

Northwest Community EMS System CARS Committee Charter

I. Composition and members

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 patient care report 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.

The Ad Hoc Committee transitioned to a standing system committee on March 24, 1995 at which time they drafted bylaws, 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.

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.

II. Committee charges/issues to bring to the committee

To facilitate the creation and maintenance of an information system network designed to electronically obtain, record, store, retrieve, transmit, and report patient care data using software designed by Image Trend gaining compliance with the IDPH uniform data set without using the State-designed patient care report or software.

Goals: The electronically-generated prehospital medical record shall:

- A. be a medically accurate, complete, and legally defensible patient care report.
- B. be clinically pertinent and promptly generated immediately after the call unless extenuating circumstances apply.
- C. support patient care and improve its quality.
- D. enhance the productivity of prehospital providers and reduce the administrative costs associated with prehospital healthcare delivery.
- E. support clinical research and CQI initiatives.
- F. document clinical continuing education and skill performance.
- G. accommodate future developments in technology, policy, management, and finance.
- H. support claims for third party reimbursement.
- I. provide data for IDPH reporting requirements.
- J. ensure patient data confidentiality at all times.

The committee shall serve as the centralized body to communicate with the preferred vendor with regarding software enhancements, "bug fixes", data audits, needed reports, data transmission to IDPH, and intra-region use of the software.

The Committee is also charged with launching and maintaining the System website.

III. Boundaries

- A. The CARS Committee shall operate using the tenets of this charter to give direction and purpose to its function.
- B. All sensitive or protected information discussed at Committee meetings is to be held confidential.
- C. Representatives shall not bring issues to the Committee that could create labor/union conflicts within theirs or another EMS Provider agency.
- D. Final approval/implementation of recommendations that would financially impact Providers/hospitals is contingent upon approval by Chiefs/Hospital Administrators and the EMS MD.

IV. Meetings

- A. The Committee meets monthly on the 2nd Wednesday at 9:00 AM in the Kirchoff Center conf. room.
- B. Meeting facilitator: Chairperson or secretary as chair pro tem in chairperson's absence
- C. Meeting secretary: Elected by the Committee
- D. Room scheduling: EMS Administrative Secretary III
- E. Food & Bev. req.: EMS Administrative Secretary III
- F. NWC EMSS liaison: EMS Administrative Director

- VII. **Minute distribution:** posted to website by secretary w/ Chair approval or NWC EMS office.

