



**The Hyperbaric Incident Monitoring Study (HIMS): An  
International Study of Incidents Occurring in Hyperbaric  
Medicine Units**

**Christy Joan Pirone  
BSN, RN**

*Thesis submitted to the University of Adelaide in fulfillment of the requirement for the Degree of Master of Clinical Science*

**Adelaide University  
Department of Clinical Nursing  
October 2000**

# CONTENTS

|  | <b>Page</b> |
|--|-------------|
| Abstract Summary of Thesis                                     | viii        |
| Declaration  | ix          |
| Dedication   | x           |
| Acknowledgments  | xi          |
| List of Tables   | xiv         |
| List of Figures  | xv          |
| List of Abbreviations  | xvi         |
| <b>Introduction</b>  | <b>1</b>    |
| <i>The Research Questions</i>                                  | 2           |
| <i>Aims</i>  | 2           |
| <i>Objectives</i>  | 2           |
| <i>Overview of the thesis structure</i>                        | 3           |
| <b>Chapter 1</b>   |             |
| <b>Incident Monitoring In Health Care</b>                      | <b>5</b>    |
| 1.1 Scope and Significance of the Clinical Problem             | 5           |
| 1.2 Incident Reporting in Healthcare: Review of the Literature | 7           |
| 1.2.a <i>Overview and Methodology of the Review</i>            | 7           |
| 1.2.b <i>Evolution and methods of incident reporting</i>       | 8           |
| 1.2.c <i>Incident Analysis</i>                                 | 13          |

|                  |  |    |
|------------------|--|----|
| <b>Chapter 2</b> |  |    |
|                  | <b>History of Safety in Clinical Hyperbaric Medicine</b>                                 | 17 |
| 2.1              | Hyperbaric Specific National Standards/Guidelines  | 22 |
| 2.2              | Training   | 22 |
| <br>             |  |    |
| <b>Chapter 3</b> |  |    |
|                  | <b>Review of the Literature: Incidents and Safety in<br/>Hyperbaric Medical Practice</b> | 27 |
| 3.1              | Methodology of the review  | 28 |
| 3.2              | Review of Incident Monitoring in Hyperbaric  | 29 |
|                  | 3.2.a <i>Findings of Incident Reporting in Hyperbaric</i>                                | 31 |
| 3.3              | Incident literature review by type of incident   | 33 |
| 3.4              | Fire Incidents   | 34 |
| 3.5              | Pressure Incidents   | 36 |
| 3.6              | Hyperbaric Staff Safety  | 38 |
|                  | 3.6.a <i>Fitness to dive</i>   | 38 |
|                  | 3.6.b <i>Incidents Affecting Staff Safety</i>  | 43 |
|                  | <i>Decompression Illness (DCI)</i>   |    |
|                  | <i>Barotrauma</i>  |    |
|                  | <i>Pressure related injuries</i>   |    |
|                  | <i>Oxygen toxicity</i>   |    |
|                  | <i>Musculoskeletal Effects</i>   |    |
|                  | <i>Other</i>   |    |
| 3.7              | Patient Problems   | 50 |
|                  | 3.7.a <i>Barotrauma</i>  | 50 |
|                  | <i>Ear</i>   |    |
|                  | <i>Sinus</i>   |    |
|                  | <i>Pulmonary</i>   |    |
|                  | 3.7.b <i>Oxygen toxicity</i>   | 56 |
|                  | <i>Central nervous system</i>  |    |
|                  | <i>Pulmonary oxygen toxicity</i>   |    |
|                  | <i>Visual side effects</i>   |    |
|                  | 3.7.c <i>Hypoglycemia</i>  | 59 |
|                  | 3.7.d <i>Confinement Anxiety</i>   | 60 |
|                  | 3.7.e <i>Mortality</i>   | 61 |

|     |                            |    |
|-----|----------------------------|----|
| 3.8 | Chamber/Equipment Problems | 61 |
|-----|----------------------------|----|

## Chapter 4

|     |   |    |
|-----|---|----|
|     | <b>Research Design and Method</b>       | 64 |
| 4.1 | Research Design                         | 64 |
| 4.2 | Research Sample                         | 65 |
| 4.3 | Research Tools                          | 67 |
| 4.4 | Research protocols and procedures       | 72 |
| 4.5 | Analysis                                | 73 |
| 4.6 | Ethical Issues / Confidentiality        | 76 |
| 4.7 | Strengths and Limitations of the Design | 76 |

