



BAPTIST HEALTH®

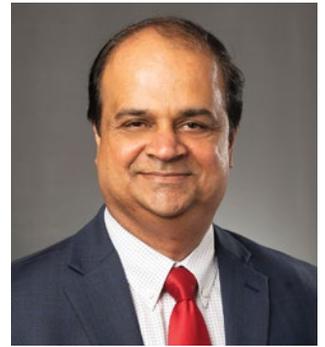
PHARMACY



2025 PHARMACY ANNUAL REPORT

A MESSAGE FROM OUR CHIEF PHARMACY OFFICER

I am pleased to share the progress Baptist Health Pharmacy has achieved over the past year. Building on the work from 2024, we have strengthened operations, expanded services, and advanced our strategic initiatives with the goal of improving patient care and outcomes across our system.



A significant area of focus has been the continued development of the **Central Pharmacy Services Center**. Over the past year, we have expanded centralized dispensing capacity, increased automation capabilities, and refined quality control processes. These changes have allowed us to improve turnaround times, reduce medication errors, optimize inventory management, and generate cost savings that can be reinvested into patient services.

We have also advanced our **Clinical Pharmacy programs**. Our pharmacists have played a larger role in medication reconciliation, antimicrobial stewardship, chronic disease management, and transitions of care. This has helped to improve medication adherence, reduce readmissions, and support better patient outcomes.

In 2025, we have worked closely with IT, Analytics and vendor partners to **integrate technology** to enhance medication safety, regulatory compliance and operational transparency. This includes the expanded use of analytics dashboards for performance monitoring, real-time tracking of medication usage, and improved reporting for 340B and other compliance requirements.

Looking ahead, we will continue to focus on **operational excellence, innovation and patient-centered care**. Collaboration has been critical to our success, and we are grateful for the support of leadership and teams across the Baptist Health system.

Niles Desai, MBA, BS, RPh, CPPS, CPEL
Chief Pharmacy Officer

BAPTIST HEALTH'S MISSION

Baptist Health demonstrates the love of Christ by providing and coordinating care and improving health in our communities.

BAPTIST HEALTH'S VISION

Baptist Health will lead in clinical excellence, compassionate care and growth to meet the needs of our patients.

BAPTIST HEALTH'S VALUES

Integrity | Respect | Compassion | Excellence |
Collaboration | Joy

BAPTIST HEALTH'S COMMITMENT TO PATIENT SAFETY

Continuously improve patient outcomes through a culture of safety and clinical excellence.

PHARMACY MISSION

To ensure the safe and appropriate use of medications and provide drug information and education to healthcare professionals, patients and the community.

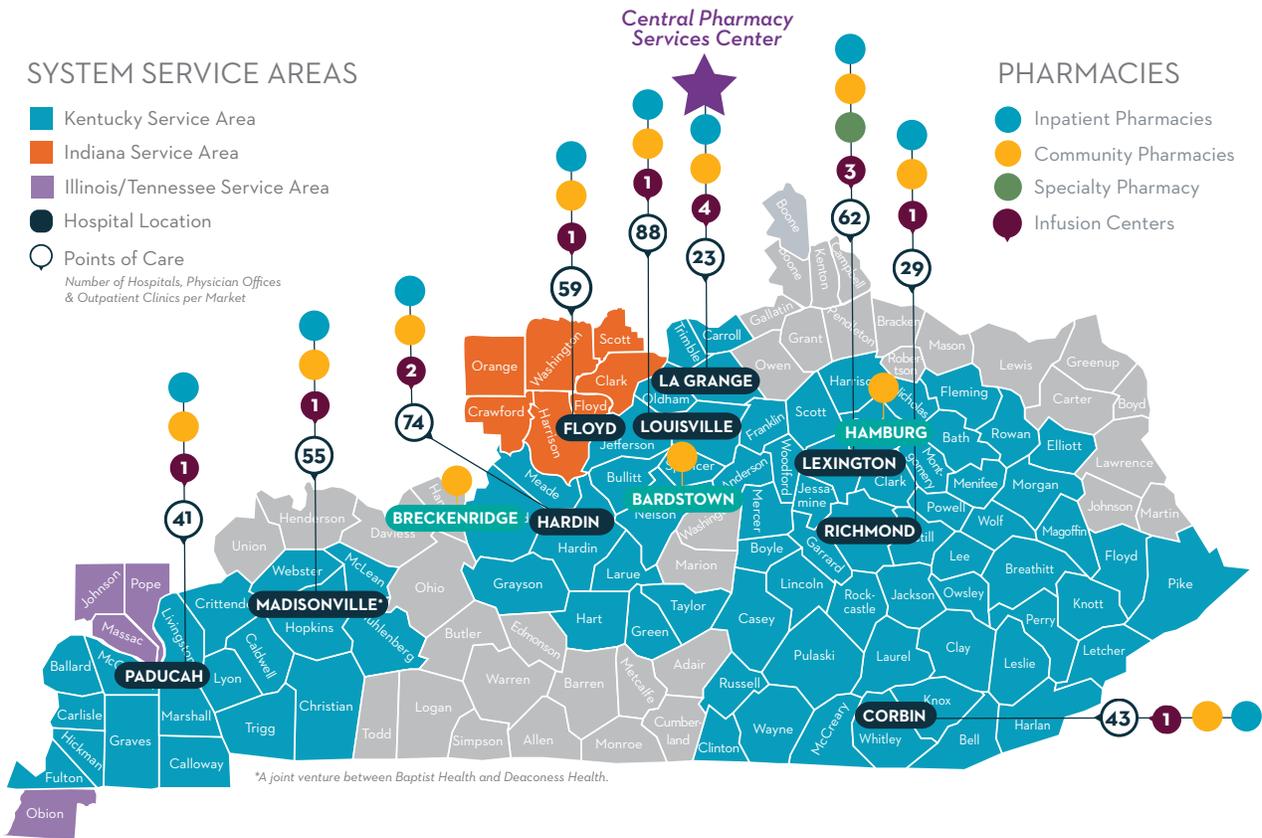
PHARMACY VISION

To support the vision of Baptist Health in leading in clinical excellence, compassionate care and growth to meet the needs of our patients.

PHARMACY VALUES

Community Well-Being |
Inclusiveness | Empathy |
Innovation | Outcomes

OUR SYSTEM



406,133 EMERGENCY VISITS

184,252 ONCOLOGY VISITS

2,237,837 OUTPATIENT VISITS

107,506 INPATIENTS TREATED

325,644 URGENT CARE VISITS

1,835 EMPLOYED PROVIDERS

10 HOSPITALS

2,783 BEDS

474 POINTS OF CARE

17 INFUSION CENTERS

269 INFUSION CHAIRS

35 INFUSION BEDS

12 COMMUNITY PHARMACIES

41 SPECIALTY CLINICS

6 340B-ELIGIBLE LOCATIONS

44 340B CHILD SITE LOCATIONS

Statistics are from FY 2024-25.

OUR HOSPITALS

Baptist Health Corbin

1 Trillium Way | Corbin, KY 40701



- Lynn McArthur, *director*
- Jeremy Bowling, *Hospital Pharmacy Operations manager*
- Charla Wagers, *Clinical Pharmacy coordinator*

Baptist Health Louisville

4000 Kresge Way | St. Matthews, KY 40207



- Lance Ballard, *director*
- Stephanie Oliver, *Hospital Pharmacy Operations manager*
- Anna Hitron, *Clinical Pharmacy manager*
- Kevin Maginnis, *Automation manager*
- Eric Norrington, *Outpatient Operations manager*

Baptist Health Floyd

1850 State St. | New Albany, IN 47150



- Rachel Connors, *director*
- Robert McClelland, *Pharmacy Operations manager*
- Courtney O'Neal, *Clinical Pharmacy manager*

Baptist Health Deaconess Madisonville

900 Hospital Drive | Madisonville, KY 42431



- Margo Ashby, *director*
- Josh Pruitt, *Pharmacy Clinical coordinator*
- A joint venture with Deaconess Health System

Baptist Health Hardin

913 N. Dixie Ave. | Elizabethtown, KY 42701



- James Lane, *director*
- Mary Ellen Powell, *Hospital Pharmacy Operations manager*
- Ashleigh Mouser, *Clinical Pharmacy manager*
- Cortney Fleitz, *Information Technology manager*
- Lee Ramsey, *Oncology manager*

Baptist Health Paducah

2501 Kentucky Ave. | Paducah, KY 42003



- Laura Madison, *director*
- Marcus Potts, *Pharmacy Operations manager*
- Chasity McIntyre, *Clinical Pharmacy manager*

Baptist Health La Grange

1025 New Moody Lane | La Grange, KY 40031



- Angela Sandlin, *director*
- Brooke Kapfhammer, *Hospital Pharmacy Operations manager*

Baptist Health Richmond

801 Eastern Bypass | Richmond, KY 40475



- Laurel Tackett, *director*
- Morgan Swiney, *Pharmacy Operations manager*
- Casey Metts, *Pharmacy Operations coordinator*

Baptist Health Lexington

1740 Nicholasville Road | Lexington, KY 40503



- Brian Host, *director*
- Claire Johns, *Hospital Pharmacy Operations manager*
- William Stewart, *Clinical Pharmacy manager*

Baptist Health Rehabilitation Hospital

11800 Bluegrass Parkway | Louisville, KY 40299



- A joint venture with Encompass Health

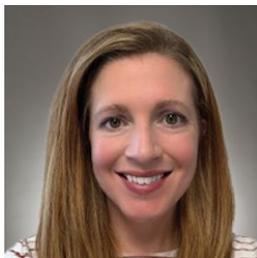
SYSTEM PHARMACY LEADERSHIP TEAM



Brandon McLain
Associate Vice President,
Pharmacy Operations



Leslie Hurst
Associate Vice President,
Specialty Pharmacy
and Pharmacy Benefit
Management Strategy



Ashley Nissley
Director, Home Infusion
Services



Chirag Desai
Director, Pharmacy Outcomes
and Data Management



Christopher Diem
Director,
340B Program



Gregory Fakelmann
Director, Clinical Pharmacy
Services



Jordan Propst
Director, Central Pharmacy
Services Center



Sanchita Damania
Director, Medication Safety
and Regulatory



Shweta Desai
Director, Community
Pharmacies



Thomas Matanich
Director, Pharmacy
Contract Management

IN THE SPOTLIGHT – CENTRAL PHARMACY SERVICES CENTER

During its first full year of operation, the Central Pharmacy Services Center has reached historic milestones in dispensing, prescription fulfillment and systemwide support. Building on the success of opening the nation’s first fully autonomous pharmacy in 2024, this work further establishes Baptist Health as a leader in pharmacy innovation.

About the Central Pharmacy

The Central Pharmacy Services Center connects physicians, pharmacists and support teams across Baptist Health through robotics, automation and centralized operations. Its mission is to streamline workflows, enhance accuracy, and provide timely, patient-centered care across the health system.



Key achievements in 2025

- ✓ **1 million doses dispensed**
On Aug. 8, 2025, the XR2 robots surpassed 1 million doses dispensed for cabinet distribution.
- ✓ **One-year anniversary**
On Aug. 12, 2025, the Central Pharmacy celebrated the one-year anniversary of its first prescription filled.
- ✓ **Prescription growth**
Exceeded 300,000 prescriptions filled during fiscal year 2025.
- ✓ **Record daily volume**
Surpassed 3,000 prescriptions filled in a single day.

Ongoing benefits

- **Efficiency and accuracy:** Robotics-driven workflows continue to reduce error rates and improve turnaround times.
- **Systemwide support:** Centralized services balance workload across Baptist Health facilities.
- **Patient-centered care:** Enhanced access ensures timely delivery of medications where and when patients need them.
- **Capacity for growth:** Positioned to support new clinics, specialty services, and evolving patient needs.

PHARMACY ENTERPRISE PILLARS



Pharmacy services

- System Contracting
- Supply Chain Management
- Pharmacy Finance
- 340B program
- Project management
- Biosimilar Drug Management



Ambulatory services

- Community Pharmacies
- Meds to Beds program
- Specialty Pharmacy Services
- Prior Authorization Services
- Specialty Pharmacy Call Center
- Infusion Services
 - Home Infusion
- Pharmacy-driven vaccine services
- Anticoagulation management
- Heart failure management
- Population management



Acute services

- Hospital operations
 - Order verification
 - Dispensing
- Clinical services
 - Pharmacy-led interventions
 - Pharmacy clinical monitoring project
 - Specialty-specific services and major accomplishments
 - Pharmacy and Therapeutics committee
 - Infectious Disease Council



Innovation and outcomes

- Investigational Drug Services
- Pharmacy Outcomes and Data Management
- Informatics and pharmacy automation initiatives



Pharmacy transformation partnerships

- Rare disease initiatives



Regulatory and compliance

- Quality initiatives
- Medication warnings project
- Safety programs
- Compliance measures
- Regulatory and policy updates



Knowledge management

- Residency programs
- Posters and presentations
- Advanced degrees and certifications



Awards and recognition

- System Services
- Hospitals

PHARMACY SERVICES

System Contracting

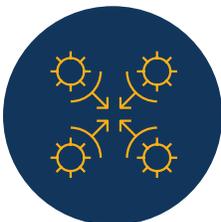
Pharmacy's contract management strategy focuses on strengthening supplier partnerships and ensuring systemwide consistency in purchasing practices. By standardizing agreements and centralizing vendor oversight, the team enhances cost control, operational efficiency, and supply chain resilience across all locations.



