

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

Quality Assurance Form A

Year: 2019 ___ 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: 2019 __Jan-Mar __April-June X Jul-Sep __Oct-Dec

Department Name: _____

Indicator #1: Future Indicators

Please provide suggestions for indicators that can be used in upcoming QA quarters. Every department should provide at least one suggestion.

Fauquier County Volunteer Fire and Rescue Association EMS Committee

Quality Assurance Form B

Indicator #2: 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.