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MULTIPLE CHOICE

1. Quality in the practice of respiratory care encompasses which of the following?
   1. Personnel performing care
   2. Equipment used
   3. Method or manner in which care is provided
   4. Level of experience of respiratory care providers
   a. 1 and 2 only
   b. 3 only
   c. 1, 3, and 4 only
   d. 1, 2, 3, and 4

   ANS: D
   Quality, as applied to the practice of respiratory care, is multidimensional. It encompasses the personnel who perform respiratory care, the equipment used, and the method or manner in which care is provided.

   DIF: Recall REF: p. 18 OBJ: 1

2. Who is professionally responsible for the clinical function of the respiratory care department?
   a. Shift supervisor
   b. Department head
   c. Medical director
   d. Clinical supervisor

   ANS: C
   The medical director of respiratory care is professionally responsible for the clinical function of the department and provides oversight of the clinical care that is delivered (Box 2-1).

   DIF: Recall REF: p. 19 OBJ: 1

3. What is the most essential aspect of providing quality respiratory care?
   1. Care being provided is indicated.
   2. Care is delivered competently and appropriately.
   3. Physician appropriately evaluates patient before care is initiated.
   a. 1 and 2 only
   b. 3 only
   c. 2 and 3 only
   d. 1, 2, and 3

   ANS: A
   The medical director of respiratory care is professionally responsible for the clinical function of the department and provides oversight of the clinical care that is delivered (Box 2-1).

   DIF: Recall REF: p. 19 OBJ: 2

4. The medical director of respiratory care is responsible for which of the following?

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1. Supervision of ongoing quality assurance activities
2. Supervision of respiratory therapists performing pulmonary function testing
3. Participation in the selection and promotion of technical staff
4. Medical direction of the in-service and educational programs

a. 1 only
b. 1 and 4 only
c. 1, 2, and 3 only
d. 1, 2, 3, and 4

ANS: D
Perhaps the most essential aspect of providing quality respiratory care is to ensure that the care being provided is indicated and that it is delivered competently and appropriately.

DIF: Recall REF: p. 19 OBJ: 1

5. What is the chief reason that respiratory care protocols were developed and are currently being used in hospitals throughout North America?
   a. Enhance proper allocation of respiratory care services.
   b. Decrease patient care costs to hospitals and insurance companies.
   c. Expand patient care skills among respiratory care providers.
   d. Enhance efficiency of respiratory care personnel in providing patient care.

   ANS: A
   Misallocation has led to the use of respiratory care protocols that are implemented by respiratory therapists (as described under “Methods for Enhancing the Quality of Respiratory Care”).

   DIF: Application REF: p. 19 OBJ: 1

6. Which of the following factors is important in determining the quality of care delivered by a respiratory therapist?
   a. Education
   b. Experience
   c. Training
   d. All of the above

   ANS: D
   The quality of respiratory therapists depends primarily on their training, education, experience, and professionalism.

   DIF: Recall REF: p. 19 OBJ: 1

7. Respiratory care education programs are reviewed by which committee to ensure quality?
   a. Committee on Accreditation for Respiratory Care
   b. American Association for Respiratory Care Education
   c. Joint Review Committee Respiratory Care Education
   d. Respiratory Care Education Committee

   ANS: A
   Respiratory care education programs are reviewed by the Committee on Accreditation for Respiratory Care (CoARC).

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DIF: Recall REF: p. 19 OBJ: 1

8. The word “credentialing” in general refers to what?
   a. Recognition of an individual in the profession
   b. Licensure by a state or national organization
   c. Successful completion of entry-level board examination
   d. Voluntary certification by state agency

   ANS: A
   “Credentialing” is a general term that refers to the recognition of individuals in particular occupations or professions.

   DIF: Recall REF: p. 20 OBJ: 1

9. What term is used to describe the process in which a government agency gives an individual permission to practice an occupation?
   a. Certification
   b. Licensure
   c. Registry
   d. Credentialing

   ANS: B
   Licensure is the process in which a government agency gives an individual permission to practice an occupation.

   DIF: Recall REF: p. 20 OBJ: 1

10. What agency is responsible for ensuring quality in respiratory care through voluntary certification and registration?
    a. JRCRTE
    b. CoARC
    c. NBRC
    d. AARC

    ANS: C
    The primary method of ensuring quality in respiratory care is voluntary certification or registration conducted by the National Board for Respiratory Care (NBRC).

    DIF: Recall REF: p. 21 OBJ: 1

11. What organization is responsible for credentialing respiratory therapists?
    a. AARC
    b. ATS
    c. NBRC
    d. ACCP

    ANS: C
    The primary method of ensuring quality in respiratory care is voluntary certification or registration conducted by the National Board for Respiratory Care (NBRC).

    DIF: Recall REF: p. 21 OBJ: 1

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12. Which of the following are characteristics of a respiratory care professional?
    1. Participates in continuing education activities.
    2. Obtains professional credentials.
    3. Adheres to a code of ethics.
    4. Completes an accredited education program.
    a. 1, 2 and 3 only
    b. 2, 3, and 4 only
    c. 1, 2, and 4 only
    d. 1, 2, 3, and 4

    ANS: D
    A professional is characterized as an individual conforming to the technical and ethical standards of a profession. Respiratory therapists demonstrate their professionalism by maintaining the highest practice standards, by engaging in ongoing learning, by conducting research to advance the quality of respiratory care, and by participating in organized activities through professional societies such as the American Association for Respiratory Care and associated state societies. Box 2-3 lists the professional attributes of a respiratory therapist.

