

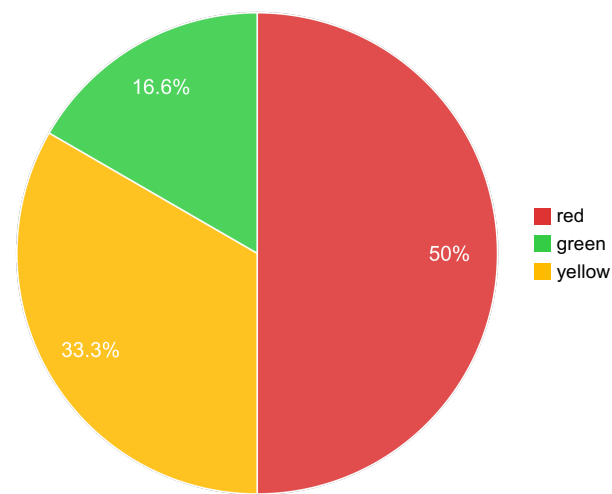
Board of Pharmacy

Annual Performance Progress Report

Reporting Year 2025

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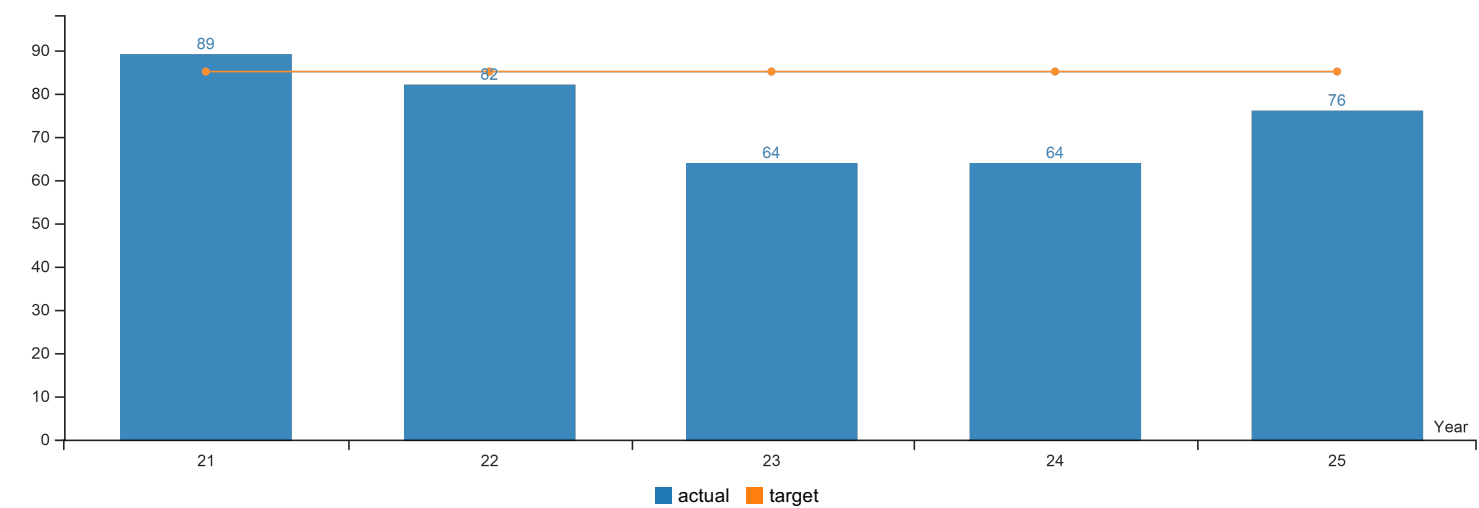
KPM #	Approved Key Performance Measures (KPMs)
1	Percent of inspected pharmacies that are in compliance annually. -
2	Percentage of individual and facility licenses that are issued within 30 days. -
3	Percent of pharmacies inspected every two years. -
4	Average number of days to complete an investigation from complaint to board presentation. -
5	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "Good" or "Excellent" : Overall Customer Service, Timeliness, Accuracy, Helpfulness, Expertise, and Availability of Information.
6	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	16.67%	33.33%	50%

