
New Mexico EMS: Special Skills Annual Report

Instructions:

- 1) *Each application requires one demographic sheet. Services with multiple special skills should attach additional skills report forms (Form B) to the demographic face sheet, one copy for each skill. All services must add one copy of Form C, (Training and Special Skills Report) for each EMS worker authorized to perform a special skill.*

Your completed report consists of

- a) Demographic Facesheet (Form A)*
 - b) Skills Report forms, one for each special skill (Form B) including a copy of the protocol.*
 - c) One copy of the Training and Special Skills use report for each member of the EMS service who is authorized to use the special skill. (Form C)*
 - d) Letter of support from the Service Director and the Medical Director. Services with multiple special skills may submit one letter of support from the Service Director and the Medical Director, so long as each special skill is discussed in the body of the letter.*
- 2) *Annual Reports must be submitted to the State Medical Director. During the first year, the report shall be due semi--annually, occurring on June 1 and December 1. Subsequent reports shall be due annually on June 1.*
- 3) *Services will read and remain in compliance with all special skills regulations. These can be found at: http://www.nmems.org/special_skills.shtml*
- 4) *Completed reports should be submitted both by mail (1 copy) and in .pdf format, sent to charles.schroeder@state.nm.us by the annual deadline date. Failure to file a report on y time ma result in action by the MDC. Submit the paper copy to:*
New Mexico Emergency Medical Services Bureau
Attn: Medical Director
1301 Siler Road, Building F
Santa Fe, New Mexico 87507

FORM A
New Mexico EMS: Special Skills Annual Report

Demographic Facesheet

Semiannual report in the first year Annual Report

For the period: (MM/YY) ____ / ____ to (MM/YY) __ / __

Service Name

Mailing Address:

Phone:

Best contact email address:

Service Director Name:

Letter of Support Attached

Service Medical Director Name:

Letter of Support Attached

Medical Director NM License Number:

Have the Medical or Service Directors changed since the last report was submitted? Yes No

Attestation: I have read and verified that all submitted information is true.

Medical Director

Date

Print Name

Service Director

Date

Print Name

FORM B

Instructions: (Submit one copy of this report for each special skill)

Special Skill Name:

Used to treat which condition:

Applies to which level of NM licensure: FR EMT EMT-I Paramedic

Copy of Protocol: (Required with each report)

Protocol Attached

Statistical and Outcome Data Synopsis:

1. Is this special skill still actively being used by your service? Yes No
2. Number of times special skill was used during this reporting period: *Total number must equal the total recorded on individual Training and Skills Use forms (Form C).*
3. Have there been any adverse reactions from the use of this special skill? Yes No
 - a. If any adverse events, detail in an attached letter.

List of Personnel Authorized to Perform Special Skill (Include Level of Licensure):

List Attached

Describe the Quality Assurance/Quality Improvement process used to monitor the use of this special skill:

FORM C

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Training and Special Skill Use Report

*Instructions: One copy of this page must be completed for **each EMS worker** authorized to perform each special skill. There must be one Form C for each worker/ skill. i.e. if a service has three authorized paramedics, each authorized to perform three special skills, a total of nine copies of Form C must be submitted.*

Approved Personnel Name:

EMS Licensure Level:

Special Skill Reported on this Form C:

Report continuing education attended by this staff member that is directly applicable to the special skill reported.

Date:	Description	Hours	Lab/Lecture	Instructor
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Report details of this approved EMS provider's use of this special skill. Do not include patient identifiers. Multiple attempts should each be reported separately. You may use a separate attachment to report this data but it must include all information below.

Total Number of times this special skill was used by this provider in this reporting cycle:

Date:

Patient Age:

Indication for procedure:

Pre-intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to <90% after procedure started? Yes No

Date:

Patient Age:

Indication for procedure:

Pre-intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to < 90% after procedure started? Yes No

FORM C Supplement (continue if needed)
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Approved Personnel Name:
Special Skill Reported:

Date:

Patient Age:

Indication for procedure:

Pre---intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to < 90% after procedure started? Yes No

Date:

Patient Age:

Indication for procedure:

Pre---intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to < 90% after procedure started? Yes No

Date:

Patient Age:

Indication for procedure:

Pre---intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to < 90% after procedure started? Yes No

Date:

Patient Age:

Indication for procedure:

Pre---intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to < 90% after procedure started? Yes No

Date:

Patient Age:

Indication for procedure:

Pre---intervention vital signs: HR RR BP PO2 ETCO2

Post intervention vital signs: HR RR BP PO2 ETCO2

Was a subsequent attempt attempted?

Was there a change in patient condition?

Was there an adverse outcome? Was there a protocol violation?

For airway skills only: Did PO2 drop to < 90% after procedure started? Yes No