Oregon Emergency Medical Services Advisory Board (EMSAB)
Meeting Summary
2025 Quarter 2 | May 2025

Slides and recording available upon request.

Appointed Board Members		
Name	**Position**	**Attendance**
Marcus Allen	EMS provider – rural agency or rural hospital	Present
Natalie Booker	Hospital administrator	Present
Frank Ehrmantraut	Special districts representative	Present
Maria Fernanda Filizola	Patient health care advocacy group representative	Present
Justin Gibbs	County ambulance service plan administrator	Present
Kevin Harris	Public safety answering point representative	Present
Doug Kelly	Non-transport representative	Present (virtual)
Jamie Kennel	Patient advocate or education professional	Present
David Lehrfeld (Chairperson)	State EMS medical director (ex officio)	Present
Matt Philbrick (Vice Chairperson)	EMS provider – private agency	Present
Nicolette Reilly	Long-term care facility representative	Present
Ritu Sahni	Emergency medical services physician	Present
Kris Siewert	Labor union representative	Present (virtual)
Jordan Tyer	EMS provider – public agency	Present
Misty Wadzeck	Emergency department nurse	Present
Trish Weber	Rural hospital representative	Present

1. **Call to Order (David Lehrfeld)** **(Recording timestamp 00:00:17)**
   a. Roll call was conducted; quorum was met.
   b. New member Maria Fernanda Filizola introduced herself.
   c. The group went over expectations for participation.
   d. The meeting agenda was reviewed; no changes were requested.

2. **Recap Previous Meeting (Stella Scott and Nicole Perkins, Oregon Health Authority Emergency Medical Services Program)** **(Recording timestamp 00:07:15)**
   a. Stella summarized the board's February 2025 meeting.
   b. The board voted to approve the written meeting summary document, which will serve as minutes in conjunction with the meeting recording.
      - Motion to approve: Marcus Allen
      - Second: Jordan Tyer
      - All in favor, none opposed, motion carried.
   c. Stella and Nicole provided an update on advisory committee recruitment.
      - Ritu Sahni inquired about a master list of appointees to all of the advisory committees and was directed to the EMS Program website.

- Jamie Kennel asked whether there were any regions of the state without representation yet. Nicole responded that there are representatives from all regions across the membership as a whole, but that individual committees may not have members from each region.

3. **EMS Program Spotlight (Adam Wagner, Rebecca Long, and Peter Geissert, Oregon Health Authority Emergency Medical Services Program) (Recording timestamp 00:14:35)**
   a. Adam introduced the EMS Program Spotlight as a recurring meeting feature.
   b. The EMS Program is in the Health Care Regulation and Quality Improvement section within the Public Health Division. The section oversees facilities providing acute and continuing care.
   c. Several major work areas were introduced: professional standards, data, education, trauma, EMS for Children, board and committee support.
      - Matt Philbrick asked about proportional time spent on various activities. Adam responded that it shifts throughout the year.
   d. Rebecca, lead for the Professional Standards Unit (PSU), introduced her team and their work on licensing and investigations. Licensing encompasses personnel and services, both initial applications and renewals.
      - Jamie Kennel asked whether the PSU's scope includes investigations of EMS medical directors. Rebecca answered that medical directors are housed under the Oregon Medical Board's administrative rules. Complaints related to a physician's license would be referred back to the Oregon Medical Board; for complaints about interactions with EMS services and providers, it would depend on the nature of the complaint. The PSU receives relatively few clinical complaints and typically tries to bring in providers' medical directors to address them, emphasizing education before intervening further.
      - Rebecca explained several types of administrative actions that the PSU uses in investigative cases, and that the team prefers to 'tier' the action in response to the offense. Jamie asked about PSU's ability to receive and share disciplinary information across state lines; Rebecca responded that the PSU is required to report administrative actions to a federal agency, the National Practitioner Data Bank (NPDB), though letters of concern are internal and not included. NPDB is checked for all initial applicants who have any type of licensure in other states.
      - Matt Philbrick asked about licenses being held during investigations. Rebecca confirmed that initial applicants' licenses are held during investigation but that current licensees still have the ability to use their license while the investigation proceeds. PSU can do an emergency suspension if there is a danger to the public.
      - Frank Ehrmantraut asked about the accessibility of investigatory information to agencies hiring EMS providers. Rebecca responded that a stipulation of probation is disclosure of probationary status to one's supervising physician and agency when affiliating. Other types of administrative action information could be obtained through NPDB or by public records request. Ritu Sahni commented on the need for more public access given turnover that may make frequent and high-volume public records requests unsustainable, and to more closely reflect the setup of the Oregon Medical Board, which posts disciplinary actions on their online public search. Rebecca affirmed the need for transparency and stated that it is something the program is looking into, though public posting will need to be part of the stipulation. Frank

