



2024 Utah respiratory therapist survey

Proposed profession-specific survey tool for respiratory therapist license renewals

Utah Health Workforce Advisory Council

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Utah Department of
Health & Human
Services

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Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC), health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023.

The UCPMDS serves as a foundational data system upon which this respiratory therapy profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, we customized and incorporated options relevant to those in respiratory therapy professions.

Respiratory therapist minimum data set (MDS) survey recommendations

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?
[Single Select]
 - a. Male
 - b. Female
 - c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes.
[Multi-select]
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Other race
3. Are you of Hispanic, Latina/o, or Spanish origin?
[Single Select]
 - a. No
 - b. Yes

Qualifying education

4. What type of degree/credential first qualified you for your respiratory care practitioner license?

[Single select]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's degree
- g. Post-graduate training
- h. Professional/doctorate degree
- i. Postdoctoral training
- j. Military training certification
- k. Other

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for your respiratory care practitioner license?

[Drop-down list]

Where completed education

6. Where did you complete the education program/degree that first qualified you for your respiratory care practitioner license? (Note: for online programs, select the location where this program was housed)

[Single select]

- a. [LIST OF U.S. STATES and territories]
- b. Another country (not U.S.)

Highest level of education

7. What is your highest level of education?

[Single select]

- a. High school diploma (or equivalency)

- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's degree
- g. Post-graduate training
- h. Professional/doctorate degree
- i. Postdoctoral training

8. What year did you complete your highest level of education?
[Drop-down list]

Credentials

9. Please select which credentials you have earned.
[Multi select]
- a. None
 - b. CRT (Certified respiratory therapist)
 - c. RRT (registered respiratory therapist)
 - d. ACCS (adult critical care specialist)
 - e. ACLS (advanced cardiac life support)
 - f. BCLS (basic cardiac life support)
 - g. BTLS (basic trauma life support)
 - h. AE-C (certified asthma educator)
 - i. CCT (certified cardiographic technician)
 - j. CCM (certified case manager)
 - k. CHT (certified hyperbaric technologist)
 - l. C-NPT (certified neonatal-pediatric transport)
 - m. CPTC (certified procurement transplant coordinator)
 - n. CPFT (certified pulmonary function technologist)
 - o. EMT (emergency medical technician)
 - p. LPN (licensed practical nurse)
 - q. NPS (neonatal/pediatric specialist)
 - r. NRP (neonatal resuscitation protocol)

- s. Paramedic
- t. PALS or APLS (advanced pediatric life support)
- u. RCIS (registered cardiovascular invasive specialist)
- v. R.EEG.T (registered EEG technologist)
- w. R.EP.T (registered electrophysiology technologist)
- x. RN (registered nurse)
- y. RPSGT (registered polysomnographic technologist)
- z. RPFT (registered pulmonary function technologist)
- aa. RVT, RVS, RDMS, or RDCS (registered vascular or cardiac ultrasound credential)
- bb. SDS (sleep disorders specialist)
- cc. Smoking cessation specialist
- dd. S.T.A.B.L.E.
- ee. Other

Educational debt

10. Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your respiratory therapy program (exclude non-respiratory therapy and non-educational debt).

[Single select]

- a. No debt
- b. \$1–\$20,000
- c. \$20,001–\$40,000
- d. \$40,001–\$60,000
- e. \$60,001–\$80,000
- f. \$80,001–\$100,000
- g. \$100,001–\$120,000
- h. \$120,001–\$140,000
- i. \$140,001–\$160,000
- j. \$160,001–\$180,000
- k. \$180,001–\$200,000
- l. \$200,001–\$220,000
- m. \$220,001–\$240,000

- n. \$240,001–\$280,000
- o. \$280,000 or above
- p. Prefer not to answer

Employment status

11. What is your employment status?

[Single select]

- a. Actively working in the field of respiratory care
- b. Actively working in a medical/healthcare position that is not in the field of respiratory care
- c. Actively working in a position in a field other than respiratory care
- d. Unemployed and seeking work in the field of respiratory care
- e. Unemployed and not seeking work in the field of respiratory care
- f. Volunteer work only
- g. Retired
- h. Other

Future employment plans

12. What best describes your employment plans for the next 2 years?

[Single select]

- a. Increase hours in the field of respiratory care
- b. Decrease hours in the field of respiratory care
- c. Seek employment in a field other than respiratory care
- d. Retire
- e. Continue as you are
- f. Unknown

13. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in the next 2 years, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “not applicable.”

