

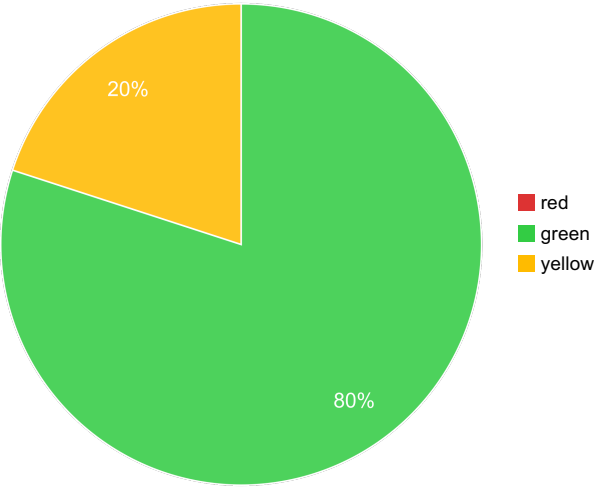
Veterinary Medical Examining Board

Annual Performance Progress Report

Reporting Year 2026

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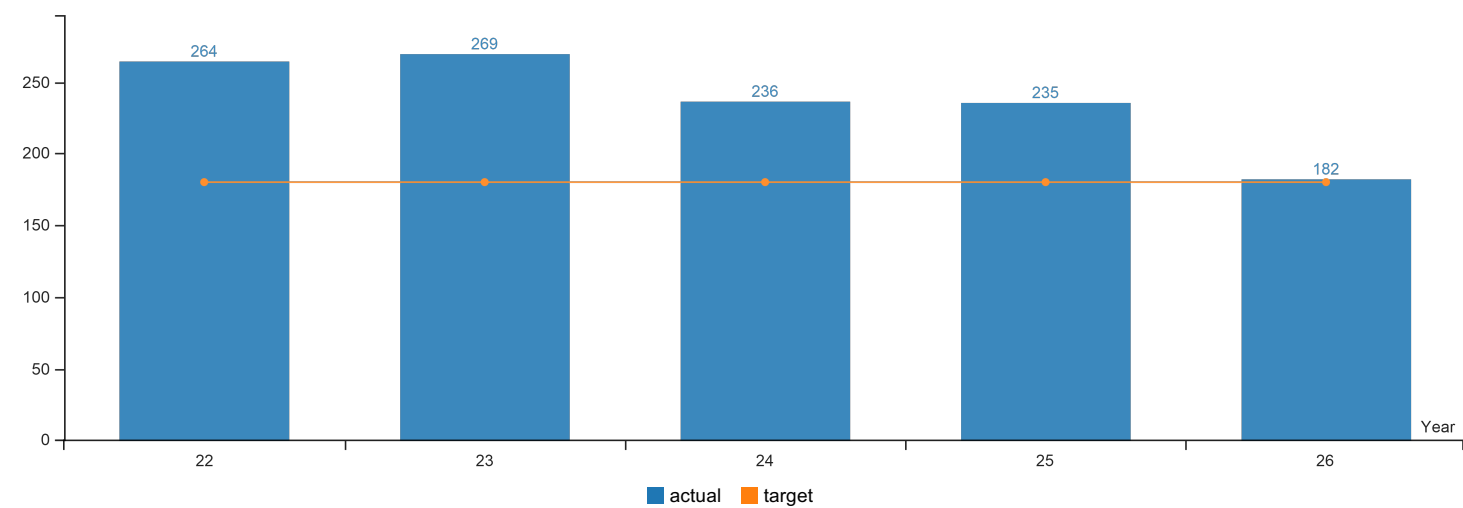
KPM #	Approved Key Performance Measures (KPMs)
1	Public Protection - Average time from receipt of a new complaint to completion of the investigation.
2	Customer Service - Percent of customers rating their overall satisfaction with the agency above average or excellent.
3	Best Practices - Percent of best practices met by the Board.
4	Facility Inspections - Percent of registered veterinary facilities inspected within three years of last inspection.
5	License Processing - The average number of business days to process a license once a complete application is received.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	80%	20%	0%