highlighted the Department of Public Safety, Standards, and Training's approach of using anonymized case information, which he had found helpful as a teaching tool on professional ethics. David Lehrfeld mentioned that the national EMS compact's database allows public search of licensee disciplinary actions. Oregon does not participate in the national compact; Oregon's participation would be determined by the legislature, not the EMS Program.
    - Jamie Kennel asked about investigations of EMS agencies and whether a similar suite of administrative actions are taken in those cases. Rebecca clarified that PSU's jurisdiction applies only to licensed transporting ambulance services, though the PSU oversees providers working for non-transporting services as well. Corrective actions are the formal process for ambulance services found to be deficient or in violation.

e. Peter Geissert, lead for the data team, discussed the EMS Program's work on data systems and interoperability projects such as ESSENCE and ODMAP. The data team also works on reporting, quality monitoring, and fulfilling requests from internal, external, and research partners. He highlighted the need for formation of a data warehouse to link data sources and provide information on outcomes.
    - Ritu Sahni asked about the Health Data Exchange as a potential linkage of hospital and prehospital charts. Peter acknowledged the utility of such a system and shared concerns about assessing the effectiveness of interoperability when many point-to-point linkages are required. David Lehrfeld mentioned that exchange systems vary widely in complexity. Dana Selover stated that the goal of interoperability is anchored in statute, though ability to achieve it may be limited by available resources.
    - Justin Gibbs asked whether the data quality monitoring project will give agency-level feedback on the quality of submitted patient care reports. Peter affirmed that the goal is a portal that agencies and hospitals can log into to view volume of submissions to the state system, timeliness, completeness and consistency of each data item.
f. After resuming from break, Ritu Sahni made a motion regarding the PSU's public sharing of administrative actions. Jamie Kennel seconded. Following discussion on feasibility, the motion was restated as requesting that the PSU determine, under current statute and rules, what information can be made public, and that the PSU create a process through which public information can be accessed for licensees and services. The board voted: Kris Siewert and Nicolette Reilly stepped away from the meeting and their votes were not obtained; all other members voted in favor and the motion carried.

4. Advisory Committee Liaison Updates (Recording timestamp 01:42:35)

a. David Lehrfeld described the purpose of the liaison roles.
b. Frank Ehrmantraut provided the EMS Advisory Committee update. The committee held its first meeting and approved its bylaws after making minor changes on staggering terms for members and officers. Breakout groups were conducted to discuss forthcoming projects.
c. Natalie Booker provided the Time-Sensitive Medical Emergencies Advisory Committee update. The committee also held its first meeting, approved its bylaws, and elected officers. They heard a presentation on EMS Modernization and discussed the charge of adopting standards for cardiac and stroke care.
d. Misty Wadzeck provided the EMS for Children Advisory Committee update. New members joined the committee. The committee has provided feedback on development of the Peds Ready EMS program for prehospital transporting agencies, which is

scheduled to launch on May 20, 2025. The committee wanted to raise awareness of the new emergency protocol form, available for patients of all ages. Two priority projects were identified: behavioral health placement options and the availability of heated high-flow oxygen for pediatric patient transports.

e. Jamie Kennel asked about how the committees select their priority projects and how the board should evaluate and provide feedback. David mentioned that the EMS Modernization statute describes the committees' scopes, objectives, and structures, though is open to expansion. The feedback process will be bidirectional between the committees and board and will evolve over time.
f. Justin Gibbs made a follow-up comment in favor of the potential for protocol standardization raised by the EMS Advisory Committee's Clinical Care and Quality breakout group, specifically in how it can help continuous quality improvement efforts at agency, county, and regional levels.

5. **Behavioral Health Update (Dana Selover, Oregon Health Authority Health Care Regulation and Quality Improvement) (Recording timestamp 02:02:45)**
   a. The EMS Modernization legislation describes a behavioral health EMS advisory committee, which the EMS Program has not yet stood up. The program is tracking changes in federal funding, within the Oregon Health Authority's Behavioral Health Division, and from the current legislative session.