[Single select]

- a. 0 hours per week
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week
- m. Not applicable

Specialty

14. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?

[Single response]

- a. Not applicable
- b. Adult critical care
- c. Case management
- d. Chronic disease management
- e. ECMO
- f. Education
- g. Geriatrics
- h. Home care
- i. Hyperbaric medicine
- j. Invasive cardiology
- k. Long-term care
- l. Neonatal critical care
- m. Pediatric critical care
- n. Polysomnography
- o. Pulmonary diagnostics

- p. Pulmonary rehabilitation
- q. Rehabilitation
- r. Transport
- s. Trauma
- t. Other

Telehealth

15. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.

Of the hours per week spent **in direct patient care**, estimate the average number of hours per week delivering patient care **via telehealth**.

[Single select]

- a. 0 hours per week/Not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Patient characteristics

16. Please indicate the population groups to which you provide clinical services. Check all that apply.

[Multi-select]

- a. Newborns
- b. Children (ages 2–10)
- c. Adolescents (ages 11–19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals experiencing homelessness
- k. Individuals who speak a language other than English
- l. Medicaid beneficiaries
- m. Medicare beneficiaries
- n. Sliding fee scale
- o. Uninsured individuals
- p. Privately insured individuals
- q. None of the above

Practice location—primary practice

Note: When the survey is distributed using survey software and not MyLicense, practice location will be asked as a single question, "What is your primary practice location? If this does not apply, please select N/A," Question will include fields for street address, city, state, postal code, and country/region.

- 17. In what state is your primary practice location? If this does not apply, please select "N/A."
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]
- 18. In what city is your primary practice location? If this does not apply, please indicate "N/A."
[Open text field]
- 19. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."
[Open text field]

20. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A"
[Open text field]

Employment type/arrangement—primary practice

21. Which of the following best describes your current employment arrangement at your principal practice location?
[Multi-select]
- a. Self-employed/consultant
 - b. Salaried
 - c. Hourly
 - d. Temporary employment/locum tenens
 - e. Other
 - f. Not applicable

Position type/role—primary practice

22. Please identify the role/title(s) that most closely corresponds to your primary employment.
[Multi-select]
- a. Not applicable/prefer not to say
 - b. Academic educator (e.g, PD, DCE, faculty)
 - c. Clinical specialist
 - d. Department educator
 - e. Disease manager or patient educator
 - f. Industry clinical specialist, representative, or salesperson
 - g. Informatics specialist (clinical analyst, information specialist)
 - h. Manager/director of a department, program, or system
 - i. Pulmonary function technologist
 - j. Quality/compliance coordinator or manager
 - k. Research coordinator or associate
 - l. Sleep technologist
 - m. Staff therapist

- n. Supervisor
- o. Other

Setting type—primary practice

23. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable.”

[Single select]

- a. Not applicable
- b. Academic institution
- c. Home health setting
- d. Hospice care
- e. Hospital—emergency department
- f. Hospital—inpatient
- g. Hospital—outpatient
- h. Manufacturer/distributor
- i. Non-hospital outpatient clinic/physician’s office
- j. Nonprofit/donation facility
- k. Nursing home/long-term care/skilled nursing facility
- l. Patient transport
- m. Pulmonary function lab
- n. Registry (agency) providing temporary employees
- o. Research laboratory
- p. Sleep disorders lab
- q. Telerespiratory/telehealth
- r. Other

Hours/week—primary practice

24. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.” Does not include time on call.

[Single select]

- a. 0 hours per week/not applicable

- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Hours/week in direct patient care—primary practice

25. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”
[Single select]
- a. 0 hours per week/Not applicable
 - b. 1–4 hours per week
 - c. 5–8 hours per week
 - d. 9–12 hours per week
 - e. 13–16 hours per week
 - f. 17–20 hours per week
 - g. 21–24 hours per week
 - h. 25–28 hours per week
 - i. 29–32 hours per week
 - j. 33–36 hours per week
 - k. 37–40 hours per week
 - l. 41 or more hours per week

Work locations

26. In how many physical locations/addresses do you provide respiratory care services?
[Single select]

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. 6 or more

Precepting

27. Have you mentored/precepted students within the last 2 years?

[Single select]

- a. Yes
- b. No
- c. Prefer not to say
- d. Not applicable