KPM #1	Public Protection - Average time from receipt of a new complaint to completion of the investigation.
	Data Collection Period: Jul 01 - Jun 30

* Upward Trend = negative result



Report Year	2022	2023	2024	2025	2026
Average Time from Receipt of a New Complaint to Completion of Investigation					
Actual	264	269	236	235	182
Target	180	180	180	180	180

How Are We Doing

OVMEB continues to make steady and meaningful progress in reducing investigation timelines, reflecting several years of sustained effort to eliminate a longstanding backlog. Beginning in late 2023, investigators worked through a large volume of aged cases stemming from the surge in complaints received between 2020 and 2021. Complaint volume during those years nearly doubled compared to historical norms, resulting in dozens of investigations that were 3–4 years old.

With the addition of a second investigator in 2023 and ongoing process improvements, the backlog has been dramatically reduced. Where OVMEB once had over 200 open cases in 2024, investigators have steadily driven that number down, with only a small number of cases now exceeding one year in age—and those few are delayed primarily due to external factors such as hearing requests, DEA coordination, or facility inspection schedules.

This disciplined, multi-year effort has positioned OVMEB to meet its performance target for the first time in many reporting cycles. Using our updated methodology, the average investigation time—excluding a small set of extreme outliers—now stands at **181.55 days**, nearly on target and significantly better than the 225-day performance previously reported. This is a major milestone and reflects a teamwide commitment to timely, high-quality investigations.

Additionally, OVMEB has transitioned from calendar-year reporting to **fiscal-year reporting** to align KPM tracking with statewide measurement standards. This dataset reflects performance for **FY 2026**.

Factors Affecting Results

Despite recent improvements, several ongoing factors continue to influence investigation timelines:

- **High Complaint Volume**

Complaint intake has risen steadily since 2019 and remains elevated. Over the past year, OVMEB has averaged approximately 25 complaints per month, up from 21 per month the previous year. The agency is currently on pace to receive over 300 complaints in 2026. Every complaint received is statutorily required to be investigated and presented to the Board.

- **Complaint Characteristics and Violation Rates**

Although complaint volume remains high, only about 20 percent of investigations result in a violation. Most complaints are unsubstantiated or fall outside of OVMEB jurisdiction and are referred appropriately. Cases that do result in Board action tend to involve lower-level violations resolved through civil penalties.

- **Caseload Management and Processing Improvements**

Investigators have significantly reduced the backlog and accelerated post-Board case processing. Since November, open investigations have declined from 174 to 115—a 34 percent reduction—while the number of cases prepared for Board presentation has increased. Post-Board hearing and notice processing has also improved, with cases in that phase decreasing from 26 to 14. Coordination with the Assistant Attorneys General continues to strengthen timely case progression from investigation through resolution.

Updated Methodology

Consistent with prior reporting periods, we measured investigation time based on all cases closed between July 1, 2025, and September 18, 2026—totaling 266 investigations—regardless of when each case was opened. The full dataset reflects an average closure time of 197.90 days. Because a small number of cases experienced significant delays due to external factors outside OVMEB control (e.g., DEA case coordination or hearing delays), we also calculated the average excluding these five extreme outliers. This adjusted average is **181.55 days**, which more accurately reflects current workflow and investigation performance.