KPM #1	Percent of inspected pharmacies that are in compliance annually. -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percentage of Pharmacies that are in compliance annually.					
Actual	89%	82%	64%	64%	76%
Target	85%	85%	85%	85%	85%

How Are We Doing

Regulatory compliance is paramount to ensuring patient safety. Our new inspection process, implemented in late 2023 and fully effective in 2024, was redesigned to enhance the efficiency of our communications and clarity in our expectations, thereby promoting increased compliance. The resulting improvement in compliance from 2023 to 2024 demonstrates the success of these efforts and indicates that we are effectively assisting licensees and registrants in upholding patient safety standards. Based on this trend, we anticipate further progress in 2025.

“No Response Needed” means that the Compliance Officer made no observations of a potential violation during the inspection, and no follow-up is required.

“Response is Required“ means that the Compliance Officer made observations of a potential violation during the inspection, requiring the registrant to follow-up with a corrective action plan.

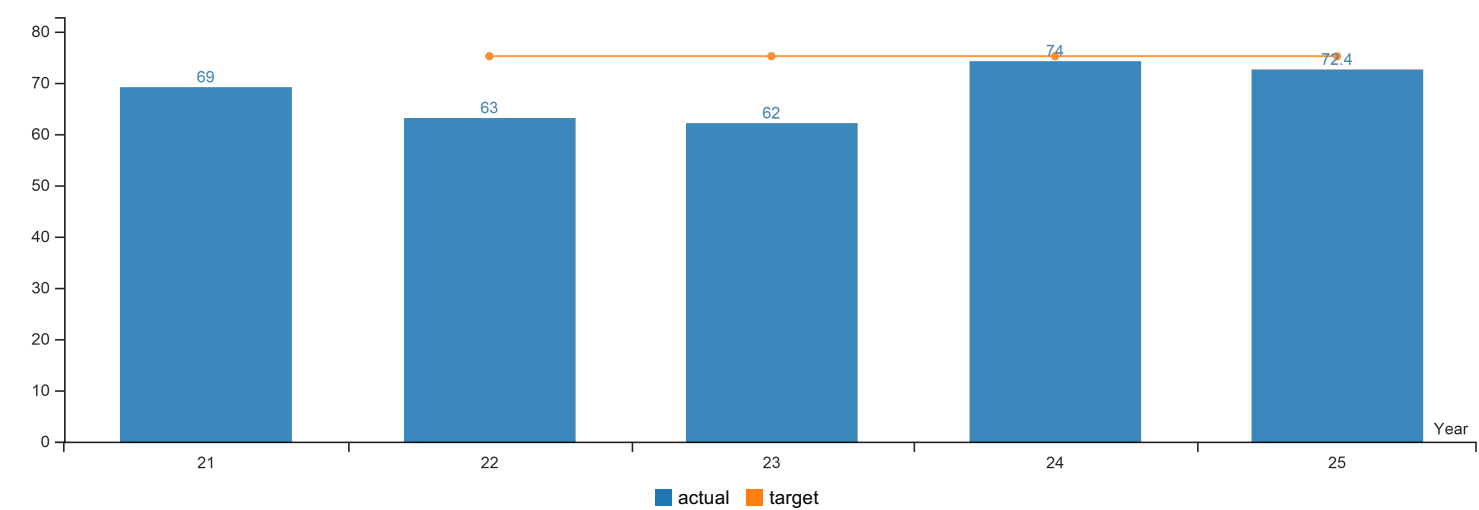
Response Needed	118
No Response Needed	209
Total:	327

Factors Affecting Results

The Board continually works to improve regulatory compliance. A new inspection process was implemented in late 2023 and fully effective in 2024, with a focus on enhancing the efficiency of our communications and clarity in our expectations. The resulting improvement in compliance may be attributed to these efforts, which more effectively guide pharmacies in meeting regulatory standards.

