

**ATRIUM HEALTH  
REAPPOINTMENT DOP  
HYPERBARIC MEDICINE AND WOUND CARE MANAGEMENT**

**PRINT NAME:** \_\_\_\_\_

	YES		NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past two (2) years.
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**\*If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

To be eligible for core privileges in Hyperbaric Medicine and Wound Care Management, the applicant must meet the following qualifications:

- If the applicant is not currently certified in their specialty by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Provide documentation of successful completion of an ACGME or AOA accredited training program, within the past five (5) years; **AND**
  2. Verification from the training program director that the Applicant successfully completed the program; which included surgical wound debridement techniques. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
  
- If the applicant is currently certified in their specialty by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), the applicant must:
  1. Demonstration that you have performed surgical wound debridement procedures on at least twenty-five (25) patients during the past two (2) years; **OR**
  1. Provide documentation of certification in surgical wound debridement by an approved wound care organization, such as Healogics, that includes surgical wound debridement as part of the certification criteria during the past two (2) years.

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in Hyperbaric Medicine and Wound Care Management privileges at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Please check appropriate blocks when applying for privileges (Please strike through any core privileges not being requested):

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>WOUND CARE MANAGEMENT CORE PRIVILEGES</b>
										CWCM-1	Assess, consult, work up, and manage patients who are referred for chronic wound therapy. Recognize and treat various chronic wounds including but not limited to: pressure ulcers, diabetic ulcers, neuropathic ulcers, venous stasis ulcers, and arterial ulcers. Perform cauterization - chemical and/or electrosurgical cautery. Administer/apply local and/or topical anesthesia. Manage associated infections, prescribe pharmaceuticals, and treat and/or refer nutritional problems. Perform debridement of tissue necrosis (nonexcisional and excisional), biopsies, incision and drainage, and suturing.

NOTE: Wound Care Management Privileges include Surgical Debridement of Wounds (skin, subcutaneous tissue, muscle and bone); Transcutaneous Oximetry Interpretation; Complicated Wound Management; Local and Regional Anesthesia; Wound Biopsy; Preparation of 'wound Bed and Application of Skin Substitutes (Apligraf, Dermagraft, Oasis, Epifix, etc.); and Application of Total Contact Casts.

Wound Care Core privileges do not preclude physicians who have been trained in wound management as part of their specialty from exercising those privileges.

**Maintenance Criteria for Continued Privileges (CWCM-1):**

The Physician must submit a minimum of twelve (12) hours of continuing education on Wound Care over the past two (2) years. This will be reviewed at the time of reappointment.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>FULL CONSULTING HYPERBARIC MEDICINE PRIVILEGES</b>
										CHYP-3*	Assess, consult, work-up, and manage patients who are referred for hyperbaric oxygen therapy. Recognize disease entities appropriate for hyperbaric oxygen therapy and the appropriate treatment protocols for each condition. Perform and Interpret Transcutaneous Oximetry and Mapping. Provide supervision of hyperbaric oxygen therapy and management of complications of hyperbaric therapy. Manage emergent / urgent in-chamber patient issues.
<p>NOTE: Full Consulting Hyperbaric Medicine Privileges include Diabetic Wounds of Lower Extremity; Radiation Tissue Damage; Osteoradionecrosis; Refractory, Chronic Osteomyelitis; Sudden Sensorineural Hearing Loss; Central Retinal Artery Occlusion; Compromised Skin Grafts and Flaps; Problem / Compromised Wounds; Arterial Gas Embolism/Decompression Illness; Crush injury / Compartment Syndrome / Traumatic Ischemia; Acute peripheral arterial insufficiency; Carbon Monoxide/Cyanide Poisoning; Actinomycosis; Necrotizing Soft Tissue Infections; and Manage HBOT Complications (Barotraumas, Oxygen Toxicity, etc.).</p> <p>Since hyperbaric oxygen therapy in the CHS system is done in the outpatient setting, hospital policy will determine if an inpatient can be treated in that outpatient setting.</p>											

### **HYP-3 FULL CONSULTING HYPERBARIC MEDICINE PRIVILEGES**

#### **Credentials Required:**

1. Provide documentation of successful completion of an ACGME or AOA approved fellowship training program in hyperbaric medicine within the past five (5) years, **OR**
1. Documentation of successful completion of a training program in clinical hyperbaric medicine approved by the Undersea and Hyperbaric Medical Society (UHMS) or the United States military, of a minimum of 40 hours in duration, **OR**
1. Provide documentation of board certification in Undersea Hyperbaric Medicine, from the sub-board approved by the ABMS or the AOA, **OR**
1. Provide documentation of certification in Hyperbaric Medicine by an approved organization, such as Healogics.

#### **Maintenance Criteria for Continued Privileges (HYP-3):**

The Physician must submit a minimum of twelve (12) hours of continuing education on Hyperbaric Medicine over the past two (2) years. This will be reviewed at the time of reappointment.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>NEEDLE MYRINGOTOMY FOR EMERGENCY HYPERBARIC OXYGEN TREATMENT</b>
			N/A	N/A		N/A		N/A		CHYP-M*	Perform needle myringotomy, at bedside, using local or topical anesthesia, to facilitate emergency hyperbaric oxygen treatment.

**HYP-M NEEDLE MYRINGOTOMY FOR EMERGENCY HYPERBARIC OXYGEN TREATMENT**

**Credentials Required**

1. Applicant must be credentialed to supervise hyperbaric oxygen therapy (CHYP-3), **AND**
2. Applicant must provide documentation that he/she has received training in the procedure of needle myringotomy, **AND**
3. Applicant must provide documentation that he/she has performed at least five (5) needle myringotomy procedures in the past, **OR**
3. Applicant must correctly perform at least five (5) needle myringotomy procedures under the supervision of the Medical Director of Hyperbaric Medicine or a physician designated by the Medical Director of Hyperbaric Medicine.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform, and that I wish to exercise at Atrium Health 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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name