

Pharmacy Consistency is an Operational KPI (Not Just a Clinical One)

In senior living, pharmacy is often evaluated through a clinical lens — and that's appropriate. Medication safety, adherence, and resident outcomes matter. But as operational pressures continue to mount, there is a strong case for evaluating pharmacy consistency as an operational metric as well.

For VPs of Operations and Clinical Services managing multi-community portfolios, pharmacy performance affects staffing efficiency, caregiver bandwidth, and the ability to maintain consistent standards across communities. In an environment where labor is the industry's most constrained resource, any workflow that unnecessarily consumes staff time deserves to be measured and managed.

The medication pass is one of those workflows.



The Scale of the Task is Often Underestimated

Assisted living and memory care residents have complex, high-volume medication needs. Data published by August Health reports an average of 15 medications per resident, with more than one-third having 15 or more when scheduled and PRN medications are included. The medication pass is not a simple task between other duties. It is a high-stakes, time-intensive workflow executed multiple times each day across every community.

When the pharmacy supporting that workflow is inconsistent — delayed fills, variable packaging, unclear communication — the burden lands directly on frontline staff. And in today's labor environment, that burden compounds quickly.

The Cost Often Doesn't Show Up Where You Expect It

In assisted living, pharmacy costs are frequently embedded in residents' prescription benefits rather than appearing as a clear community line item. So when pharmacy performance is poor, the cost may not show up as a pharmacy fee.

Instead, it shows up as staff overtime, supervisor escalations, caregiver hours diverted away from residents, and regional leader time spent troubleshooting. The operational cost of inconsistency is real — it's just easy to miss until it's measured.

For Multi-Community Operators, Variability Multiplies the Problem

What might be absorbed as a one-community inconvenience becomes a systemic challenge at scale. When workflows differ across communities — packaging formats, delivery windows, check-in processes — regional teams lose the ability to establish consistent standards and benchmark what good looks like.

It has been reported that over 200,000 older adults are hospitalized annually due to adverse drug events, and that a majority of those cases are considered preventable. Prevention depends on standardized, predictable workflows that caregivers can execute reliably — not workflows they need to adapt to from shift to shift or community to community.

What to Track: A Practical Operational Approach

The goal is not to turn pharmacy into a spreadsheet exercise. The goal is to identify where inconsistency is creating avoidable workload — and then eliminate it. Below is a simple scorecard framework for portfolio-wide use.

Portfolio Pharmacy KPI Scorecard

Use these metrics to quantify the operational impact of pharmacy consistency across your communities.

Metric	Definition / Owner / Target
On-time & complete delivery rate	% of scheduled deliveries received on time with all expected meds present. Owner: Regional Ops / Wellness lead. Target: trend up month-over-month; investigate communities below portfolio average.
Missing/delayed meds per 100 residents	Count of meds not available when needed, normalized per 100 residents. Owner: Wellness lead; reviewed by regional. Target: trend down; focus on top 3 root causes.
Average time-to-resolution for exceptions	Elapsed time from exception opened to resolved, by tier. Owner: Pharmacy partner + regional ops. Target: clear SLA by tier (urgent vs. routine); trend down.
Medication check-in time per delivery	Staff minutes spent receiving and reconciling meds per delivery. Owner: Regional ops. Target: stable or decreasing; spikes indicate packaging or process friction.
Escalations to ED/Wellness Director	Pharmacy-related issues escalated beyond frontline per month. Owner: Regional clinical/ops. Target: trend down; investigate repeat patterns.
Auto-fill / cycle-fill readiness rate	% of routine meds delivered without manual chasing. Owner: Pharmacy account team + regional. Target: set baseline first 60 days; improve quarterly.

The Connection to Caregiver Retention

Consistency is also a retention lever. High-burden workflows filled with exceptions, rework, and escalations wear teams down. When medication management runs predictably, caregivers spend more time on resident care and less time on administrative firefighting.

Argentum projects the senior living industry will need millions of additional workers over the coming decades. Operators can't hire their way out of workflow friction. Reducing avoidable burden in medication management is one practical way to protect the staff you already have.

Pharmacy should remain clinically accountable — but it should also be operationally measurable. Leaders who treat pharmacy consistency as an operational KPI are better positioned to protect caregiver time, standardize performance across communities, and reduce the hidden cost of variability at portfolio scale.

■ About Medication Management Partners

Medication Management Partners is a centralized pharmacy exclusively serving assisted living and memory care communities since 2010. MMP provides standardized pharmacy services designed to support resident safety, clinical reliability, and operational efficiency across multi-community senior living portfolios.