KPM #2	Percentage of individual and facility licenses that are issued within 30 days. -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percentage of individual and facility licenses that are issued within 30 days.					
Actual	69%	63%	62%	74%	72.40%
Target		75%	75%	75%	75%

How Are We Doing

In 2024, a total of 3,321 licenses were issued, representing a 0.9% increase from 2023. Although on-time issuance within the 30-day target fell to 72.4% (a decrease of 1.6%), the agency significantly reduced the average processing time for individual licenses by 10 days. This improvement was achieved despite an increase in facility license processing time, from 42 to 45 days.

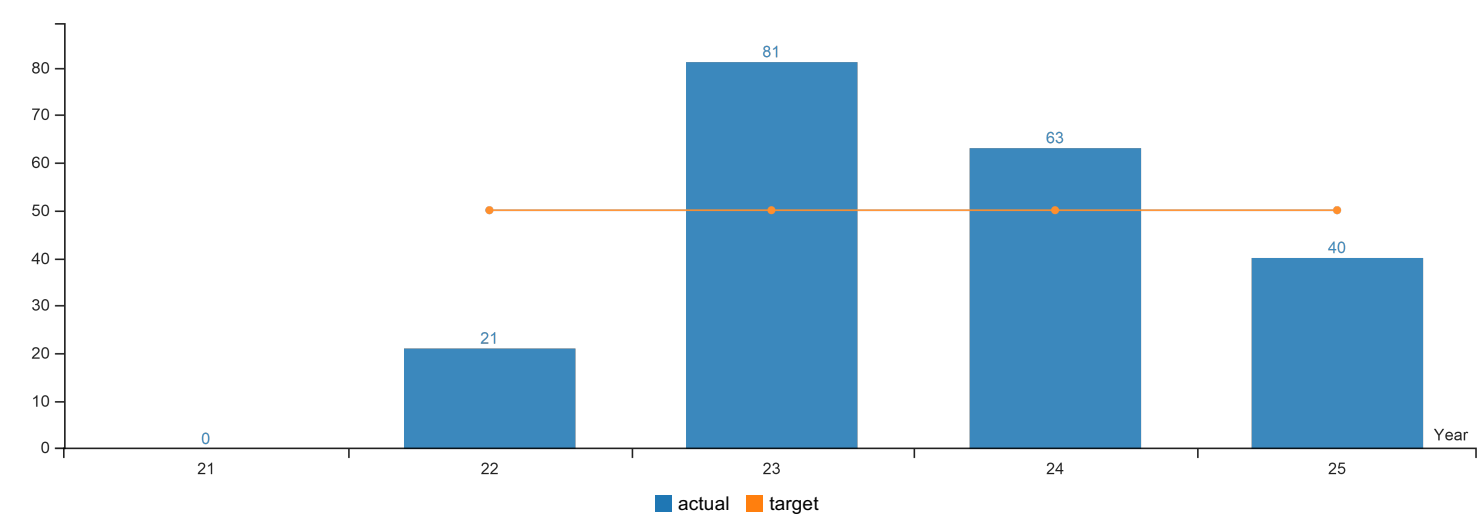
Factors Affecting Results

Application Complexity: Delays are caused by receiving incomplete applications, which require extensive staff follow-up, and by complex applications involving out-of-state discipline or criminal background checks. These complex situations often require investigation, preparation, and presentation for Board review.

Staffing Constraints: Staffing limitations were a critical factor, particularly in late 2024, when available full-time licensing staff was reduced by 50% due to vacancies and protected leave. Despite relying on temporary staff, the volume of applications exceeded capacity, which contributed to the increased average processing time for facilities. The Licensing Department remains dedicated to enhancing communication and refining internal workflows for efficiency. Looking forward, the agency postulates that upgrading to a more contemporary software platform, which is currently being pursued, will help substantially mitigate these challenges and improve processing efficiency.

