Oregon Emergency Medical Services Advisory Committee Meeting Summary

2026 Quarter 1 | February 11, 2026

Slides and recording available on request.

Appointed Committee Members		
Name	**Position**	**Attendance**
Jesse Bohrer-Clancy	Physician – EM or EMS	Present
Alicia Bond	Physician – EM or EMS	Present
Frank Ehrmantraut	Public ambulance agency representative (EMS Advisory Board liaison)	Present
Patrick Hudson	Patient equity organization representative	Present
Diane Johnson	EMS provider (Chairperson)	Present
Thomas Kofoed	Physician – EM or EMS	Present
Benjamin Lantow	EMS provider – nontraditional settings	Present
Todd Larsen	Law enforcement representative	Present
Reilly Miller	EMS provider	Present
Regina Mysliwiec	Physician – EM or EMS	Present
Bonnie Overcash	EMS provider	Present
Heather Sandberg	EMS education representative	Present
Bill Steward	County ASP administrator (Vice chairperson)	Present
Greg Stoll	EMS provider	Present
Justin Toren	Public safety answering point representative	Present
Steve Wyatt	Private ambulance agency representative	Present
Vacant	ODOT representative (ex officio)	N/A

1. **Call to Order (Bill Steward)** **(Timestamp: 09:01:25)**
   a. Vice chair Bill Steward called the meeting to order in the absence of chairperson Diane Johnson.
   b. The group reviewed the meeting agenda.
   c. Bill provided an overview of the public comment process.

2. **EMS for Children Presentation (Rachel Ford)** **(Timestamp 09:06:01)**
   a. As the Emergency Medical Services for Children (EMSC) liaison, Rachel provides technical assistance to the committee.
   b. EMSC is a national program funded by the Health Resources and Services Administration. EMSC supports services and providers with resources to help kids. These resources can be found on the Oregon EMSC website. This includes bi-monthly newsletters, research opportunities, and pediatric equipment.
      - Reilly Miller commented that her service used the program to obtain pediatric equipment and found it very useful.
   c. The HERO Kids Registry is a voluntary system that allows providers to quickly access information about a child they are caring for during an emergency.
      - Families are required to complete a registration form.

- EMS and emergency department providers can quickly access information in the registry. There is also a mobile application that providers can use to access information about the child's medical history, allergies, medications, etc.
- The information can also help in reunification after a disaster.
- Rachel requests that agencies promote HERO Kids. There are several videos and media files that organizations can post to their websites or social media.
- Committee members asked several follow-up questions about provider enrollment, access through Emergency Department Information Exchange alerts, public information access, patients aging out of the system, and 911 dispatcher awareness.

e. Peds Ready EMS is a recognition program to set standards for pediatric readiness for Oregon EMS transporting agencies. The initiative launched May 20, 2025.
   - Agencies that would like to be recognized as Peds Ready must submit an application form. Applications are reviewed for completeness; additional documentation or clarification may be requested. Recognized agencies get a decal for each ambulance, a certificate, and a plaque.
   - The goal is to have 25% of Oregon's transport agencies participating (approximately thirty agencies). Six agencies have been recognized so far.
   - Rachel requests that committee members spread the word, mention the program in local and statewide meetings, as well as social media posts. The EMSC Advisory Committee is also promoting the program in their written materials.

3. **Health Career Pathway Programs (Kate Hubbard and Katie Caba, Oregon Area Health Education Center)** **(Timestamp 09:35:26)**
   a. Nicole Perkins contextualized the presentation and invitation of the guest speakers: the committee had wanted to talk about health career pathway programs, so this presentation will give a sense of some work already happening in Oregon. Oregon statute also says that the Oregon Area Health Education Centers (AHEC) should collaborate with the EMS Program.
   b. The presentation was then handed over to Katie Caba and Kate Hubbard.
      - AHEC is a national organization with a number of state offices. Their goal is to recruit and train the health workforce in their state. In Oregon, AHEC follows a hub and spoke model: the hub is the Oregon Health & Science University (OHSU) program office, which supports regional centers throughout the state.
      - Each regional board has expertise in their area. Their goals are to build a diverse workforce, improve workforce distribution and improve the quality of practice.
      - Oregon AHEC is a small group that thrives through collaboration. They regularly work with numerous partners.
      - They offer opportunities to high schoolers by providing support and encouragement, as well as having practicing providers mentor students interested in the field.
      - AHEC also conducts symposia where clinicians come together and teach each other.
      - AHEC Scholars is a 160-hour certificate program for health professional students focused on practice in underserved communities and areas. There are 100-200 scholars at any given time.
      - Potential EMS integration opportunities include guest speakers at the symposium, career camps where providers can do skill demonstrations, and weekly didactic emails with content and resources which could include relevant EMS information.
      - AHEC's career camps tend to prioritize underserved communities, and scholarships for people attending camps would be appreciated.

