



***Clinical Hyperbaric Facility Accreditation
Presurvey Questionnaire***

Undersea & Hyperbaric Medical Society, Inc.
PO Box 1020
Dunkirk, MD 20754

This *Clinical Hyperbaric Facility Presurvey Questionnaire* is to be used with the 2002 edition of the *Clinical Hyperbaric Facility Accreditation Manual*.

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General Information and Instructions

General Information

The *Clinical Hyperbaric Facility Presurvey Questionnaire* was compiled to provide the Undersea & Hyperbaric Medical Society (UHMS) with a comprehensive profile of the hyperbaric organization that has requested to participate in the voluntary UHMS Clinical Hyperbaric Facility Accreditation Program.

The person responsible for compiling the information and preparing this questionnaire should read all instructions and review the entire document carefully before answering any question contained in the *Clinical Hyperbaric Facility Presurvey Questionnaire*. The responses will be helpful to the surveyors and staff of the UHMS in better understanding the hyperbaric facility and its practices. Surveyors will use the information in this questionnaire along with the supporting documents submitted to help prepare them for conducting the onsite survey. Surveyors may use this questionnaire as a source document to verify or clarify particular items or issues during the onsite survey.

The *Clinical Hyperbaric Facility Presurvey Questionnaire* must be completely and accurately filled out. Questionnaires submitted without each question answered, or without all of the documents listed, will not be processed until such time the questionnaire is complete in all respects. Questions should be directed to the Director of Quality Assurance & Regulatory Affairs, Undersea & Hyperbaric Medical Society's Satellite Office, 18111 Copper Ridge Drive, San Antonio, Texas 78259-3612, telephone (210) 404-1553, fax (210) 404-1535 or email uhmsqara@aol.com.

Instructions

1. From the CD-ROM or 3 ½" diskette provided, print a copy of the *Clinical Hyperbaric Facility Accreditation Survey Application* and the *Clinical Hyperbaric Facility Presurvey Questionnaire*. Additional copies of each document may be printed as necessary for internal use only. Both documents are in .PDF format and MS Word document (protected table) format.
2. Print legibly or type the information requested. Where indicated, place an "X" in the appropriate box () or blank (___). If a particular question is not applicable to your hyperbaric facility, enter "NA" in the appropriate space.
3. If replies are written by hand, please use only black or blue ink to ensure that all entries are sufficiently dark for photocopying.
4. Alternatively, you may also complete the *Clinical Hyperbaric Facility Accreditation Survey Application* and the *Clinical Hyperbaric Facility Presurvey Questionnaire* by typing your response to each question directly onto the MS Word protected table by using the "Tab" key to move to each question's response area. If you choose this option, once the application and questionnaire are

complete, save the file and print out the required number of copies for submission as noted below.

5. Complete the *Clinical Hyperbaric Facility Accreditation Survey Application* and the *Clinical Hyperbaric Facility Presurvey Questionnaire*. Submit the application, the original of the questionnaire (plus three copies), as well as an electronic file copy of the questionnaire and as much of the supporting documentation as possible on diskette or CD-ROM, along with the non refundable application fee to the Director, Quality Assurance & Regulatory Affairs, UHMS Satellite Office, 18111 Copper Ridge Drive, San Antonio, Texas 78259-3612.

Documents to be Included with the Clinical Hyperbaric Facility Presurvey Questionnaire

Three copies of each of the following documents must be submitted with the completed *Clinical Hyperbaric Facility Presurvey Questionnaire*:

1. Brief history of the hyperbaric facility.
2. Brief description of the community the hyperbaric facility serves, including its location, metropolitan population, local industries, hospitals and general medical support available in the community.
3. Description of the mission, goals and objectives of the hyperbaric facility.
4. Description of ownership to include the names and addresses of all owners or controlling parties.
5. An organizational chart of the hyperbaric facility. If the facility is an element of a larger organization, also provide an organizational chart describing the hyperbaric facility's relationship to the larger organization.
6. A copy of the hyperbaric facility's, or controlling organization's bylaws, or similar rules and regulations of the organization.
7. One example of a quality improvement initiative from the current year that represents the hyperbaric facility's emphasis on improvement of quality of patient care or patient safety. (Note: if appropriate, properly sanitize the material to maintain patient and provider confidentiality.)
8. Marketing and/or advertising materials used to promote the hyperbaric facility's services.
9. A copy of the hyperbaric facility's patient informed consent form.

