

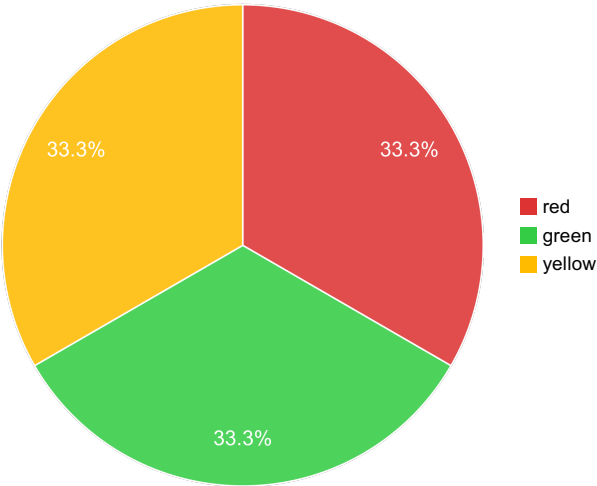
Board of Pharmacy

Annual Performance Progress Report

Reporting Year 2026

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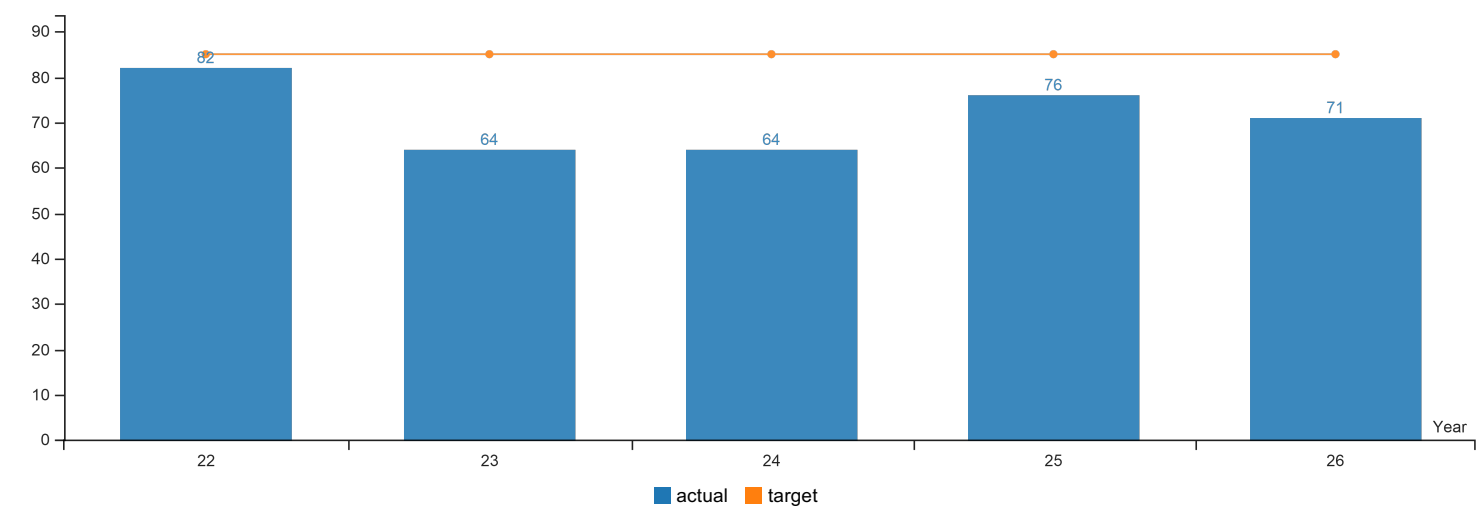
KPM #	Approved Key Performance Measures (KPMs)
1	Percent of inspected pharmacies that are in compliance annually. -
2	Percentage of individual and facility licenses that are issued within 30 days. -
3	Percent of pharmacies inspected every two years. -
4	Average number of days to complete an investigation 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:	33.33%	33.33%	33.33%

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

* Upward Trend = positive result



Report Year	2022	2023	2024	2025	2026
Percentage of Pharmacies that are in compliance annually.					
Actual	82%	64%	64%	76%	71%
Target	85%	85%	85%	85%	85%

How Are We Doing

Regulatory compliance is paramount to ensuring patient safety. Compliance improved from 64% in 2023 to 75% in 2024. The sustained compliance in 2025 (71%) demonstrates the success of these efforts and indicates that we are effectively assisting licensees and registrants in upholding patient safety standards.

