *ASHA SLP Health Care Surveys*. Analyses are limited to survey respondents who were employed full or part time primarily as clinicians. \*This item was not included in the 2021 survey.

*n* = 1,942 (2019); *n* = 1,433 (2021).

## Multiskilling Activities by Health Care Setting

Multiskilling activities varied by health care setting. For example, in 2019 and 2021, SLPs in rehabilitation hospitals were most likely to be required to do physical transfers of patients (see Appendix Table 6). SLPs in home health care settings and rehabilitation hospitals were most likely to be required to take vitals.

## Preparation to Perform Multiskilling Activities

In 2019 and 2021, SLPs were asked to indicate how well prepared they were by their current employer to perform the multiskilling activities they were required to do as part of their job. In 2021, overall, 52% of SLPs indicated that they were *fairly* or *very well prepared* to do physical transfers of patients—about the same as in 2019 (51%; see Table 4). About 47% of SLPs indicated that they were *fairly* or *very well prepared* to take vitals—about the same as in 2019 (45%).

About 42% of SLPs indicated that they were *fairly* or *very well prepared* to perform suctioning—about the same as in 2019 (41%). About 21% of SLPs indicated that they were *fairly* or *very well prepared* to do medication reconciliation—about the same as in 2019 (19%).

**Table 4.** Percentage of SLPs who were not at all, minimally, fairly well, or very well prepared by their current employer to perform multiskilling activities, by year.

Activity	%				
	Not at all prepared	Minimally prepared	Fairly well prepared	Very well prepared	Not applicable
<b>2021</b> ( <i>n</i> ≥ 481)					
Medication reconciliation	16	15	14	7	49
Physical transfers of patients	10	21	30	22	18
Suctioning	14	11	15	27	32
Taking vitals	9	18	23	24	26
Wound measurement/ management	—	—	—	—	—
<b>2019</b> ( <i>n</i> ≥ 486)					
Medication reconciliation	11	15	11	8	55
Physical transfers of patients	9	20	27	24	20
Suctioning	10	12	15	26	37
Taking vitals	7	17	23	22	31
Wound measurement/ management	11	5	2	1	81

*Note.* These data are from the 2019 and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. Because of rounding, percentages may not total exactly 100%. Dash indicates that the item was not included in the survey.

## Survey Methodology

The survey was sent via email on May 18, 2021, to a random sample of 10,000 ASHA-certified SLPs who were employed in health care facilities in the United States, according to the ASHA membership database. The sample was stratified by type of facility. Follow-up email reminders were sent to non-respondents on May 26 and June 3. The survey closed on June 14.

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

## Response Rates

Of the original 10,000 SLPs in the sample, 83 had incorrect email addresses, 157 opted out of receiving online surveys, and 196 were not employed in health care facilities, which left 9,564 possible respondents. The actual number of respondents was 1,671—a 17.5% 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), 46.9% (2015), 52.1% (2017), and 50.3% (2019). The 2005 to 2019 *ASHA SLP Health Care Surveys* were sent via postal mail.

## Suggested Citation

American Speech-Language-Hearing Association. (2021). *SLP Health Care Survey report: Practice trends, 2015–2021*. [www.asha.org](http://www.asha.org)

## Additional Information

Companion survey reports are available on the ASHA website at [www.asha.org/Research/memberdata/HealthcareSurvey/](http://www.asha.org/Research/memberdata/HealthcareSurvey/).

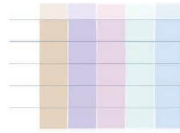
## Questions?

