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MINUTES OF THE HYPERBARIC OPERATING COMMITTEE March 30, 1965

Attending: Drs. Saltzman, Smith, Spach, Stephen, Hall and Whalen (for McIntosh)

The Committee reviewed and commented upon the recently awarded training grants with emphasis on the role of personnel stipulated in these proposals. These include two senior staff members, a chamber operator, an administrator (50 per cent), technician, secretary, chamber operator trainees (ultimately three a year), physician assistants (ultimately three a year), pre-doctoral fellows and post-doctoral fellows. These training grants will be administered as an interdepartmental project subject to the same reviews as applied to the hyperbaric program project grant. The Committee agreed further to the appointment of Mr. James Mau to administer the training grants and the program project grant, with the understanding that this appointment is to be reviewed in one year's time. He will participate in the future Hyperbaric Committee Meetings as a non-voting member. (Ed. Note: The design of the Physician Assistants Training Program elicited some discussion, particularly as regards the role of these trainees in the Medical Center after completing the two-year program. In view of the potential breadth of this particular portion of the program, it has been recommended that a Medical Center Committee be formed to oversee the development of this and similar educational programs.) Dr. Yngve Lønning will join the Department of Physiology in November for a two-year period; he was proposed and accepted as a Department of Medicine candidate for a senior staff position in the hyperbaric training program.

The plans for hiring an electronics technician to participate in meeting electronic problems in the chamber, in electrical installation of the new chambers, to instruct trainees, and to cross-train in bench chemical procedures was reviewed and accepted. A candidate has been interviewed by Dr. Smith, Dr. Saltzman and Mr. Aanerud, and will be offered employment. When hired, he will also function as a supervisor of technicians.

Plans for greater patient exposures in the hyperbaric chamber were reviewed as well. A detailed memo discussing these plans will be forwarded to all committee members. Among the major plans are: the use of a 15 psig exposure to conserve utilization of personnel, the selection of adult cardiac candidates for therapy from a broad patient population, including myocardial infarction, post-operative heart surgery, and shock patients, and finally the division of these patients into two major categories. The first category will include those patients with good pulmonary gas exchange in whom hyperbaric oxygenation will be accomplished by the traditional pulmonary route; the second category encompasses patients with poor pulmonary gas exchange in which extrapulmonary routes of oxygenation will be a part of the planned hyperbaric procedure. For the latter

group, the development of a suitable extracorporeal oxygenator is planned. In addition, professional and non-professional personnel programs will be developed so as to permit twenty-four hour emergency treatments without disrupting other laboratory schedules. Details of this plan are being developed by Drs. Saltzman, Smith, McIntosh, Whalen, Mr. Mau and Mr. Aanerud. The need for active participation by Anesthesiology in this program was emphasized.

The proposal for renewing the hyperbaric program project will be submitted before June. Information from participants in the program will be solicited during April and recommendations for the renewal will be submitted to the Committee by Dr. Saltzman and Dr. Smith in May.

Present plans for Clinical Research Building II call for bids during April and for construction to begin in June.

Dr. Moor's protocol for studying cardiovascular pressures was accepted.

The Committee reviewed and accepted the following contemplated purchases in addition to those items already reviewed and accepted in the budget for 1965: Increased costs of the anesthetic machine for the Surgical Chamber (\$500-\$1000), the cost of an oscilloscope monitor for ultimate use in the Surgical Chamber (\$2000?), the cost of development of an extracorporeal oxygenator (\$2000?) and transport table (\$2000) to implement the hyperbaric therapy program for cardiac patients and a portion of the cost for blood vessel measuring equipment (\$1000). In the case of the transport table, recommendations will be presented to the Committee by Dr. Smith and Dr. Whalen next month.