

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

Quality Assurance Form A

Year: 2017 __Jan-Mar __April-June __Jul-Sep X 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 _____

Date submitted: _____ Submitted by: _____

Contact email: _____ Contact phone: _____

Fauquier County Volunteer Fire and Rescue Association EMS Committee

Quality Assurance Form B

Year: 2017 __Jan-Mar __April-June __Jul-Sep X Oct-Dec

Department Name: _____

Indicator #1: Tourniquet Use

How many times was a tourniquet used in this quarter? _____

Indicator #2: Active Provider List

Has your Released Provider List been updated in 2017? Y/N

For this indicator, all companies are asked to review their released provider list which is the list of released providers that is signed off by Dr. Jenks. This list is required by OEMS to be in each released provider's file folder and updated as changes are made. Please take time this quarter to update your list and have it signed by Dr. Jenks. You may email your updated list to him or have your representative provide the list at the next EMS Committee meeting for signature. This indicator will be required annually as part of the fourth quarter QA review.

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Quality Assurance Form B

Indicator #3: Helicopter usage

How many times has your department called for a helicopter in the last quarter?

Please list the reasons for the helicopter activation (Trauma, STEMI, etc):

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.