

EMERGENCY MEDICAL SERVICES PROGRAM

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EMS Program Report

2024 Year in Review, Published February 2025

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Manager's Update

Another year is behind us and we welcome the longer days and occasional cloud breaks. Looking back on 2024, the EMS team is seeing lots of positive changes in longstanding structure as we make way for EMS Modernization implementation in the new year. Literal tears were shed as we sunsetted our committees in person in October after decades of collaborative effort. Our team worked hard to secure appointments for our EMS Advisory Board and EMS for Children Advisory Committee, both set to meet in February 2025. We look forward to legislative session starting early in 2025 and gaining the momentum and resources needed for these modernization efforts.

Our own Peter Geissert received a prestigious NEMMY Award, presented at the [2024 National Emergency Medical Services Information System \(NEMSIS\) Annual Meeting](#). We wanted to officially honor him for this award before too much of 2025 passes. We are honored and proud to have Peter leading our data efforts. The description of this award speaks well to Peter's talent and commitment:

Peter stands out for his open-mindedness and his ability to truly listen and engage with EMS agencies and providers across his state. His reputation for fostering collaboration and his candid, broad-minded approach has made him a respected and effective leader in EMS data. Peter's determination to push the envelope and embrace innovation is matched by his dedication to improving the system for all.

Our team is set to expand, and several recruitments are rolling into offer phases and onboarding as we move into the new year. We are days away from interviewing to fill a Compliance Specialist position related to [SB 1552](#) for our licensing team (see the Professional Standards Unit and Legislative Update sections of this report for more information). We sorted through large talent pools for both of our limited duration positions in the data team that will help us with our data quality and linkage for statewide data systems. Our Research Analyst is slated to start shortly, and our Operations & Policy Analyst, Nelly Tkachman, just started! We are delighted to have her aboard. Here is her bio:

With a strong academic background in public health and biological sciences, Nelly holds a master's degree in Bioscience and Health Policy from Rice University. During her work at the Baker Institute for Public Policy, she conducted mixed-method research projects, utilizing statistical analysis for surveys and qualitative interviews to gain comprehensive insights on childcare access at the Texas Medical Center in Houston. Her commitment to health equity is exemplified by her research at the University of Texas at Austin, where she developed and conducted a comprehensive survey examining the quality of care for patients assigned female at birth at the student clinic. Utilizing quantitative and qualitative analysis techniques, Nelly's study provided valuable insights into healthcare disparities and areas for improvement. She is excited to contribute to our EMS data team, bringing her expertise and commitment to transformative healthcare solutions.

This team momentum and transformation will continue throughout the new year. I will sign off with our new name and title. Please read on for further information regarding our programs.

Warm Regards,
Adam P Wagner, MSc, Paramedic (he/him/his)
Emergency Medical Services Program Manager

EMS Modernization

HB 4081 – 2024

2025 inaugurated a name change from “EMS and Trauma Systems Program” to “Emergency Medical Services (EMS) Program.”

The core of EMS Modernization is regionalized accountable systems of emergency care with the goal of getting patients the right care by directing them to facilities that have most appropriate resources to address and treat their acute, time-sensitive needs, including transfers of the sickest patients to higher levels of care. This will be accomplished by developing and implementing state standards, followed by regional plans and local protocols.

More information is available on our [EMS Modernization webpage](#).

Professional Standards Unit (PSU)

Investigations opened: 146

Investigations closed: 201

Actions:

- Letter of concern issued: 101
- No action taken / background cleared for approval: 66
- Letter of reprimand: 1
- Civil penalties issued: 2
- Closed inactive: 19
- License denial: 1
- Corrective action: 1
- Probation (stipulated agreement): 5
- Stipulated surrender: 1

Investigations pending: 60

Licenses currently on probation: 11

PSU Projects

PSU is working with the EMS Program team to revise and update EMS provider applications for improved design, function, and value.

[Rulemaking projects](#) (current rule revision and new rule development) include:

- Ambulance service and vehicle licensure requirements
- Criminal conviction predeterminations following the passage of [SB 1552](#)

Staff are working to hire a new compliance specialist to perform predeterminations as required by the passage of [SB 1552](#). This position will also help with complaint processing, background checks for initial and renewal applicants, and investigation intake.

