

# **Wilkins: Egan's Fundamentals of Respiratory Care, 9th Edition**

## **Chapter 2: Quality and Evidence-Based Respiratory Care**

### **Test Bank**

#### **MULTIPLE CHOICE**

1. Quality in the practice of respiratory care encompasses which of the following?
  - A. personnel performing care
  - B. equipment used
  - C. method or manner in which care is provided
  - D. level of experience of respiratory care providers
  - E. all of the above

ANS: E

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.

REF: 17-18

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
  - E. senior pulmonologist

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).

REF: 18

3. What is the most essential aspect of providing quality respiratory care?
  - A. Care being provided is indicated.
  - B. Care is delivered competently and appropriately.
  - C. Patient is appropriately evaluated by physician before care is initiated.
  - D. A and B.
  - E. A, B, and C.

ANS: D

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).

REF: 18

4. The medical director of respiratory care is responsible for all the following except:
- A. supervision of ongoing quality assurance activities
  - B. supervision of respiratory therapists performing pulmonary function testing
  - C. participation in the selection and promotion of technical staff
  - D. medical direction of the in-service and educational programs
  - E. establishment of safety and equipment effectiveness standards

ANS: E

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.

REF: 18

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
  - E. justify reasons for increasing patient care costs

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”).

REF: 18

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 the above
  - E. none of the above

ANS: D

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

REF: 18

7. For the CRT credential, what does the letter “T” stand for?
- A. therapist
  - B. technician
  - C. trainee
  - D. teacher
  - E. none of the above

ANS: A

Currently, there are two levels of general practice credentialing in respiratory care: (1) certified respiratory therapists (CRTs) and (2) registered respiratory therapists (RRTs).

REF: 18

8. Respiratory care education programs are reviewed by which committee to ensure quality?
- A. Committee for Accreditation of Respiratory Care
  - B. American Association for Respiratory Care Education
  - C. Joint Review Committee Respiratory Care Education
  - D. Respiratory Care Education Committee
  - E. none of the above

ANS: A

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

REF: 19

9. 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
  - E. not used in the field of respiratory care

ANS: A

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

REF: 20

10. 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
  - E. none of the above

ANS: B

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

REF: 20

11. What agency is responsible for ensuring quality in respiratory care through voluntary certification and registration?
- A. JRCRTE
  - B. CoARC
  - C. NBRC
  - D. AARC
  - E. CAAHE

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).

REF: 20

12. What organization is responsible for credentialing respiratory therapists?
- A. AARC
  - B. ATS
  - C. NBRC
  - D. ACCP
  - E. all the above

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).

REF: 20

13. Which of the following is/are characteristics of a respiratory care professional?
- A. participates in continuing education activities
  - B. obtains professional credentials
  - C. adheres to a code of ethics
  - D. completes an accredited education program
  - E. all the above

ANS: E

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.

REF: 21

14. 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
  - E. people

ANS: B

HIPAA is the Health Insurance Portability and Accountability Act.

REF: 21

15. Responsibility for the technical direction of a respiratory care department lies with whom?
- A. medical director
  - B. department manager
  - C. hospital administrator
  - D. shift supervisor
  - E. hospital biomedical engineering department

ANS: B

Technical direction is often the responsibility of the manager of a respiratory care department, who must make sure the equipment and the associated protocols and procedures have sufficient quality to ensure the safety, health, and welfare of the patient using the equipment.

REF: 21

16. The responsibilities of a respiratory care department manager include all of the following except:
- A. check that medical devices function at an appropriate and safe level
  - B. develop respiratory care protocols and procedures
  - C. regulate medications delivered by respiratory care staff
  - D. maintain knowledge of changes in medications and delivery devices
  - E. evaluate new devices and methods for effectiveness commensurate with cost

ANS: C

Those responsible for technical direction must be certain that these new devices, methods, and strategies not only are effective but also deliver a benefit commensurate with the cost.