- Managed **650-plus active vendor relationships** in FY 25
- Addressed **79 manufacturer recalls**
- Responded to an average of **19 emergent drug shortages per month**



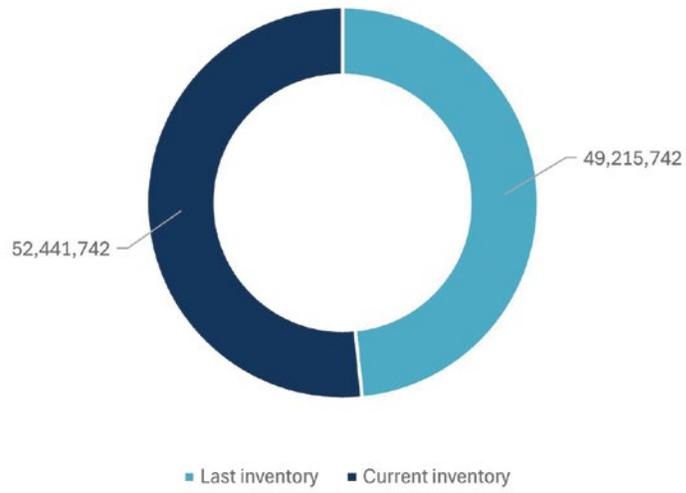
- Supported the ordering of **18,400-plus unique National Drug Codes**
- Maintained **\$52.4 million in on-hand inventory**
- Achieved **\$715.4 million in total annual spending**



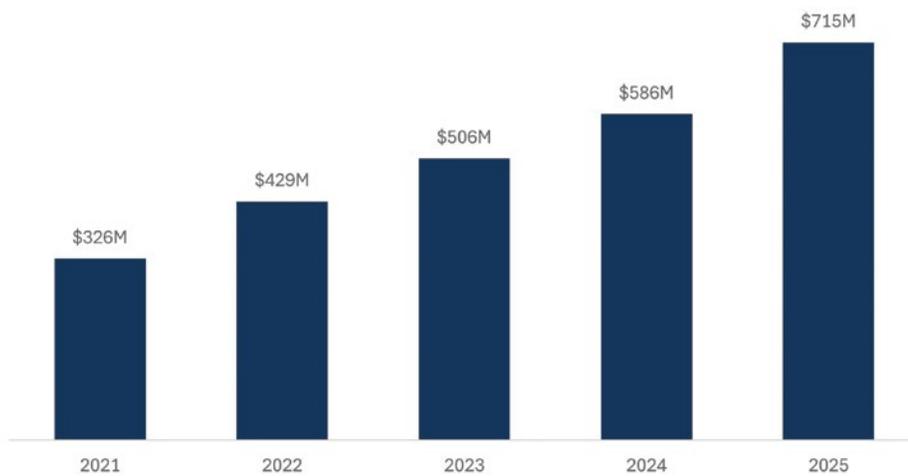
- Negotiated or renewed **139 contracts**
- Streamlined operations through **vendor consolidation**, including **transition from BD Pyxis to Omnicell** at Baptist Health Hardin



INVENTORY ON HAND



DRUG SPEND



Supply Chain Management

Efficient supply chain management ensured timely access to medications while generating **\$17.8 million in cost savings** through contract standardization, inventory right sizing, and proactive shortage prevention. The Supply Chain team expanded its scope to include Central Pharmacy and systemwide services, covering procurement, accounts payable, drug shortage management, home infusion, and pharmacy financial operations.

In FY 25, **approximately 85% of procurement and invoice payment activities** shifted to a centralized process, significantly increasing efficiency and accountability. The team also exceeded its savings target for the **eighth consecutive year**, achieving **\$17 million in savings versus a \$9 million goal**.

Systemwide, the team managed the creation of over **100 accounts with 20-plus manufacturers**, resolved contract alignment and pricing challenges, and implemented real-time audit workflows. Centralized procurement and formulary standardization now position Baptist Health to fully leverage systemwide drug volume, driving both cost efficiency and reliable medication access for patients.

Under the leadership of Leah Haas, the Pharmacy procurement team took on the majority of pharmaceutical purchasing throughout the Baptist Health system. Matthew Markwell became the single buyer for Baptist Health's dual-accredited Shared Services Specialty Pharmacy, which purchased \$161 million in prescription drugs for Baptist Health patients and employees.

Similarly, Debra McBride took on the responsibility of procuring most pharmaceuticals for the system's eight owned hospitals, two surgery centers, and over 100 Baptist Health Medical Group clinics and will assume this responsibility for all Medical Group clinics in the next fiscal year. Romano Osley was hired and will be the single buyer for Baptist Health Community Pharmacies through the central distribution process.

In FY 25, Baptist Health established a dedicated system drug shortage pharmacist position, a pivotal step toward strengthening enterprise-wide medication supply resilience and safeguarding patient care during the current national shortage landscape. Danielle Davis was hired for this position and reduced the emergent drug shortages managed monthly from 28 to 19 through a proactive monitoring approach and a systemwide partnership with buyers, clinical pharmacy, operational leaders, and the Epic team.

Zach Rogers was hired in the newly created manager of pharmacy financial operations role to lead procurement and revenue optimization. This role is critical considering the upcoming 340B rebate model and Inflation Reduction Act with a Maximum Fair Price that will be managed through the Medicare Transaction Facilitator beginning Jan. 1, 2026. Revenue cycle analysts Eli Bayer, Michael Pruitt, Amy Brewer and Josh Bell will support the financial evaluations of the system's drug budget of over \$700 million. Brewer is also leading Home Infusion billing.

Pharmacy contract manager Patrick Miller led an ongoing high volume of contracts for the Pharmacy, completing 139 agreements in his first full year. He partnered with Haas on the Drug Supply Chain Security Act compliance efforts by creating a Global Location Number for all Baptist Health locations and ensuring all sites are listed on the Premier group purchasing organization roster to prepare for these new regulatory requirements.

Colt Sanders leads the Pharmacy Accounts Payable department with accounts payable specialists Theresa Royse and Valerie Jameson. The department set unprecedented payment timelines, as accounts receivable at the two largest pharmacy vendors decreased from \$20 million to \$110,000. The team ensured all wholesaler accounts are on purchase orders and have invoice approvers to meet a 7.5-day payment timeline.

In addition, Sanders and his team created a weekly Enterprise Resource Planning report for stock clerks to ensure products are received timely and invoices don't fall to exceptions. This team's work to ensure timely delivery and prompt payment allows Pharmacy to purchase direct from manufacturers to achieve savings because invoice payment is no longer a challenge.

Drug shortages

In FY 2025, the health system faced a significant increase in managed medication shortages, rising from **86 tracked shortages in FY 2024 to 212 in FY 2025**, representing a **146% increase**. Despite this challenge, Pharmacy successfully mitigated the impact of many critical shortages, ensuring patient safety and maintaining workflow efficiency. This was achieved through cross-functional collaboration, real-time data integration, and proactive strategies that minimized disruptions across the health system.

Danielle Davis was chosen to lead this role, bringing strategic expertise, innovative solutions, and a collaborative approach to systemwide drug shortage management. Davis partners closely with Pharmacy operations, procurement teams, clinical leadership, informatics, and national shortage task forces to track, analyze and proactively mitigate disruptions.

Key strategies implemented during the year included launching an integrated shortage tracking system that combined Food and Drug Administration, American Society of Health-System Pharmacists (ASHP) and wholesaler data with industry knowledge and vendor relationships. Communication pathways were established for unavoidable shortages, engaging multidisciplinary teams systemwide, which resulted in the creation of **19 therapeutic alternative builds**.

The team also focused on cost avoidance by partnering with suppliers and group purchasing organizations to secure priority allocations and implemented enhanced workflows across operations, procurement, clinical teams and informatics to streamline shortage management. In addition, strong partnerships with regional and national shortage teams and committees further strengthened systemwide supply chain resiliency.

One of the most significant accomplishments in FY 2025 was the successful management of the nationwide IV fluid shortage. This complex challenge required coordinated efforts across operations, procurement, clinical teams and informatics to ensure continuity of patient care.

Pharmacy's proactive strategies, collaborative workflows, and innovative allocation methods not only safeguarded patient safety during a critical supply disruption; it also earned recognition from ASHP for excellence in shortage management.

Looking ahead to FY 2026, Pharmacy plans to implement predictive analytics to forecast emerging shortages earlier and develop real-time dashboards to provide greater visibility across the system. A secured inventory will be created using a vulnerable medication list informed by analytics, trends and industry experience. This inventory will support the development of alternative pathway templates and integration of electronic health record-based alerts, enabling proactive management and safeguarding medication availability for patients throughout the health system.

Pharmacy Finance

In 2025, Baptist Health's Pharmacy services continued to play a pivotal role in both financial performance and patient care. Community Pharmacy, Specialty Pharmacy, and Outpatient and Infusion Services collectively drove improvements in cost efficiency, patient access and clinical outcomes, demonstrating the value of pharmacy integration across the health system. The 340B program remained a cornerstone in expanding medication access and supporting the organization's mission to deliver high-quality, affordable care.

340B program

The 340B drug pricing program is central to Baptist Health's mission to expand access to affordable medications and stretch limited federal resources. This manufacturer-funded program enables the health system to serve underserved patients, support charity initiatives, and reinvest in pharmacy service growth.

In **2025**, the program supported **six eligible hospitals** – Baptist Health Corbin, Baptist Health Hardin, Baptist Health La Grange, Baptist Health Lexington, Baptist Health Paducah, and Baptist Health Richmond and 44 child sites, extending impact across **oncology, behavioral health, cardiology and rheumatology**. Contract pharmacy partnerships and charity care further broadened patient access.

The program also navigated challenges that included manufacturer restrictions, regulatory changes, and operational shifts from Central Pharmacy growth and EHR updates. Despite these pressures, the program delivered strong performance and protected patient access.

Looking ahead

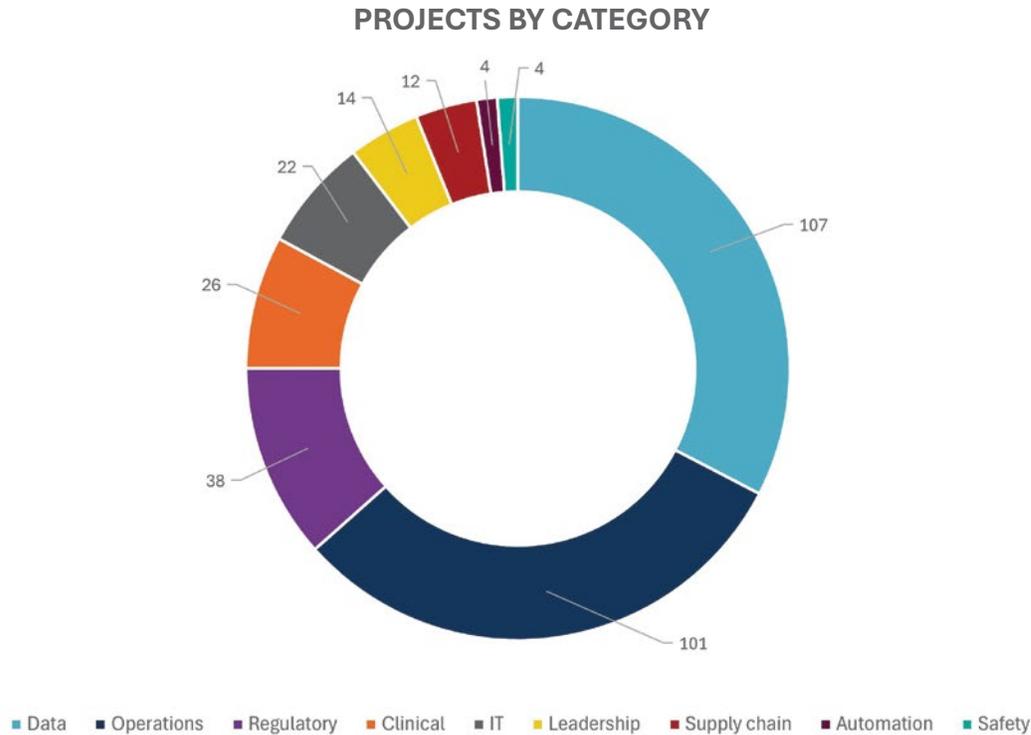
FY 2026 priorities include **implementing dashboards** to monitor site performance, **enhancing auditing workflows**, and **expanding patient access** through in-system and contract channels. Savings will continue to be reinvested into charity care, service expansion, and critical patient programs, supporting both financial sustainability and improved outcomes.

340B manufacturer sanctions

AbbVie	Eisai	Novartis	Takeda	Bausch & Lomb Americas
Alkermes	Eli Lilly	Novo Nordisk	Teva	Bayer
Amgen	EMD Serono	Organon	UCB	Biogen
Astellas	Exelixis	Pfizer	United Therapeutics	Boehringer Ingelheim
AstraZeneca	Genentech	Sandoz	Vertex	BMS
Bausch	Gilead	Sanofi	Jazz	Johnson & Johnson
GSK	Incyte	Sobi	Liquidia	Merck

Project management

Pharmacy's project management efforts this year emphasized structure, collaboration and timely execution. A total of **328 projects** were initiated, with several spanning multiple categories due to their broad scope. This structured approach reduced inefficiencies and ensured projects remained aligned with organizational priorities, directly enhancing both patient care and operational performance.



Biosimilar Drug Management

Baptist Health's **Biosimilar Drug Management program** helps ensure the safe, effective and cost-efficient integration of biosimilars into clinical practice, balancing high-quality care with the most cost-effective insurance-covered options. In FY 2025, the program achieved major milestones: of the **19 reference biologics and 81 biosimilars** available nationally, **17 reference products** are on the Baptist Health formulary, with biosimilar processes established for **nine products** and **five more** in progress.

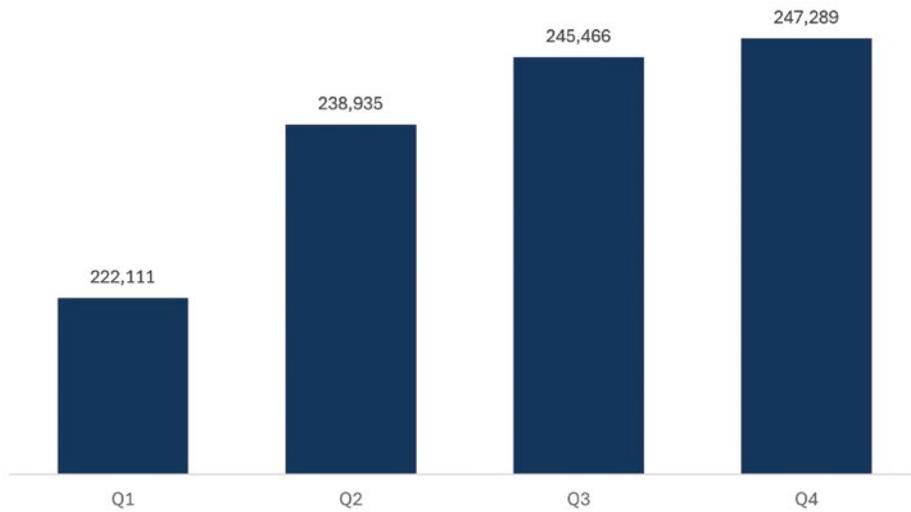
Most importantly, **no negative clinical outcomes** were observed, preserving remission rates and avoiding increased adverse events, demonstrating that the program is both clinically effective and financially sustainable.