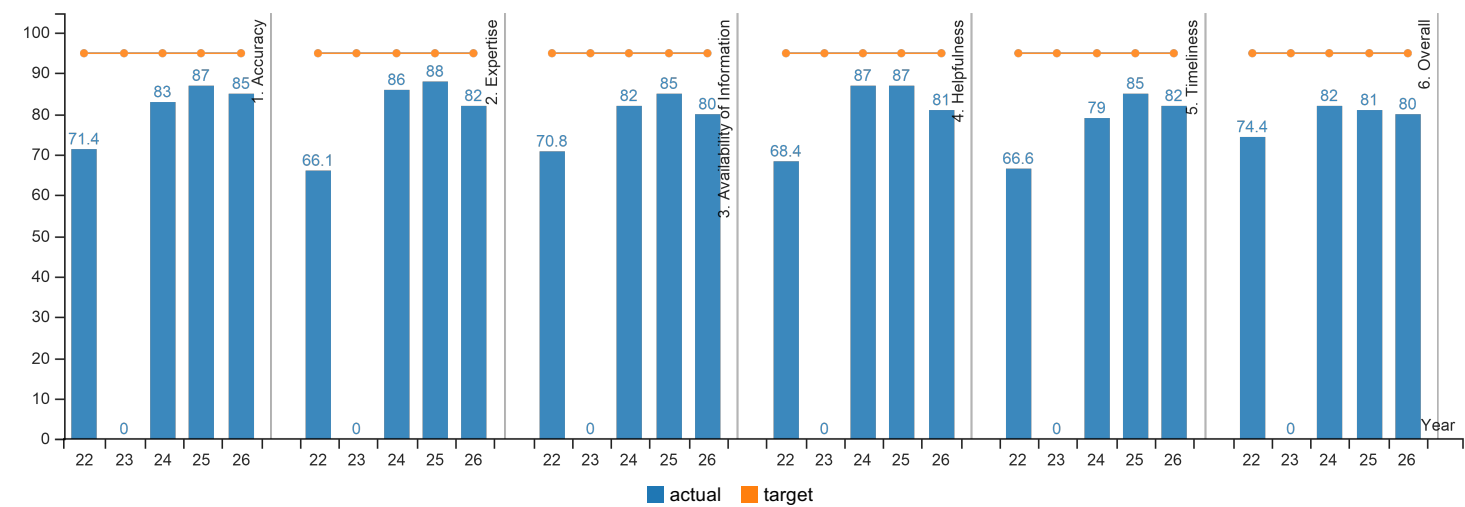
OVMEB has also clarified its measurement approach to ensure accuracy, consistency, and comparability with other health regulatory agencies. Beginning this reporting period, OVMEB has transitioned from calendar-year reporting to **fiscal-year reporting**. This shift aligns our KPM tracking with statewide standards and improves coherence with other Oregon health licensing boards.

To further strengthen alignment and improve clarity, OVMEB is requesting approval to revise the investigation-related KPM language to reflect a “timely resolution” model rather than an “average number of months” metric. The proposed update is:

“Timely Resolution of Complaints – Percent of investigations completed and presented to the Board within 180 days from receipt of the complaint.”

This change mirrors the reporting structure used by the Oregon Board of Speech-Language Pathology & Audiology and will enhance clarity, consistency, performance tracking, and comparability across regulatory programs. Clarifying our measurement in this way will clean up the methodology and present clearer, more actionable data about the timeliness of OVMEB investigations.

KPM #2	Customer Service - Percent of customers rating their overall satisfaction with the agency above average or excellent.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2022	2023	2024	2025	2026
1. Accuracy					
Actual	71.40%	0%	83%	87%	85%
Target	95%	95%	95%	95%	95%
2. Expertise					
Actual	66.10%	0%	86%	88%	82%
Target	95%	95%	95%	95%	95%
3. Availability of Information					
Actual	70.80%	0%	82%	85%	80%
Target	95%	95%	95%	95%	95%
4. Helpfulness					
Actual	68.40%	0%	87%	87%	81%
Target	95%	95%	95%	95%	95%
5. Timeliness					
Actual	66.60%	0%	79%	85%	82%
Target	95%	95%	95%	95%	95%
6. Overall					
Actual	74.40%	0%	82%	81%	80%
Target	95%	95%	95%	95%	95%

How Are We Doing

Overall Trends

Recent results show **strong satisfaction** across core service areas, with updated scores in Accuracy (85%), Expertise (82%), Helpfulness (81%), Timeliness (82%), Availability of Information (80%), and Overall Service (80%). Licensing and renewal interactions continue to receive consistently positive feedback, with staff frequently described as timely, professional, and highly helpful.