Hyperbaric Governance (HBOG)

1. Name of governing body _____
2. Name of Chief Executive Officer _____
3. Name of Director, Hyperbaric Medicine _____

4. Name of members of governing body for the hyperbaric facility Profession, occupation & medical specialty, if applicable

Name of members of governing body for the hyperbaric facility	Profession, occupation & medical specialty, if applicable

(If more space is needed, either insert additional rows or attach additional sheets)

5. Describe the hyperbaric facility's legal organizational structure.

6. How often does the governing body meet? _____

7. How does the governing body communicate its mission, goals and objectives to the personnel of the hyperbaric facility?

8. Describe the process of governing body involvement in the development of specific hyperbaric facility policies, regulations and procedures.

9. Briefly describe the financial management system.

10. Describe the involvement of the governing body in formulating short and long term plans.

11. How does the governing body review and approve marketing and advertising materials used by the hyperbaric facility?

12. How does the governing body approve the hyperbaric facility's policy on patient's rights?

13. It is important for the governing body to be involved in development and management of the hyperbaric facility safety program. Describe this process.

14. What is the process for the initial appointment, reappointment, assignment or curtailment of clinical privileges for the medical staff and allied health care personnel of the hyperbaric facility?

15. What is the process for determining the qualifications of technical personnel for the hyperbaric facility?

16. Describe the process used by the governing body to assess all members of the hyperbaric medical staff provide quality hyperbaric patient care.

17. What is the peer review process utilized for the hyperbaric medical staff?

Hyperbaric Administration (HBOA)

18. Provide the following information about all hyperbaric facility administrative personnel

Position	Number	Name
Administrators		
Accountants		
Bookkeepers		
Receptionists		
Secretarial and clerical		
Other (list titles)		
Total Personnel		

19. Does the hyperbaric facility employ consultants on an ongoing basis to assist in the management of the facility?

Yes No

If yes, please describe. _____

20. When did your hyperbaric facility begin treating patients? _____

21. Does your hyperbaric facility participate in federal and/or state reimbursement programs such as Medicare or Medicaid?

Yes No

22. Who is your state Fiscal Intermediary? _____

23. Is there any physician or practitioner in your hyperbaric facility whose license is under review by your state medical board?

Yes No

24. Is there any physician or practitioner in your hyperbaric facility whose licenses has been suspended, revoked or voluntarily surrendered?

Yes No

25. Has the parent organization or governing body of your hyperbaric facility placed any limitations on any practitioner's privileges?

Yes No

26. Has the parent organization or any of the officers or principal administrators of your hyperbaric facility been sanctioned or disciplined by any responsible authority such as Medicare?

Yes No

27. Do all hyperbaric medicine physicians maintain malpractice insurance?

Yes No

28. Are there any litigation/malpractice cases currently pending or settled within the past three (3) years against the organization and/or hyperbaric physician or practitioner?

Yes No

29. Describe the process utilized to ensure that fiscal and information management is effective and secure.

30. How often does senior management review personnel policies? _____

31. How often does management review facility operating instructions? _____

32. How frequently are hyperbaric staff meetings held? _____

33. Does the hyperbaric facility assess patient satisfaction at least semi-annually?

Yes No

34. Please provide the name of your Safety Director _____

35. Has your Safety Director been involved in the planning and development of regulations, guidelines, policies and procedures related to the safe operation of the hyperbaric facility?

Yes No

Hyperbaric Operations (HBOO)

36. Are emergency procedures immediately available at the chamber operator's console for each hyperbaric chamber?

Yes No

37. Describe the frequency of hyperbaric safety in-service training sessions and provide representative topics covered.

38. Describe the type of clothing patients are allowed to wear while inside the hyperbaric chamber.

39. For operators of Class A multiplace chambers, do medical safety observers always accompany patients during treatment?

