Fauquier County Volunteer Fire and Rescue Association
EMS Committee

Quality Assurance Form A

Year: 2018 __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 _____ Refusals ____

Date submitted: _____ Submitted by: _____

Contact email: _____ Contact phone: _____

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Quality Assurance Form B

Year: 2018 __Jan-Mar __April-June _X_Jul-Sep __Oct-Dec

Department Name: _____

Indicator #1:

Has your Released Provider List been updated in 2018? 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.

Indicator #2:

Please provide either a copy of your released provider list, or provide the numbers for the following:

Released Intermediates/Paramedics: _____

Released AEMTs: _____

Released basics: _____

Certified personnel not released: ____

This information is only used for training and protocol purposes.

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Quality Assurance Form B

Indicator #2: *BLS drug box usage*

How many calls involved using the BLS drug box: _____

Please indicate the following:

Report #	Call Type	Medication used

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.