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

    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. Westech negotiations were 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 transitioned to GEAC and when the EMS branch became unsupported by the parent company, it dissolved. In 2009, the committee was charged with finding a new software vendor and ultimately recommended selection of Image*Trend* Inc. under the umbrella of the contract already in place with the Good Samaritan EMS System. Since then, Image*Trend* has been the software used as installed locally on NCH agency provided devices. Image*Trend* Field Bridge software was implemented in early 2011 and was used as the main platform until the switch to Image*Trend* Elite (a web-based interface) in September 2017. System members pay an annual maintenance fee for license support and cloud hosting of their runs. They also pay an annual fee to American Eagle who created and supports the System website. They do not pay to offset the salary of the Regional ImageTrend Administrator (Patrick Sennett at Good Sam) (See the budgeting for EMS document issued annually by the EMS Administrative Director for details).

II. **Charges to the CARS Committee**

    A.   To facilitate the creation and maintenance of a system-wide information system network designed to electronically obtain, record, store and report EMS patient care data in compliance with the IDPH uniform data set.

    B.   **Goals:** The electronically-generated EMS patient care report/health record (ePCR/EHR) shall:

        1.   be a medically accurate, complete, and legally defensible patient care report.
        2.   be clinically pertinent and promptly prepared.
        3.   support patient care and improve its quality.
        4.   enhance the productivity of EMS practitioners and providers.
        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.   Collaborate with the Region's Image*Trend* administrator to create a NWC EMSS template, Power tools, work sheets, refine options lists, establish/approve validity rules, and ensure appropriate uploads of the System's electronic health record to IDPH.

    D.   Create and maintain user resources, e.g., System website, a social media presence, and educational offerings re: ePCRs.

    E.   Identify those who should be granted Administrator privileges to reset passwords, link members across agencies, and create reports and dashboards for data.

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

    A.   Any issue relative to the charges of the Committee including the creation of an electronic patient care report, data collection, storage, printing, or retrieval; and education of current and entering System members relevant to the electronic software.

    B.   Any issues relative to the System website; social media outreach, and/or phone apps.

IV.   **Individual committee member responsibilities**

    A.   Share information on CARS activities with their EMS agency colleagues.

    B.   Serve as a communication liaison between the System and their EMS agency with respect to ePCRs and website.

    C.   Contribute to explore and advance "best practice" models with respect to EMS documentation.

    D.   Establish and monitor data entry consistency between EMS agencies across the System.

    E.   Educational role for their EMS agency members relative to ePCR software and NWC EMSS templates.

    F.   Evaluate, monitor, communicate, and collaborate on accomplishment of CARS goals.

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.

    B.   Meeting venue: Face to face at NCH or virtually via Zoom depending on environmental restrictions. Venue shall be announced in advance by the chair.

    C.   Meeting facilitator: Chairperson elected by the Committee

    D.   Meeting secretary: Elected by the Committee. The Chair may reserve the right to act as the recording secretary with approval of the Committee members.

    E.   Minute distribution: Posted to the website after committee approval.

    F.   Liaisons to System shared governance committees: The Chair & Vice-Chair are named by default if no one accepts appointment for open positions. A defaulted position is considered an OPEN position should a future person accept it.

    G.   Room scheduling: EMS Admin Secretary

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

A.	*Chair:*	*Jim Klein (AHFD) (3rd term)*	*Jan 2024*
B.	*Vice chair:*	*Markus Rill (PHTS) (1st term)*	*Jan 2023*
C.	*Secretary:*	*Jim Klein*	*Jan 2023*
D.	*Liaison Advisory Board:*	*Jim Klein / M. Rill (Default)*	*Jan 2023*
E.	*Alt. Advisory Board:*	*Jeremy Sullivan (EGFD)*	*Jan 2023*
F.	*Liaison to Chiefs:*	*Jim Klein*	*Jan 2023*
G.	*Liaison to PEMSCs:*	*M. Rill*	*Jan 2023*
H.	*Social Media/Website Assist.*	*Sam Parry (SFD)*	*Jan 2023*
I.	*EMSS System liaisons*	*EMS Administrative Director and EMS MD*	
J.	*Website Manager:*	*Rick Nosek*	*Assigned by NCH Admin.*

VIII.   **Length of Commitment**

    A.   The Chair and Vice-chair will serve for 2-year terms with offsetting tenure dates so that they never have terms expiring in the same calendar year. Terms may be extended or renewed based on a majority vote of committee member and the consent of the sitting leaders.

    B.   Elections for new officers will be by a majority vote of committee members present and will 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.

CJM: 3/95; Rev. 7/96; 1/17; 1/18; 1/19; 1/22