Clinical Hyperbaric Facility Accreditation
Presurvey Questionnaire

©Undersea & Hyperbaric Medical Society, Inc.
631 U.S. Highway 1 Ste 307
North Palm Beach, FL 33408
Documents to be Included with the Clinical Hyperbaric Facility Presurvey Questionnaire

Upload the documents in [PDF] below to the Online Application Program

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 of the facility.

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 Medicare Administrative Contractor’s Local Coverage Determination for hyperbaric oxygen therapy.

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.

10. Access to the hyperbaric facility’s, or controlling organization’s by-laws must be available on-site for review by the survey team as required.
Use this document for Reference only for preparation of answers to enter into the Online Application Program.

DO NOT Upload!
**Hyperbaric Governance**

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
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(If more space is needed, add additional rows)

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

18. Provide the following information about all hyperbaric facility administrative personnel (the information below are example positions)

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Name</th>
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<tbody>
<tr>
<td>Administrators</td>
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<tr>
<td>Accountants</td>
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<td>Bookkeepers</td>
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<td>Receptionists</td>
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<td>Secretarial and clerical</td>
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<tr>
<td>Other (list titles)</td>
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<tr>
<td><strong>Total Personnel</strong></td>
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</tbody>
</table>

19. Does the hyperbaric facility employ consultants or management company on an ongoing basis to assist in the management of the facility?
   - Yes
   - No
   - N/A
   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 Medicare Administrative Contractor (MAC)? ________________________________

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. Has your Safety Director completed Hyperbaric Safety Director-specific training?  

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

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

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 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

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-resistant-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
Are multi-purpose equipment rooms (e.g., compressors) protected by 2-hour fire-resistant-rated construction and at least B-label, 1½ hour fire doors?

☐ Yes  ☐ No  ☐ NA

Is the chamber room housing either a Class A or Class B chamber protected by a hydraulically calculated automatic wet pipe sprinkler system or an automatic water mist fire protection system?

☐ Yes  ☐ No  ☐ NA

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 or an automatic water mist fire protection system?

☐ Yes  ☐ No  ☐ NA

Hyperbaric Chamber Fabrication

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 9.0)

☐ Yes  ☐ No

Hyperbaric Chamber Ventilation

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 multiplex 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 if appropriate?

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**

81. Is there an independently supplied and operated handline fire suppression system installed in your Class A chamber?
   - Yes
   - No
   - N/A

82. Is there an independently supplied and operated deluge fire suppression system installed in your Class A chamber?
   - Yes
   - No
   - N/A

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
   - N/A

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
   - N/A

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
   - N/A

86. Are all items of electrical equipment associated with the fire suppression system of the chamber powered from the emergency critical branch?
   - Yes
   - No
   - N/A

87. Are manual fire suppression activation and deactivation controls located at the chamber operator’s control console?
   - Yes
   - No
   - N/A

88. Are manual fire suppression activation and deactivation controls located in each chamber compartment containing a deluge system?
   - Yes
   - No
   - N/A

89. Is there a fixed deluge fire suppression system installed in each chamber compartment designed for manned operations?
   - Yes
   - No
   - N/A

90. Is there a handline fire suppression system installed in each chamber compartment?
   - Yes
   - No
   - N/A

91. Are functional tests of the deluge and handline fire suppression systems conducted at least semi-annually?
   - Yes
   - No
   - N/A
92. Are reports of fire suppression system tests submitted to the Safety Director?
☐Yes  ☐No  ☐N/A

Hyperbaric Chamber Electrical Systems and Service

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 and caution signage.

101. Does the supply piping for all commercially procured breathing gas sources (high-pressure cylinders) include a particulate filter of at least 60 microns or finer?
☐Yes  ☐No  ☐NA
**Hyperbaric Gas Handling**

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.
**Hyperbaric Patient Rights**

110. Describe the mechanisms that are 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**

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

115. Provide the following information on each physician, nurse and allied healthcare provider employed by your hyperbaric facility.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>F/T</th>
<th>P/T</th>
<th>Certified? (Primary Specialty, UHM, CHRN or CHT)</th>
<th>BLS/ACLS</th>
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<tr>
<td>Total Health Care Providers</td>
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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 clinical 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?

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**

130. Does your hyperbaric facility have a comprehensive emergency plan addressing both internal and external emergencies?
☐ Yes  ☐ No

131. When was the facility’s last emergency fire drill?  

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

133. Does your facility have illuminated signs at all exits from the hall or building?
☐ Yes  ☐ No

134. Is there auxiliary power for the facility?
☐ Yes  ☐ No

135. Are all hyperbaric personnel trained in cardiopulmonary resuscitation?
☐ Yes  ☐ No

136. What parking arrangements are available for patients?  

137. Does your hyperbaric facility possess a hazardous waste disposal plan?
☐ Yes  ☐ No

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

**Hyperbaric Patient Education**

139. Does the hyperbaric facility plan for and conduct patient education activities?
☐ Yes  ☐ No

140. Does the hyperbaric facility allocate sufficient resources to achieve the educational objectives for the hyperbaric patient?
☐ Yes  ☐ No
141. When applicable, does the hyperbaric patient receive education on nutritional interventions, modified diets, etc.?
☐ Yes  ☐ No

