

APPENDIX: QUESTIONNAIRE USED IN WASHINGTON, D. C., SMSA RESPIRATORY THERAPY DEPARTMENT SURVEY

Hospital Name _____

Medical Director _____

Technical Director _____

Additional Information _____

County _____

1. How many patients in toto were treated by your respiratory therapy department last month?

2. How many total treatments/interventions were administered by your department last month?

3. Are IPPB treatments administered in your hospital?
*If not, what other types of therapy have replaced IPPB treatments?

4. How many total IPPB treatments were administered last month?

5. How many different patients received IPPB therapy last month?

6. Is incentive spirometry available in your hospital?

7. How long has incentive spirometry been available at your hospital?

8. How many patients used incentive spirometry in the past month?

9. How many incentive spirometry treatments were administered last month?

10. What type(s) of incentive spirometer do you use?
 - a. _____
 - b. _____

11. Who initiates the spirometry therapy?
 Who follows up in the treatment?
 For how many days is supervised therapy given?
 How many times a day is supervised therapy given?
- 120 Is a charge made for each supervised use of the incentive spirometer or just for the initial set-up?
13. What percent of treatments are administered by each of the following routes?
 (% should total 100%)

	<u>Installations</u>	<u>Ins. %</u>	<u>Treatments</u>	<u>Treat %</u>
a. IPPB machine	_____	_____	_____	_____
b. Ultrasonic nebulizer	_____	_____	_____	_____
c. Simple aerosol generator	_____	_____	_____	_____
d. Other	_____	_____	_____	_____

14. How many chest physical therapy treatments do **you give** per month?
15. What is the amount of time required for one of your respiratory technicians or therapists to perform each of the following interventions?
- a. An IPPB treatment _____
- b. Instruction to the patient about how to use an incentive spirometer _____
- c. Ultrasonic nebulization of a medication _____
- d. Aerosol medication treatment delivered by a simple aerosol generator _____
16. What is the charge to the patient for the following?
- a. IPPB installation _____
- b. IPPB treatment _____

- c. Ultrasonic nebulization of a medication _____
- d. Aerosol medication treatment delivered by a simple aerosol generator _____
- e. 1P PB treatment with an aerosol of medication _____
- f. Simple aerosol medication installation _____
- g" Simple aerosol medication treatment _____
- h. Blow bottle installation _____
- l. Blow bottle treatment _____
- j" Incentive spirometry set-up _____
- k. Incentive spirometry followup treatment _____
or if patient is charged a flat fee per day, amount of
that per day charge _____.

17. Who delivers each of the following types of therapeutic interventions?

- a. IPPB _____
- b. Incentive spirometry _____
- c* Ultrasonic nebulizer administration of a drug _____
- d. Simple aerosol generator administration of a drug _____

18. In what medical/surgical specialty is your medical director trained (e.g., pulmonary medicine, anesthesiology, thoracic surgery, etc.)?

19. How many total employees are there in your department? _____

- a. How many are registered therapists? _____
- b. How many are certified technicians? _____
- c. How many are registry eligible graduates? _____
- d. How many are students? _____
- e. How many **are** on-the-job trained? _____
- f. How many are other? (Please specify.) _____