“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.

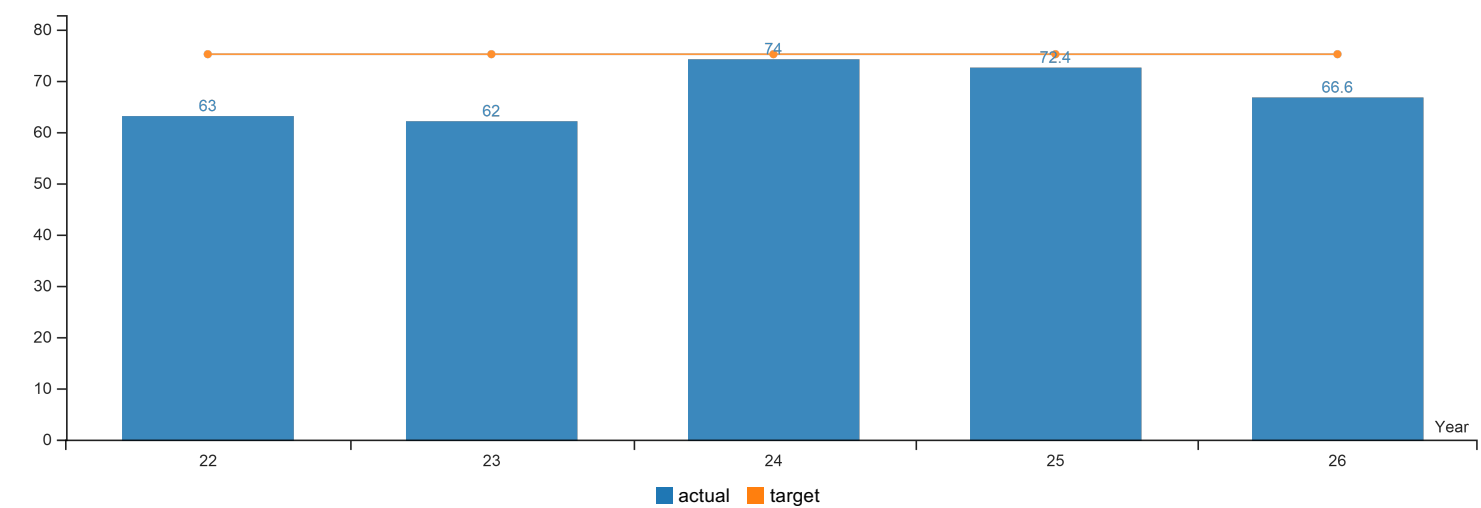
Response Needed: 152
No Response Needed: 365
Total: 517

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 continued 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	2022	2023	2024	2025	2026
Percentage of individual and facility licenses that are issued within 30 days.					
Actual	63%	62%	74%	72.40%	66.60%
Target	75%	75%	75%	75%	75%

How Are We Doing

This measure evaluates our efficiency in processing applications for over 30 types of licenses and registrations. Maintaining a consistent approach in assessing each applicant against the minimum qualifications is essential to upholding public safety.

In 2025, a total of 3,791 licenses were issued, representing a 14.2% increase from 2024. Although on-time issuance within the 30-day target fell to 66.6% (a decrease of 5.8%), the agency significantly reduced the average processing time for individual licenses to 18 days.