Staff are preparing for ambulance service, ambulance vehicle, and personnel license renewal (EMT, AEMT, EMT-Intermediate and paramedic), which opens April 1, 2025.

Staff converted the previous Complaint Form from a fillable PDF to a Smartsheet system. This new form can be found on the main EMS/TS webpage under [Submit a Complaint](#). This new format will assist staff with the intake, processing, and tracking of complaints.

Rebecca Long serves on the Department of Public Safety, Standards, and Training (DPSST) Telecommunications Policy Committee and attends quarterly meetings.

Rebecca Long represents the PSU on quarterly National Association of State EMS Officials (NASEMSO) meetings, including the Personnel Licensure Council.

Veronica Seymour represents the PSU on quarterly National Association of State EMS Officials (NASEMSO) meetings, including Highway Incident & Transportation Systems (HITS), Agency & Vehicle Licensure (AVL), and Air Medical Committees.

Provider Licensing

Initial

Initial EMS provider licenses issued: 2,135

- Emergency Medical Responder (EMR): 293
- Emergency Medical Technician (EMT): 1,371
- Advanced Emergency Medical Technician (AEMT): 78
- Emergency Medical Technician – Intermediate (EMT-I): 16
- Transitional Paramedic: 30
- Paramedic: 347

Reinstatement

Reinstatement applications received: 52

- EMR: 12
- EMT: 31
- AEMT: 2
- EMT-I: 1
- Paramedic: 6

Continuing education audits completed: 52

Licensees reinstated: 52

EMR Renewal

- Applications received: 1,083
- EMR licenses issued: 1,026
- EMRs expired in 2024: 370

Total Active EMS Providers

Total active EMS providers: 13,456

- Emergency Medical Responder: 1,306
- Emergency Medical Technician: 6,690
- Advanced Emergency Medical Technician: 279
- Emergency Medical Technician - Intermediate: 627
- Paramedic: 4,554

Service and Ambulance Licensing

New Ambulance Services

- Initial ambulance service license applications received: 6
- Initial ambulance service licenses issued: 4

New Ambulance Vehicles

- Initial vehicle license applications received: 157
- Initial vehicle licenses issued: 140
- Exception documents reviewed: 72

Service and Ambulance License Renewal

- Service licenses renewed: 129
- Ambulance licenses renewed: 774

Total Active Service and Ambulance Licenses

- Service licenses: 135
- Ambulance licenses: 844

Ambulance Service Surveys

- Initial ambulance service surveys conducted: 2
- Routine ambulance service surveys conducted: 16

Corrective Action Plans

Licensed ambulance services receiving a deficiency letter after a routine ambulance service survey are required to submit a corrective action plan to OHA-EMS.

- Deficiency letters issued: 16
- Corrective action plans reviewed and approved: 14

Variances

- There are nine licensed ambulance services currently utilizing the rural staffing rule, per [OAR 333-255-0070](#) (4). The requirements of this rule are to be meant annually, if needed.
- There is one volunteer licensed ambulance service approved to respond to an emergency scene without a full crew, per [OAR 333-255-0070](#) (6).

Application and Form Updates

- The initial ambulance service license application is available by request in the [License Management System](#).
- Survey checklists for ground and air ambulance services can be found on the [Ambulance Service Licensing Forms and Applications webpage](#).

Education

Course Activity

EMR courses:

- Applications approved during Q4 of 2024: 14
- Approved courses run during 2024: 51
- Approved courses planned for 2025: 14

College course applications received for the 2024-2025 academic year:

- EMT: 69
- AEMT: 6
- EMT-Intermediate: 5
- Paramedic: 10

Major Events and Projects

The education program accomplished several major projects in 2024:

- Transitioned all EMR and college course application forms to an online platform (Smartsheet).
- Overhauled all initial EMS education rules.
- Designed and implemented a holistic competency-based assessment (CBA) program as the replacement of psychomotor (skills) testing for initial EMT, AEMT, and EMT-Intermediate courses.
- Redesigned EMR licensing exams to include assessment of decision-making and patient communication in addition to skill performance.