AMBULATORY SERVICES

Community Pharmacies

Baptist Health's Community Pharmacy program plays a vital role in delivering accessible, high-quality services across local communities, including medication dispensing, counseling, adherence programs, immunizations and provider collaboration to optimize patient care. Continuity of care was further supported through significant transfer activity, underscoring the program's role in ensuring patients have consistent and convenient access to needed therapies.

COMMUNITY PHARMACY FILLS

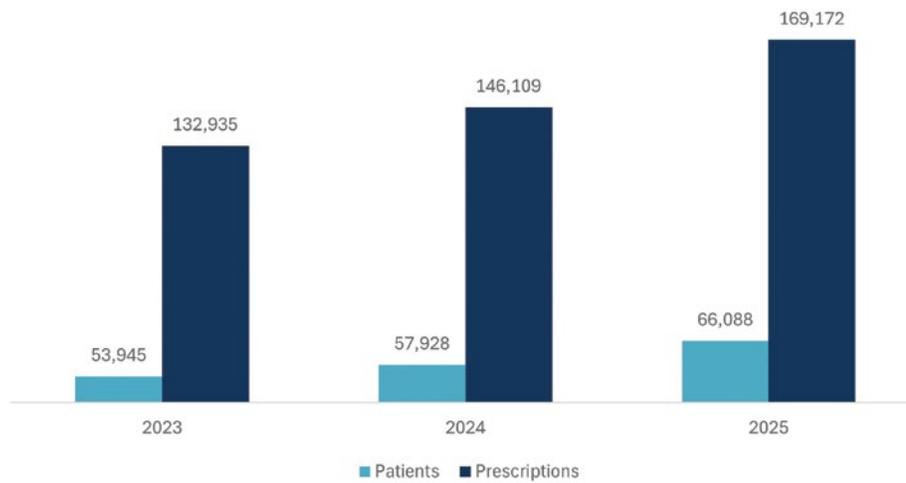


Meds to Beds program

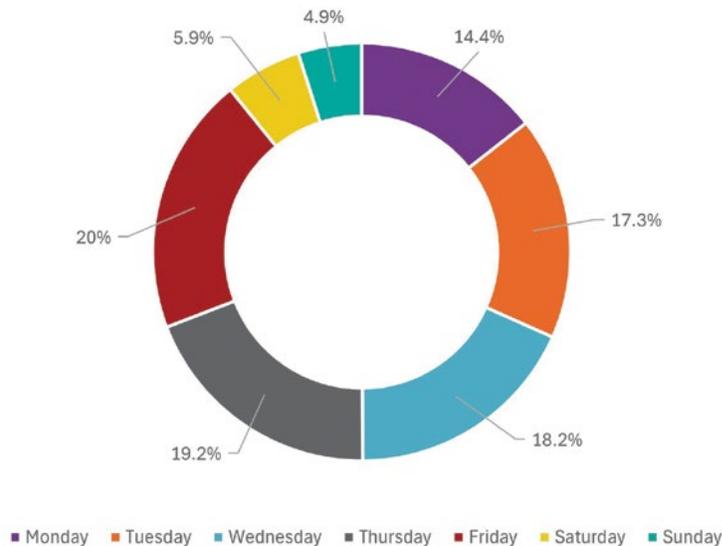
The Meds to Beds program continued to expand in FY 2025, enhancing patient convenience and adherence by delivering prescriptions directly to the bedside prior to discharge. A workforce of **38 pharmacists and 63 technicians (101 total employees)** supported the program, helping to ensure seamless coordination with hospital teams. Over the year, the service delivered **169,172 prescriptions** to **66,088 patients**, averaging 2.6 prescriptions per patient.

With a **58.6% capture rate**, nearly half of eligible patients chose Meds to Beds, highlighting its value in transitions of care. By eliminating delays in starting therapy, the program not only improved patient satisfaction but also helped reduce readmissions and avoid unnecessary healthcare costs, strengthening the link between inpatient and outpatient pharmacy services.

MEDS TO BEDS VOLUME

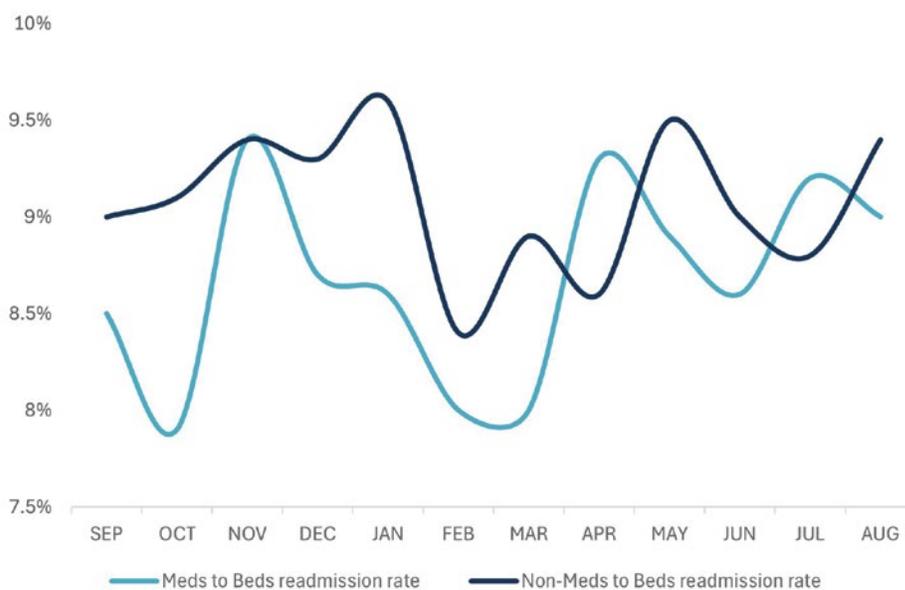


MEDS TO BEDS VOLUME BY DAY OF WEEK

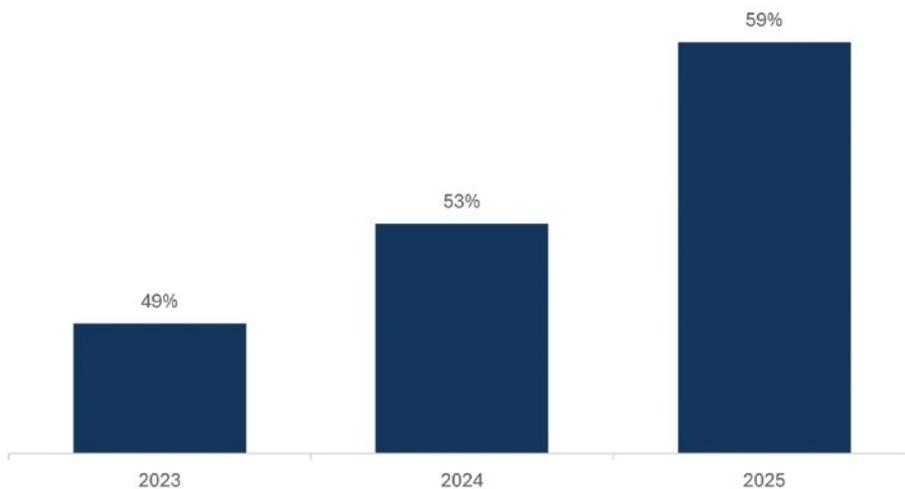




MEDS TO BEDS IMPACT ON READMISSION RATES



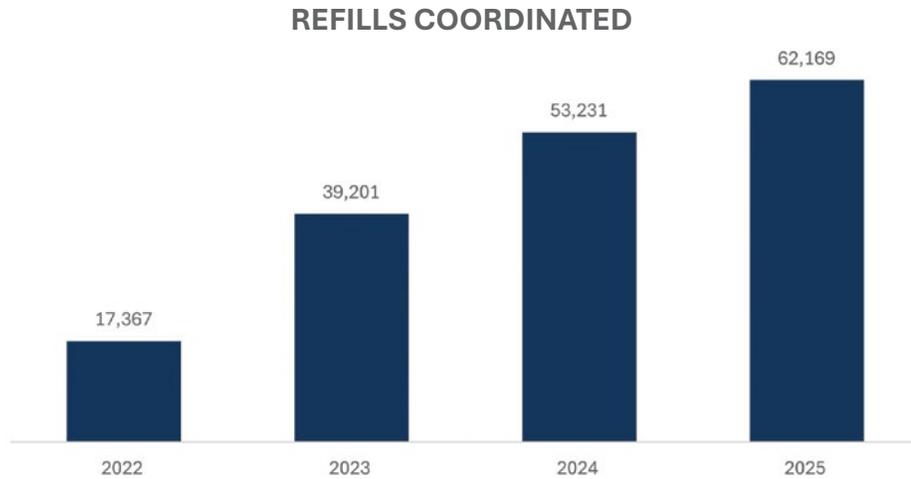
MEDS TO BEDS CAPTURE RATE



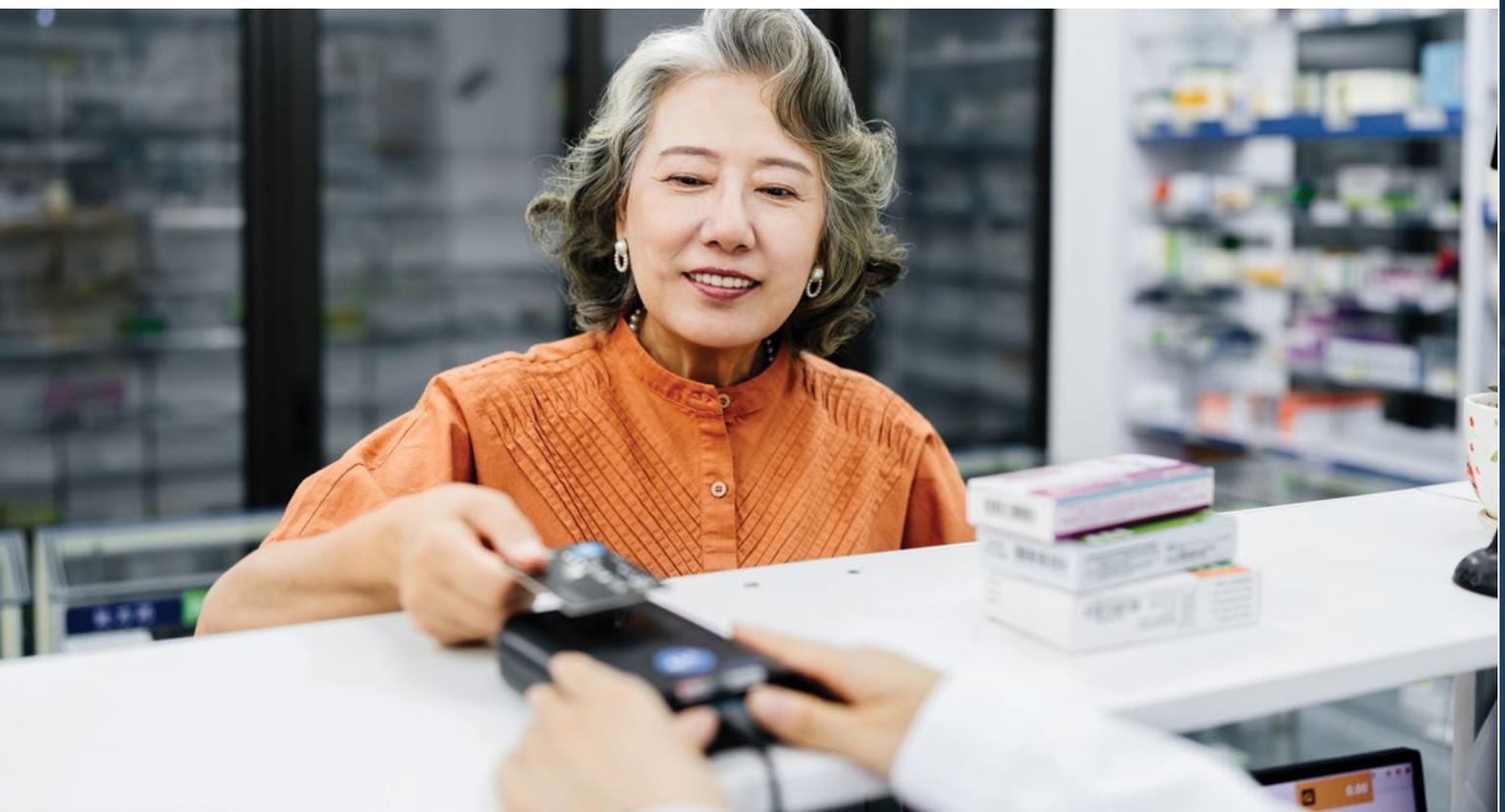
Specialty Pharmacy Services

Specialty Pharmacy Services grew rapidly, expanding to **41 specialty clinics** in total, with **11 new clinics** and **one new service line in pulmonology**. The team strengthened provider collaboration through **nine approved collaborative care agreements**, **five new clinical protocols**, and **two new Specialty Pharmacy policies**.

By year's end, **16,000 patients** were actively enrolled in specialty services. Specialty teams coordinated **62,169 refills**, completed **26,400 clinical assessments**, handled **10,000 benefits investigations**, and secured approvals for **6,000 prior authorizations**. Medication adherence remained high, with a **94% proportion of days covered**.



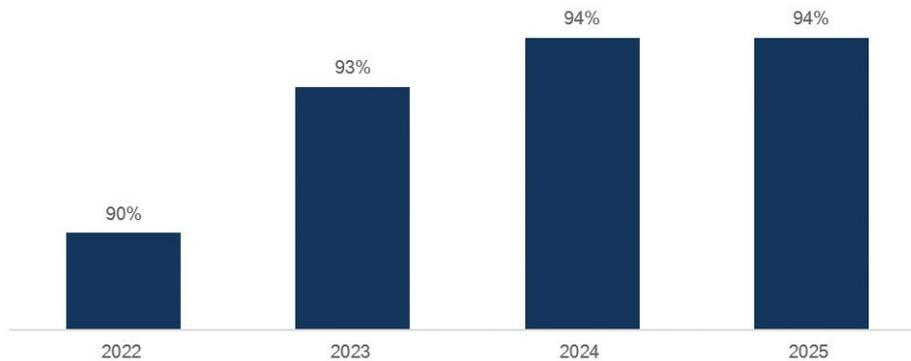
Patients benefited from **\$13.3 million in documented financial relief**, with **13,444 enrolled in financial assistance programs** and **390 enrolled in external free-drug programs**. Prescription turnaround time averaged **1.26 days**, exceeding URAC benchmarks in call center response, dispensing accuracy and shipping accuracy.