Yes No NA

40. Does the Safety Director approve the use of all ancillary equipment inside Class A multiplace chambers?

Yes No NA

41. Are paper products stored inside a closed metal container in Class A multiplace chambers?

Yes No NA

42. What is the minimum time to decompress a Class A multiplace hyperbaric chamber from 6ATA?

_____ Minutes NA

43. What is the minimum time to decompress a Class B monoplace hyperbaric chamber from 3ATA?

_____ Minutes NA

Hyperbaric Maintenance (HBOM)

44. How frequently are pressure relief valves on the hyperbaric chamber tested and calibrated?
-
45. Are all gas outlets inside and outside the hyperbaric chamber labeled IAW CGA C-4, *Standard Method of Marking Portable Compressed Gas Containers to Identify the Material Contained*?
Yes No
46. Has a particular gas being delivered to a gas outlet been verified to be accurate?
Yes No
47. Are hazardous materials stored in the same room that houses the hyperbaric chamber?
Yes No
48. Are all equipment related repairs, modifications, etc., approved by the Safety Director before the item of equipment is used in the chamber?
Yes No NA
49. Does the Safety Director maintain a log of all maintenance performed and tests conducted on the hyperbaric chamber?
Yes No
50. Does the Safety Director sign the maintenance log upon completion of maintenance items?
Yes No
51. For Class A chambers, how often furniture leg tips, tires, casters, etc., inspected to ensure they are free of wax, lint, or other material?
-
52. What lubricant is used to lubricate casters used inside Class A chambers?
-
53. How frequently are materials that contain rubber inspected for cracking and degradation?
-
54. How frequently are trouble circuits and signals for fire detection and extinguishing equipment for Class A chambers tested?
-

55. Full testing of the fire detection and extinguishing equipment, including discharge of the fire suppression system of Class A chambers is conducted how often?

56. Does the hyperbaric facility have a regular housekeeping program?
Yes No

57. Is written guidance provided for the preventive maintenance program for all hyperbaric related equipment?
Yes No

58. Is written guidance provided for a major maintenance program for specific hyperbaric components such as compressors, control components, fire suppression systems, etc.?
Yes No

59. Describe the process used to inspect the acrylic windows and/or tube(s) of the hyperbaric chambers used in your facility.

Facility Construction (HBOC)

60. On what date was the Certificate of Occupancy for the hyperbaric facility by the Authority Having Jurisdiction issued?
-
61. Who was the Authority Having Jurisdiction that issued the Certificate of Occupancy?
-
62. Is the area housing a Class A chamber and ancillary equipment protected by 2-hour fire-resistive-rated construction?
Yes No NA
63. Are connecting doors to the chamber and ancillary service equipment room at least B-label, 1 ½ hour fire doors?
Yes No NA
64. Are multi-purpose equipment rooms (e.g., compressors) protected by 2-hour fire-resistive-rated construction and at least B-label, 1 ½ hour fire doors?
Yes No NA
65. Is the chamber room housing either a Class A or Class B chamber protected by a hydraulically calculated automatic wet pipe sprinkler system?
Yes No NA
66. Is the room housing ancillary equipment for either a Class A or Class B chamber protected by a hydraulically calculated automatic wet pipe sprinkler system?
Yes No NA

Hyperbaric Chamber Fabrication (HBOF)

67. Who is the manufacturer of your hyperbaric chamber(s)?

68. What is the model or trade name of your chamber(s)?

69. Does the manufacturer of your chamber(s) possess an FDA PreMarket Clearance number (510k) for your specific model?

Yes No

70. If the answer to the above question is “No”, please explain why.

71. Do you possess copies of all necessary forms of the American Society of Mechanical Engineers for each hyperbaric chamber used in your facility? (See probes HBOF 8.0 – 8.5)

Yes No

Hyperbaric Chamber Ventilation (HBOV)

72. Describe the ventilation procedure used in your hyperbaric chamber(s).
73. Is there an individual breathing apparatus supplied by an independent gas source available for every person inside a Class A chamber?
Yes No NA
74. Is the individual breathing apparatus capable of switching to an alternate air supply that is independent of the chamber atmosphere in the event of a fire inside the chamber?
Yes No NA
75. Is there an alternate breathing source available outside the chamber (Class A multiplace or Class B monoplace) for use by the chamber operator and others if the air in the vicinity of the chamber becomes fouled?
Yes No
76. Describe the location of the compressor air intake?
77. Describe the type of air compressor system used in your hyperbaric system?
78. If you use a conventional oil-lubricated compressor in your hyperbaric system, describe the type of filtration and monitoring systems used to ensure uncontaminated air?
79. Does the air pressurization system used in your facility consist of two or more compressors to ensure that continuous flow rates are maintained with any single compressor out of operation?
Yes No NA
80. Is each compressor powered from a separate electrical branch circuit?
Yes No NA