4. **Break and Icebreaker** **(Timestamp 10:02:39)**
   a. Diane Johnson and Bill Steward agreed to take an 8-minute break.

b. Once members returned, Nicole Perkins set up an icebreaker activity using breakout rooms to increase interactivity and help build member rapport. Members were asked to give feedback on the post-meeting survey about whether the activity should be repeated in the future.

5. Quality Assessment and Performance Improvement Overview (Nicole Perkins)
(Timestamp 10:21:32)

a. At the November 2025 meeting, the committee identified quality improvement (QI) as a priority, specifically how to help agencies take on QI initiatives and projects. In this presentation, Nicole summarized what is already being done at the state office.
   - QAPI was defined as Quality Assessment/Assurance and Performance/Process Improvement. QAPI includes activities that are one-time or ongoing, data that is qualitative or quantitative, and can be done at the local, agency, regional or state level. The purpose of QAPI is to understand what is happening and why, the effects, and alignment with organizational goals.
   - Oregon Administrative Rule requires that a licensed service will establish and maintain an effective QAPI program. They must also implement a defined quarterly reporting process, which is a new requirement.
   - Currently, the OHA EMS Program has different sources of information about QAPI programs in the state: formal information from service surveys, though these are not a full cross section; and voluntary information from two recent assessments, the Prehospital Pediatric Readiness Project (PPRP) and a questionnaire conducted by the EMS data team.

b. Nicole presented some summary information from the PPRP.
   - The Prehospital Pediatric Readiness Program was a national EMSC initiative that surveyed transporting agencies in 2024. For Oregon, 62 agencies responded, with a mix of response levels (basic, intermediate, and advanced life support), settings (urban, suburban, rural, remote), and staffing models (paid and/or volunteer).
   - The survey asked several questions related to QAPI. Nearly all the responding agencies reported engaging in some sort of QAPI. Most respondents reported that they integrate key findings of QAPI initiatives into their training.
     - Ben Lantow asked about the representativeness of the responding agency demographics. He pointed out that the services responding to this might have extra resources, which could skew the information.
     - Nicole responded that the EMS Program team will look at the service composition overall and confirm whether this matches. Rachel Ford added that there used to be a shorter survey that went out every year and had a higher response rate. The 2024 PPRP survey in particular was quite long (included about 200 questions), so there was some surprise that the response rate was as high as it was.

c. Next, Nicole added some information about the data team initiative. In spring 2025, the EMS Program data team developed and administered a questionnaire which was intended to inform development of a public resource for QI. The questionnaire was sent to both transport and non-transport agencies.
   - There were 46 unique agencies who filled out the survey; of them, 37 were transport agencies and 9 were non-transports. Of the respondents, 20 had also completed the PPRP survey. There were respondents from all 7 Area Trauma Advisory Board regions, and agencies with call volumes from <100 per year to >10,000 annually.
   - In this questionnaire, 78% of respondents said PI is part of someone's job, along with other work.
   - Reported barriers to PI included time, money, personnel, training, workload, and culture regarding feedback (lack of participation, resistance to change, etc.).

- Frank Ehrmantraut asked whether this questionnaire is the same process used for data quality and monitoring. Data team lead Peter Geissert responded that OHA uses a different survey and follows up with phone calls and emails.

d. Nicole then opened for discussion of next steps.
   - Reilly Miller expressed that it would be good to know what the minimum standard for a QAPI program is, versus what the ideal QAPI program would look like. It would be nice for agencies to know that they are doing what they should be.
     - Dana Selover responded that for transporting services, there are requirements in Oregon Administrative Rule. OHA can't offer legal advice and ultimately cannot define a minimum standard. There are other organizations that have defined QI best practices. QI is very broad and can include a range of metrics from clinical care to operational metrics.
     - David Lehrfeld added that agencies should work with their medical director to come up with metrics.
     - Nicole acknowledged that it may not be good to define the ideal, because resources are variable throughout the state and agencies will want to work on different initiatives.
   - Current and proposed initiatives at the state level include:
     - The PI Toolkit, a web-based resource created by the data team that contains information and walks people through the process of starting a QAPI project.
     - A peer mentoring network proposed at the Q4 2025 meeting. This program would pair agencies or individuals.
     - An online storehouse of information sharing through Basecamp or another service.
   - Nicole asked whether a workgroup to look at the options would be a good idea.
     - Frank Ehrmantraut supported creating a workgroup and volunteered to participate. Steve Wyatt also volunteered to participate.
     - Thomas Kofoed asked for a concise summary of the workgroup's mission. This topic is very broad, and he needs to know if the workgroup will be coming up with ideas only, or proposing implementation plans as well.
       - Nicole responded that the purpose would be to look at what support or resources should be available to agencies for PI and review the PI Toolkit. In the longer term, they may also review national performance measures and determine whether more information about QI programs is needed.
       - Dana Selover added that the workgroup should start small, but may also help to draft interpretive guidance for the minimum requirements of a PI program based on the rule.
   - The committee chair can propose the creation of a workgroup and will need to do so as a logistical matter. Diane Johnson agreed to do so. There will be follow-up after the meeting to recruit people to join the workgroup.