For additional information regarding this report, please contact Monica Sampson, director of Health Care Services, at 800-498-2071, ext. 5686 or [msampson@asha.org](mailto:msampson@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](http://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



*Key of geographic regions/divisions and corresponding states/District of Columbia.*

<b>Geographic region/division</b>	<b>Corresponding states/District of Columbia</b>
<b>Northeast</b>	
New England	CT, ME, MA, NH, RI, VT
Mid-Atlantic	NJ, NY, PA
<b>Midwest</b>	
East North Central	IL, IN, MI, OH, WI
West North Central	IA, KS, MN, MO, NE, ND, SD
<b>South</b>	
South Atlantic	DE, DC, FL, GA, MD, NC, SC, VA, WV
East South Central	AL, KY, MS, TN
West South Central	AR, LA, OK, TX
<b>West</b>	
Mountain	AZ, CO, ID, MT, NV, NM, UT, WY
Pacific	AK, CA, HI, OR, WA

## Off-the-Clock Work by Health Care Setting and Year

**Table 1.** Percentage of SLPs who were paid per hour or per home visit who reported working off the clock in the last 12 months, by health care setting and year.

Frequency	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2021 (n = 965)</b>							
Yes—typically daily	27	9	47	34	<i>n/r</i>	11	22
Yes—typically weekly	22	17	26	26	<i>n/r</i>	13	20
Yes—typically monthly	16	20	13	15	<i>n/r</i>	24	14
No—never or almost never <sup>b</sup>	35	54	14	26	<i>n/r</i>	52	44
<b>2019 (n = 1,334)</b>							
Yes—typically daily	23	7	41	29	9	11	17
Yes—typically weekly	20	16	23	23	24	15	20
Yes—typically monthly	16	17	12	17	27	17	16
No—never	41	60	25	31	41	57	47

*Note.* These data are from the 2019 and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. Because of rounding, percentages may not total exactly 100%. *n/r* = not reported (to preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25 survey respondents). <sup>a</sup>In 2019, this item was *general medical/Veterans Affairs (VA)/long-term acute care (LTAC) hospital*. <sup>b</sup>In 2019, this item was *no—never*.

## Productivity Requirement by Health Care Setting and Year

**Table 2.** Percentage of SLPs who had a productivity requirement, by health care setting and year.

Response	% <sup>a</sup>						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2021</b> ( <i>n</i> = 1,292)							
Yes	66	85	35	49	78	70	95
No	34	15	65	51	22	30	5
<b>2019</b> ( <i>n</i> = 1,897)							
Yes	61	76	32	43	79	69	94
No	39	25	68	57	21	31	6
<b>2017</b> ( <i>n</i> = 1,590)							
Yes	64	76	36	45	85	75	95
No	36	24	64	55	15	25	5
<b>2015</b> ( <i>n</i> = 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, 2017, 2019, and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. Because of rounding, percentages may not total exactly 100%. <sup>a</sup>From 2015 to 2019, this item was *general medical/VA/LTAC hospital*.

## Productivity Percentage by Health Care Setting and Year

**Table 3.** Productivity requirement of SLPs, by health care setting and year.

Statistic	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2021 (n = 823)</b>							
Median (middle)	80	75	80	80	70	80	85
Mean (average)	79	76	79	76	71	80	85
Mode	80	75	80	80	65	80	85
<b>2019 (n = 1,053)</b>							
Median (middle)	80	75	80	75	66	80	85
Mean (average)	79	76	78	76	68	78	84
Mode	80	80	80	80	65	75	85
<b>2017 (n = 962)</b>							
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
<b>2015 (n = 827)</b>							
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, 2017, 2019, and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. <sup>a</sup>From 2015 to 2019, this item was *general medical/VA/LTAC hospital*.



## Pressure From Employers or Supervisors by Health Care Setting and Year

**Table 4.** Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months, by health care setting and year.

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2021</b> <b>(n = 1,671)</b>							
Alter documentation for reimbursement	3	2	5	3	0	2	4
Discharge inappropriately (e.g., early or delayed)	10	4	11	5	5	11	22
Provide evaluation and treatment that are not clinically appropriate	10	7	7	5	5	16	21
Provide group therapy when individual therapy was appropriate	7	1	3	2	2	13	19
Provide inappropriate frequency or intensity of services	11	8	11	7	3	18	19
Provide services for which you had inadequate training and/or experience	7	7	6	10	5	5	4
Did not feel pressured	58	70	57	60	70	56	43