Hyperbaric Chamber Fire Protection (HBOFP) – Class A Only

81. Is there an independently supplied and operated handline fire suppression system installed in your Class A chamber?
Yes No
82. Is there an independently supplied and operated deluge fire suppression system installed in your Class A chamber?
Yes No
83. Does the activation of either the handline or deluge fire suppression system cause both a visual and aural alarm to occur at the chamber operator's console?
Yes No
84. Does the design of the fire suppression system automatically cause all ungrounded electrical leads for power and lighting inside the chamber to be disconnected?
Yes No
85. Is there a means of contacting the telephone operator or suitable authority located at the chamber operator's control console in the event of an emergency?
Yes No
86. Are all items of electrical equipment associated with the fire suppression system of the chamber powered from the emergency critical branch?
Yes No
87. Are manual fire suppression activation and deactivation controls located at the chamber operator's control console?
Yes No
88. Are manual fire suppression activation and deactivation controls located in each chamber compartment containing a deluge system?
Yes No
89. Is there a fixed deluge fire suppression system installed in each chamber compartment designed for manned operations?
Yes No
90. Is there a handline fire suppression system installed in each chamber compartment?
Yes No
91. Are functional tests of the deluge and handline fire suppression systems conducted at least semi-annually?
Yes No
92. Are reports of fire suppression system tests submitted to the Safety Director?

Yes No

Hyperbaric Chamber Electrical Systems and Service (HBOE)

93. Are items of electrical equipment associated with life support connected to the critical branch of the emergency systems to restore power within 10 seconds of interruption?
Yes No
94. If installed, are electrical receptacles inside your Class A chamber waterproof?
Yes No NA
95. When battery operated devices are used in the chamber, are the batteries fully enclosed and secured within the equipment enclosure?
Yes No NA
96. When battery operated devices are used in the chamber, are the batteries suitable for the chamber operating pressure and are of the sealed type?
Yes No NA
97. Are electrical components that must remain functional for the safe termination of a dive following the activation of the room sprinkler system waterproof?
Yes No
98. Is closed-circuit TV monitoring of the chamber interior used when the chamber operator does not have direct visual contact of the chamber interior from the chamber operating location?
Yes No
99. Is all furniture permanently installed in a Class A chamber grounded?
Yes No NA
100. Describe the location of the chamber exhaust pipe.
101. Does the supply piping for all commercially procured breathing gas sources (high-pressure cylinders) include a particulate filter of at least 10 microns or finer?
Yes No NA

Hyperbaric Gas Handling (HBOGH)

102. Are large gas cylinders stored in a manner to prevent them from being knocked over?

Yes No NA

103. Describe the process used to transport large cylinders within the hyperbaric facility?

104. Describe the process of storing and rotating large gas cylinders?

105. If liquid oxygen cylinders are stored in doors, is the storage room monitored for buildup of oxygen concentration?

Yes No NA

106. Describe the process used in your hyperbaric facility to ensure that the contents of gas cylinders obtained from commercial sources is identified?

107. Have all personnel who handle compressed gas cylinders been trained in the safe handling of compressed gases?

Yes No NA

108. If appropriate, describe the housing and location of the hyperbaric facility's bulk oxygen storage system.

109. For facilities with bulk oxygen systems, describe the inspection and maintenance procedures that are used.

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Hyperbaric Patient Rights (HBOPR)

110. Describe the mechanisms that in place to ensure that all patients are treated with respect, consideration, privacy and dignity?

111. How does the hyperbaric facility assess patient satisfaction with the services provided?

112. Explain the process used in your facility to ensure that the patient is provided information about their diagnosis, evaluation, treatment and prognosis.

113. For those hyperbaric facilities participating in clinical research, describe the manner in which the patient is informed of the risks/benefits of the treatment being investigated.

Hyperbaric Patient Assessment (HBOPA)

114. Describe the process and frequency of patient assessment activities used in your hyperbaric facility.



116. Before hyperbaric treatment begins, describe the process by which a treatment plan is developed for a specific patient.

