

**Fauquier County Volunteer Fire and Rescue Association  
EMS Committee**

Quality Assurance Form A

Year: 2019    \_\_ Jan-Mar    X April-June    \_\_\_ Jul-Sep    \_\_ Oct-Dec

Department Name: \_\_\_\_\_

Total calls for this period: \_\_\_\_\_    Total calls reviewed for this period: \_\_\_\_\_

Are there any calls the provider or agency would like the committee to review?  
Y/N

If yes, please list date/report # and briefly describe the reason for review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were any calls considered a “major event?” Y / N

If yes, please list date/report # below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Totals:

ALS \_\_\_\_\_                      Other (Canceled, no treatment required, etc.) \_\_\_\_\_

BLS \_\_\_\_\_                      Refusals \_\_\_\_\_

Date submitted: \_\_\_\_\_                      Submitted by: \_\_\_\_\_

Contact email: \_\_\_\_\_                      Contact phone: \_\_\_\_\_

# Fauquier County Volunteer Fire and Rescue Association EMS Committee

## Quality Assurance Form B

Year: 2018 \_\_Jan-Mar \_\_X\_April-June \_\_Jul-Sep \_\_Oct-Dec

Department Name: \_\_\_\_\_

### **Indicator #1: Turnaround times**

Please review a few reports to see what the average turnaround time is for a transport to Fauquier ER. Please indicate if your crews are reporting better or increasing turnaround times.

\_\_\_\_\_ Average turnaround time                      \_\_\_ Improved    \_\_\_ Increased

### **Indicator #2: Heart Attacks**

How many calls were for patients with a chief complaint of chest pain? \_\_\_\_\_  
Of these calls, how many had a 12 lead obtained (BLS or ALS)? \_\_\_\_\_  
How were they transported? \_\_\_ ALS    \_\_\_ BLS    \_\_\_ Aircare

# Fauquier County Volunteer Fire and Rescue Association EMS Committee

## Quality Assurance Form B

### **Indicator #3: Report submission**

*In order to capture a more random sampling of reports for each department, we will be implementing a schedule for 2019. The schedule is below and will be included quarterly. Each department will be asked to submit 2-3 reports that do not meet other indicators. If a department is submitting multiple reports for their chosen quarter that DOES meet the indicators, this can be waived. Reports can be patient refusals, transports, or transfer of care and do not necessarily have to be a transport. Please ensure that submitted reports are PHI free.*

- January: Washington
- February: Remington
- March: Marshall, Amissville
- April: The Plains, Flint Hill
- May: Castleton
- June: Warrenton
- July: Catlett, Sperryville
- August: Goldvein
- September: Little Fork, Chester Gap
- October: New Baltimore
- November: Orlean
- December: Lois

Date submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact number: \_\_\_\_\_

*Unless otherwise specified, it is not necessary to submit copies of any reports that meet the indicators outlined on Form B.*