Key innovations included electronic signature capture for collaborative agreements, MyChart refill questionnaires, telemedicine services for employees, traveling pharmacist roles, expanded continuing education, and the launch of **two pharmacy-led Medication Management Clinics**. Patient satisfaction reached an all-time high, with a **Net Promoter Score of 98 compared to an industry average of 81**.

MEDICATION ADHERENCE (PDC)





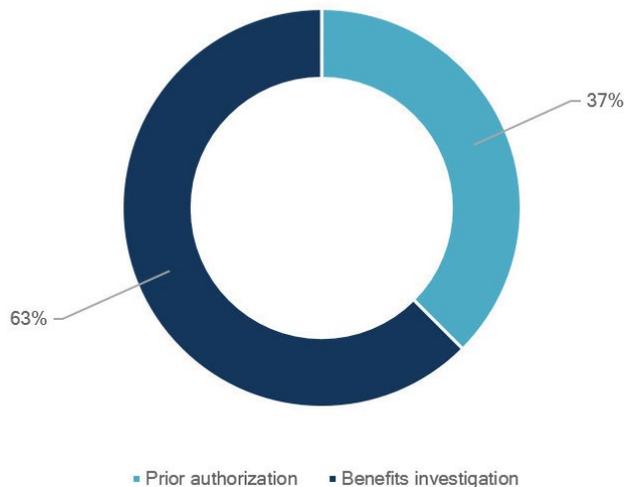
Prior Authorization Services

Prior authorization management played a critical role in ensuring that patients had timely access to high-cost and high-risk medications. By carefully verifying clinical appropriateness, medical necessity and insurance coverage, the team helped streamline the approval process for therapies that are often complex and difficult to obtain.

In FY 2025, the team conducted over **10,000 benefits investigations**, providing patients and providers with clear guidance on coverage requirements, and successfully secured approvals for **6,000 prior authorizations**. These efforts not only allowed patients to begin therapy without unnecessary delays but also supported providers by reducing administrative burden and payer-related barriers.

At the same time, the process helped contain costs for the health system by ensuring therapies were used appropriately and only when clinically justified, balancing patient care needs with responsible financial stewardship.

PRIOR AUTHORIZATIONS AND BENEFITS INVESTIGATIONS

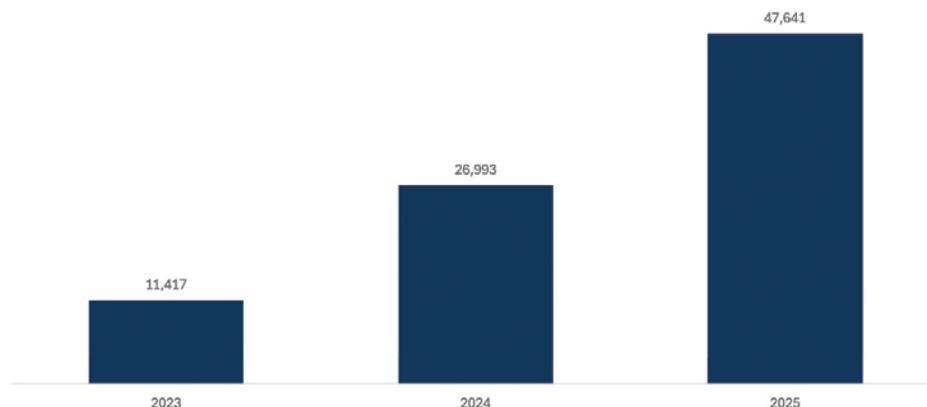


Specialty Pharmacy Call Center

The Specialty Pharmacy Call Center served as a vital resource for patients, caregivers and providers by supporting the complex needs associated with specialty medications, including **coordination of prescription refills, adherence support, side effect management and insurance navigation**. Transitioning to the Central Pharmacy Services Center in FY 2025 enabled the implementation of robust performance monitoring, helping to ensure timely access and high-quality service.

Over the year, the call center managed **47,641 total calls**, including **4,114 inbound calls**, with **4,104 answered within 30 seconds** and a call abandonment rate of just **0.21%**, reflecting exceptional responsiveness. By reducing barriers to therapy and strengthening communication across patients, providers and payers, the Specialty Pharmacy Call Center played a critical role in ensuring continuity of care and building confidence in the Pharmacy's ability to support complex treatments.

CALLS HANDLED



Infusion Services

Pharmacy infusion management coordinated the safe preparation and delivery of IV medications, including chemotherapy, biologics and antibiotics, across inpatient, outpatient and home settings. These services helped to ensure accurate dosing, timely delivery and high-quality care for patients requiring infusion therapy.

Home Infusion Services

Home Infusion Services expanded access to care, enabling patients with infections, cancer or autoimmune diseases to receive treatment at home with the same level of oversight as in a clinical setting. In FY 2025, **975 patients** were served through home infusion, reducing hospital visits and supporting better outcomes.

Pharmacy-driven vaccine services

Pharmacy-driven vaccine services supported community immunization efforts for flu, COVID-19, shingles, RSV, and other preventable diseases. In FY 2025, Baptist Health pharmacies achieved a **90% capture rate for RSV vaccines** (1,086 prescribed; 979 administered), up from **88% in 2024** (691 prescribed; 610 administered). This performance strengthened public health efforts and helped prevent outbreaks in the community.

Anticoagulation management

In 2025, Baptist Health's Anticoagulation Management Clinic teams continued to support patients requiring chronic anticoagulation therapy with a strong focus on safety, adherence and outcomes.

Metric	Corbin	Floyd	Louisville	Lexington
Patients served	58	185	1,002	653
In-person encounters	1,363	2,885	6,248	2,614
Telephone encounters	0	2,521	12,602	14,120
Clinic time in therapeutic range (TTR)	58.9%	65.9%	Anticoagulation Clinic - 67.2% Medication Therapy Management Disease Severity Model Clinic - 67.5%	65%

Heart failure management

In 2025, Baptist Health expanded its heart failure pharmacy services with the opening of a new clinic location in La Grange, bringing embedded pharmacist support to five markets.

Pharmacists launched a new intravenous iron service and implemented a pharmacist-led protocol for screening and treating iron deficiency anemia in heart failure patients. These efforts help identify patients who would benefit from iron replacement, improving access to therapy and enhancing patient quality of life and outcomes.

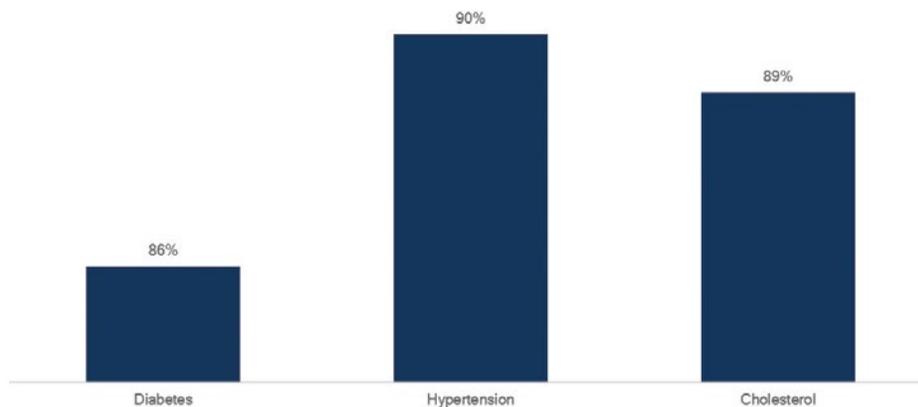
Corbin pharmacists managed **1,648 encounters** and saved patients **\$136,541** by securing grants, while Floyd pharmacists managed **1,102 encounters** and supported **\$610,602** in patient savings through assistance programs.

Population management

Baptist Health advanced its value-based pharmacy initiatives in 2025, supported by **3.8 full-time employees** and **3,771 patient outreaches**. The program achieved strong results in medication adherence, with extended day supply rates reaching **93% for cholesterol medications** (already exceeding end-of-year goals), **91% for hypertension medications**, and **71% for diabetes medications**.

These initiatives contributed to **year-over-year increases in adherence** across all Centers for Medicare and Medicaid Services measures and higher extended day supply rates in every category. Additionally, Epic now defaults statins, oral diabetes medications, and angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) to 90-day supplies, further supporting adherence and patient outcomes.

MEDICATION ADHERENCE RATE



ACUTE SERVICES

Hospital operations

In 2025, Baptist Health's inpatient pharmacy services operated 24/7, supporting hospitals, emergency departments, long-term acute care facilities, and affiliated clinics with medication dispensing. Nearly all medication orders were reviewed by pharmacists, reinforcing clinical excellence, while efficient transitions of care were maintained with an average inpatient stay of three days.

Key system enhancements included distribution go-lives across hospitals and emergency departments, cabinet optimizations, Epic upgrades, Trulla platform rollouts, and centralization of home infusion reporting and prior authorization workflows. MedVision upgrades by the automation team allowed the Pharmacy to distribute medications to Baptist Health Medical Group non-acute clinics directly from the Central Pharmacy Services Center, further streamlining operations and distribution efforts. Standardized education programs, competency training and diversion analytics helped to ensure compliance with safety and regulatory standards.

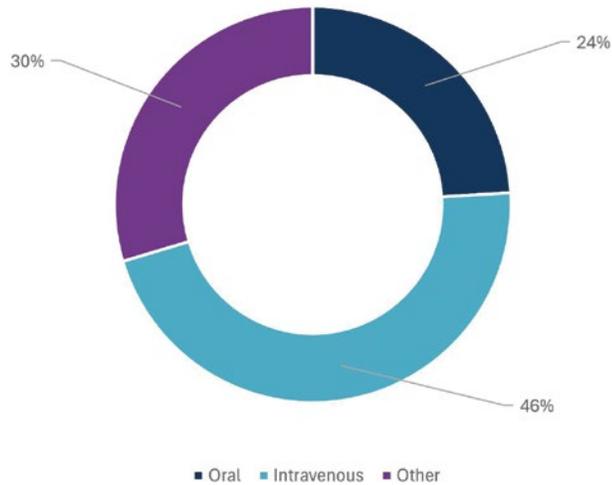
These efforts strengthened medication access, reduced waste, optimized operations, and positioned Baptist Health to deliver safe, patient-centered pharmacy services.



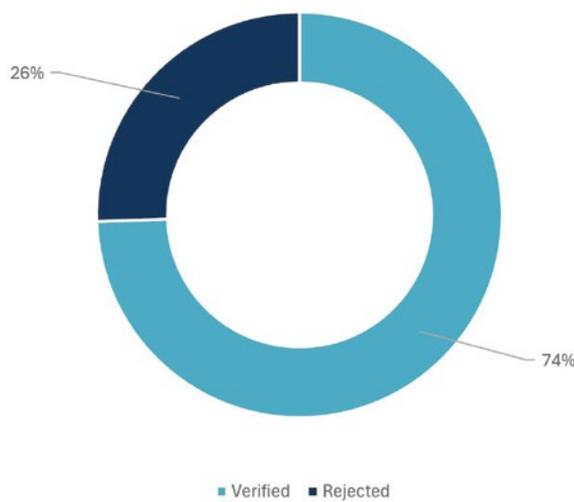
Order verification

In FY 2025, Baptist Health processed more than **12.1 million medication orders**, reflecting the scale of pharmacy support across the system. Pharmacists verified **9.03 million orders (74.5%)**, while **3.09 million orders (25.5%)** required clarification or adjustment prior to approval. These interventions reinforced medication safety and ensured accuracy in the prescribing process. Average turnaround time for verification was seven minutes, supporting timely patient care and continuity across all service lines.

MEDICATION ORDERS BY TYPE



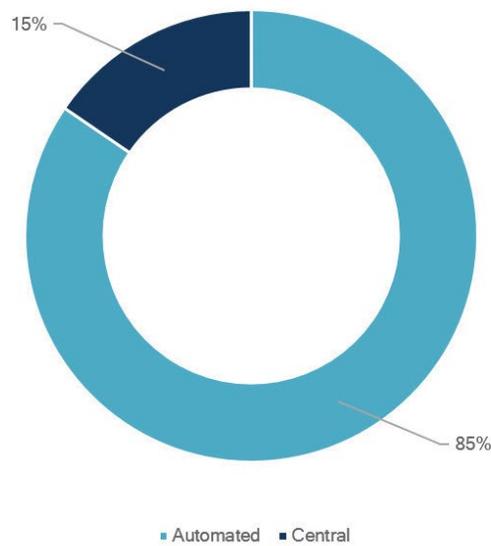
ORDER APPROVAL RATE



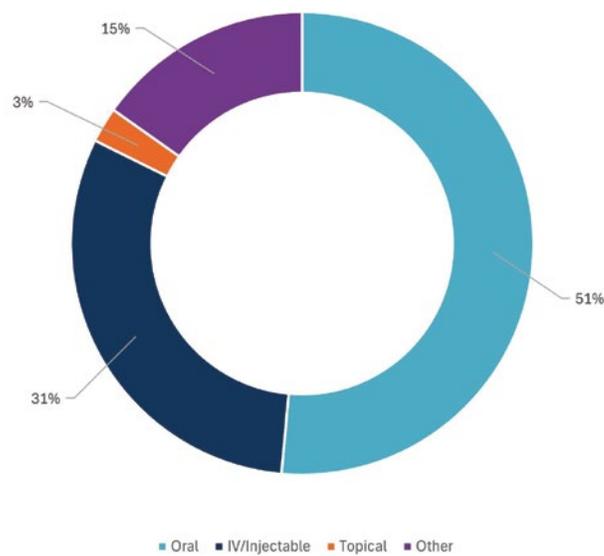
Dispensing

The medication dispensing process integrates both automated technologies and manual pharmacist oversight to ensure accuracy, safety and clinical appropriateness. In FY 2025, the Pharmacy dispensed more than **13.5 million doses**, averaging **1.12 million doses per month**. Of these, **11.38 million (84.6%)** were dispensed through automated systems, while **2.08 million** required central/manual processing. This balance of automation and pharmacist review reinforced efficiency while safeguarding patient care across all service lines.