117. Have all primary and allied healthcare providers completed at least a 40-hour UHMS or NBDHMT-approved course in Introductory Hyperbaric Medicine?
Yes No
118. Are all hyperbaric medicine physicians specifically credentialed to practice hyperbaric medicine in the sponsoring medical facility under the process delineated by the facility's privileging and credentials committee?
Yes No
119. Have all medical, nursing and technical personnel obtained the necessary continuing education credits to maintain their respective board certifications?
Yes No
120. Do all nursing and allied healthcare personnel have at least basic life support training?
Yes No
121. Are all hyperbaric medicine physicians current in advanced cardiac life support?
Yes No
122. Has the Safety Director completed a UHMS or NBDHMT hyperbaric safety course?
Yes No
123. Is the hyperbaric Safety Director either a CHT or CHRN (as appropriate)?
Yes No

124. Describe the areas in which nursing interventions have been developed and are utilized.

125. Does your facility provide 24-hour treatment coverage?
Yes No

126. If the answer to question 123 is “no”, what are your normal hours of operation?
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127. If your facility is a non-affiliated outpatient hyperbaric clinic, please describe your response plan to a medical emergency for a patient undergoing treatment.

128. Describe your emergency recall plan.

129. Are appropriate emergency equipment and supplies readily available in all areas of the facility where patient treatment operations are conducted?
Yes No

Hyperbaric Environment of Care (HBOEC)

130. Is your hyperbaric facility in compliance with the applicable chapters of the 2000 edition of the Life Safety Code (NFPA 101)?

Yes No

131. Does your hyperbaric facility have a comprehensive emergency plan addressing both internal and external emergencies?

Yes No

132. When was the facility's last emergency fire drill? _____

133. When was the facility's last training session on the proper use of fire extinguishing equipment?

134. Does your facility have illuminated signs at all exits from the hall or building?

Yes No

135. Is there auxiliary power for the facility?

Yes No

136. Are all hyperbaric personnel trained in cardiopulmonary resuscitation?

Yes No

137. What parking arrangements are available for patients?

138. Does your hyperbaric facility possess a hazardous waste disposal plan?

Yes No

139. Describe the provisions made to accommodate disabled individuals within your facility?

Hyperbaric Patient Education (HBOPE)

140. Does the hyperbaric facility plan for and conduct patient education activities?
Yes No
141. Does the hyperbaric facility allocate sufficient resources to achieve the educational objectives for the hyperbaric patient?
Yes No
142. When applicable, does the hyperbaric patient receive education on nutritional interventions, modified diets, etc.?
Yes No
143. When appropriate, does the hyperbaric patient receive education on self-care activities?
Yes No
144. Are nursing interventions developed to educate the hyperbaric patient on anxiety related to the knowledge deficit of hyperbaric oxygen therapy and treatment procedures?
Yes No
145. Are nursing interventions developed to educate the hyperbaric patient on altered health maintenance related to chronic wound management, restrictions following decompression sickness and symptoms to report after carbon monoxide poisoning?
Yes No

Hyperbaric Quality Improvement (HBOQI)

146. Does your hyperbaric facility have an organizational quality improvement program?

Yes No

147. Is there a quality improvement committee?

Yes No

148. Are there non-physician members of the quality improvement committee?

Yes No

149. How often does the quality improvement committee meet?

150. Does the quality improvement committee address issues related to clinical, administrative, cost-of-care and patient outcomes?

Yes No

151. Is data from the quality improvement program systematically analyzed?

Yes No

152. Are records maintained of quality improvement activities?

Yes No

153. To whom does the quality improvement committee report to?

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154. Provide a brief description of a recent quality improvement initiative and its outcome.