## Chapter 5

|     |  |    |
|-----|--|----|
|     | <b>Results</b>                           | 80 |
| 5.1 | Demographics                             | 82 |
|     | 5.1.a <i>Where the Incident Occurred</i> | 82 |
|     | 5.1.b <i>Who/What Involved</i>           | 83 |
|     | 5.1.c <i>Age of Involved</i>             | 83 |
| 5.2 | Types of Incident                        | 84 |
|     | 5.2.a <i>Patient Problems</i>            | 85 |
|     | <i>Barotrauma</i>                        |    |
|     | <i>Oxygen toxicity</i>                   |    |
|     | <i>Psychological reactions</i>           |    |
|     | <i>Other</i>                             |    |
|     | 5.2.b <i>Equipment Problems</i>          | 90 |
|     | <i>Hoods</i>                             |    |
|     | <i>Built-in-breathing system (BIBS)</i>  |    |
|     | <i>Overboard dump system (OBD)</i>       |    |
|     | <i>Breathing masks</i>                   |    |
|     | <i>Monitors</i>                          |    |
|     | <i>Ventilators</i>                       |    |
|     | <i>Suction devices</i>                   |    |
|     | <i>Other equipment</i>                   |    |

|       |                                |     |
|-------|--------------------------------|-----|
| 5.2.c | <i>Chamber Problems</i>        | 95  |
|       | <i>Fire risk</i>               |     |
|       | <i>Other chamber incidents</i> |     |
|       | <i>Overboard dump</i>          |     |
|       | <i>Pressure problems</i>       |     |
|       | <i>Gas supply</i>              |     |
| 5.2.d | <i>Staff Problems</i>          | 98  |
| 5.2.e | <i>Ventilation Problems</i>    | 100 |
| 5.2.f | <i>Tubes and Line Problems</i> | 100 |
| 5.2.g | <i>Drug Problems</i>           | 101 |
| 5.3   | Narratives                     | 102 |
| 5.4   | Contributing Factors           | 102 |
| 5.5   | Minimising Factors             | 106 |
| 5.6   | Incident Prevention            | 106 |

## Chapter 6

|     |   |     |
|-----|---|-----|
|     | <b>Discussion</b>                       | 107 |
| 6.1 | Demographics                            | 107 |
| 6.2 | Incident Prevention                     | 110 |
| 6.3 | Types of Incidents                      | 111 |
|     | 6.3.a <i>Patient complications</i>      | 111 |
|     | <i>Ear barotrauma</i>                   |     |
|     | <i>Other barotrauma</i>                 |     |
|     | <i>Oxygen toxicity</i>                  |     |
|     | <i>Central nervous system</i>           |     |
|     | <i>Pulmonary</i>                        |     |
|     | <i>Visual</i>                           |     |
|     | <i>Psychological reactions</i>          |     |
|     | <i>Other patient complications</i>      |     |
|     | 6.3.b <i>Equipment Problems</i>         | 121 |
|     | <i>Hoods</i>                            |     |
|     | <i>Built-in-breathing system (BIBS)</i> |     |
|     | <i>Overboard dump system (OBD)</i>      |     |
|     | <i>Monitors</i>                         |     |
|     | <i>Ventilators</i>                      |     |

|                      |  |     |
|----------------------|--|-----|
|                      | <i>Fire Risk</i>   |     |
| 6.3.c                | <i>Chamber Problems</i>                                    | 126 |
|                      | <i>Other chamber incidents</i>                             |     |
| 6.3.d                | <i>Staff Problems</i>                                      | 128 |
|                      | <i>Barotrauma</i>  |     |
|                      | <i>Decompression illness (DCI) and CNS Oxygen Toxicity</i> |     |
|                      | <i>Pulmonary oxygen toxicity</i>                           |     |
|                      | <i>Other problems</i>                                      |     |
| 6.3.e                | <i>Ventilation Problems</i>                                | 133 |
| 6.3.f                | <i>Tube and Line Problems</i>                              | 133 |
| 6.3.g                | <i>Pharmacological</i>                                     | 133 |
| 6.4                  | Contributing Factors                                       | 133 |
| 6.5                  | Minimising factors   | 136 |
| <br><b>Chapter 7</b> |  |     |
|                      | <b>Summary and Conclusion</b>                              | 138 |
| 7.1                  | Strengths / Limitations                                    | 140 |
| 7.2                  | Logistical limitations                                     | 143 |
| 7.3                  | Other strengths  | 143 |
| 7.4                  | Positive outcomes of the study                             | 144 |
| 7.5                  | Major Finding of the Research                              | 145 |
|                      | 7.5.a <i>Patient Problems</i>                              | 146 |
|                      | <i>Barotrauma</i>  |     |
|                      | <i>Oxygen toxicity</i>                                     |     |
|                      | <i>Psychological reactions</i>                             |     |
|                      | <i>Other patient complications</i>                         |     |
|                      | 7.5.b <i>Equipment and chamber problems</i>                | 147 |
|                      | <i>Hoods</i>   |     |
|                      | <i>Built-in-breathing system (BIBS)</i>                    |     |
|                      | <i>Overboard dump systems (OBDS)</i>                       |     |
|                      | <i>Ventilation/Monitors</i>                                |     |
|                      | <i>Fire risk</i>   |     |
|                      | <i>Other Chamber Incidents</i>                             |     |
|                      | 7.5.c <i>Staff Problems</i>                                | 150 |
|                      | 7.5.d <i>Minimising factors</i>                            | 150 |
| 7.6                  | Recommendations of the Study                               | 151 |