DOSES DISPENSED



TYPE OF DRUG DISPENSED



Clinical services

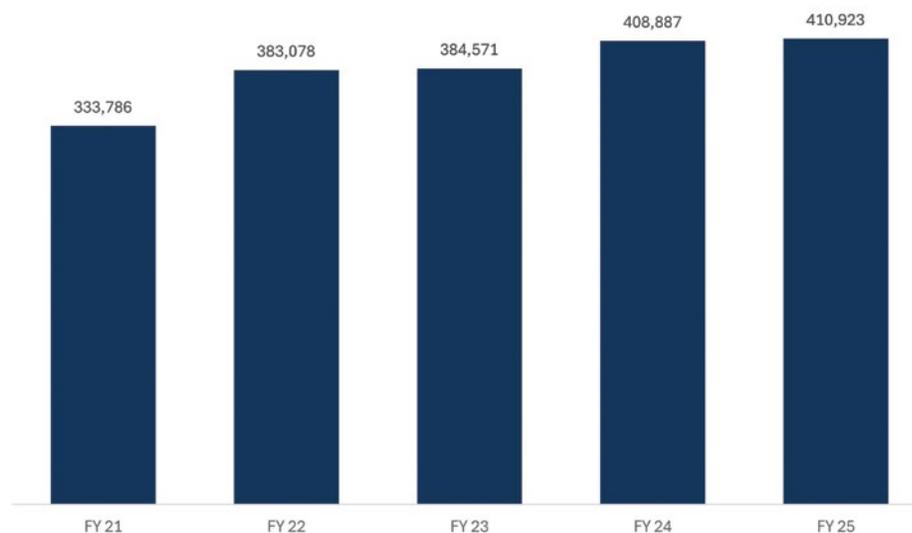
Pharmacists with clinical expertise collaborate with physicians, nurses, and other healthcare team members to provide safe and comprehensive medication management. Pharmacists review, assess and monitor medication therapy to identify interventions to optimize treatment plans and reduce adverse drug events.

Clinical interventions made by pharmacists include resolving medication-related therapy problems, performing medication-therapy dosing and monitoring, responding to medical emergencies, providing patient education, and collaborating with transitions of care activities.

Pharmacy-led interventions

Total # of interventions	410,912
Daily medication management	110,475
Medication reconciliation	104,284
Pharmacy consults	53,837
Antimicrobial stewardship	29,212
Pharmacist recommendation	24,940
Order clarification	16,660
Transitions of care activities	14,294
Patient counseling	8,658
IV to PO medication conversion	7,733
Renal dosing	5,781
Emergency response	4,717
Opioid stewardship	3,861
Other activities	26,460

CLINICAL INTERVENTIONS



Pharmacy clinical monitoring project

A longstanding project of the inpatient clinical team involved overhauling and optimizing the inpatient pharmacy clinical monitoring tool within the electronic health record (EHR). This project comprised the revision or building of **71 clinical alerts for 11 categories** of therapy management. This tool was implemented in June 2025 and assists pharmacists in monitoring drug therapy and identifying opportunities to improve treatment plans.

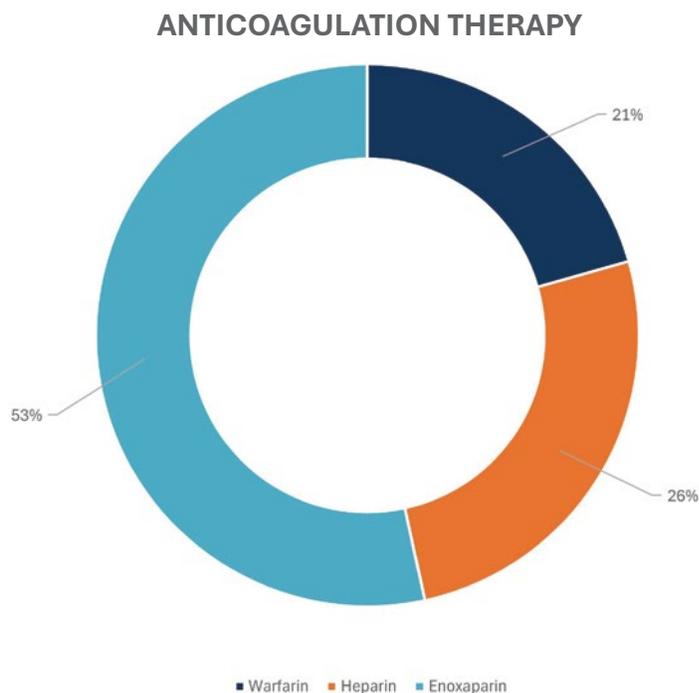
Specialty-specific services and major accomplishments

The Clinical Pharmacy team is an integral component of Baptist Health's medical specialty teams and is integrated into multidisciplinary service lines, committees, and other clinical leadership groups throughout the system. In collaboration with these partners, the team continuously seeks opportunities to improve patient outcomes and the delivery of care through an emphasis on culture of safety and clinical excellence.

Internal medicine

Internal medicine pharmacists provide drug information expertise and medication management for patients hospitalized with acute and chronic diseases.

Pharmacists are educated and trained to manage anticoagulant therapies for hospitalized patients. Pharmacists were consulted to dose anticoagulants for **12,932 inpatients**.



The renal dosing program was strengthened through a revised **Renal Dosing policy**, the creation of a guidance dosing document, and the implementation of alerts in the electronic health record for over **50 medications** to support timely adjustments based on changing renal function.

To optimize transitions of care for respiratory medications, **revafenacin** was designated as the preferred long-acting muscarinic antagonist for inpatient use, and **27 therapeutic interchanges** for inhaler therapy were implemented.

Major revisions were also made to high-risk order sets, including **Digoxin Toxicity, Ventricular Assist Device (Impella)** and **Home Milrinone**, to standardize workflows and improve patient safety. Additionally, a new drug interaction alert was created for patients receiving antihypertensives when **midodrine** therapy is initiated.

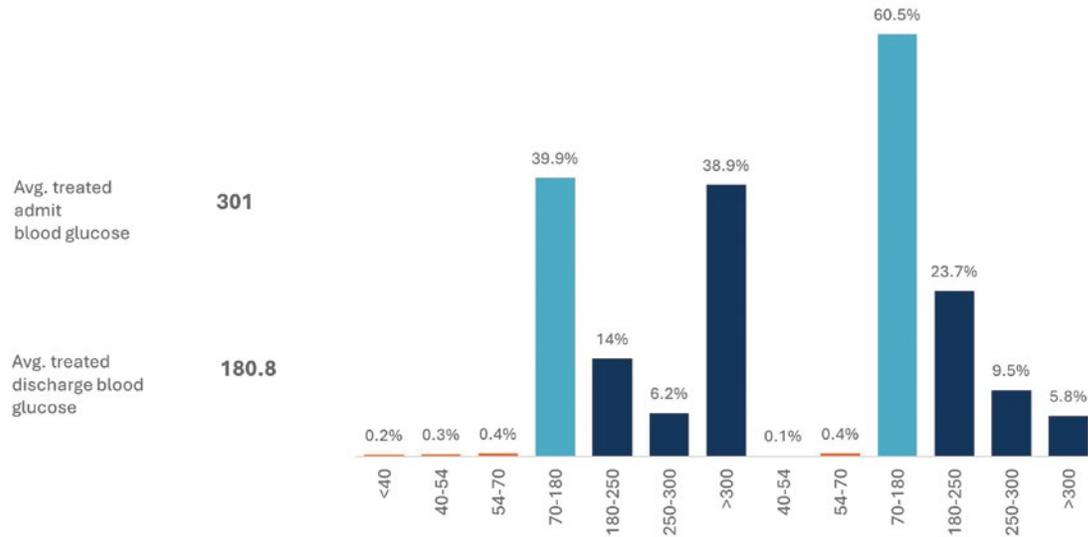
Glycemic management

Glycemic management focuses on maintaining safe blood sugar levels for hospitalized patients, including those with and without a diabetes diagnosis. Hospitalization can trigger high blood sugar (hyperglycemia) due to stress, medications or underlying conditions, making proper management essential. The Pharmacy has worked to reduce incidences of both severe hyperglycemia and severe hypoglycemia for Baptist Health patients.

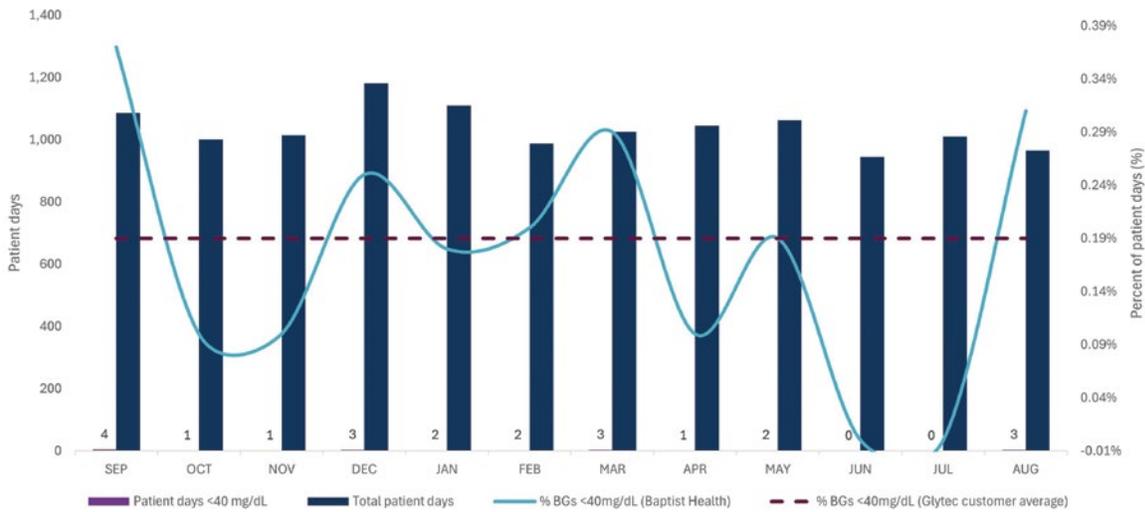
To support this, the team uses **Glucommander**, an FDA-approved software that provides tailored insulin dosing guidance and enhances efficiency for healthcare providers. Educational initiatives include a monthly **“Hot Topics” one-pager series**, an **interactive provider presentation** to improve understanding and use of the Glucommander subcutaneous dosing tool, and the creation and optimization of a **Euglycemic Diabetic Ketoacidosis (DKA) order set**. Beta hydroxybutyrate laboratory capabilities were also added at all Baptist Health facilities.

Topic	Total
LMA's	46
Individual drug reviews	43
Class reviews	4
Clinical guidance COCs	7
Policies	43
CCAs/protocols	8
Order sets/standing orders/protocols	82
OPAs	16
Med warnings	27

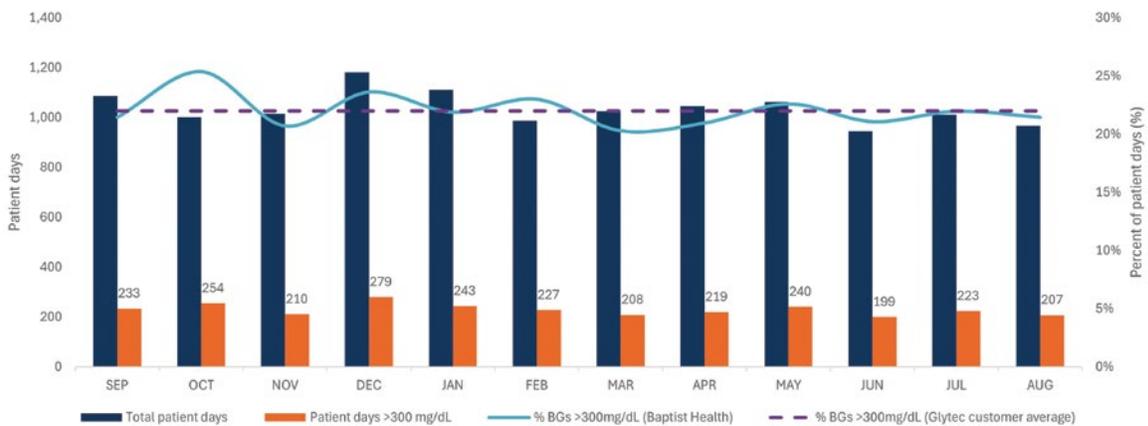
ADMIT AND DISCHARGE BLOOD GLUCOSE VALUES



SEVERE HYPOGLYCEMIA



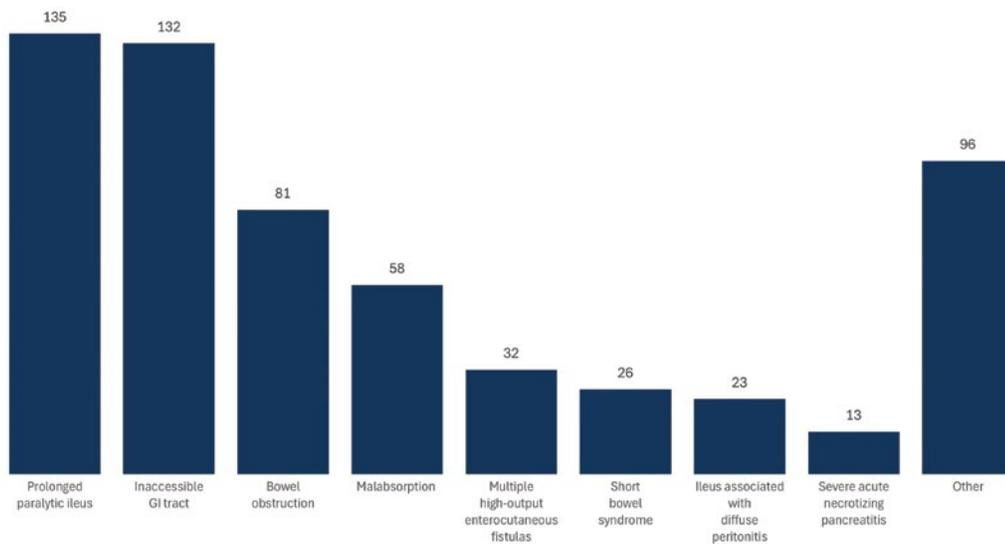
SEVERE HYPERGLYCEMIA



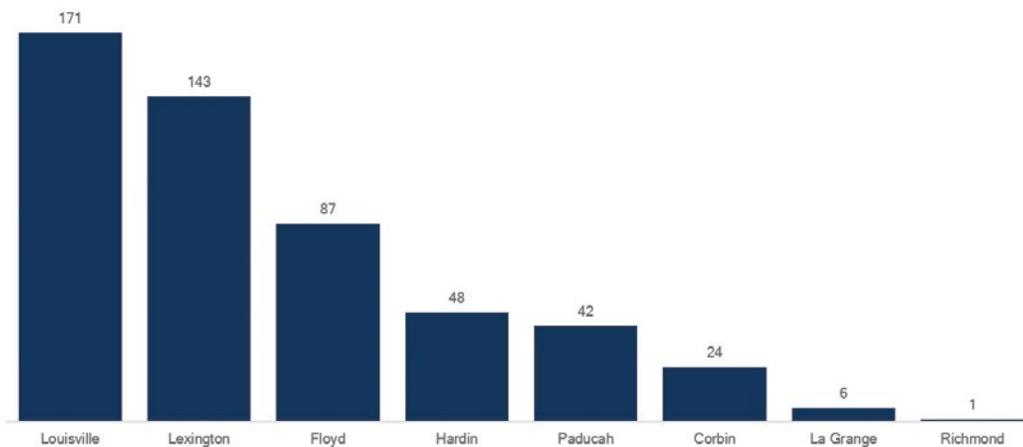
Nutrition

The Nutrition Support committee, a subcommittee of the Pharmacy and Therapeutics committee, was created to guide nutrition-related initiatives across the system and help ensure standardized, evidence-based practices. The committee includes representation from **five disciplines** – physicians, dietitians, nursing, pharmacy and Epic – providing a multidisciplinary approach to patient care. This collaborative structure supports the development and optimization of nutrition protocols, integration with electronic health records, and monitoring of patient outcomes to improve overall health and safety.