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Hyperbaric Professional Improvement (HBOPI)

155. Does your hyperbaric facility maintain a hyperbaric reference library?
Yes No
156. Does your hyperbaric facility provide orientation and training to all personnel?
Yes No
157. Does the senior management of your hyperbaric facility encourage staff participation in workshops, seminars, and other educational activities related to hyperbaric medicine and safety?
Yes No
158. Does senior management monitor the requirements for continued staff licensure and certification?
Yes No

Hyperbaric Leadership (HBOL)

159. Does senior management set performance improvement priorities?
Yes No
160. Does senior management develop an annual operating budget and capital expenditure plan?
Yes No
161. Has senior management developed programs for recruitment, retention, development, and continuing education for all hyperbaric staff members?
Yes No
162. Has senior management developed programs to promote hyperbaric staff member's job-related advancement and educational goals?
Yes No
163. Does senior management actively participate in the performance improvement process?
Yes No
164. Has senior management provided training in the basic approaches to and methods of performance improvement?
Yes No
165. Is sufficient time allowed for process improvement activities?
Yes No

Hyperbaric Human Resources (HBOHR)

166. Do all hyperbaric staff positions have written job descriptions and performance expectations?
Yes No
167. If your program is a full-time hyperbaric medicine program, are there at least two trained and credential hyperbaric medicine physicians on staff?
Yes No
168. Does your hyperbaric physician staffing ensure 24-hour consultation?
Yes No
169. Does your hyperbaric physician staffing ensure appropriate patient supervision during treatment?
Yes No
170. Does your hyperbaric physician staffing ensure proper physician rest and recovery?
Yes No
171. Is there always at least one Certified Hyperbaric Registered Nurse (CHRN) or Certified Hyperbaric Technologist (CHT) present when a patient is receiving hyperbaric treatment?
Yes No
172. Are RN-licensed/unlicensed and LVN-licensed/unlicensed activities defined?
Yes No
173. When non-patient treatment related chamber operations are ongoing, is at least one hyperbaric technician always on duty?
Yes No
174. Does your facility access each hyperbaric staff member's ability to meet the performance expectations stated in his or her job description?
Yes No

Hyperbaric Information Management (HBOIM)

175. Briefly describe your hyperbaric facility's clinical record filing system.

176. Is a clinical record established for each individual patient undergoing hyperbaric treatment?

Yes No

177. Is there a member of the hyperbaric facility staff who is specifically responsible for clinical records management?

Yes No

178. Describe briefly your hyperbaric facility's policies regarding patient's clinical records.

179. Are only designated personnel allowed to make entries into the patient's clinical record?

Yes No

180. Does your hyperbaric facility have a prescribed format for patient clinical records?

Yes No

181. Are reports, histories and physicals, progress notes, and other pertinent patient information reviewed and incorporated into the patient clinical record in a timely manner?

Yes No

182. How often are patient clinical records reviewed for completeness and timeliness?
-

Hyperbaric Infection Control (HBOIC)

183. Does your hyperbaric facility have an infection control program?
Yes No

Hyperbaric Medical Staff (HBOMS)

184. Does the Hyperbaric Medical Director of your facility possess a certificate of added qualifications in undersea and hyperbaric medicine?
Yes No
185. Do all hyperbaric medical staff personnel participate routinely in continuing education related to the practice of hyperbaric medicine?
Yes No
186. Is participation in continuing education activities by the hyperbaric medical staff documented?
Yes No

Hyperbaric Teaching and Publishing (HBOTP)

187. Is your hyperbaric facility involved in routine teaching activities?
Yes No

188. If the answer to question 185 is “yes”, briefly describe the type of training offered by your staff.

189. If your facility is involved in teaching activities, have policies related to staff participation and compensation been developed?
Yes No NA

190. If members of your hyperbaric facility staff publish articles, have policies been developed that address organizational review, approval, and compensation?
Yes No NA

Hyperbaric Clinical Research (HBOCR)

191. Does your hyperbaric facility conduct or participate in clinical research?
Yes No

192. If your hyperbaric facility conducts or participates in clinical research, is each research project submitted to an appropriate Institutional Review Board for review and approval?
Yes No NA

193. How are patients informed of the nature of the investigation?

194. Describe the process used to obtain a patient's informed consent to participate in clinical research.

Patient Treatment Information

Diagnosis	Number of Patients			Average Number of Treatments/Patient		
	Year	Year	Year	Year	Year	Year
Air/Gas Embolism						
CO Poisoning						
CO/Cyanide						
Gas Gangrene						
Crush Injury						
Compartment Syndrome & Other Acute Ischemias						
DCS						
Problem Wounds						
Exceptional Anemia						
Intracranial Abscess						
Necrotizing Infection						
Osteomyelitis (Refractory)						
Delayed Radiation Injury						
Skin Grafts/Flaps						
Thermal Burns						
Other (enter below)						
