



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

**QUALITY ASSURANCE/IMPROVEMENT PROGRAM**

**January 2017**

**Purpose:**

The purpose of this program is to outline a review process for all Emergency Medical Services (EMS) run reports performed by the fire and rescue departments under Operational Medical Director (OMD) Dr. Michael Jenks. This program will serve as a way to identify potential training needs and protocol/policy changes as well as to guarantee that existing protocols are working as expected. The purpose of this program is not to take action against any provider or crew for any reason. Quality Assurance/Quality Improvement should be viewed as a positive way to make positive changes in our system that help us provide better care to our patients.

As per the Commonwealth of Virginia, each department must participate in a Quality Assurance/Quality Improvement program and be able to show proof of their participation at their EMS inspection. This program will serve as a way to meet that expectation while focusing on the unique and specific needs of our EMS system in the Fauquier/Rappahannock and Little Fork response areas.

**Procedure:**

Every quarter departments will submit the paperwork outlined in this policy to the EMS Committee chair, or their designee, via electronic means or in person. The information will then be reviewed after the designated regular EMS Committee Meeting, which takes place every second Tuesday of the month at Fauquier Hospital. The QA meetings will be held at the May, August, November, and February meetings to allow departments time to complete their paperwork from the previous quarter. The quarters will be as follows: Q1 January-March, Q2: April-June, Q3 July-September, and Q4: October-December.

There will be two forms submitted by each department, along with any copies of reports that meet the requirement of a “major event” or if they feel it is necessary for a specific report to be reviewed by the committee. Calls that are considered “major events” were determined by the EMS Committee. Providers can also request that a report be reviewed by the committee. Any report that is submitted to the committee must be submitted as a PHI-free copy to protect patient privacy. Crew names should also be marked out to protect their privacy.

The first form submitted will be a summary of information that will be considered the basic information submitted each quarter. The second form will include that quarter’s specific indicators. These indicators will be decided twice a year, prior to the start of the quarter they are expected to be tracked. This should allow the departments to have ample time to gather information throughout the quarter and allow for easier submission.

The following calls will be considered a “major event” and should be submitted with the forms for that quarter:

- Any call where a complaint was received (internally or from the hospital)
- Needle sticks or other provider exposures
- Helicopter activation
- Major trauma
- Equipment failures
- Pediatric patients under the age of 10 (transports only)
- Special needs patients (i.e. patients with LVAD or other unique medical devices)