PARENTAL NUTRITION CONSULTS BY INDICATION



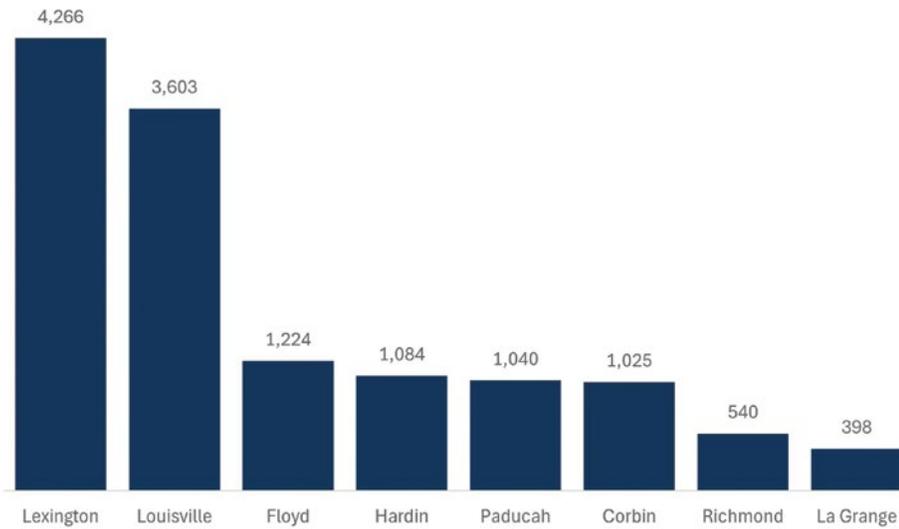
PARENTAL NUTRITION CONSULTS BY SITE



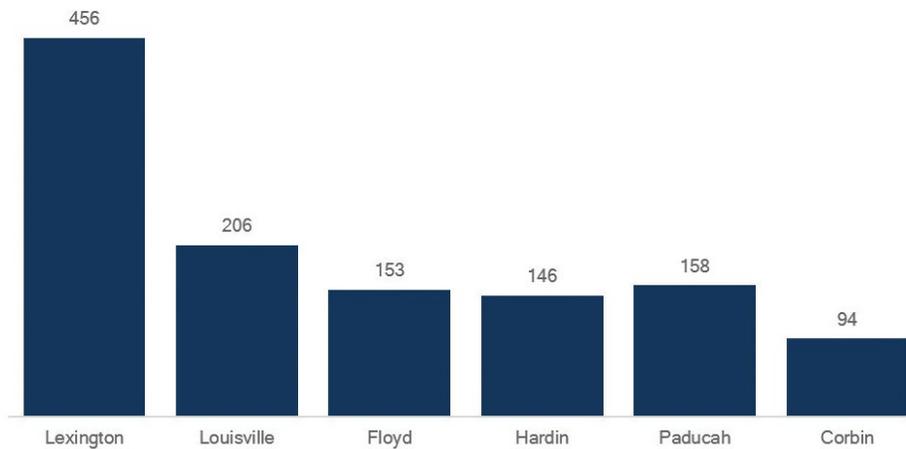
Neonatal care and pediatrics

Supporting the youngest patients in the health system requires an interdisciplinary approach. The clinical pharmacy team has focused on systemwide clinical initiatives to optimize outcomes, enhance pharmacy services, and meet regulatory standards. Success has been demonstrated through strengthened electronic medication ordering, formulary management, policies, and pharmacists' access to clinical resources.

NUMBER OF BIRTHS SYSTEMWIDE



NICU ADMISSIONS SYSTEMWIDE



In 2025, the neonatal and pediatric pharmacy team added a new formulary item for outpatient clinics and standardized neonatal total parenteral nutrition order entry. The team also added clesrovimab to the formulary in Baptist Health's outpatient clinics as another option to protect infants during their first RSV seasons. The team introduced a **new Neonatal Extravasation policy** and revised the **existing Neonatal Parenteral Nutrition policy** to enhance patient safety and care consistency.

In formulary management, **three clinical reviews were completed** and brought through the Pharmacy and Therapeutics committee with an additional **two in progress**, ensuring medications were optimized for clinical use.

Epic system enhancements supported workflow improvements. Additionally, the team created two systemwide pharmacy clinical guidance documents, strengthening standardization and best practices across neonatal and pediatric care settings.



Clinical reviews completed and two in progress

ELECTRONIC PRESCRIPTION BUILDS

21 Completed **7** In progress

ORDER PANEL/SETS

3 Finalized **3** Reviewed

4 In development

Critical care

Critical care pharmacists at Baptist Health continued to provide evidence-based support for patients in Intensive Care units across the system. In 2025, the team focused on medication shortage mitigation, implementing strategies such as intravenous fluid conservation, conversion to sodium bicarbonate IV push, and restrictions on nitroglycerin, lorazepam/diazepam and hydrocortisone IV use.

Additionally, medication orders were optimized for safety and efficiency, including adjustments to nitroglycerin infusions and removal of milrinone boluses. Standardization efforts included ketamine infusion concentrations, administration protocols for nebulized epoprostenol, and adult crash cart medications. These initiatives continue to ensure timely access to essential therapies while preserving resources during national shortages.

Systemwide collaboration was enhanced through partnerships with pharmacists, nurses, dietitians and providers. Critical care pharmacists have shared system leadership updates, literature reviews, and targeted education topics routinely via multi-hospital group discussions.

Over the year, pharmacists supported 929 code blue responses, 421 rapid responses, 1,586 stroke alert evaluations, 159 STEMI alerts, and 766 RSI/procedural sedation situations. The critical care team of pharmacists at Baptist Health continue to engage in current literature and advocate for evidence-based patient care. These efforts contributed to improved patient safety, reduced mortality, and more efficient medication management in critical care settings.



Emergency medicine

In 2025, Baptist Health's emergency medicine pharmacy services continued to enhance patient care across system emergency departments. Currently, **five hospitals have dedicated emergency medicine pharmacists**, with expansion planned at **seven hospitals**. A new **Emergency Medicine Pharmacist Council** was established to strengthen multidisciplinary care and standardize pharmacy support in all Baptist Health emergency departments.

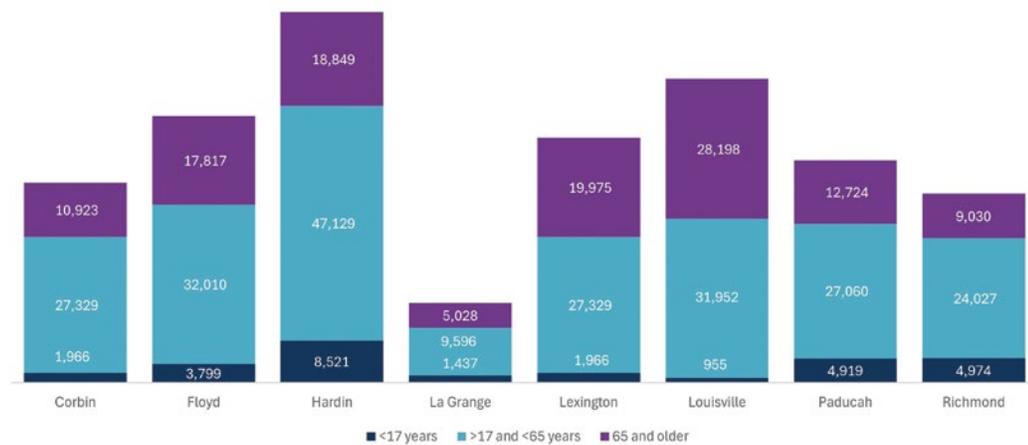
Key operational improvements included updates to the **ED TrackBoard in Epic** to better prioritize patients, development of an **oral rehydration strategy** to reduce intravenous fluid use and improve ED throughput, and optimization of **procedural sedation panels**, including propofol bolus dosing based on ideal or adjusted body weight and sequentially linked propofol and ketamine orders. Patient safety was further enhanced by restricting ketamine vial concentrations and linking to specific orderables.

Medication orders placed in the **freestanding emergency departments** were optimized for safety and efficiency, especially for pediatric patients. Pediatric and neonatal medication orders were updated, and dilutions were standardized for safe and rapid administration. The **"Rapid Meds"** program, a coordinated effort between Baptist Health outpatient pharmacies and emergency departments, continues to enhance patient care by supporting timely access to medications upon discharge from the emergency department.

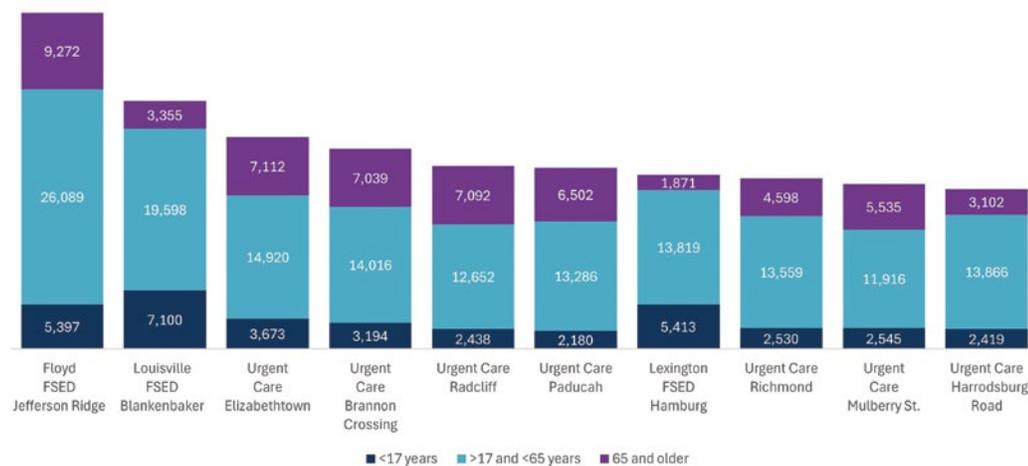
Emergency medicine pharmacists in the health system are leading practice innovations throughout the region and country. Pharmacists review antimicrobials prescribed on discharge to ensure appropriateness for each patient, actively participate in acute stroke management, provide expertise in the pharmaceutical management of patients in cardiac arrest, and perform many other critical functions.

Additionally, pharmacists serve as preceptors for pharmacy students and pharmacy residents, sharing their knowledge with future generations. Megan Webb, PharmD, BCPS, BCEMP, clinical pharmacy specialist at Baptist Health Louisville, was named chair of the Board of Pharmacy Specialties, Emergency Medicine Pharmacy Specialty Certification Council, for 2026.

EMERGENCY DEPARTMENT ENCOUNTERS BY AGE AND LOCATION



FREE-STANDING EMERGENCY DEPARTMENT ENCOUNTERS BY AGE AND LOCATION



Surgical services

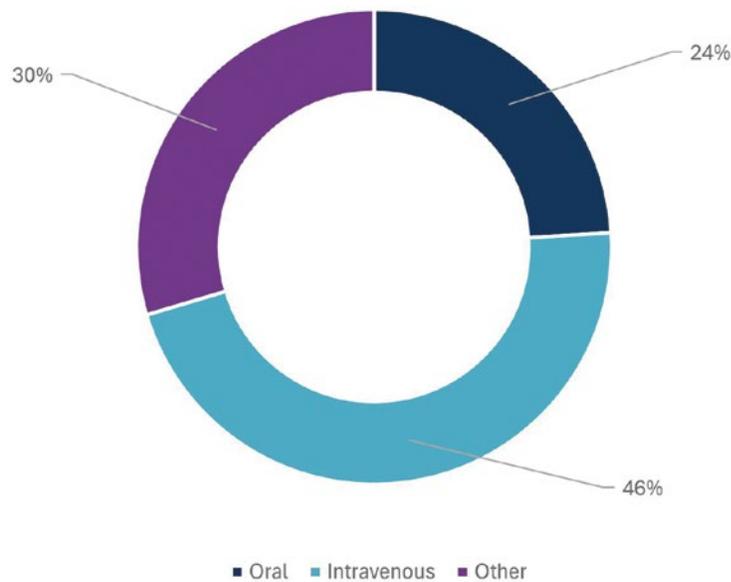
The use of clinical informatics and cost analyses has become pivotal in driving the success of new electronic health record implementations and optimizing formulary management. These components continue to complement advancing standards of care and interdisciplinary decisions.

In 2025, systemwide medication safety and efficiency were advanced through targeted Epic builds and formulary management. Six electronic prescriptions were created or revised, including examples such as aminocaproic acid for bladder irrigation. Additionally, **31 order sets** were reviewed and updated to align with best practices, such as optimizing the **Ortho Pre-Op order set** to reflect Enhanced Recovery After Surgery Society (ERAS®) recommendations.

