

# Hyperbaric Medicine Clinical Privileges

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial privileges (initial appointment)       Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: December 11, 2014.

**Applicant:** Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

**[Department/Program Head or Leaders/ Chief]:** Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one’s professional practice and to deliberately plan an approach to skills maintenance.

## Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Note:** The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

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**Grandparenting:** Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

### Qualifications for hyperbaric medicine

**Initial privileges:** To be eligible to apply for privileges in hyperbaric medicine the applicant should meet the following criteria:

Successful completion of an approved Canadian residency training program in a discipline that includes critical care, followed by a training program in hyperbaric oxygen therapy (HBOT) of 40 hours approved by the Undersea and Hyperbaric Medical Society (UHMS). All applicants must have completed a clinical traineeship for a minimum of two months at a facility that routinely trains physicians in hyperbaric medicine. Additional training in wound care and diving medicine is encouraged.

AND/OR

Be board certified as a specialist in hyperbaric medicine by the American Board of Emergency Medicine or American Board of Preventative Medicine.

AND/OR

Complete the qualifications for a Certificate of Added Qualification (CAQ) as provided by the UHMS. (<https://www.uhms.org/education/credentialing/caq-hyperbaric-physician-certification.html>)

**Recommended current experience:** Applicants will present a log of hyperbaric medicine/HBOT services delivered in the past 24 months reflective of the scope of privileges requested or have completed training in hyperbaric medicine within the past 12 months.

**Renewal of privileges:** To be eligible to renew privileges in hyperbaric medicine (type I), the applicant should meet the following criteria:

Current demonstrated skill and an adequate volume of experience with acceptable results reflective of the scope of privileges requested for the past 36 months based on results of ongoing professional practice evaluation and outcomes.



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Minimum number of cases to be treated:

Total emergency cases - 9

Critical care cases - 3

Days providing non emergency HBOT - 15

The applicant should be able to provide evidence 20 hours of CME related to hyperbaric medicine in a 1 year cycle.

### ***Core privileges: Hyperbaric medicine privileges***

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

**Requested** Diagnosis and therapeutic management utilizing HBOT for patients of all ages presenting with the following indications:

- Air or gas embolism
- Carbon monoxide poisoning
- Carbon monoxide poisoning complicated by cyanide poisoning
- Gas gangrene
- Crush injury, compartment syndrome and other acute traumatic ischemias
- Decompression sickness
- Arterial insufficiency including central retinal artery occlusion.
- Enhancement of healing in selected wound problems
- Severe anemia
- Intracranial abscess
- Necrotizing soft tissue infections
- Refractory osteomyelitis
- Delayed radiation injury
- Compromised grafts and flaps
- Acute thermal burn injury
- Idiopathic sudden sensorineural hearing loss.

An up to date list of current indications can be found at <http://membership.uhms.org/?page=indications>

May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent



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conditions consistent with medical staff policy regarding emergency and consultative call services. These privileges include the provision of consultation as well as the ordering of diagnostic studies and procedures related to the problem. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

### **Core privileges: Admitting Privileges**

**Requested: Full Admitting**

### **Core procedures list**

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If there is a procedure you wish to NOT perform, then please type into the *Comments* field.

- Performance of history and physical exam
- Screening for contraindications to HBOT

### **Hyperbaric medicine**

- Airway management
- Management of ventilated patients
- Insertion of chest tubes and needle decompression of chest
- Placement of central venous catheters
- Placement of arterial lines
- Drawing arterial blood gases
- ACLS
- Management of external pacemaker
- Myringotomy

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### Non-core Privileges (See Specific Criteria)

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

None identified at this time.

### Context Specific Privileges

Context refers to the capacity of a facility to support an activity

### Context specific privileges: Administration of procedural sedation

#### Requested

See "Hospital Policy for Sedation and Analgesia by Non-anesthesiologists."

For Reference Only

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## *Process for requesting privileges not included in the dictionary*

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site ([bcmqi.ca](http://bcmqi.ca)) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

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## Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Department/Program Head or Leaders/Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Department / Division / Program: \_\_\_\_\_

Name of Medical Leader: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_