

SPECIAL SKILLS GUIDE

PURPOSE OF THIS GUIDE

This manual has been developed to assist EMS Services and medical directors in writing a special skills application and understanding the requirements necessary to monitor and maintain a special skills program. It is in compliance with 7.27.2.16 NMAC - Rp, 7.27.2.16 NMAC, 1/01/2006.

Special skills are those skills, procedures, and medications that are requested by an EMS service to enhance and expand emergency treatment capabilities beyond the normal scope of practice, as defined in the EMS Act. Applications are reviewed and approved or disapproved by the medical direction committee, and once approved, become a legally recognized addition to the service capabilities.

All levels of EMS personnel, including licensed EMS first responders and all levels of licensed EMTs are eligible for special skills consideration for any procedure, skill or medication.

The EMS service medical director, or his designee, shall coordinate with the EMS service director, and shall make application for special skills to the EMS medical direction committee.

APPLICATION PROCEDURES

The application document for a special skill must be tailored to the level of the request. While the degree of detail in each section may vary to match the nature of the skill requested, all applications should include the following elements:

1. **Application Cover Page:** titled to state the requested special skill, date of application, name of service, service director name, and medical director name. The Medical Director must be an M.D. or D.O., licensed or otherwise authorized to practice medicine in New Mexico.
2. **Contact Information Page:** include the physical and mailing address, email addresses and phone numbers for the service, service director and medical director
3. **Letters of Support:** individual letters of support from the service director and medical director; additional letters of support from the local medical community or evidence of notification of the local medical community may be required; the need for letters of notification and support from the local medical community and who provides the letters must be adjusted to match the nature of the special skill requested
4. **Service Description:** provide a concise description of the EMS service; include square miles, population served; basic call demographics relevant to the applicant including annual call volume, number and level of licensed providers, and names and locations of the primary receiving medical facilities

5. **Special Skill Description:** provide a description of the procedure, medication or requested skill. Include information on risks, benefits, indications and contraindications; include level of licensure necessary for the special skill
6. **Justification and Statement of Need:** provide a statement explaining why the special skill is needed; this should include a description of the current medical intervention or alternative practice to the special skill and a risk or benefit analysis that supports the special skill requested; the estimated number of potential interventions per year, other relevant statistical data and a statement indicating the level of current scientific information/studies to support the requested special skill; the level of scientific justification can be adjusted to match the level of the special skill requested
7. **Protocol:** provide a copy of the treatment protocol. If the request is for a medication, include a copy of the drug sheet that specifically addresses the uses you are requesting. Include other operational protocols relevant to the special skill, if applicable
8. **Training:** provide a training syllabus and curriculum; this must include learning objectives and the training hours for initial and continuing education; this section should also include identification of the instructor(s), a brief summary of their qualifications or a resume; how training will be completed, and a description of the method used to initially evaluate the skill; include the estimated number of personnel to be trained and estimated date of initial training
9. **QA/QI Program:** provide a description of the QA/QI process for the special skill, including frequency of evaluation, names and qualifications of the personnel involved in the process; include a copy of the evaluation tool or forms that will be used, if applicable, and identify steps for remedial action if it becomes necessary. Also include a description of a proposed continuing education plan
10. **Signatures:** person(s) completing the application, service chief/service director and medical director

Ten (10) copies of the application and all supporting documentation shall be submitted to:

New Mexico Department of Health
Emergency Medical Systems Bureau
Attn: Special Skills
1301 Siler Road, Building F
Santa Fe, NM 87507

One copy shall be submitted to the regional office in which the service is located. Applicants may involve the EMS regional offices when preparing a special skill request and include a letter evidencing regional review.

APPROVAL PROCESS

Upon receipt, the state EMS medical director and state EMS training coordinator will review the application. The service will be notified if the application is found to be incomplete or to contain significant errors. Applications must be received at the bureau at least forty-five (45) days prior to the next regularly scheduled medical direction committee meeting to be placed on the agenda of that meeting for consideration by the medical direction committee.

The medical direction committee may take the following actions on the application:

1. Approved
2. Approved with specific conditions, limitations or restrictions
3. Denied
4. Tabled with a request for a formal presentation or additional information by the requesting service medical director or their designee.

Within ten (10) working days following the decision of the medical direction committee, the state EMS training coordinator shall provide a written response to the applicant regarding the action of the medical direction committee.

Special skills may not be utilized until services receive receipt of an approval letter from the bureau. Any specific conditions or limitations will be evidenced in the approval letter from the bureau.

MONITORING A SPECIAL SKILLS PROGRAM:

It is expected that EMS services with approved special skills will continuously comply with the requirements of their application and approval letter. This includes, but is not limited to, such items as training curricula, approved instructors, quality assurance, protocols and data collection. Any changes to the approved application shall be sent to the state EMS training coordinator for concurrence/coordination with the medical direction committee.

The medical direction committee may immediately suspend or revoke special skill privileges for an individual or service that loses medical direction, or fails to comply with the stated requirements, or for any other reason to protect the health and welfare of the people of New Mexico.

If a new medical director assumes control of a service with an active special skill program, the bureau shall receive a letter of support from the new medical director within thirty (30) days or the special skill approval may be withdrawn.

The service shall maintain a current list of all providers trained and approved to utilize the special skill. This list must be provided to the bureau upon request.

SPECIAL SKILLS REPORTING PROCESS

The service shall provide to the state EMS training coordinator periodic written special skill reports. During the first year, the report shall be due semi-annually, occurring on June 1 and December 1. Subsequent reports shall be due annually at least 45 days prior to the scheduled June Medical Direction committee meeting.

The EMS Bureau will mail a yearly reminder to services with approved special skills. Special Skills report forms are available on the EMS Bureau website (www.nmems.org). All special skill reports shall include the following minimum elements:

1. **Report Cover Page:** titled to state the special skill reported, date, name of service, service director and medical director
2. **Contact Information:** shall include address and contact information for the service, service director and medical director
3. **Letters of Support:** Must include individual letters of continued support from the service director and service medical director
4. **Statistics and Outcome Data:** provide data on the utilization and patient outcomes involving the special skill; do not include patient identifiers; all adverse outcomes related to the special skill must be reported
5. **Continuing Education:** provide evidence of the continuing education program and refresher program
6. **Personnel List:** provide a list of all personnel trained and authorized to perform the special skill.
7. **QA/QI Program:** provide evidence of the ongoing QA/QI program

During a regularly scheduled meeting, the medical direction committee shall review all ongoing individual special skills programs on their three- (3) year anniversary and make a determination on renewal. If the medical direction committee determines not to provide automatic renewal on an ongoing special skill program, the state EMS training coordinator shall provide a written notification to the service director and the service medical director within ten (10) working days. The special skills program will be placed on the agenda of the next, or subsequent, regularly scheduled meeting of the medical direction committee and final determination regarding renewal will be made. Special skills programs will remain active until a final determination regarding renewal has been made.