In contrast, satisfaction remains lower among respondents involved in **consumer complaints**, a pattern common to regulatory agencies where disciplinary outcomes often generate heightened emotion and frustration. A small number of portal-related issues persist, primarily tied to login or payment challenges.

Strengths

- High satisfaction across all major service categories
- Staff recognized repeatedly for expertise, responsiveness, and professionalism
- Positive feedback frequently received through phone calls and board meetings, reflecting strong service outside the survey channel

Areas for Improvement

- Complaint-related sentiment remains the lowest due to expectations around disciplinary outcomes
- Some ongoing challenges with portal usability
- A subset of respondents report difficulty locating specific information, including CE requirements

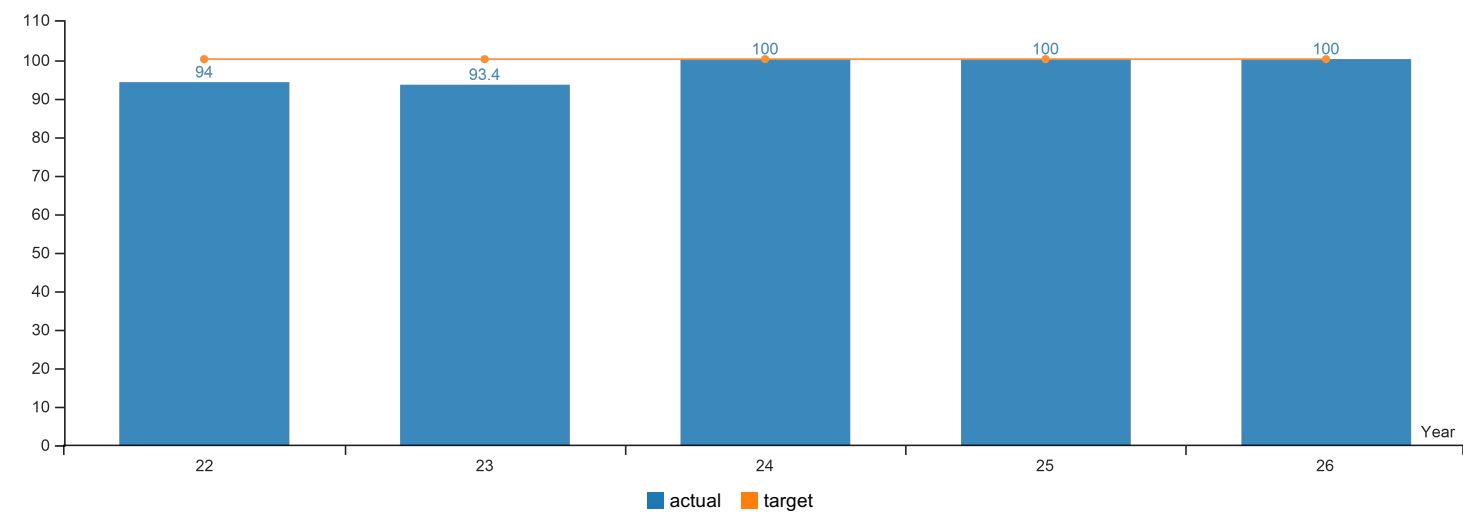
Factors Affecting Results

Survey participation increased in late 2025 and 2026 due to coordinated activity on social media encouraging negative feedback about a single clinic. This amplified emotional responses and contributed to a decline in ratings. Additionally, standard survey effects—such as negativity bias and self-selection—mean that negative experiences are more likely to be reported than positive ones. The Board also receives substantial positive feedback through direct interactions not reflected in the survey data.

