INTRODUCTION
Hyperbaric Oxygen Therapy (HBOT) as a medical subspecialty has grown significantly over the last several decades. The need for physicians, nurses, and technicians to administer HBOT has been growing as well. HBOT can be delivered in a hospital-based department, or an office-based location, which may not be affiliated with a local hospital. Office-based HBOT is less likely to have a management company or hospital credentialing department to help develop policies and procedures for hiring and maintaining staff and physician competency. Previous position statements have delineated the importance and recognition of hyperbaric certification for technicians and nurses [1] along with physicians[2]. The UHMS recommends that the position statements for credentialing, privileging, and supervision for technicians, nurses, and physicians that apply to hospital-based HBOT also apply to office-based HBOT delivery locations.

ABSTRACT
1) Office-based HBOT is growing across the nation.
2) Office-based HBOT departments may not have policies and procedures for hiring, maintaining competence, QA/QI, chart auditing, and guidelines for certification of hyperbaric technicians, nurses, and physicians.
3) The UHMS has previously produced policy statements on hyperbaric certification of technicians and nurses along with physicians.
4) The UHMS recommends that office-based HBOT departments should maintain the same standards as hospital-based departments following previous published guidelines.

RATIONALE
As HBOT continues to grow, more and more patients are being treated outside of hospital-affiliated HBOT departments. The delivery of HBOT in office-based locations will likely increase as the Centers for Medicare and Medicaid Services (CMS) pushes for more site neutrality in the provision of outpatient services.[3] These office-based HBOT departments may not have the infrastructure and affiliations for
hiring, credentialing, continuing education of their staff and physicians. The UHMS has previously published policy statements on certification of technicians, nurses, and physicians delineating what is felt to be the best practice to ensure safe and consistent patient care for those undergoing HBOT. The UHMS recommends that office-based HBOT departments should maintain the same standards for technicians, nurses, and physician employees as their hospital-based counterparts.

CONCLUSIONS/RECOMMENDATIONS
The quality of medical care given to patients undergoing HBOT should not vary by location. Office-based HBOT and hospital-based HBOT providers should follow the same guidelines set forth in previous UHMS policy statements.

In order to ensure the appropriate level of safety compliance and adherence to national standards for equipment maintenance, UHMS recommends that office-based practices obtain comprehensive periodic facility accreditation such as that offered by the UHMS.

REFERENCES