

Northwest Community EMS System
CARS Committee Charter
2024

I. Evolution of EMS electronic patient care reports and committee composition

- A. The NWC EMSS Computer Aided Reporting System (CARS) Ad Hoc Committee was established in May 1994 as a multi-disciplinary team charged with completing an internal and external analysis of the driving and restraining forces relevant to computerizing the EMS run sheet and selecting a possible hardware and software vendor. Their charges were fulfilled on March 17, 1995 when a joint meeting of the Provider and Hospital Administrators voted unanimously to pursue computerization by entering into negotiations with Westech Industries. This negotiation was aborted due to performance deficiencies and a contract was signed with Pen Age Technologies, Inc. on April 19, 1996.
- B. The Ad Hoc Committee transitioned to a standing System committee on March 24, 1995 at which time they drafted a charter, membership classifications, and ad hoc subcommittees. The CARS reporting System began beta testing on July 1, 1996 and went live System-wide on October 1, 1996. The first Committee members were appointed in recognition for their active participation on the Ad Hoc Committee.
- C. In 1998, Committee membership was expanded to one representative per System member to enhance communication with all CARS users. Fire department representatives are appointed by the Chief; private ambulance representatives are appointed by the CEO of operations; hospital representatives are typically the EMSCs. Hospital IS/IT representatives are encouraged to attend.
- D. Pen Age Technologies was purchased by GEAC Computer Corporation, Ltd who stopped supporting their EMS software product line. In 2009, the committee was charged with searching for a new vendor. System leaders unanimously approved ImageTrend® software, under the umbrella of a contract already in place with the Good Samaritan EMS System after an open market request for proposal (RFP) process. Since then, ImageTrend has been the only EHR software approved for use in the NWC EMSS. ImageTrend® Field Bridge was implemented in early 2011. This was used as the main platform until the development and switch to ImageTrendElite™, which is a web-based interface, in September, 2017.

II. Charges to the CARS Committee

- A. To facilitate the creation and maintenance of a System-wide information and technology system designed to electronically obtain, record, store, retrieve, and report patient care data in compliance with the IDPH uniform data set, Federal and State statutes and industry standards.
- B. **Goals:** The electronically-generated EMS patient care report (ePCR) shall:
 - 1. be a medically accurate, complete, and legally defensible patient care report.
 - 2. be clinically pertinent and promptly prepared in compliance with IDPH Rules and System policy.
 - 3. support patient care and improve its quality.
 - 4. enhance the productivity of EMS practitioners.
 - 5. support clinical research and CQI initiatives.
 - 6. document clinical skill performance.
 - 7. accommodate future developments in healthcare technology, policy, management, and finance.
 - 8. support claims for third party reimbursement.
 - 9. provide all required data for IDPH reporting requirements.
 - 10. ensure patient data confidentiality within software and cloud storage limitations.
- C. Work with Region IX's ImageTrend administrator to create a NWC EMSS template, Power tools, options lists, establish/approve validity rules, and ensure appropriate uploads of the System's electronic health records to receiving facilities_and IDPH.
- D. Create user resources, a social media presence, and educational offerings re: ePCRs.
- E. Identify those with Administrator privileges who can reset passwords, link members across agencies, open locked reports, enter non-clinical corrections to documented data, release reports based on legitimate requests, and create data reports and dashboards.

III. **Issues to bring to the Committee**

- A. Any issue relative to Committee charges including recommended updates/ revisions to the template, validity rules, data collection, storage, transmission, uploading, printing, retrieval; release, amendments, and education of System members.
- B. Any issues relative to the System website; social media outreach, and/or phone apps.

IV. **Individual committee member responsibilities**

- A. Serve as an unbiased communication liaison and share thorough and accurate information regarding CARS activities with their EMS agency colleagues.
- B. Explore and advance "best practices" relative to EMS documentation and media presence to operationalize the EMS Agenda 2050 goals of being adaptable and innovative; inherently safe and effective; integrated and seamless, sustainable and efficient, reliable and prepared.
- C. Advocate for data entry consistency and compliance with System/Region standards.
- D. Mentor/educate colleagues relative to ePCR software, interfaces, and System templates.
- E. Evaluate, and communicate accomplishment of CARS goals and strategic objectives.

V. **Boundaries**

- A. The CARS Committee shall establish an annual operating plan using the tenets of this charter and the System Strategic Plan to give direction and purpose to its function.
- B. All sensitive or protected information discussed at committee meetings is to be held strictly confidential per Federal and State laws and regulations.
- C. Representatives shall not bring documentation issues to the Committee that are very specific to their agency and could create labor conflicts within theirs or another EMS agency.

VI. **Standing Meeting dates and times & locations:**

- A. Second Wednesday of each month; 9:00 - 11:00 AM. Meetings shall be conducted in a hybrid format: Virtual platform plus "In person" held at NCH in the 901 Behavioral Health Center (1st floor Conference Room by the EMS System offices).
- B. **Meeting facilitator:** Chairperson elected by the Committee
- C. **Meeting secretary:** Elected by the Committee: The Chair may reserve the right to act as the recording secretary with approval of the Committee members.
- D. **Minute distribution:** Posted to the website after committee approval.
- E. **System liaisons:** EMS Administrative Director and EMS MD
- F. **Room scheduling:** EMS Admin Secretary

VII. **Committee leadership and liaisons** **Term expirations**

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|--|---|------------------------------------|
| A. <i>Chair:</i> | Jim Klein (AHFD) (3rd term) | Jan 2026 |
| B. <i>Vice chair:</i> | Markus Rill (PHTS) (1st term) | Jan 2025 |
| C. <i>Secretary:</i> | Jim Klein | Chair Acting |
| D. <i>Liaison Advisory Board:</i> | Jim Klein | Jan 2025 |
| E. <i>Alt. Advisory Board:</i> | Jeremy Sullivan (EGFD) | Jan 2025 |
| F. <i>Liaison to Chiefs:</i> | Jim Klein | Jan 2025 |
| G. <i>Liaison to PEMSCs:</i> | M. Rill | Jan 2025 |
| H. <i>Social Media/Website Assist.</i> | Sam Parry (SFD) | Jan 2025 |
| I. <i>Website Liaison:</i> | Pete Dyer (SFD) | <i>Assigned by NWC EMSS Admin.</i> |
| J. <i>Website Manager</i> | Rick Nosek | <i>Assigned by NWC EMSS Admin.</i> |

The Chair & Vice Chair are named by default if no one accepts nomination for an open position: A defaulted position is considered an OPEN position should a future person accept it.

I. **Length of terms/commitment**

- A. The Chair and Vice-chair will serve for 2-year terms with offsetting tenure dates so they never have terms expiring in the same calendar year. Terms may be extended or renewed based on a majority vote of committee members and the consent of the sitting leaders.
- B. Elections for new officers will be by a majority vote of committee members present and generally occur in January.
- C. Notice of election will be provided at least 21 days in advance of the meeting at which a vote will be taken.
- D. Member positions shall remain current until replaced by the hospital administrator/chief or EMS director.