6. Approve Q4 2025 Meeting Summary (Diane Johnson) (Timestamp 11:16:42)

a. The last meeting summary is not available, and so the motion to approve will be at the next meeting, Q2 2026.

7. Committee Bylaws: Staggered Terms (Nicole Perkins) (Timestamp 11:17:08)

a. Proposed change to bylaws:
   - Implement statutory numbering. (Currently, the bill which created the committee is referred to by a placeholder.)
   - Implement self-staggered appointments.
     - This was brought up in Q4 2025 but created some confusion.

    - This proposal will not change the draft language; it is just the EMS office giving guidance on how to interpret or operationalize that language.
    - The proposal is an addition to Article 4: “Members with initial appointments effective as of May 1, 2025, may choose to be reappointed for a two-year term in order to reduce simultaneous turnover.”
    - The purpose is to allow people to be reappointed on a staggered schedule, so that the whole committee does not turn over at the same time. Members can voluntarily opt to do this, and if they do, they will serve a shortened second term.
    - The OHA EMS program will not designate which positions must do this, they will just recommend that some positions opt in. The positions that the program will recommend will be the ones that have historically been easiest to recruit.

b. Committee members engaged in extensive discussion of the second proposed change.
    - Some members volunteered to have staggered terms. Several members expressed that they would prefer decisions on which positions will stagger to be set in advance to avoid confusion.
    - OHA-EMS staff clarified that the staggering must be voluntary and opt-in, hence the language as drafted.

c. Alicia Bond motioned to accept the proposed changes as written; Jesse Bohrer-Clancy seconded. Diane Johnson called a roll call vote. All members voted in favor; the motion passed.

8. Vice Chair Election (Diane Johnson) (Timestamp 11:38:55)

a. The committee agreed in Quarter 2 of 2025 to stagger the chairperson and vice chair positions, with vice chair elections occurring at the first meeting in even-numbered years.
b. Frank Ehrmantraut nominated Bill Steward to serve as vice chair. Bill accepted the nomination.
c. Diane Johnson called a roll call vote. All members voted in favor; the vote passed. Bill Steward will continue as vice chair for a second term.

9. EMS Program Updates (Timestamp 11:42:10)

a. Because the program report was sent out prior to the meeting, the OHA EMS Program will be presenting less information verbally. The program is open to feedback and questions about the report.
b. David Lehrfeld provided no medical director updates following the Q4 2025 committee discussion, though offered to answer questions.
c. The Rural Health Transformation Program is a one-time funding opportunity at the federal level. Per the Centers for Medicare and Medicaid Services, this program is intended to improve health outcomes in rural areas. All 50 states applied for funds and were awarded. OHA is leading implementation for Oregon. It is expected that OHA will open initial applications for funding in spring. EMS is explicitly mentioned in the notice as a potential topic. The EMS Program may ask the committee to recommend some high-impact areas for future initiatives.

10. Key Takeaways (Diane Johnson) (Timestamp 11:52:23)

a. Diane asked Frank Ehrmantraut for updates from the EMS Advisory Board.
    - Rachel Ford reported on EMSC. One program success is that 98% of pediatric patients are now having weight documented when weight-based medications are administered.
    - The Time-Sensitive Emergency specialty subcommittees released definitions of ST-elevation myocardial infarction (STEMI), out-of-hospital cardiac arrest, and trauma. These definitions were the result of very robust discussion and expert consensus, and they will inform future work.

- The predetermination process from the OHA Professional Standards Unit is up and running. This allows prospective applicants to ask if their criminal record disqualifies them from licensure before they spend their time and resources on training and application fees.
- Frank will share information from this meeting at the other meetings he attends.

b. Follow-up items resulting from this meeting:
   - Nicole Perkins said that there was additional information requested on a number of topics, as well as forming the workgroup on QI initiatives.
   - Diane says to expect updates on those at the next committee meeting.

11. Public Comment (Diane Johnson) (Timestamp 11:57:06)

- Diane opened the meeting for public comment. No requests were submitted, and no public comments were offered.

Meeting was adjourned at 1159.

Next meeting:
May 6, 2026, 0900-1200, virtual only on Zoom