*(Table continues)*

**Table 4.** Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2019</b> <b>(n = 2,174)</b>							
Alter documentation for reimbursement	4	2	4	5	1	2	6
Discharge inappropriately (e.g., early or delayed)	14	7	12	6	8	15	35
Provide evaluation and treatment that are not clinically appropriate	12	12	6	6	8	16	25
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	14	17	11	8	14	12	23
Provide services for which you had inadequate training and/or experience	8	8	7	11	8	6	6
Did not feel pressured	68	72	75	76	80	68	49

*(Table continues)*

**Table 4.** Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2017 (n = 1,643)</b>							
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 group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
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

*(Table continues)*

**Table 4.** Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2015 (n = 1,555)</b>							
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 group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
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, 2017, 2019, and 2021 *ASHA SLP Health Care Surveys*. In 2015 and 2017, analyses were limited to SLPs who were employed full or part time primarily as clinicians. In 2019 and 2021, analyses were limited to SLPs who were employed full or part time. <sup>a</sup>From 2015 to 2019, this item was *general medical/VA/LTAC hospital*. Dash indicates that the item was not included in the survey.

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

**Table 5.** Percentage of SLPs who used clinical approaches in service delivery in the last 12 months to address cultural and linguistic influences on communication, by health care setting and year.

Clinical approach	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2021</b> (n = 1,433)							
Acquired translated materials	28	37	24	24	36	51	20
Collaborated with interpreters/cultural brokers <sup>b</sup>	42	66	31	39	68	64	23
Modified assessment strategies/procedures	39	42	30	36	41	57	40
Referred to bilingual service providers	20	22	18	21	44	28	10
Translated therapy tools	21	27	18	15	24	39	22
Translated written materials, including consumer information	19	26	17	14	28	31	18
None of the above	21	9	28	24	4	8	30
<b>2017</b> (n = 1,655)							
Acquired translated materials	28	39	22	20	53	44	25
Collaborated with interpreters/cultural brokers <sup>b</sup>	48	77	41	43	81	71	30
Modified assessment strategies/procedures	35	40	27	32	47	46	36
Referred 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
None of the above	28	14	35	31	9	11	37

(Table continues)

**Table 5.** Continued

Clinical approach	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2015 (n = 1,573)</b>							
Acquired translated materials	31	37	30	26	41	40	28
Collaborated with interpreters/cultural brokers <sup>b</sup>	50	69	46	47	85	71	30
Modified assessment strategies/procedures	45	57	41	47	46	46	40
Referred 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
None of the above	24	18	26	23	4	12	33

*Note.* These data are from the 2015, 2017, and 2021 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. <sup>a</sup>From 2015 to 2019, this item was *general medical/VA/LTAC hospital*. <sup>b</sup>In 2015 and 2017, this item was *used interpreter/cultural broker*.

## Multiskilling Activities by Health Care Setting and Year

**Table 6.** Percentage of SLPs who were required to do multiskilling activities as part of their job, by health care setting and year.

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital <sup>a</sup>	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
<b>2021 (n = 1,433)</b>							
Medication reconciliation	11	5	28	4	6	16	10
Physical transfers of patients	22	40	11	9	22	57	22
Suctioning	15	41	5	4	12	33	11
Taking vitals	21	23	39	7	10	34	21
Wound measurement/management	—	—	—	—	—	—	—
Other	—	—	—	—	—	—	—
None of the above	51	33	40	68	58	30	58
<b>2019 (n = 1,942)</b>							
Medication reconciliation	11	6	32	3	6	7	9
Physical transfers of patients	25	42	14	15	27	54	25
Suctioning	18	45	7	8	16	34	13
Taking vitals	20	19	38	8	10	26	22
Wound measurement/management	2	1	7	1	2	2	1
Other	3	4	6	2	5	5	2
None of the above	59	37	55	77	61	37	60

*Note.* These data are from the 2019 and 2021 *ASHA SLP Health Care Surveys*. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. <sup>a</sup>In 2019, this item was *general medical/VA/LTAC hospital*. Dash indicates that the item was not included in the survey.