Even with these dynamics, the survey remains a valuable tool for understanding public expectations and guiding service improvements.

KPM #3	Best Practices - Percent of best practices met by the Board.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2022	2023	2024	2025	2026
BEST PRACTICES					
Actual	94%	93.40%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

The Oregon Veterinary Medical Examining Board continues to demonstrate strong alignment with statewide best-practice standards. All participating board members who completed the annual Best Practices Survey, resulting in **100% adherence across all measured criteria**. Board members reported full compliance with expectations related to governance, oversight, policy review, budgeting, financial accountability, communication, training, and coordination with partner agencies.

These results reflect the Board’s ongoing commitment to transparent governance, responsible resource management, and consistent review of policies and strategic goals. Regular engagement between the Executive Director, Board members, and partner agencies supports strong performance across all criteria. The Board actively participates in reviewing communications, budgets, rule proposals, and policies, ensuring decisions align with the agency’s mission and statutory responsibilities.

Factors Affecting Results

Several factors helped support the Board’s strong performance in meeting best-practice standards:

- Clear structures and expectations:** The Board uses established processes—including annual performance evaluations, strategic planning updates, recurring policy reviews, and regular guidance from DAS, HR, and the AAG—to ensure understanding and adherence to best-practice expectations.
- Consistent communication:** The Executive Director provides regular updates at Board meetings on finances, communications, rulemaking, audits, and management practices. This predictable communication supports informed decision-making and alignment with state requirements.

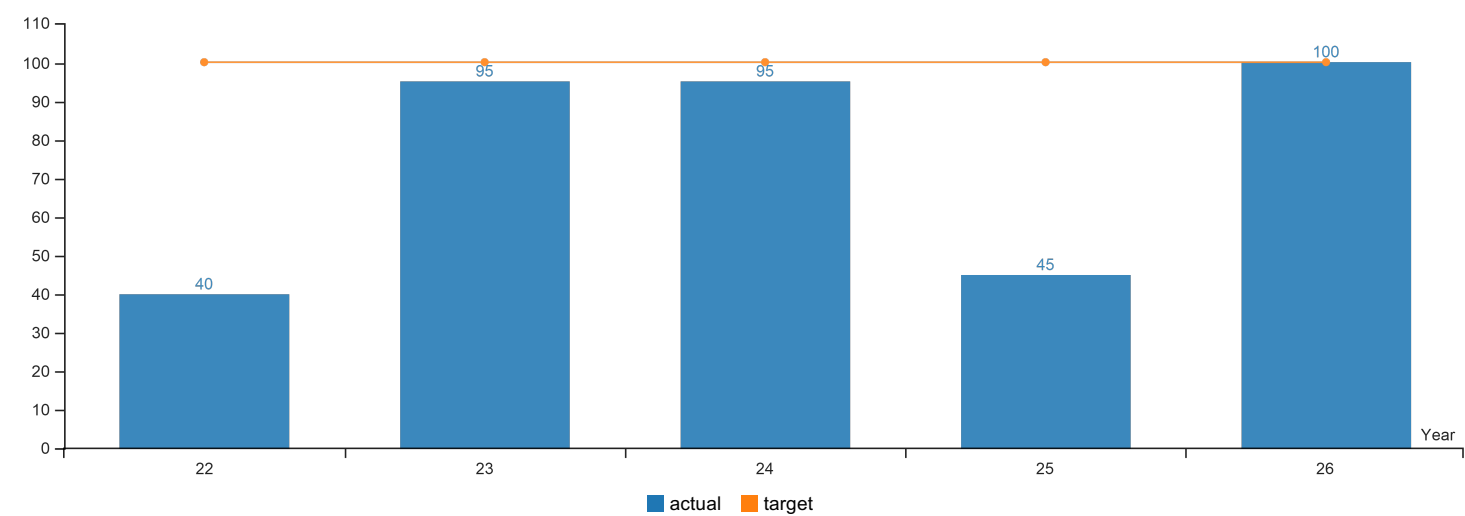
- **Ongoing training and support:** Board members receive guidance through the Boards & Commissions Handbook, required trainings, and targeted education shared at meetings or retreats. This ensures members remain informed of their roles, responsibilities, and ethical obligations.