|  |     |
|--|-----|
| <b>References</b>  | 159 |
| <b>Appendix A: Types of Hyperbaric Chambers</b>              | 179 |
| <b>Appendix B: German Hyperbaric Safety Publications</b>     | 181 |
| <b>Appendix C: Hyperbaric Safety References</b>              | 182 |
| <b>Appendix D: Types of Guidelines, Standards, and Codes</b> | 183 |
| <b>Appendix E: Experience and Mishap Report Form</b>         | 187 |
| <b>Appendix F: HIMS Report Form</b>                          | 188 |
| <b>Appendix G: Ethics Approval</b>                           | 192 |
| <b>Appendix H: Hyperbaric Breathing Equipment</b>            | 193 |

## **Abstract Summary of Thesis**

This thesis analyses incidents that occurred in Hyperbaric Medicine Units or as a consequence of hyperbaric oxygen exposure with the aim of developing recommendations for safety improvement in hyperbaric medical practice. Analysis of the health care literature demonstrates that medical error is of significant concern and that investigation into its causes through the use of “near miss” anonymous voluntary incident reporting is an effective method for safety improvement. Review of the hyperbaric literature demonstrated that the systematic collection of incidents was limited to retrospective anecdotal reports, mainly those involving morbidity or mortality and that a comprehensive review of hyperbaric safety issues has not previously been conducted. This study presents a comprehensive review of incidents that have been reported in the hyperbaric literature and data from 200 reports of incidents collected from a convenience sample of 45 Hyperbaric Medicine Units representing 17 countries for a 20 month period. The reports provided information on factors that contributed to and minimised the incident and allowed the reporter to give a narrative description of the incident. An integral feature of the study design was a structured education and data feedback system for the study participants.

The data was analysed by classifying the incidents, statistically reviewing the associations between incidents and contributing factors, reviewing the narratives and minimising factors and relating them to clinical experience and the hyperbaric literature. Consistent with current hyperbaric literature, this study showed that ear barotrauma is the most frequently reported patient complication of hyperbaric treatment. The second most frequently reported complication is oxygen toxicity. Complications not previously identified in the hyperbaric literature included, stress reactions in patients having witnessed an oxygen toxicity seizure, oxygen hood deflation, aggressive patient in the chamber, risks associated with training exercises in the chamber, the forceful ejection of a monoplace chamber plug, vision loss in the form of hyperopia, and pulmonary oxygen toxicity in staff. From the data, the study presents recommendations for quality improvement, research, policy and procedure development, education, and equipment design modification. The continuation of the HIMS research is recommended with suggestions for improving the study.



## Declaration

**This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.**

**I give consent to this copy of my thesis, when deposited in the University Library, being available for loan and photocopying.**

Signed: \_

\_ Date: 11/05/01

## **Dedication**

This research thesis is dedicated to fellow hyperbaric colleagues who have suffered injury or have died as a consequence of their work in hyperbaric medicine, and especially to Ben, my friend who has shown great courage to overcome his injury and continue to work in hyperbaric nursing. Joyce Vause (deceased as a result of attendant decompression illness), Mary Ann, and the nurses who perished in the Galeazzi chamber fire have inspired me to strive for the improvement of occupational health and safety for hyperbaric attendants.

Tribute is extended to those patients who have suffered or died as a result of hyperbaric treatment.

Remembered too are hyperbaric clinicians who have been involved in these incidents and live with the consequences of them, many of whom were “the last link” in the chain of events or system errors that culminated in an incident on a particular day.

The tragedy encountered by these people should not be forgotten but branded in our minds and inspire us to put safety first in the special work that we do.