6. **Icebreaker Activity (Recording timestamp 02:04:40)**
   a. Board members rotated through small groups discussing the following prompts:
      - What brought you into the field of healthcare or emergency response? What has kept you here?
      - What's one way that healthcare or emergency response systems have changed for the better during your time working in the field?
      - What advice would you give to someone starting in your line of work?

7. **Developing Statewide Systems for Time-Sensitive Medical Emergencies (David Lehrfeld) (Recording timestamp 02:26:30)**
   a. David explained EMS Modernization as expanding upon the trauma system to address cardiac and stroke care. The term 'emergency medical services system' is intended expansively to cover the spectrum of care from prevention through rehabilitation.
   b. The EMS Advisory Board will contribute to statewide system development by helping to develop and refine patient definitions, evidence-based practices, coordination of care, and approval of regional plans. Patient definitions were distinguished as predictive (field triage criteria) and retroactive (hospital data set inclusion criteria). Frank Ehrmantraut and Ritu Sahni commented on the importance of the predictive/retroactive distinction and difficulties in using retroactive patient definitions for quality improvement in the prehospital setting. David subsequently further distinguished inclusion and severity in triage assessments.
   c. State standards will need to precede regional planning, followed by regional implementation, system monitoring, and ongoing quality improvement.
   d. The term 'EMS centers' refers to hospitals providing emergency medical care. National standards may need to be adapted for critical access hospitals to join the system.

- Natalie Booker asked about hospitals' ability to opt out; David explained that the current trauma system has hospitals that do and do not participate and that hospitals are able to change levels. Dana Selover added that in building the system, the board will need to keep in mind motivators and incentives for participation, as well as consequences of not participating (such as EMS not bringing specific patient types to that facility). Ritu Sahni stated that regional plans will need to account for regional resources, which may influence hospital participation due to potential gaps in care.

e. Approval and oversight possibilities include external certification (multiple or single standards), state certification, and hybrid/mixed options. All options require state data systems and quality assurance.
   - Jamie Kennel asked about the use of quality measures and standards; David, Dana Selover, and Ritu Sahni commented on how they have been used previously for case review, facility surveys and corrective action plans, and comparisons with national benchmarks, respectively. The differential utility of process measures versus outcome measures was noted.
   - Matt Philbrick asked about supporting infrastructure for continuous quality improvement. David described the EMS Program data team's hope to make a publicly accessible system that can 'push' information in addition to 'pulling' it, and to have information-sharing at the regional level.

f. The tiered subcommittee – advisory committee – board structure intends to provide both subject matter expertise and broader context while allowing multidirectional feedback.

8. Discuss 2025 Objectives and Timeline (David Lehrfeld) (Recording timestamp 03:23:10)

a. Board members split into breakout groups: (1) Workforce, (2) Policy and Business Operations, and (3) Clinical Care and Quality. Breakout groups met for about 20 minutes then reported back to the board at large.

b. Workforce group discussion summary:
   - Two analogies for workforce problems are a 'pond or a 'funnel.' The group wanted to look at who is coming in, at what volume, and from what avenues; who is staying and for how long; who is leaving and what is causing or drawing them to leave.
   - Some initiatives focus on attracting new people to the field. The high school dual credit program that Marcus Allen helps to run was highlighted as an example.
   - In the future, the group would like to see reporting on key performance indicators, particularly contrasted with a 'no intervention' status quo approach. The board will need visibility (vis-à-vis data) on who is entering the field, who is staying, and their longevity. Data gathered through the EMS Program's provider license renewal survey may help justify funding workforce initiatives.
   - A 'ladder' for career progression was briefly discussed to support longevity.
     - Jamie Kennel commented on the need to disaggregate renewal data since California has shown that women recertify EMS licenses at less than half the rate of men. Matt Philbrick added that research shows that women experience much higher rates of assault and workplace harassment. David Lehrfeld stated that consecutive licensing cycles will be required for robust data.
     - Justin Gibbs commented on the need to examine organizational staffing models.

c. Policy and Business Operations group discussion summary:

- EMS oversight and funding are dispersed across state agencies. Policies and messaging can be inconsistent. The Regional EMS Advisory Boards (REMSABs) present an opportunity to gather information about how services interact.
- The group discussed models for regional medical directors.
- The geographic areas that constitute the Area Trauma Advisory Boards (ATABs) need to be revisited before, or as part of, the transition to REMSABs. For example, ATAB 9 in Eastern Oregon is effectively split, referring some patients north to Washington and some east to Idaho.
- A holistic "roadmap" of the EMS system would inform future discussions: what are the touchpoints (ambulance agencies, public safety answering points, county offices, etc.); how many EMS agencies receive funding; how can the process to receive funding be made more efficient; how this may progress and evolve. The varying governance models of different entities involved in the system was also mentioned.
    - Dana Selover added that ambulance service plan rule revision is an upcoming project for the EMS Program.

d. Clinical Care and Quality group discussion summary:
    - The group identified that the ability to positively impact quality of care is limited by system resources (staffing, funding, etc.). With limited data, many organizations and programs struggle with how to best expend minimal resources for maximum results for patients and communities. Data needs to guide action and improvement plans.
    - Quality improvement should ideally be pursued at the regional level by providing REMSABs with data and asking them to develop regional plans, with accountability mechanisms when there is not improvement.
    - Data should also be used to set minimum standards for care, aligning specialty-specific standards for time-sensitive medical emergencies with local and regional protocols. This will require conversations with hospitals and EMS medical directors to ensure that care is evidence-based and standardized.
    - The availability of interpretation services when EMS providers engage with non-English-speaking patients was raised as a high priority. EMS providers frequently do not engage an interpreter, and/or children are often engaged inappropriately to interpret, which is detrimental to quality of care. Sample data was provided from Multnomah County. Disaggregating data, such as for patients of limited English proficiency, helps to recognize that different groups within the system receive dramatically different quality of care. The possibility of setting a regional quality indicator for this topic was discussed.
    - Minimum standards of care can vary throughout the state, and even within counties, which falls on EMS medical directors under the current oversight model. The group encouraged exploring mechanisms for accountability and alignment for EMS medical directors to ensure the board and EMS Program's ability to improve quality of care statewide.
        - Matt Philbrick commented on the use of outcome data in quality assurance, particularly around benchmarking success for interventions to improve delivery of care from a patient safety perspective. Jamie Kennel responded that a first step would be getting visibility to items like interpretation use in order to quantify how many patients may need services and how frequently such services are being used/deployed, in order to set the 'measuring stick' and titrated support mechanisms.

- Jamie also emphasized the need for disaggregation because reporting only on system-level measures can hide problems since it is predictable that certain types of people will receive lower levels of care. David Lehrfeld answered that disaggregation is challenging but that efforts are underway with REALD-SOGI. Peter Geissert added that the goal is to eventually have a repository that could be queried; unfortunately, the demographic data set at present is not set up for that, requiring a multistage process for any inquiry.

9. EMS Program Director and Manager Updates (Dana Selover and Adam Wagner)
(Recording timestamp 04:01:50)

a. Adam finished recruitments for several new staff members.
b. Competency-based assessment launched during the 2024-2025 academic year for EMT, AEMT, and EMT-I college programs.
c. The EMS Program has had significant load this legislative session, with many bills under consideration that would require program involvement.
   - House Bill 3572, EMS Modernization Part 2, proposes development of a strategic plan, adds workforce initiatives and EMS mobilization, and would fund EMS Modernization Part 1.
   - House Bill 3211 creates a non-opioid directive.

10. Key Takeaways (David Lehrfeld) (Recording timestamp 04:07:00)

a. The EMS Program continues recruiting for board and committee vacancies. Members were encouraged to tell their networks about the opportunities to serve.
b. In soliciting member feedback on topics for the next meeting, Frank Ehrmantraut asked about presenting information from the relicensing period and workforce survey. Dana Selover answered that preliminary data may be available, though analysis may not yet be complete.
c. The next meeting will be held August 15, 2025, 0900-1500, in person at the Portland State Office Building.

11. Public Comment (Recording timestamp 04:11:15)

a. Clif Dodson asked what updates from the board's meeting should be brought to the ATAB region 6 meeting the following week. David Lehrfeld answered that the ATAB will eventually be converted into a Regional EMS Advisory Board and that the regional trauma plan will be extended to create correlates for cardiac and stroke emergencies.

Meeting adjourned at 1500.

Next meeting:
August 15, 2025, 0900-1500
Portland State Office Building
800 NE Oregon Street, Portland, OR, 97232