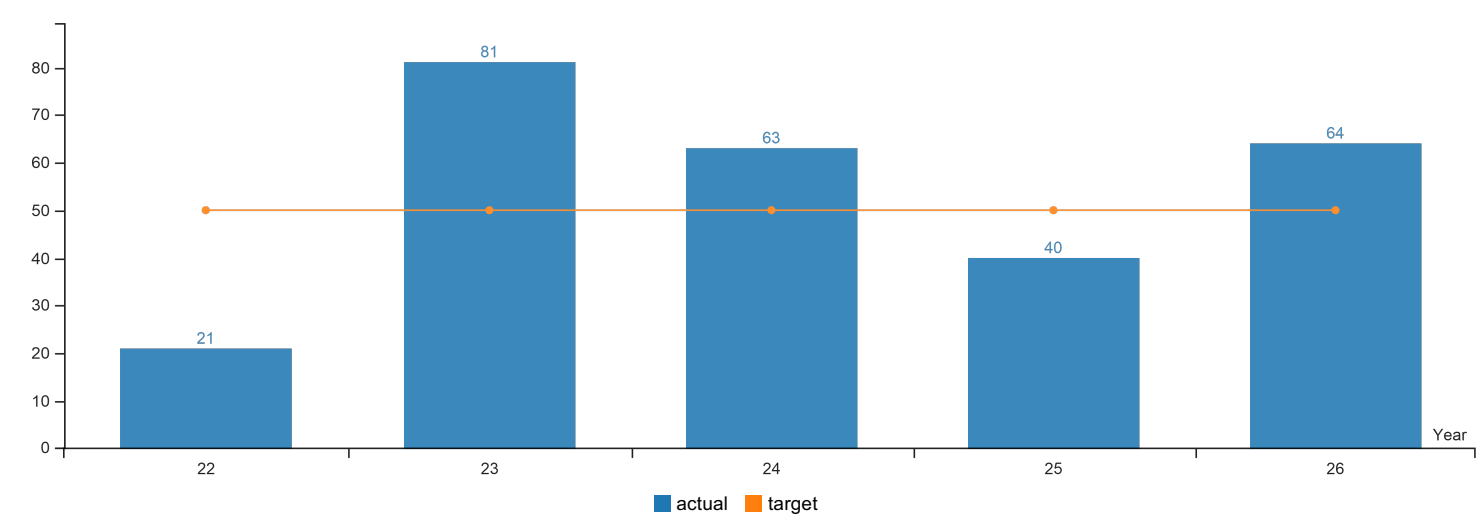
Factors Affecting Results

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 in late 2024 continued to impact licensure timelines in 2025. The backlog and volume of new 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 anticipates 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	2022	2023	2024	2025	2026
Percent of pharmacies inspected every 2 years.					
Actual	21%	81%	63%	40%	64%
Target	50%	50%	50%	50%	50%

How Are We Doing

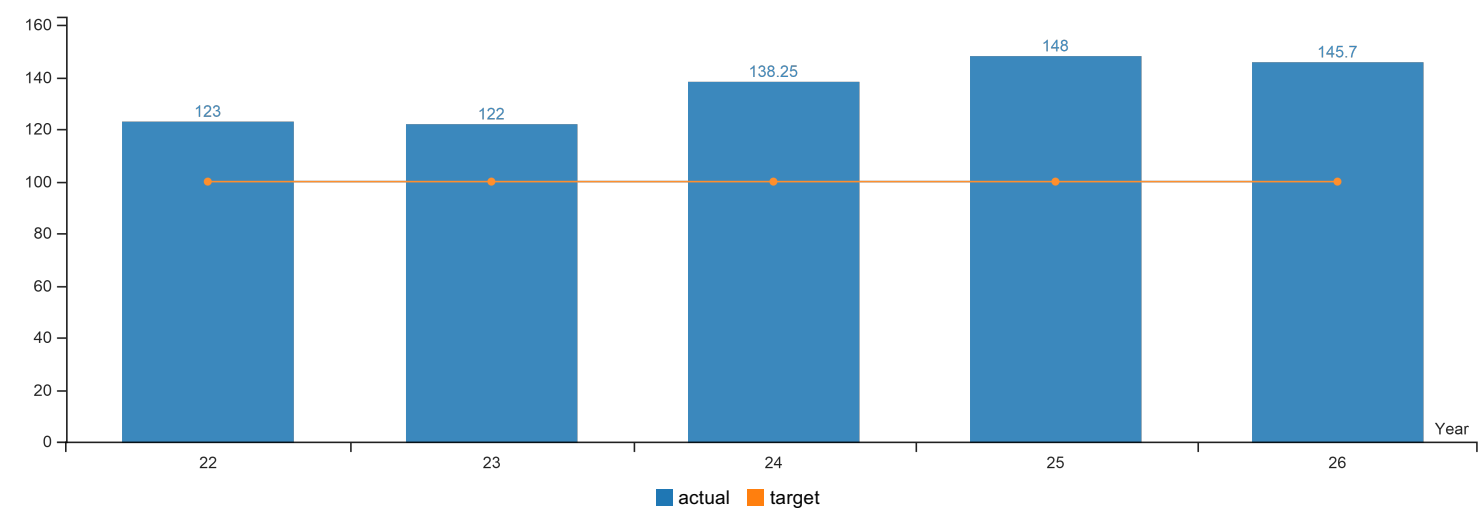
This measure assesses the board's ability to meet its goal of inspecting all pharmacies (retail drug outlets and institutional drug outlets) on a two-year cycle, with an incremental target of inspecting 50% of them annually. In 2025, the board completed 510 of the 808 targeted inspections (totaling 64%). While this exceeds our current goal for this year, it makes up for the percentage of pharmacy inspections that were deficient in 2024.