142. When appropriate, does the hyperbaric patient receive education on self-care activities?
☐ Yes  ☐ No

143. Are clinical interventions developed to educate the hyperbaric patient on anxiety related to the knowledge deficit of hyperbaric oxygen therapy and treatment procedures?
☐ Yes  ☐ No

144. Are clinical 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**

145. Does your hyperbaric facility have an organizational quality improvement program?
☐ Yes  ☐ No

146. Is there a quality improvement committee?
☐ Yes  ☐ No

147. Are there non-physician members of the quality improvement committee?
☐ Yes  ☐ No

148. How often does the quality improvement committee meet?

149. Does the quality improvement committee address issues related to clinical, administrative, cost-of-care and patient outcomes?
☐ Yes  ☐ No

150. Is data from the quality improvement program systematically analyzed?
☐ Yes  ☐ No

151. Are records maintained of quality improvement activities?
☐ Yes  ☐ No

152. To whom does the quality improvement committee report to?
Provide a brief description of a recent quality improvement initiative and its outcome.

**Hyperbaric Professional Improvement**

154. Does your hyperbaric facility maintain a hyperbaric reference library?  
- Yes  
- No

155. Does your hyperbaric facility provide orientation and training to all personnel?  
- Yes  
- No

156. 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

157. Does senior management monitor the requirements for continued staff licensure and certification?  
- Yes  
- No

**Hyperbaric Leadership**

158. Does senior management set performance improvement priorities?  
- Yes  
- No

159. Does senior management develop an annual operating budget and capital expenditure plan?  
- Yes  
- No

160. Has senior management developed programs for recruitment, retention, development, and continuing education for all hyperbaric staff members?  
- Yes  
- No

161. Has senior management developed programs to promote hyperbaric staff member’s job-related advancement and educational goals?  
- Yes  
- No

162. Does senior management actively participate in the performance improvement process?  
- Yes  
- No
163. Has senior management provided training in the basic approaches to and methods of performance improvement?
☐ Yes  ☐ No

164. Is sufficient time allowed for process improvement activities?
☐ Yes  ☐ No

**Hyperbaric Human Resources**

165. Do all hyperbaric staff positions have written job descriptions and performance expectations?
☐ Yes  ☐ No

166. 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

167. Does your hyperbaric physician staffing ensure 24-hour consultation?
☐ Yes  ☐ No

168. Does your hyperbaric physician staffing ensure appropriate patient supervision during treatment?
☐ Yes  ☐ No

169. Does your hyperbaric physician staffing ensure proper physician rest and recovery?
☐ Yes  ☐ No

170. 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

171. Are RN-licensed/unlicensed and LVN-licensed/unlicensed activities defined?
☐ Yes  ☐ No

172. When non-patient treatment related chamber operations are ongoing, is at least one hyperbaric technician always on duty?
☐ Yes  ☐ No

173. 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

174. Briefly describe your hyperbaric facility’s clinical record filing system.

175. Is a clinical record established for each individual patient undergoing hyperbaric treatment?
   □ Yes □ No

176. Is there a member of the hyperbaric facility staff who is specifically responsible for clinical records management?
   □ Yes □ No

177. Describe briefly your hyperbaric facility’s policies regarding patient’s clinical records.

178. Are only designated personnel allowed to make entries into the patient’s clinical record?
   □ Yes □ No

179. Does your hyperbaric facility have a prescribed format for patient clinical records?
   □ Yes □ No

180. 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

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

Hyperbaric Infection Control

182. Does your hyperbaric facility have an infection control program?
   □ Yes □ No
Hyperbaric Medical Staff

183. Does the Hyperbaric Medical Director of your facility possess a certificate of added qualifications in undersea and hyperbaric medicine?
   ☐ Yes  ☐ No

184. Do all hyperbaric medical staff personnel participate routinely in continuing education related to the practice of hyperbaric medicine?
   ☐ Yes  ☐ No

185. Is participation in continuing education activities by the hyperbaric medical staff documented?

Hyperbaric Teaching and Publishing

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

187. If the answer to question 187 is “yes”, briefly describe the type of training offered by your staff.

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

189. 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

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

191. 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
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>192.</strong></td>
<td>How are patients informed of the nature of the investigation?</td>
</tr>
<tr>
<td><strong>193.</strong></td>
<td>Describe the process used to obtain a patient’s informed consent to participate in clinical research.</td>
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</tbody>
</table>
## Patient Treatment Information

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of Patients</th>
<th>Average Number of Treatments/Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>Air/Gas Embolism</td>
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<tr>
<td>CO Poisoning</td>
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<tr>
<td>CO/Cyanide</td>
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<tr>
<td>Gas Gangrene</td>
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<td>Crush Injury</td>
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<tr>
<td>Compartment Syndrome &amp; Other</td>
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<tr>
<td>Acute Ischemias</td>
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<td>Intracranial Abscess</td>
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<td>Necrotizing Infection</td>
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<td>Skin Grafts/Flaps</td>
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<td>Thermal Burns</td>
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<tr>
<td>Other (enter below)</td>
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Presurvey Reference ver1
Use this document for Reference only for preparation of answers to enter into the Online Application Program.

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