REF: 22

17. Which of the following is a key element of a respiratory care protocol program?
- A. strong and committed medical direction
  - B. collaborative environment among health care providers
  - C. responsiveness to address and correct problems
  - D. capable therapists
  - E. all of the above

ANS: E

The success of a respiratory care protocol program requires several key elements including active and committed medical direction, capable respiratory therapists, collaboration with physicians and nurses, careful monitoring, and a responsive hospital environment (Box 2-5).

REF: 22

18. 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
  - E. none of the above

ANS: A

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

REF: 25

19. What voluntary accrediting agency monitors quality in respiratory care departments?
- A. JRCRTE
  - B. AARC
  - C. FDA
  - D. JCAHO
  - E. AMA

ANS: D

JCAHO requires a hospital service to have a quality assurance plan to provide a system for controlling quality.

REF: 28

20. Current JCAHO 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
  - E. development of continuing education programs for health care providers

ANS: A

Current JCAHO standards for accreditation emphasize organization-wide efforts for continuous quality improvement (CQI).

REF: 28

21. 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
  - E. regular multidisciplinary patient rounds

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.

REF: 28

22. Respiratory care plans may be monitored by which of the following?
- A. experienced care plan auditors
  - B. computerized case study exercises
  - C. patient scenarios
  - D. comparison of therapist's patient assessment with the department's "gold standard" assessment
  - E. all the above

ANS: E

The assessment sheets and the care plans are then compared with the "gold standard," or correct assessments and care plans as determined by the consensus of the education coordinator and the supervisors.

REF: 28

23. What system has the federal government developed to evaluate the quality of care given to Medicare beneficiaries?
- A. hospital restructuring and design
  - B. patient-focused care
  - C. peer review organizations (PROs)
  - D. protocols
  - E. case study reviews

ANS: C

In addition to the voluntary accreditation process that health care organizations use to help ensure that patients are receiving quality care, the federal government has established an elaborate system of PROs to evaluate the quality and appropriateness of care given to Medicare beneficiaries.

REF: 29

24. Hospital restructuring and redesign have involved all of the following except:
- A. cross-training employees and using unlicensed assistive staff
  - B. nursing unit having its own admitting and medical laboratory facilities
  - C. downsizing and decentralizing high-budget, labor-intensive departments
  - D. deploying respiratory care personnel to individual nursing units
  - E. training multiskilled assistive personnel to perform basic patient care

ANS: B

Approaches for restructuring commonly include cross-training employees, using unlicensed assistive staff, and decentralizing services by bringing them directly to the patient.

REF: 30

25. The effectiveness of the patient-focused care model has been limited by which one of the following?
- A. requirement that each nursing unit has its own admitting, x-ray unit, medical laboratory, pharmacy, and physical therapy facilities
  - B. reduction of the number of health care providers for patients
  - C. expense of relocating radiology, pharmacy, and laboratory services to nursing units
  - D. assignment of cross-trained personnel to specific units
  - E. expense of training multiskilled personnel to perform patient care

ANS: C

The obvious challenges of the patient-focused care model (e.g., decentralizing equipment, extensive cross-training, etc.) explain its very limited adoption.

REF: 30

26. 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
  - E. decrease in the demand for qualified respiratory care providers

ANS: B

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

REF: 31

27. What term is used in current health care that refers to an organized strategy of delivering care to a large group of individuals?
- A. patient-focused care
  - B. protocol-based medicine
  - C. disease management
  - D. evidence-based medicine

ANS: C

Disease management refers to an organized strategy of delivering care to a large group of individuals with chronic disease in order to improve outcomes and reduce cost.

REF: 32

28. 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 health care

ANS: A

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

REF: 32

29. 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. state-of-the-art paper
  - B. meta-analysis
  - C. alpha review
  - D. apical review
  - E. none of the above

ANS: B

Meta-analyses.

REF: 32