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	2022	2023	2024	2025	2026
Number of days to process complete investigation from complaint to Board presentation.					
Actual	123	122	138.25	148	145.70
Target	100	100	100	100	100

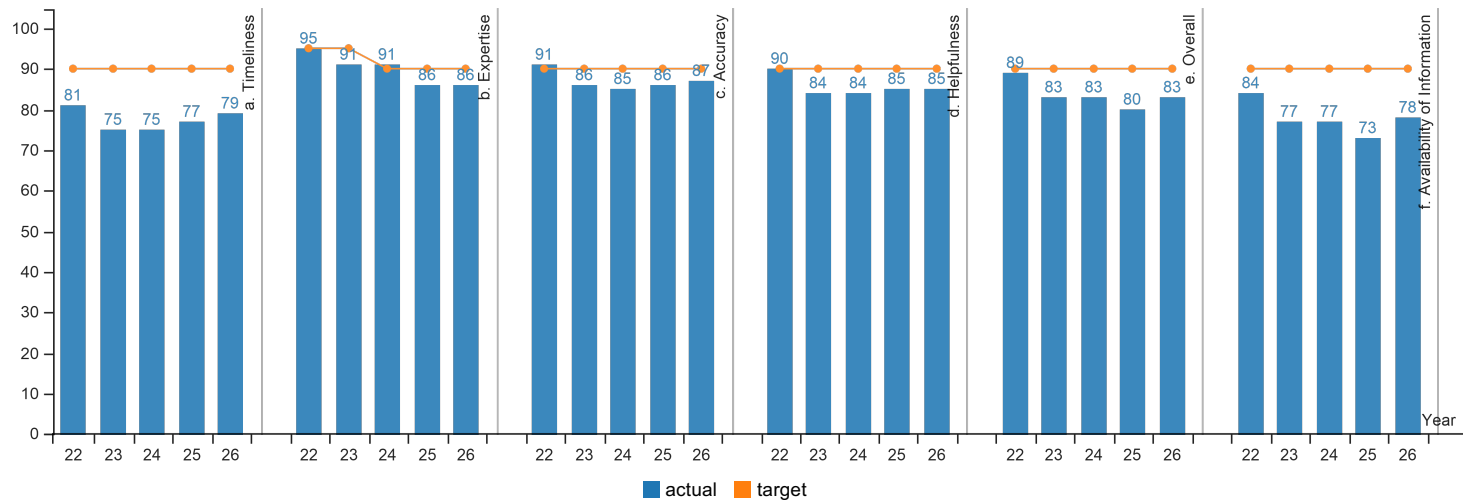
How Are We Doing

Although the agency did not meet its 2024 target, we have decreased our number of days to complete an investigation from complaint to board presentation slightly. 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 four 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 and continued in 2025 with 2 key staff vacancies. 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	2022	2023	2024	2025	2026
a. Timeliness					
Actual	81%	75%	75%	77%	79%
Target	90%	90%	90%	90%	90%
b. Expertise					
Actual	95%	91%	91%	86%	86%
Target	95%	95%	90%	90%	90%
c. Accuracy					
Actual	91%	86%	85%	86%	87%
Target	90%	90%	90%	90%	90%
d. Helpfulness					
Actual	90%	84%	84%	85%	85%
Target	90%	90%	90%	90%	90%
e. Overall					
Actual	89%	83%	83%	80%	83%
Target	90%	90%	90%	90%	90%
f. Availability of Information					
Actual	84%	77%	77%	73%	78%
Target	90%	90%	90%	90%	90%

How Are We Doing

The overall customer satisfaction average of 84.0% represents a 2.7% increase from 2024. The figures represent the percentage of customers rating their satisfaction with the agency's customer service as either "Good" or "Excellent."