Medication use evaluations were completed for four agents, including meperidine, sterile talc versus doxycycline for chemical pleurodesis, contrast/imaging agents, and anesthesia OB epidurals, supporting evidence-based prescribing practices.

Other key initiatives included completion of a **contrast agent assessment**, updating **674 surgical preference cards** to ensure documentation of formulary-preferred agents, detection of **1,282 off-contract orders**, and proactive formulary management with one agent proposed for addition, two agents targeted for further restriction, and five agents clarified as non-formulary.

MEDICATION ORDERS BY TYPE





Hematology and oncology

The Baptist Health Oncology program sees about **9,300 new cancer patients** each year. More than 50 providers deliver care through the program via outpatient clinics, infusion centers, and inpatient consult services with the largest cancer centers in the Louisville/La Grange and Lexington areas.

In 2025, new protocols were implemented to enhance standardization, safety and efficiency in patient care. These efforts demonstrate the program's commitment to delivering high-quality, patient-centered care while maintaining rigorous safety and clinical standards.

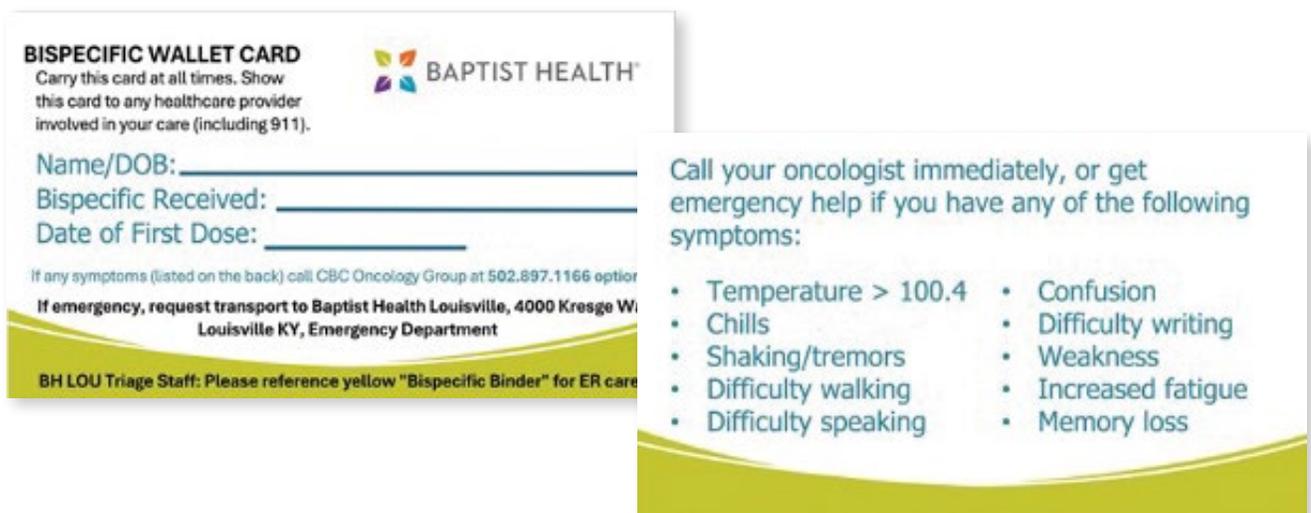
This year, the Baptist Health Oncology program took an innovative step in the care of patients with cancer by offering **bispecific T-cell engager (BiTE) therapy**. This novel therapeutic option links antigens on cancer cells with T-cells, allowing T-cell activation, immune cell recruitment and, ultimately, cytotoxic killing. Despite the advanced care it affords, and the complexities associated with providing this care, it is quickly becoming the standard of care for relapsed lymphoma, multiple myeloma, and small-cell lung cancer.

Adding this treatment option allows Baptist Health to provide high-level, advanced oncology care at community-based cancer centers, where 80%-85% of patients with cancer receive care. Previously, this was restricted to academic centers. **Baptist Health Lexington was the first site to administer tarlatamab in Kentucky.**

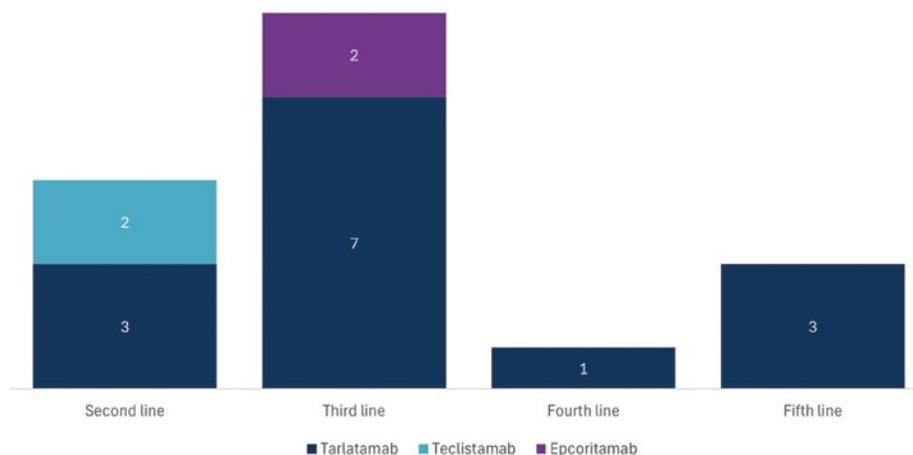
To develop the bispecifics program, the Oncology program assembled an interdisciplinary team made up of physicians, pharmacists, nurse practitioners, nurses, education leaders, informatics specialists and administrators. The team worked to build a system to ensure comprehensive care around the use of these agents as they carry a high risk of complications and adverse effects. They focused on policies to ensure safeguards for patients, patient selection criteria, patient and staff education, order set development, monitoring flowsheets, and Epic alerts and banners.

In addition to staff education on the use of these medications and the monitoring and management of side effects, the team emphasized patient education as a first-line strategy for the management of cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome.

The program successfully treated **18 patients** between June 2024 and June 2025.



TREATMENT PER LINE OF THERAPY



The Baptist Health Oncology program continues to assess the impact of this therapy. As the program seeks to expand its capacity to adopt novel oncology therapies, staff will continue to develop advanced clinical decision tools and emphasize the patient as a partner in their care.



Pharmacy and Therapeutics committee

The Pharmacy and Therapeutics committee is responsible for developing and maintaining a system formulary that comprises safe, evidence-based and cost-effective medication therapy. The committee also manages policies and procedures to support safe and responsible medication usage across the system.

In 2025, Pharmacy developed and maintained key clinical guidance documents, including revised Enoxaparin Dosing and Perioperative Antithrombotic Management guidance. Systemwide, **30 policies** were reviewed, with **11 new policies** implemented to support safe and effective care.

Highlights include new guidance for handheld nebulizers, neonatal extravasation, PK services, beta-lactam allergy management, bispecific therapies, nebulized epoprostenol, duplicate orders for respiratory medications, use of protected medications for infectious disease treatment, and specialty pharmacy operations and communications.

Pharmacy also brought several **new drugs through the process**, reviewed and updated order sets, and created protocols to help ensure standardized, evidence-based care across the system. Additionally, the Pharmacy Review committee oversaw the creation, review and updating of protocols and order sets, supporting consistency in clinical practice across inpatient, ambulatory and specialty care settings.

Formulary management

The primary objective of system drug formulary management is to optimize the selection, availability and use of medications across Baptist Health's network. By standardizing the formulary, Pharmacy aims to improve patient care outcomes, ensure cost-effective medication use, and streamline procurement processes. This approach allows Pharmacy to align with clinical best practices, reduce variability in prescribing, and enhance access to the most effective treatments while also managing overall drug costs efficiently.

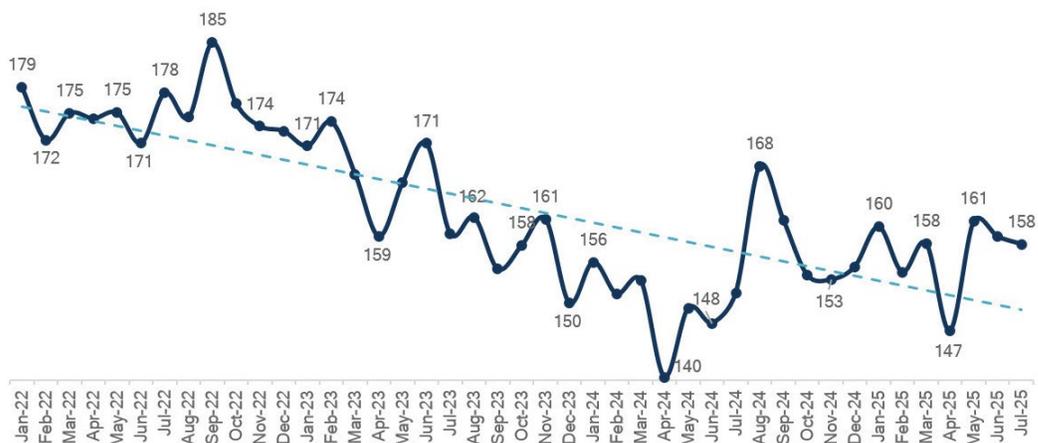


Infectious Disease Council

Baptist Health’s Antimicrobial Stewardship program has had a significant impact on patient safety and hospital-acquired infections across the system.

Since September 2022, targeted antimicrobial stewardship efforts have **reduced antibiotic use by 15%** (January 2022–July 2025), guided by antibiogram data showing declining susceptibility of *Pseudomonas aeruginosa* common antipseudomonal agents (plus ertapenem, to prevent antibiotic cycling with carbapenems). ***Clostridioides difficile* infection rates** have consistently remained below target, maintaining a **standardized infection ratio (SIR) < 1** year-over-year.

BAPTIST HEALTH ANTIMICROBIAL STEWARDSHIP QUALITY METRIC



	CY24	CYTD: Q1 25
C. difficile infection rates	SIR < 1	SIR < 1

The expansion of the **Epic Our Practice Advisory (OPA)** has further strengthened antimicrobial stewardship interventions. Between Jan. 1, 2025, and Aug. 26, 2025, **2,495 patients received antimicrobial stewardship recommendations** through OPA, compared with 1,286 in 2024, and **906 of these recommendations were accepted**, nearly double the previous year.

Antimicrobial stewardship and Epic OPAs

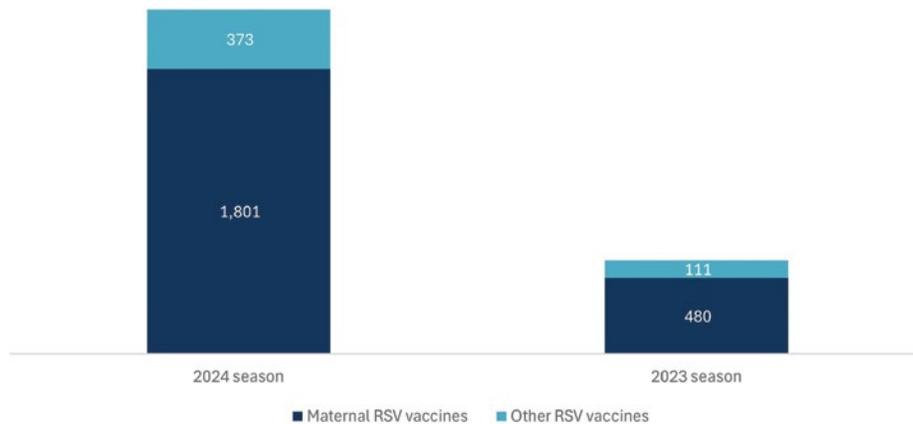
	Jan. 1, 2025–Aug. 26, 2025	2024
Patients with recommendations via OPA	2,495	1,286
Recommendations accepted via OPA	906	474
Orders acted on by provider following OPA	325	357
Recommendations declined via OPA	339	197

The Infectious Disease Council newsletter, launched in 2025, provides timely infectious disease updates from the Infectious Disease Council, supporting ongoing education and quality improvement.

RSV vaccination success

Targeted campaigns drove a notable increase in RSV vaccination rates from 2023 to 2024, including improved maternal uptake, helping protect both mothers and infants.

RSV VACCINATION SEPTEMBER–JANUARY



Medication and patient safety

Implementation of InsightRX for vancomycin management reduced overall exposure (~9% decrease in use) and decreased the need for therapeutic drug monitoring (~8% fewer TDMs since 2022), while enhancing patient safety (~5% decrease in proportion of patients with Stage 3 acute kidney injuries after ≥ 48 hours of therapy since FY 2022). An overall reduction in vancomycin exposure was observed, likely as a result of continued antimicrobial stewardship efforts (~9% decrease in vancomycin used and monitored through InsightRX). Additionally, in FY 2025, **48% of vancomycin orders were discontinued within 48 hours**, and approximately 70% included loading doses.

Metric	FY 25	FY 24	FY 23	FY 22
Patients on vancomycin dosed through InsightRX	7,997	8,537	8,992	9,161
Unique treatment courses	9,222	9,796	9,916	10,088
Therapeutic drug monitoring (TDM) levels	12,132	12,692	12,912	13,092
Acute kidney injuries after ≥ 48 hours of therapy	275	309	319	337
Proportion of patients with Stage 3 acute kidney injuries after ≥ 48 hours of therapy	11.64%	13.92%	15.99%	16.32%

MRSA decolonization protocol in the ICU

MRSA decolonization efforts in the ICU demonstrated national-level performance.

	CY 24	CYTD: Q1 25
MRSA rates	SIR < 1, within 26th-50th percentile	SIR < 1, within 0-25th percentile (top in nation)

Workflow improvements helped reduce delays and improved outcomes:

- Voriconazole turnaround time decreased from eight to 10 days to **one to two days**.
- New malaria testing workflow accelerated treatment availability and reduced mortality.

Diagnostic stewardship

Urine culture stewardship metric is ready for FY 2026 go-live.