KPM #3	Percent of pharmacies inspected every two years. -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Percent of pharmacies inspected every 2 years.					
Actual		21%	81%	63%	40%
Target		50%	50%	50%	50%

How Are We Doing

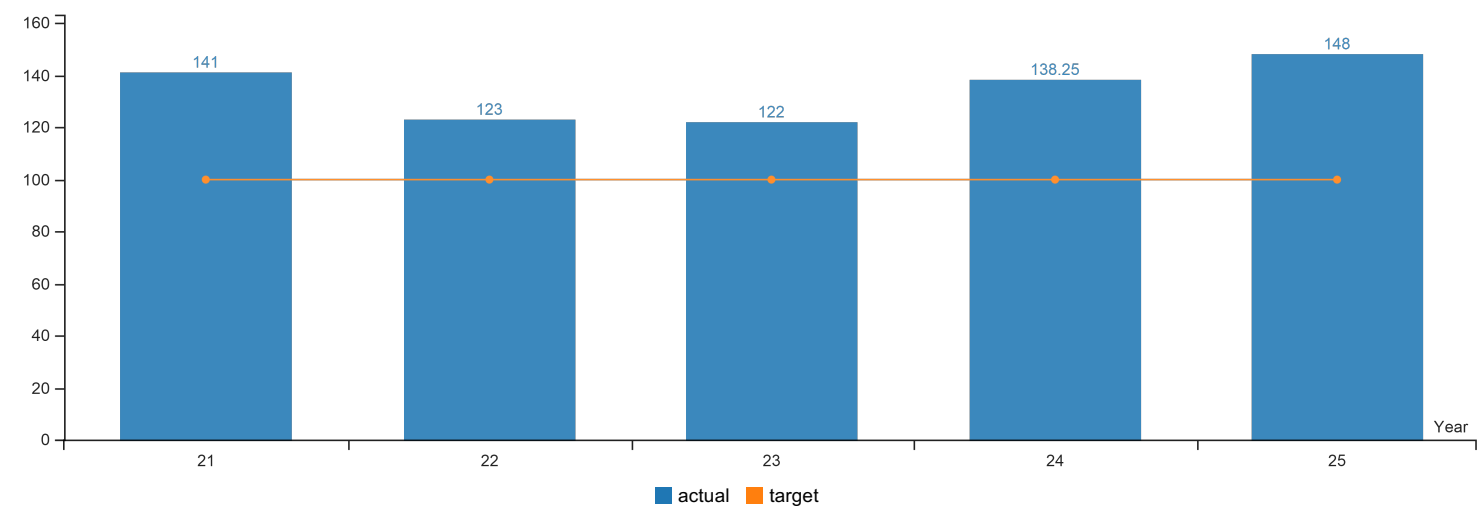
This measure assesses the Board's ability to meet its goal of inspecting all pharmacies (retail drug outlets and institutional drug outlets) on a two-year cycle, with an incremental target of inspecting 50% of them annually. In 2024, the Board completed 327 of the 808 targeted inspections (totaling 40%). While this represents a solid effort, it falls short of the 50% annual target, resulting in an 80% compliance rate with this metric.

Factors Affecting Results

The Board’s goal is to inspect all pharmacies on a two-year cycle. While the annual target is to complete 50% of these inspections, the number may slightly vary to respond to and accommodate the agency’s evolving needs. In 2024, we completed 40% of inspections and successfully completed the residual 60% in 2025. This ensured the goal for the two-year cycle was met and positions us to repeat this achievement during the next cycle.

KPM #4	Average number of days to complete an investigation from complaint to board presentation. -
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = negative result



Report Year	2021	2022	2023	2024	2025
Number of days to process complete investigation from complaint to Board presentation.					
Actual	141	123	122	138.25	148
Target	100	100	100	100	100