## Acknowledgments

This study has evolved as a result of several influences. First, my parents who have supported me, promoted the advancement of my education and instilled in me the ethics “to always do your best whatever you set out to do” and “you can lose your possessions but no one can ever take away what you have learnt”.

Second is my professional duty of care to provide safe care and a safe environment to my patients. My role as a nurse and supervisor has put me in a position to have myself caused medical err, counselled others who have erred, and cared for those who are the victims of medical error.

Third, is the promotion of nursing research from the Department of Clinical Nursing. Particularly, I would like thank Professor Alan Pearson who suggested that I formalise my research into Masters Degree study and Mary Fitzgerald, my supervisor, who has demonstrated enduring patience and compassion as I humbly learn to research and write.

Key individuals were responsible for directing my research interests. Dr. Bob Webb first introduced me to the concept of voluntary incident reporting and has been a firm supporter of my work. Dr. John Williamson has been a mentor in teaching me the concepts of incident reporting in anaesthesia and participated in this study by promoting HIMS and presenting the data. He has provided me with enthusiasm, gentle guidance and shared his wisdom. Professor Bill Runciman and staff members of the Australian Patient Safety Foundation have been generous with infrastructure, funding and overall support of this study. Ms. Monika Bullock, particularly, has provided untold hours of her personal time in the development and management of the HIMS database.

Since launching HIMS internationally, there are many people that have contributed to the study. The individuals that have submitted reports of incidents have contributed the most, as they have shared an experience in their work that will lead them to improving safety for others.

My sincere gratitude goes to the “Persons On The Spot” (POS) in the study, who logistically make the study happen from their location. The HIMS International Coordinators have invested great effort to make this study a truly international effort through their promotion, presentations, and translations. Dick Clarke, Peter Mueller, Cuauhtemoc Sanchez, Ann Charlotte Grönqvist, Folke Lind, Lief Aanderud, Aud Jorunn Thorsen, Michael Michael, Ole Hyldegaard, Jordi DeSola, and Jurg Wendling have been especially helpful. These individuals are genuinely committed to the continual improvement of safety in hyperbaric internationally.

Dick Clarke, Paul Sheffield, Tom Workman, David Desautels, Laura Josefson, Helen Norvell, Eric Kindwall, Paul Barach, the Undersea and Hyperbaric Medical Society librarians, the Royal Australian Navy Submarine and Underwater Medicine Unit librarians, and the Royal Adelaide Hospital librarians were all extremely valuable in providing assistance in the locating and cataloguing of hyperbaric and patient safety related literature. The past four years of searching the literature has been a quest made enjoyable by the cooperation and generosity of these individuals.

Special acknowledgment is made to Jenny Hanisch who through her study, but mostly through her friendship and generosity, has assisted me in the literature review, formatting and proof-reading of this thesis.

The staff of the Royal Adelaide Hyperbaric Medicine Unit have all contributed to HIMS, each in their own uniquely talented way. The level of support and dedication from my colleagues at the Hyperbaric Medicine Unit has been tremendous. The contributions made in recent years by Piers Robertson is very much appreciated. The staff of the Unit will be thrilled at the completion of this thesis, as by now, I am certain they are weary of me even mentioning it.

Mostly, I would like to thank my husband, Ralf. Many days and nights over the past four years, he has been left to deal with caring for our young girls, all the domestic duties of a family, and sacrificed his leisure time and our time together so I could study. His selfless commitment to my ideals has tested and demonstrated a most powerful bond for which I am forever grateful and humbled.

I would like to thank my three beautiful girls, Amanda, Jessica, and Sophie. They too have sacrificed much time with me. While I can't make up for those valuable moments of their youth, I hope that some day, they too will grow to understand the value of education.

Hopefully, this small contribution from my research will serve to improve safety in hyperbaric practice.

## List of tables

|                  |  |     |
|------------------|--|-----|
| <b>Table 1.1</b> | Type of Journals                                       | 7   |
| <b>Table 3.1</b> | Literature Review Sources                              | 29  |
| <b>Table 3.2</b> | Incidence of Symptoms of Oxygen Toxicity (non-seizure) | 56  |
| <b>Table 4.1</b> | Contributing Factors                                   | 71  |
| <b>Table 4.2</b> | Analysis Process                                       | 75  |
| <b>Table 4.3</b> | Anonymity  | 76  |
| <b>Table 5.1</b> | Outcomes From Reports (N=200)                          | 80  |
| <b>Table 5.2</b> | Type of Chamber Involved (N=200)                       | 82  |
| <b>Table 5.3</b> | Where Incidents Occurred (N=200)                       | 82  |
| <b>Table 5.4</b> | Other Patient Problems                                 | 89  |
| <b>Table 5.5</b> | Other Equipment Associated in Incidents (N=20)         | 93  |
| <b>Table 5.6</b> | Chi-Square Values for Contributing Factors             | 104 |
| <b>Table 5.7</b> | Frequency of Individual Contributing Factors           | 105 |
| <b>Table 5.8</b> | Minimising Factors                                     | 106 |
| <b>Table 7.1</b> | Recommendations for Hyperbaric Practice                | 152 |
| <b>Table 7.2</b> | Recommendations for improving HIMS                     | 157 |