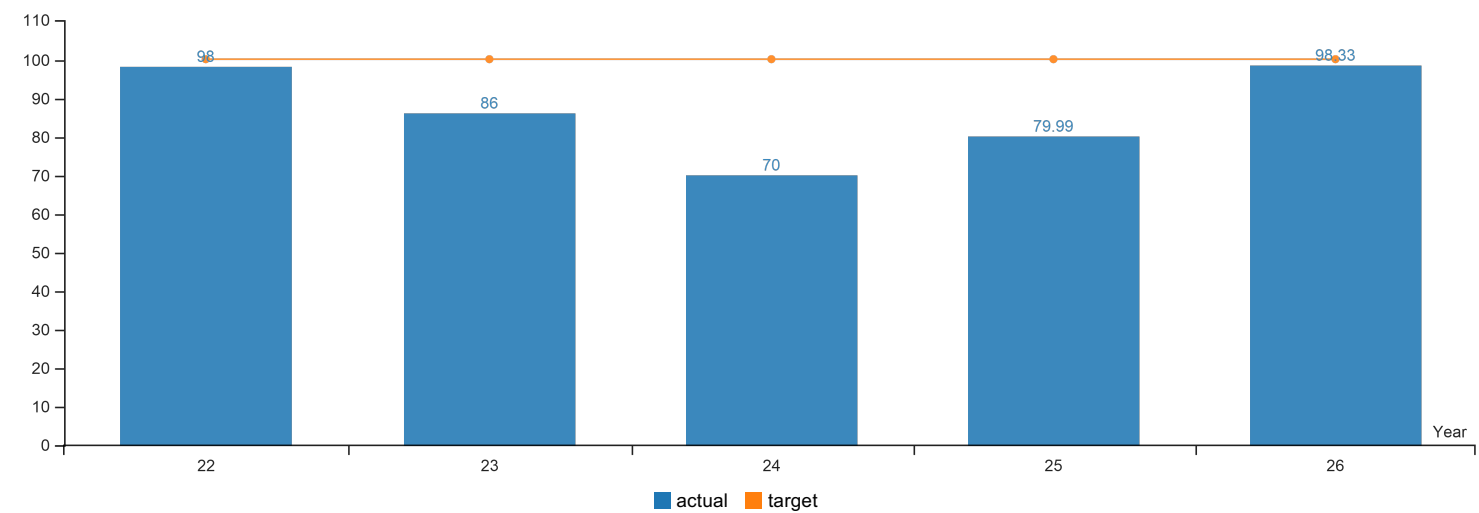
Factors Affecting Results

Staffing limitations remain a critical factor, particularly as the growing number of licensees and registrants continues to increase the workload for both new applications and renewals. Agency vacancies and onboarding of new staff in both licensing and compliance departments led to longer application processing and review times. The onboarding of new staff requires extensive training across more than 30 licensing and registration categories. This learning curve reduces operational efficiency as employees learn and master a broad range of regulations and procedures before achieving full productivity.

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	2022	2023	2024	2025	2026
Is the Board following Best Practices?					
Actual	98%	86%	70%	79.99%	98.33%
Target	100%	100%	100%	100%	100%

How Are We Doing

This measure demonstrates our adherence to established best practices for board governance and agency oversight. The survey evaluates Executive Director performance and feedback, strategic management and policy development, fiscal oversight, and board management. Several of these components are perpetually addressed in the Oregon Board of Pharmacy's Strategic Plan, while others, such as activities related to governance and oversight, are routinely discussed during board meetings. The Board President and Executive Director meet regularly to discuss pertinent agency matters.

Factors Affecting Results

This year, the Board Best Practices survey was conducted in May 2026, and the board reviewed the results during the June 2026 board meeting. Seven of the nine board member positions completed the survey. One position (pharmacist member) was appointed after the survey took place, while the other position (public member) remained vacant from the preceding year. During its June 2026 meeting, the board discussed this process and its timeline, the currently approved Key Performance Measures (KPMs), and potential amendments in the next biennium.

The Executive Director discussed the positive trend in the results and clarified that the biannual 360-performance evaluation will take place in November of 2026. With clarity, consistency, and enhanced communication provided by the new Executive Director, the board anticipates that this metric will continue to improve in the future.