The education program has a new email address: we can be reached at ems.education@odhsoha.oregon.gov.

Upcoming Conferences

- [Eastern Oregon EMS Conference](#) (February 27-28, 2025)
- [State of Jefferson EMS Conference](#) (March 6-8, 2025)

Committee Information

Several new statewide boards and committees under EMS Modernization are starting in 2025!

The new iteration of the EMS for Children Advisory Committee will hold its first meeting on February 13, and the new EMS Advisory Board will hold its first meeting on February 14. Meeting information is below.

Recruitment is ongoing for the following EMS Advisory Board positions, with applicants from the Gorge, Central Oregon, and Eastern Oregon ([ATABs 6, 7, and 9](#)) highly encouraged to [apply](#).

- Third-party payer of health insurance
- Emergency medicine physician
- Patient health care advocacy group
- Public member (frequent user of emergency medical services as patient or caregiver)

Recruitment for the other new advisory committees, as well as additional positions for EMS for Children, will open on February 17 – if you are interested in being notified when applications open, please fill out this [form](#). For more information about serving on the EMS Program’s boards and committees, visit our [website](#).

EMS for Children Advisory Committee

February 13, 2025, 0900-1200, virtual

[Zoom](#)

Meeting ID: 161 395 2616

Passcode: 095609

EMS Advisory Board

February 14, 2025, 0900-1500, hybrid

Portland State Office Building, Room 177

Portland, OR, 97232

[Zoom](#)

Meeting ID: 160 373 8257

Passcode: 288090

Oregon Emergency Medical Services for Children (EMSC)

The last quarter of 2024 included a reboot of the EMS for Children Advisory Committee. There were many applicants for the EMSC Advisory Committee positions outlined in HB 4081. Those applicants were screened, and then some were selected and appointed to fill the positions. Once the EMSC Advisory Committee Bylaws are approved, with several additional positions, the EMSC Program will post and share detailed information. To learn more about the application process, [click here](#). For general EMSC Program information, visit www.oregonemsc.org.

Education Sessions

[Registration](#) is open for the February 20 1200-1300 education session, *Pediatric Arrhythmias in the Emergency Room*, presented by Seshadri Balaji MBBS, MRCP, PhD. CME for physicians and CE for nurses and other medical professionals is available. Check out the archived sessions posted on the Education page, www.pedsreadyprogram.org.

Trauma Program

2024 Surveys Completed:

- 14 full reverification surveys
- 6 focused review surveys
- 1 ACS verification survey

2025 Anticipated Surveys:

- 17 full reverification surveys
- 3 focused review surveys

Changes in OHA's SharePoint system required a change in our virtual survey process for document collection. We are now using Smartsheet Gov for our surveys. This provides the same level of security as our previous SharePoint system. This transition has been smooth, with positive feedback from surveyors and trauma program managers.

Quarterly meetings for trauma program managers, coordinators, and registrars are ongoing, with good attendance and participation.

Based on discussions with the trauma program managers in Oregon, the process for data range periods for surveys, as well as the chart selection process, have been revised and have been communicated out to all trauma program managers.

The RAC for Exhibits 2 and 3 has been completed. These new rules went into effect on October 15, 2024. Communication has been ongoing with EMS agencies and hospital trauma programs regarding these changes.

Work has been completed on updates for Trauma System Rules including Exhibit 4 and the preparation of a crosswalk to the new Resources for the Optimal Care of the Injured Patient, [2022 Standards](#). The first RAC meeting addressing Exhibit 4 was held on June 10, 2024, with 3 subsequent sessions that took place in June and July 2024 to cover the new proposed standards for Exhibit 4. The updated Exhibit 4 will go into effect October 1, 2025.

EMS & Trauma Systems Data Team

NEMSIS 3.5 Implementation

As of the end of the fourth quarter of 2024, 111 transporting agencies and 45 non-transporting agencies are live on NEMSIS 3.5 for a total of 156 agencies. There are 35 more agencies in process. Resources with more information about NEMSIS 3.5 and the Oregon implementation plan are available through [EMS program website](#).

