

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

Quality Assurance Form A

Year: 2018 __Jan-Mar __April-June X 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 __April-June X Jul-Sep __Oct-Dec

Department Name: _____

Indicator #1: *Protocol training*

How many providers were trained with the roll out?

ALS _____

BLS _____

Indicator #2: *Stroke calls*

How many calls were run with stroke as a chief complaint: _____

Of those, how many were:

Transported to FQ ER: _____ Transferred to Aircare: _____

Refusals: _____