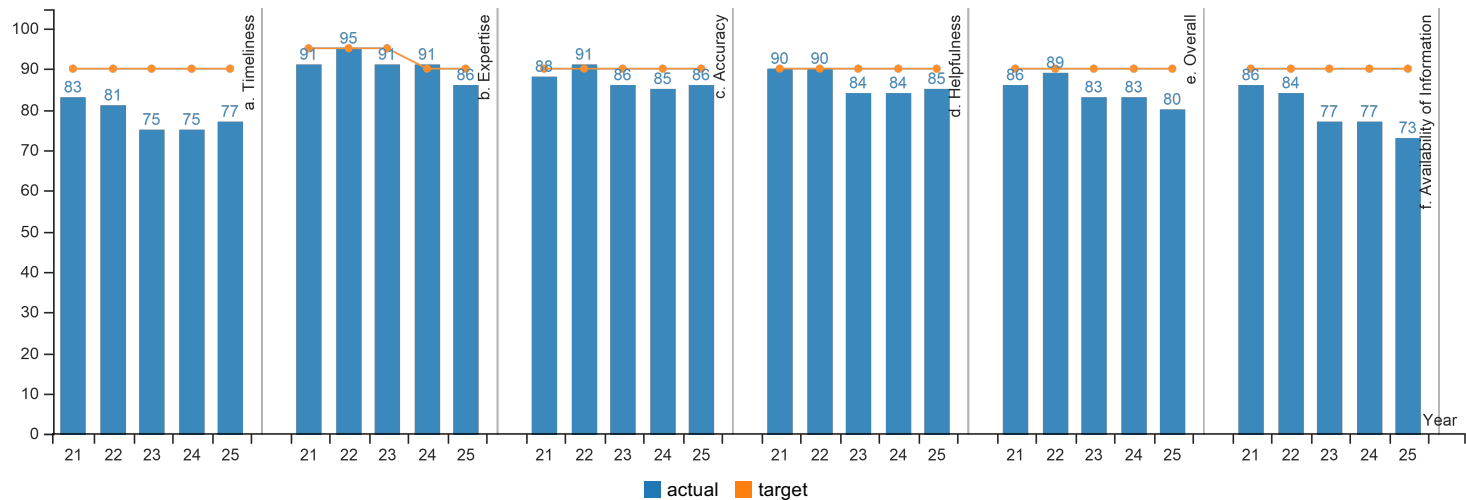
How Are We Doing

Although the agency did not meet its 2024 target, we are continuously dedicated to enhancing our investigative and administrative processes. The Compliance Department strives to complete investigations promptly and submit timely reports to the Board. This entails meticulously gathering all relevant information, such as prescription records, statements, and witness interviews. This information is then presented to the Board to ensure it is equipped to make informed decisions and take appropriate action, thereby promoting public health, safety and welfare.

Factors Affecting Results

The agency continues to face significant challenges due to its high investigatory workload. Over the past three years, the number of new cases per year has risen substantially, and has remained over 1,000 since 2022. This has created a backlog that was further intensified by five key staff vacancies in the Compliance Department in 2024. Beyond a certain threshold, we’ve observed an inverse relationship between caseload and processing efficiency. This is primarily due to the time associated with manually tracking cases, processing correspondence, and allocating resources for the strategic triaging of cases; this impact, in part, could be substantially mitigated by an upgrade to a more contemporary software platform, which the agency is currently pursuing.

KPM #5	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "Good" or "Excellent" : Overall Customer Service, Timeliness, Accuracy, Helpfulness, Expertise, and Availability of Information.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2021	2022	2023	2024	2025
a. Timeliness					
Actual	83%	81%	75%	75%	77%
Target	90%	90%	90%	90%	90%
b. Expertise					
Actual	91%	95%	91%	91%	86%
Target	95%	95%	95%	90%	90%
c. Accuracy					
Actual	88%	91%	86%	85%	86%
Target	90%	90%	90%	90%	90%
d. Helpfulness					
Actual	90%	90%	84%	84%	85%
Target	90%	90%	90%	90%	90%
e. Overall					
Actual	86%	89%	83%	83%	80%
Target	90%	90%	90%	90%	90%
f. Availability of Information					
Actual	86%	84%	77%	77%	73%
Target	90%	90%	90%	90%	90%