Our transition to NEMSIS 3.5 is entering its final phase. In February 2025, agencies using the state system who have not adopted the new version of the data standard will be automatically transitioned. Communications are going out to agencies using third-party ePCR products to solicit formal plans for compliance.

Oregon Trauma Registry

Contract negotiations with ImageTrend for their Patient Registry product are still underway, with the contract close to finalization. This new trauma registry solution is expected to be implemented in production before January of 2026. A transition plan has been developed with the current vendor to ensure a seamless migration process, and the data migration is officially

underway. The mapping between values in the existing Trauma Registry product and the new ImageTrend Patient Registry product is nearly complete. We are in ongoing communication with the current vendor to clarify certain data elements as part of the migration process.

2024 OTR Data Dictionary

We have added the 2024 OTR Data Dictionary to our website. This is available on the [registrar corner](#) and the [OTR page](#).

Reporting

Work using the Posit (R-Studio) Team server is ongoing. In addition to the [Stroke Dashboard](#) which was published on the platform in 2024, the team has created an internal EMS for Children weight-based medication ([NEMSQA PEDS-03](#)) monitoring tool to support EMSC quality improvement efforts around this metric.

Data Integration Projects

Work to implement the integration between the License Management System and OR-EMSIS is ongoing. Since the beginning of the project, 339 agencies have been synced. The sync is currently active for 80% of non-transporting agencies and 70% of transporting agencies. User merges are being monitored for any ongoing issues or bugs. The status of this project is available in our [Performance Measures Progress Report](#), which is updated monthly.

Ambulance Service Plan (ASP) Review

In accordance with [OAR 333-260-0020\(7\)](#), the OHA EMS Program reviews county Ambulance Service Plans (ASPs) for compliance with state regulations at least once every five years. The EMS Program is working with counties to ensure all Ambulance Service Plans have been determined to be compliant with state rules within the past five years.

Currently under review:	Awaiting resubmission:	Outdated approvals:	Approved plans:
<ul style="list-style-type: none"> • Klamath • Polk 	<ul style="list-style-type: none"> • Baker • Crook • Douglas • Harney • Hood River • Lake • Lane • Tillamook • Umatilla • Wasco • Yamhill 	<ul style="list-style-type: none"> • Benton • Coos • Curry • Deschutes • Grant • Jackson • Jefferson • Multnomah • Union • Wheeler 	<ul style="list-style-type: none"> • Clackamas • Clatsop • Columbia • Gilliam • Josephine • Lincoln • Linn • Malheur • Marion • Morrow • Sherman • Wallowa • Wasco • Washington

The [ASP Compliance Review Tool](#) is also available for use.

Medical Director / Supervising Physician Application Approval

New Approvals in Q4 of 2024

- **Matthew Eschelbach, DO** (DO17196): Confederated Tribes of Warm Springs (1602)
- **Brian D Clothier, MD** (MD28407): Willamette Emergency Medical Services (2415)
- **Kaare Tingelstad, DO** (DO24126): QuikMedic (2445)

Previously Approved in 2024

- Sarah McClure, DO
- David Lehrfeld, MD
- Laurene Reed, DO
- Patrick Hudson, MD
- Bradley Koschel, DO
- Keith Sumey, MD
- Charles Price, DO
- Conor Lucas-Roberts, MD
- Matthew J Danigelis, MD
- Ritu Sahni, MD
- Timothy Tetzlaff, MD
- David M Schwartz, MD
- SunHee Chung, MD
- Petter L Overton-Harris, DO

Cardiac Arrest Registry to Enhance Survival (CARES)

The start of 2025 means statewide CARES work will be focused on finalizing the 2024 data submission and completion.

- Agencies must upload their 2024 qualified cases by **January 31, 2025**.
- Hospitals and dispatch centers will complete assigned cases by **February 28, 2025**.

The EMS Program is in the final stages of contracts to link OR-EMSIS with CARES. This will provide agencies participating in CARES with an automatic upload to the CARES database for cardiac arrest ePCR data. The national CARES team and Oregon CARES data team are starting the process Winter 2024/2025. Agencies will need to be submitting NEMSIS 3.5 data to the OR-EMSIS database to be eligible for the linkage.

