Barriers to 24/7 availability and emergent clinical capabilities of hyperbaric medicine facilities: A large-scale survey study

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Background

The paucity of Undersea and Hyperbaric Medicine (UHM) facilities that are able to provide critical care services and 24/7 availability has been a growing concern for the specialty. We conducted a nationwide survey-based study aiming to identify the barriers to 24-hour operation of these facilities. We hope to be able to utilize this gained knowledge to impact future access and availability of UHM across the country.

Methods

An online survey was composed and survey URL was distributed by the Undersea and Hyperbaric Medical Society (UHMS) via email listserv. Respondents were asked to select specific issues they perceive as barriers to 24/7 hyperbaric chamber operation. UHMS sent the initial survey invitation on February 21, 2023. The survey remained open until April 3, 2023.
Results

Respondents from 122 UHM facilities answered the survey. Six respondents answered incompletely, while 116 completed the survey in its entirety. Sixty-four facilities (52.5%) reported current 24/7 operation, while 58 (47.5%) denied current 24/7 operation. Non-24/7 facilities were asked to select any perceived barriers to 24/7 operation. Fifty-five of the non-24/7 facilities (94.8%) identified multiple barriers to 24/7 operation. (See Table 2.) Of the non-24/7 facilities, 87.9% cited paying for an on-call team as a barrier to 24/7 operation; this was the most commonly cited barrier. The second-most commonly cited barrier was lack of physician availability. (See Table 1.).

Twelve of the respondents identified both lack of physician availability and NP/PA inability to oversee HBOT as a barrier. Of these twelve, only one site identified lack of physician availability as their most important barrier to address 24/7 clinical care support. No facilities identified NP/PA inability to oversee HBOT as their most important barrier.

A stark contrast in availability of chamber-compatible equipment was identified when comparing 24/7 facilities to non-24/7 facilities. The majority of the non-24/7 facilities (74.5%) did not possess chamber-compatible ventilators, IV pumps or cardiac monitors. In contrast only 14.8% of the 24/7 facilities lacked all three pieces of equipment. (See Table 4.).
• The vast majority (83.6%) of 24/7 facilities are found in urban clinical settings.
• The majority (69.1%) of non-24/7 facilities are found in non-academic clinical settings, both urban and rural.
Facilities were presented a list of possible barriers to 24/7 operation and were permitted to select multiple barriers from the list. Nearly all facilities (94.8%) selected more than one barrier. Lack of operational support and physician availability for 24/7 coverage were the two most commonly chosen barriers in the multi-select list.

Notably, only 12 (20.7%) respondents selected both "physician availability for 24/7 coverage" and "inability of NP/PA to oversee HBOT". Only one site indicated that inability to augment clinical support with a NP/PA was the most important barrier to overcome lack of 24/7 availability. This suggests that augmenting physician call coverage with NP/PA clinical oversight will not independently resolve the shortage of 24/7 HBOT facilities across the nation.

**Free-text responses for the Other” (20.7%) barrier include: lack of ancillary staff, lack of critical care capability of hyperbaric chamber, department physical distance from main hospital building, and lack of patient demand for 24/7 operation.

Table 1: Barriers to 24/7 Hyperbaric Facility Operation

<table>
<thead>
<tr>
<th>Barriers to 24/7 Operation</th>
<th>Number of Respondents Reporting Given Barrier (n = 58)</th>
<th>Percentage of Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Operational Support</td>
<td>53</td>
<td>91.4%</td>
</tr>
<tr>
<td>Physician availability for 24/7 coverage</td>
<td>44</td>
<td>75.9%</td>
</tr>
<tr>
<td>Access to inpatient support</td>
<td>20</td>
<td>34.5%</td>
</tr>
<tr>
<td>Reimbursement for service</td>
<td>18</td>
<td>31.0%</td>
</tr>
<tr>
<td>Inability of PA/NP to oversee hyperbaric oxygen therapy</td>
<td>13</td>
<td>22.4%</td>
</tr>
<tr>
<td>Other*</td>
<td>12</td>
<td>20.7%</td>
</tr>
</tbody>
</table>
• 94.8% faculties selected two or more barriers that prevented 24/7 operations.
• The most frequent number of barriers selected by facilities was three.
• 58.6% of facilities selected three or four barriers.
Facilities were asked to describe the most important barrier to 24/7 clinical operations. Most of the facilities (70.7%) stated "lack of operational support" as the number one barrier to address to achieve 24/7 operation in their department. However, "lack of operational support" was multifaceted and included responses of "inability to pay for on call staff" and "lack of administrative support".

“Logistical Issues Related to Inpatient Availability” includes responses related to physical distance from main hospital building and outpatient-only status.
Overall, the 24/7 facilities more consistently reported availability of chamber-compatible ventilators, IV pumps, or cardiac monitors. 74.5% of non-24/7 facilities reported the lack of any chamber-compatible equipment. Interestingly, 9 (14.8%) 24/7 facilities also reported not having access to any chamber-compatible equipment.
The data obtained from this survey suggest that the relative lack of 24/7 UHM facilities is multifactorial in cause. Nearly all of the responding facilities cited two or more barriers. Lack of operational support and physician availability were the most commonly cited barriers in the multi-select section of the survey. However, of the facilities that cited physician availability and NP/PA inability to supervise HBOT as a barrier, only one center identified physician availability as their number-one most important barrier; none noted NP/PA inability to supervise HBOT as their number-one barrier. Multiple barriers would need to be resolved for a site to be able to provide 24/7 care. There is great potential for future investigation to identify solutions to these multifactorial causes. This ultimately would allow for broader delivery of emergent hyperbaric oxygen therapy.
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CONFLICT OF INTEREST:
None declared.

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