    DIF: Recall REF: p. 21 OBJ: 1

13. HIPAA was established in 1996 to set standards related to sharing confidential health history information about patients. What does the letter "P" stand for?
    a. Privacy
    b. Portability
    c. Patient
    d. Protection

    ANS: B
    HIPAA is the Health Insurance Portability and Accountability Act.

    DIF: Recall REF: p. 22 OBJ: 1

14. Which of the following is an essential element of a comprehensive protocol program?
    a. Carefully structured assessment tool and care plan form
    b. Active quality monitoring
    c. Comprehensive delineation of boundaries between respiratory care, nursing, and physician personnel
    d. Both b and c

    ANS: A
    Carefully structured assessment tool and care plan form (Figures 2-3 and 2-4) are essential elements for a comprehensive protocol program.

    DIF: Recall REF: p. 22 OBJ: 2

15. What voluntary accrediting agency monitors quality in respiratory care departments?
    a. JRCRTE
    b. AARC
    c. FDA
    d. The Joint Commission

    ANS: D

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The Joint Commission requires a hospital service to have a quality assurance plan to provide a system for controlling quality.

DIF: Recall REF: p. 21 OBJ: 1

16. Current Joint Commission standards for accreditation emphasize which of the following?
    a. Continual quality improvement
    b. Therapist-driven protocols
    c. License and registration of health care providers
    d. Health, welfare, and safety of patients using respiratory care equipment

    ANS: A
    Current Joint Commission standards for accreditation emphasize organization-wide efforts for continuous quality improvement (CQI).

    DIF: Recall REF: p. 21 OBJ: 1

17. To monitor correctness of respiratory care plans, which of the following should be used?
    a. Nursing care plans
    b. Physician progress notes
    c. Care plan auditors and case study exercises
    d. Daily patient rounds with medical director

    ANS: C
    Specific methods to monitor the quality of respiratory care protocol programs include conducting care plan audits in real time and ensuring practitioner training by using case study exercises.

    DIF: Application REF: pp. 27-28 OBJ: 2

18. What is one advantage that has been shown of respiratory care protocols?
    a. Increase in the number of procedures performed by respiratory care providers
    b. Decrease in the overordering of respiratory care services
    c. Decrease in the cost savings to respiratory care departments
    d. Decrease in the cost of performing each respiratory care procedure

    ANS: B
    Most studies show a significant decrease in overordering respiratory care services.

    DIF: Application REF: pp. 22-23 OBJ: 2

19. Treatment based on careful review of available literature is known as:
    a. evidence-based medicine.
    b. protocol-based medicine.
    c. review-based medicine.
    d. team-based health care.

    ANS: A
    Evidence-based medicine refers to an approach to determining optimal clinical management based on several practices.

    DIF: Recall REF: p. 30 OBJ: 5

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20. What term is used to describe the work done by a researcher who reviews numerous studies on a single topic and gives more weight to the more rigorous ones before making recommendations?
    a. White paper
    b. Meta-analysis
    c. Alpha review
    d. Apical review

    ANS: B
    Meta-analyses assess the quality of available evidence and give weight to better-designed, more rigorous studies.

    DIF: Recall REF: p. 32 OBJ: 5

21. How are competencies being used to monitor the quality of respiratory care?
    a. They focus on cost saving strategies.
    b. They are used to check the skill and knowledge of respiratory through the use of clinical simulations.
    c. They are used to educate therapist on new treatments and procedures.
    d. They are used to review protocols.

    ANS: B
    The purpose of competencies is to check for having suitable and sufficient skills, knowledge, and experience for specific tasks.

    DIF: Recall REF: p. 26 OBJ: 3

22. What is/are the essential component(s) comprise(s) disease management programs?
    1. An integrated health care system that can provide a full range of a patient's needs
    2. A knowledge regarding prevention, diagnosis, and treatment of diseases
    3. A commitment to CQI
    4. A sophisticated clinical and administrative information system that helps assess patterns in the clinical practice
    a. 1 and 3 only
    b. 2 only
    c. 3 and 4 only
    d. 1, 2, 3, and 4

    ANS: D
    All of the above are the essential components for a disease management team to be successful at meeting the clinical needs of the patients and hospital.

    DIF: Recall REF: pp. 31-32 OBJ: 4

23. What is a cohort study?
    a. Comparing the clinical outcomes from two different groups
    b. Single patient study
    c. A literature-based review
    d. Collection of patients with similar clinical situations

    ANS: A

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Cohort studies, which compare the clinical outcomes in two compared groups (or cohorts), generally have greater scientific rigor than case studies or case series and consist of two broad types of study designs: observational cohort studies and randomized controlled trials.

DIF: Recall REF: pp. 31-32 OBJ: 5

24. What are the key outcomes that are looked at in different types of studies?
    a. Patient survival
    b. Discharge from ICU
    c. Organ system failure
    d. All of the above

ANS: D
All three are important key outcomes that are evaluated and compared when looking at study results.

DIF: Recall REF: pp. 31-32 OBJ: 5

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