How Are We Doing

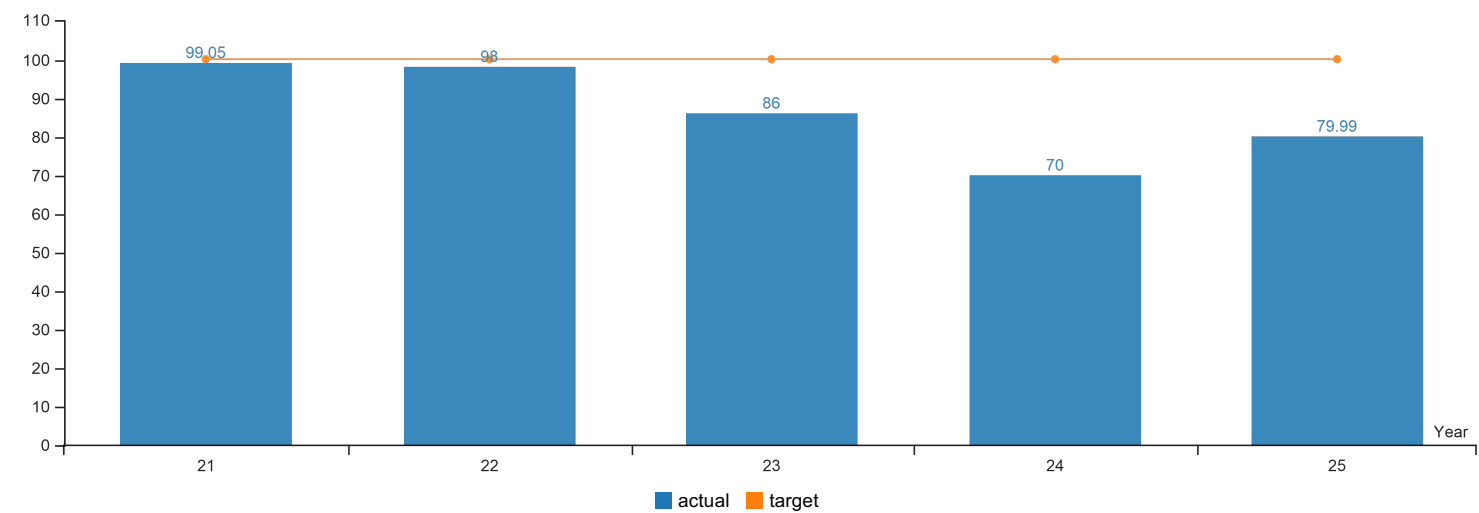
The overall average customer satisfaction score of 81.3% is a 4.4% decrease from 2023. The figures represent the percentage of customers rating their satisfaction with the agency's customer service as either "Good" or "Excellent."

Factors Affecting Results

Staffing limitations were a critical factor, particularly in late 2024, when available full-time licensing staff was reduced by 50% due to vacancies and protected leave. Despite relying on temporary staff, the volume of applications and inquiries exceeded capacity, which likely contributed to the observed results. The agency remains committed to continuous quality improvement and is working to address these operational constraints to uphold its commitment to serving Oregonians.

KPM #6	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jan 01 - Dec 31

* Upward Trend = positive result



Report Year	2021	2022	2023	2024	2025
Is the Board following Best Practices?					
Actual	99.05%	98%	86%	70%	79.99%
Target	100%	100%	100%	100%	100%

How Are We Doing

This measure demonstrates that we are meeting management best practices with respect to governance oversight by our Board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, and fiscal oversight and board management. The Oregon Board of Pharmacy engages in an ongoing strategic planning process that addresses several of the issues evaluated in this measure. Board members discuss oversight and governance activities during Board meetings. The Board President and Executive Director regularly meet, and discuss pertinent agency matters as appropriate. With consistency and clarity provided by the new Executive Director, the Board anticipates further progress towards meeting the target in the future.

Factors Affecting Results

This year, seven of the nine board member positions completed the board best practices survey for this measure. One board member resigned, and one board member’s term ended prior to the survey being launched.

The Board discussed the process, the approved Key Performance Measures, and the timeline for the survey, and reviewed the prior year results during the June 2025 board meeting. The Board Best Practices survey was conducted in July 2025, and the Board reviewed the results during the August 2025 board meeting.

The Executive Director communicated that the survey results could be attributed to confusion due to staff and board member turnover, including in the Executive Director position, and that this impacted the board members’ evaluation. Board members expressed that it was difficult to recall and assess the best practices due to having two Executive Directors during 2024. With a new permanent Executive Director in place, we anticipate that the resulting consistency and clarity will lead to improved results for the next survey in 2026.