[2023 CARES Infographic](#) – 2024 coming soon!

Oregon Administrative Rule and Legislative Update

Legislative Update

- The [2025 Oregon Legislative Session](#) began on January 21, 2025. The EMS Program is anticipating additional legislation on EMS Modernization and other topics such as mobile integrated health care and urgent care centers.

- During the 2024 legislative session, the EMS Program tracked several bills including:
 - [SB 1552](#) (section 44) allows persons with a criminal history to petition an occupational licensing board or agency for a license prequalification determination. The EMS Program is recruiting for a compliance specialist to assist with the processing of petitions from persons seeking a prequalification determination as to whether their criminal history may prevent them from obtaining a license. The program will also be working on proposed administrative rules and adopting a fee for purposes of this determination.
 - [HB 4081](#) is the EMS Modernization bill. Please see the EMS Modernization section in this report for information.
 - [HB 4122](#) establishes an FBI Rap Back system that enables authorized agencies to receive ongoing status notifications of any criminal history reported on licensees whose fingerprints are registered in the system. Additional cost analysis is needed to determine the EMS Program’s possible future participation.
 - [HB 4136](#) allocated general funds to the City of Eugene and Lane County to finance innovations designed to improve access to same-day health care while decreasing overall costs in the greater Eugene area.
- Helpful links and information relating to the Oregon Legislature:
 - [Oregon Legislative Information System](#) (OLIS): Select the right-hand button labeled OLIS to access current and previous session bills.
 - [View legislative public hearings](#) (scheduled or archived)
 - [How Ideas Become Law](#)
 - Sign up to receive email updates on legislative news and other information through [Capitol e-Subscribe](#)
 - [Find Your Legislator](#) (interactive map)

Administrative Rules

The following administrative rules were updated during 2024. Additional details on these administrative rule filings including fact sheets can be found on the [EMS Rulemaking Activity web page](#), under ‘Recently Filed New and Amended Rules.’

- **Field Triage ([Exhibit 2](#)) and Trauma Team Activation ([Exhibit 3](#))** - Permanent administrative rules were filed in April 2024 updating the field triage guidelines (Exhibit 2) and trauma team activation criteria (Exhibit 3). The revised guidelines and criteria became effective on October 15, 2024.
- **EMS Provider Initial Education** - Due to changes to the certification examination policies and practices of the NREMT, revised national EMS scope of practice model, and EMS education standards, permanent administrative rules were filed in October 2024 revising minimum requirements for the education of EMS providers in Oregon including ending psychomotor testing for all EMS provider levels and replacing with competency verification. These revised rules became effective on November 1, 2024.
- **Oregon Trauma Hospital Resource Standards ([Exhibit 4](#))** - The American College of Surgeons, Committee on Trauma Standards Verification Review Subcommittee published its revised standard, [Resources for Optimal Care of the Injured Patient](#), in 2022, with subsequent changes in December 2023. The EMS Program amended its administrative rules including Exhibit 4 to adopt these latest standards. Additionally, changes were made to the Trauma Systems Area Map ([Exhibit 1](#)) to clarify zip code exceptions. Trauma system

hospitals must continue to meet the Exhibit 4 standards dated September 25, 2018, until the revised standards are implemented. The revised standards must be met no later than October 1, 2025.

The EMS Program convened a rulemaking advisory committee (RAC) to review proposed changes to the Ambulance Service and Ambulance Vehicle licensing requirements. The RAC met on December 9, 2024, and January 13, 2025. Copies of the agenda and meeting notes are available on the [EMS Rulemaking Activity webpage](#) under 'Rulemaking Advisory Committees in Progress.'

[Interested in Serving on Rulemaking Advisory Committee?](#) - Persons and communities interested in serving on future EMS-related RACs are encouraged to complete and submit the [RAC Interest Form](#). RACs are an important process that allow members of the public and communities who are affected by administrative rules relating to EMS regulatory functions to provide input. For more information, please visit the [EMS Rulemaking Activity webpage](#) under 'General Interest in Participating in Rulemaking Advisory Committees.'