## List of Figures

|                    |   |     |
|--------------------|---|-----|
| <b>Figure 4.1</b>  | Sample Form   | 70  |
| <b>Figure 5.1</b>  | Were they Preventable?                              | 81  |
| <b>Figure 5.2</b>  | Who / What Involved (N = 200 reports)               | 83  |
| <b>Figure 5.3</b>  | Ages Involved (N=167 reports)                       | 84  |
| <b>Figure 5.4</b>  | Types of Incidents (N = 290)                        | 85  |
| <b>Figure 5.5</b>  | Patient Problems (N = 110)                          | 85  |
| <b>Figure 5.6</b>  | Patient Barotrauma (N=43)                           | 86  |
| <b>Figure 5.7</b>  | Patient Oxygen Toxicity (N=25)                      | 87  |
| <b>Figure 5.8</b>  | Equipment Problems (N=74)                           | 90  |
| <b>Figure 5.9</b>  | Chamber Incidents (N=42)                            | 95  |
| <b>Figure 5.10</b> | Staff Problems (N=31)                               | 98  |
| <b>Figure 5.11</b> | Ventilation Problems (N=18)                         | 100 |
| <b>Figure 5.12</b> | Contributing Factors Subgroup Frequencies (N = 229) | 103 |

## Abbreviations

|        |   |
|--------|---|
| ABPM   | American Board of Preventative Medicine                       |
| ACGME  | Accreditation Council on Graduate Medical Education           |
| AICD   | Automatic Implantable Cardioverter Dibrillators               |
| AIMS   | Australian Incident Monitoring Study                          |
| ANZHMG | Australian and New Zealand Hyperbaric Medicine Group          |
| APSF   | Australian Patient Safety Foundation                          |
| ASRS   | Aviation Safety Reporting Systems                             |
| ASME   | American Society of Mechanical Engineers                      |
| ASTM   | American Society for Testing and Materials                    |
| ASNZ   | Australian New Zealand Standard                               |
| ATA    | Atmospheres Absolute  |
| BIBS   | Built-in-breathing system                                     |
| BHA    | British Hyperbaric Association                                |
| BNA    | Baromedical Nurses Association                                |
| CAQ    | Certificate of Added Qualification                            |
| CDRH   | Center for Devices and Radiological Health                    |
| CNS    | Central nervous system  |
| CPI    | Cardiac Pacemakers Incorporated                               |
| DAN    | Divers Alert Network  |
| DCI    | Decompression Illness   |
| DipDHM | Diploma in Diving and Hyperbaric Medicine                     |
| ECG    | Electrocardiograph  |
| FAA    | Federation Aviation Administration                            |
| FDH    | Food and Drug Administration                                  |
| GAIN   | Global Aviation Information Network                           |
| HIMS   | Hyperbaric Incident Monitoring Study                          |
| HTNA   | Hyperbaric Technicians and Nurses Association                 |
| ICU    | Intensive Care Unit   |
| ISMP   | Institute for Safe Medication Practices                       |
| IV     | Intravenous   |
| JCAHO  | Joint Commission of Accreditation of Healthcare Organisations |
| MDR    | Medical Device Reporting                                      |
| NBDHMT | National Board of Diving and Hyperbaric Medical Technology    |
| NFPA   | National Fire Protection Association                          |
| OBD    | Overboard dump  |
| PA     | Pulmonary artery  |
| POS    | Person on the spot  |
| PRP    | Product Reporting Program                                     |
| PVHO   | Pressure Vessels for Human Occupancy                          |
| SPUMS  | South Pacific Underwater Medical Society                      |



|      |   |
|------|---|
| UHMS | Undersea and Hyperbaric Medical Society |
| UMS  | Undersea Medical Society                |
| USA  | United States of America                |
| USAF | United States Air Force                 |
| USN  | U.S. Navy or United States Navy         |
| USP  | United States Pharmacopeial             |