

**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):

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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.*