- **Survey design and participation:** The Best Practices Survey is intentionally structured to measure internal adherence to governance and oversight standards. Because it is completed only by Board members—and participation was 100%—the results reflect a complete and accurate picture of current practices. This differs from public-facing surveys, which may be influenced by external factors such as social-media amplification or negativity bias. The Best Practices Survey provides a stable and internally consistent measure of operational performance.

Overall, the Board's engagement, structure, and commitment to good governance directly contribute to achieving **full compliance** with best-practice criteria for KPM #3.

KPM #4	Facility Inspections - Percent of registered veterinary facilities inspected within three years of last inspection.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2022	2023	2024	2025	2026
Facility Inspections					
Actual	40%	95%	95%	45%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

The Board has made strong progress in improving inspection performance in 2026 following the challenges experienced in 2025. As of the current reporting period, **147 inspections have been completed**, with an additional **23 scheduled for September–October**, bringing the total to **approximately 170**. The agency plans to complete an additional **68 inspections by year-end**, placing us on track to meet the annual target.

Under the statutory requirement that all veterinary facilities be inspected at least once every three years, the Board must complete inspections for approximately **one-third of our 715 facilities each year**, establishing our true annual KPM target at **238 inspections**. Using this methodology, we anticipate reaching or exceeding the 2026 target.

To support statewide coverage and improve access for remote locations, the Board has also incorporated a **targeted use of virtual inspections**, especially for far-flung facilities. These inspections allow us to verify essential elements, request photos when needed, and maintain continuous oversight. Facilities receiving virtual inspections will be scheduled for **in-person visits in the next inspection cycle**, ensuring full compliance with ORS requirements.

Additionally, the Board continued its **annual self-inspection program**, which provides regular engagement with licensees and supports compliance even during periods of high workload or staffing transition.

Overall, inspections are back on track in 2026, with stable staffing, improved processes, and a clear trajectory toward meeting the established KPM benchmark.

Factors Affecting Results

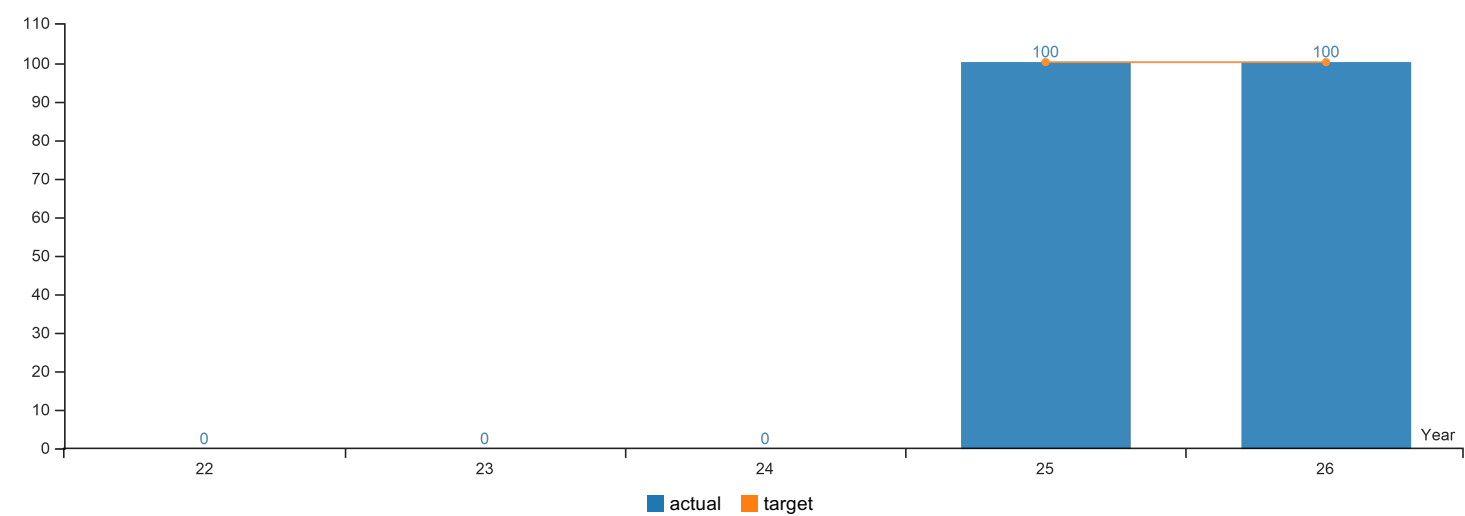
Several positive operational changes support the improved inspection performance in 2026:

- **Staffing stability restored:** The inspector position has been refilled, and the new inspector is fully trained, which has significantly increased inspection capacity and accuracy in tracking completed work.
- **Improved scheduling and documentation:** Updated tracking processes ensure inspections are logged correctly, preventing the reporting gaps experienced in 2025.
- **Refined methodology:** Using the correct three-year rotation (238 facilities per year) provides a clearer, more accurate picture of inspection progress and ensures alignment with statutory expectations.
- **Expanded inspection tools:** Incorporating virtual inspections—supported by photos and self-inspection forms—has allowed the Board to maintain oversight in remote areas while planning in-person follow-ups in the next cycle.
- **Ongoing facility engagement:** The annual self-inspection program continues to reinforce compliance, communication, and accountability across the veterinary community.

Together, these factors demonstrate that the Board has strengthened its inspection operations and is well-positioned to meet KPM expectations for 2026 and beyond.

KPM #5	License Processing - The average number of business days to process a license once a complete application is received.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2022	2023	2024	2025	2026
Percentage of licenses issued within 5 days once a complete application is received.					
Actual				100	100
Target				100	100

How Are We Doing

In 2026, the Board continues to perform strongly in this area. Licensing remains one of our highest-volume responsibilities, with approximately **350–400 new applications** submitted each year. Despite this workload and the detailed review required for each applicant—including mandatory background checks—the Board consistently processes completed applications **within the five-day benchmark**, and in many cases, **within the same business day**.

Our licensing administrator maintains a high level of responsiveness, communicating actively with applicants to ensure paperwork is complete and to prevent processing delays. This efficiency allows veterinarians and certified technicians to begin work quickly while still maintaining the oversight necessary to protect public and animal safety. As a newer KPM, this measure helps demonstrate that our licensing timelines remain reliable, predictable, and aligned with public need.

Factors Affecting Results

Performance in this KPM is influenced by several operational factors:

- **High application volume:** With more than 300 new license applications annually, maintaining a rapid turnaround requires consistent workflow management and efficient communication with applicants.
- **Background check requirements:** Every complete application must undergo a criminal background review, which adds steps to the process. Close coordination with external partners helps ensure these checks do not create unnecessary delays.

- **Process refinement:** We continue to evaluate application procedures to identify opportunities for increased efficiency without compromising due diligence. This includes monitoring monthly, quarterly, and annual licensing trends to ensure adequate staffing and workflow support.

- **Applicant readiness:** Clear instructions and improved communication help reduce the number of incomplete applications, allowing staff to process more licenses within the required timeframe.

Overall, the Board remains committed to issuing licenses quickly and responsibly, ensuring applicants can enter the workforce promptly while maintaining rigorous standards for public protection.