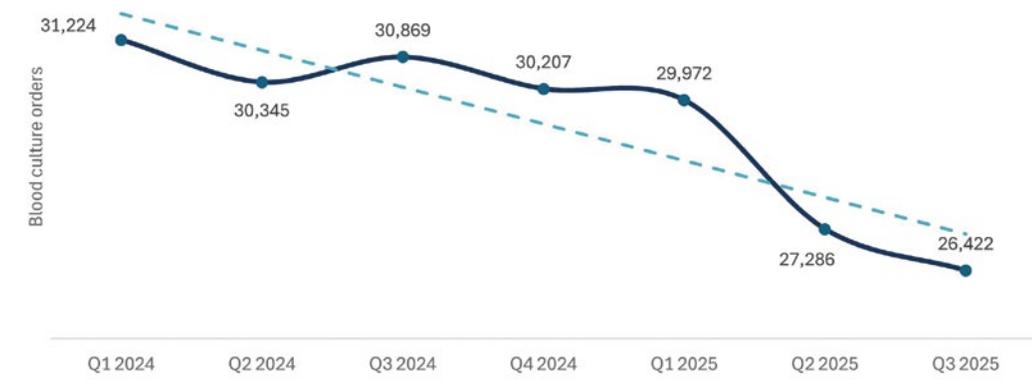
SYSTEM QUALITY METRIC

Baptist Health Lab referring facility	Algorithm override baseline rate (JUL 2024 - JUN 2025)	<25% reduction	25%-49% reduction	50%-74% reduction	75% reduction
Corbin	7.3%	>5.5%	3.6% - 5.5%	>1.8% - <3.6%	≤1.8%
Floyd	9.1%	>6.8%	4.5% - 6.8%	>2.3% - <4.5%	≤2.3%
Hardin	6.8%	>5.1%	3.4% - 5.1%	>1.7% - <3.4%	≤1.7%
La Grange	14.5%	>10.9%	7.2% - 10.9%	>3.6% - <7.2%	≤3.6%
Lexington	7.7%	>5.8%	3.8% - 5.8%	>1.9% - <3.8%	≤1.9%
Louisville	3.6%	>2.7%	1.8% - 2.7%	>0.9% - <1.8%	≤0.9%
Paducah	5.1%	>3.8%	2.5% - 3.8%	>1.3% - <2.5%	≤1.3%
Richmond	14.1%	>10.6%	7.0% - 10.6%	>3.5% - <7.0%	≤3.5%
Total	7.3%	>5.5%	3.7% - 5.5%	>1.8% - <3.7%	≤1.8%



Blood culture ordering guidance added as ordering guidance within Epic resulted in and also **DECREASED IN TOTAL ORDERS FOR 2025 COMPARED TO 2024.**

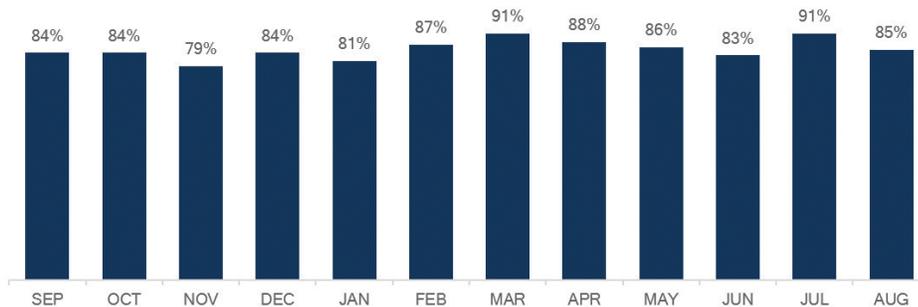
CLINICAL ORDERING GUIDANCE ON BLOOD CULTURE ORDERS



Beta-lactam allergy clarification

The general surgery initiative, launched in February 2024 after education was provided on literature published showing 50% increased odds of a surgical site infection in patients who received “alternative” perioperative antibiotics. The general surgery service line, maintained > 80% compliance throughout FY 2025, with one minor dip to 79% in November.

BAPTIST HEALTH SYSTEM GENERAL SURGERY: USE OF FIRST-LINE PERIOPERATIVE ANTIBIOTICS IN PENICILLIN ALLERGIC PATIENTS



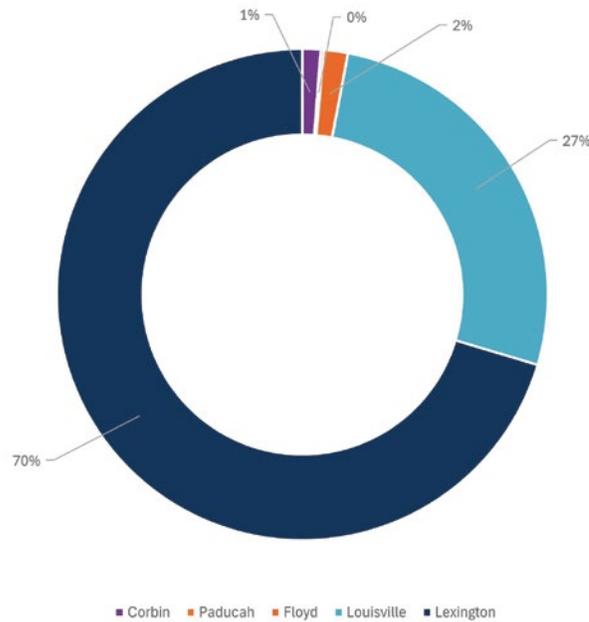
This initiative significantly reduced alternative antibiotic prescribing (levofloxacin, vancomycin monotherapy, clindamycin) for perioperative prophylaxis.

INNOVATION AND OUTCOMES

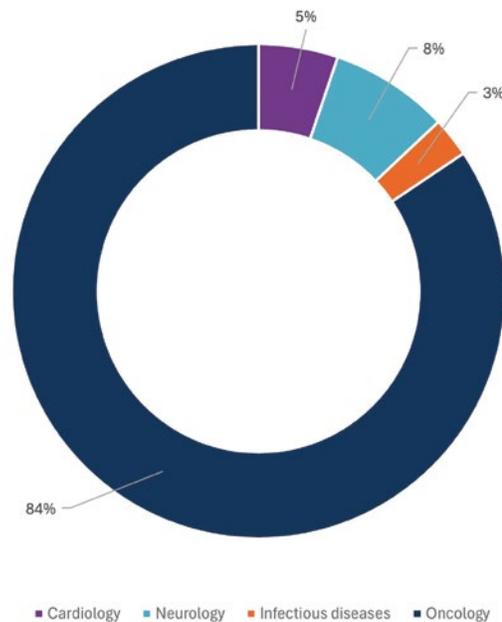
Investigational Drug Services

Investigational Drug Services plays a critical role in supporting clinical research across the Baptist Health system. Research pharmacists evaluate study protocols for feasibility, develop Pharmacy action plans in collaboration with research teams, and ensure compliance with federal, state and sponsor requirements. Once studies are active, Investigational Drug Services oversees the secure storage, monitoring, dispensing and accountability of investigational medications.

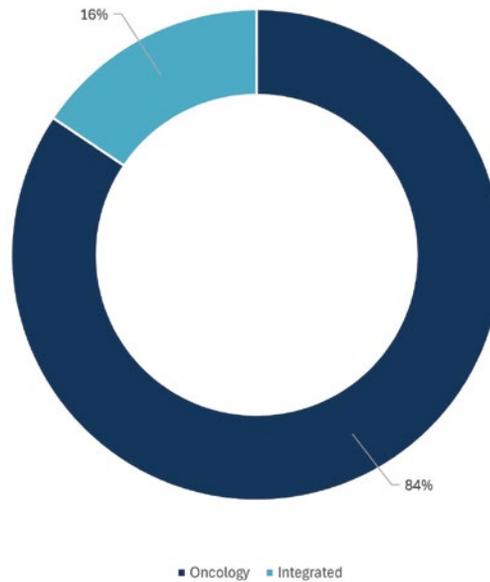
TOTAL INVESTIGATIONAL DOSES DISPENSED BY SITE



ACTIVE STUDIES BY THERAPEUTIC AREA



ACTIVE STUDIES - ONCOLOGY VS. INTEGRATED



Collaboration remained a hallmark of the program, with partnerships established with **40 research sponsors**, including major pharmaceutical companies, biotech firms, academic institutions and federal agencies.

Study partners

Pharmaceutical companies

- AbbVie
- Alexion Pharmaceuticals
- AstraZeneca
- Bayer
- Bristol Myers Squibb (BMS)
- Daiichi Sankyo
- Eli Lilly
- F. Hoffmann-La Roche
- GlaxoSmithKline (GSK)
- Janssen Scientific Affairs
- Merck Sharp & Dohme LLC
- Novartis
- Novo Nordisk
- Sanofi-Aventis
- Seagen
- Servier Pharmaceuticals
- Tolmar

Academic institutions

- Medical University of South Carolina
- University of Cincinnati
- University of Florida
- Yale University

Biotech/biopharma

- Altor BioScience
- Arcus Biosciences
- BeiGene
- BioNTech
- Dianthus
- Genmab
- Immunovant Sciences GmbH
- Incyte
- Lumen Bioscience
- Mirati Therapeutics Inc.
- NovoCure GmbH
- OncoC4
- Shanghai Henlius Biotech
- Summit Therapeutics
- Teligene
- Translational Sciences, Inc.

Federal agencies

- National Cancer Institute (NCI)
- National Institutes of Health (NIH)



Pharmacy Outcomes and Data Management

In 2025, Baptist Health advanced pharmacy outcomes and data management by integrating enhanced analytics, standardized metrics, and stronger systemwide data governance. Predictive and real-time analytics delivered actionable insights into medication use, inventory optimization, adherence and cost efficiency, helping improve patient outcomes while ensuring more sustainable resource utilization.

Standardized reporting frameworks were introduced to consistently measure the value of pharmacy interventions, including improvements in health outcomes, adherence, satisfaction and cost savings. Data infrastructure was also strengthened to streamline collection, storage and analysis to help ensure accuracy, accessibility and regulatory compliance across the health system.

In partnership with the Performance Advisory Office, the team developed dashboards across specialty, community and regulatory service lines, supported by an estimated **100 business needs documents** to ensure every dashboard is well-documented and aligned with system priorities. Looking ahead, Baptist Health will continue to expand this outcomes and data framework to further support quality, efficiency and patient-centered care.

Informatics and pharmacy automation initiatives

In 2025, the IT Pharmacy Applications team, comprising 31 members, supported five core domains: Willow Ambulatory, Willow Inpatient, Willow Charging, Willow Pharmacy Automation, and Willow Specialty Pharmacy Compass Rose. Over the year, the team managed nearly 7,000 incident and service requests, implemented more than 130 enhancements and medication safety updates, corrected thousands of build and billing errors, and completed a portfolio of 67 initiatives, with 40% pharmacy-led and 60% ancillary.

Key achievements spanned all areas of pharmacy operations. Willow Ambulatory advanced patient care and compliance readiness through outbound communication, Drug Supply Chain Security Act preparation, Meds to Beds enhancements, KASPER integration, rapid discharge workflows and standardized labeling.

The team also optimized Community Pharmacy inventory, built infrastructure for employee prescription transitions to the Central Pharmacy, and supported systemwide 340B transitions. Specialty Pharmacy expanded clinical and patient engagement capabilities through enhanced assessments, MyChart expansions, electronic onboarding tools, population-based medication management, and new specialty episodes for Rheumatology Lite and Pulmonology Lite.

Willow Inpatient optimized medication warnings implemented new dispensing and compounding workflows, advanced neonatal and pediatric drug standardization, and delivered infrastructure for freestanding emergency departments and 340B compliance. Willow Charging streamlined billing and compliance with quarterly Healthcare Common Procedure Coding System updates, exclusion strategies for group purchasing organizations, prophylaxis and orphan drugs, enhanced prior authorization workflows, and improved billing visibility through Epic integration.

Pharmacy Automation experienced significant expansion with new Omnicell deployments in Louisville, Paducah, Hardin, Glenmary, and nine infusion sites, along with MedVision implementation for Baptist Health Medical Group clinics, Omnicell DSCSA deployment, Trulla implementation, and centralized replenishment through Central Pharmacy distribution. System upgrade included Omnicell server and CPM enhancements, reinforcing Baptist Health as a beta and early adopter of innovative technologies.

Key achievements in 2025

- ✓ **Proactive prescription management**, where teams reached out directly to providers via Epic to ensure timely prescription refills, reducing delays and streamlining the patient experience.
- ✓ **Medication synchronization services**, which minimize unnecessary pharmacy visits, improving adherence and convenience.
- ✓ **Leveraging insights** from the optimization dashboard to empower patients and providers to enhance communication, address adherence barriers, and improve satisfaction through tailored, integrated solutions.

PHARMACY TRANSFORMATION PARTNERSHIPS

Rare disease initiatives

The Baptist Health Pharmacy Insights and Analytics team is committed to advancing care for patients with rare diseases by using data to bring earlier answers and better support. One of its current priorities is developing dashboards driven by algorithms that can help identify patients who may be living with conditions such as amyloidosis.

By surfacing critical trends and clinical markers sooner, these tools give providers the opportunity to intervene earlier, guide patients toward the right specialists, and improve quality of life. This effort reflects a belief that technology should be a bridge to faster diagnoses and more personalized patient care.

Beyond individual diseases, the team is also building a comprehensive rare disease patient cohort that draws on medical history, lab values and symptoms to rapidly flag patients who may be at risk. This proactive approach helps ensure fewer patients slip through the cracks and more patients receive timely evaluations and treatments.

Through this work, Baptist Health is using data science not only to improve outcomes, but to give patients and families clarity and support when facing complex health challenges.



REGULATORY AND COMPLIANCE

Baptist Health's compliance with laws, regulations and professional guidelines serves as the foundation for patient safety and high-quality care. Focus areas include medication safety, clinical effectiveness, operational efficiency, regulatory compliance, patient education and adherence, quality improvement initiatives, accreditation standards, staff training and credentialing, drug formulary management and interdisciplinary collaboration.

Quality initiatives

Baptist Health's Pharmacy teams implement comprehensive quality and safety programs to ensure optimal care for patients:

- **Medication reconciliation:** Ensures safe transitions in care by comparing current medications with new orders and preventing errors such as omissions, duplications or interactions.
- **Computerized provider order entry:** Reduces errors associated with paper orders through electronic entry of treatment plans.

Medication warnings project

The medication warnings project aims to enhance medication safety across all Baptist Health locations by systematically reviewing potential medication risks, including age, sex, drug-disease interactions, pregnancy, lactation and duplicate therapies. The project, carried out July 1, 2024–July 21, 2025, has been associated with significant improvements in Leapfrog safety scores and computerized provider order entry accuracy.

MED WARNINGS REVIEWED

Age/sex: **1,272**

Drug/disease: **2,292**

Pregnancy: **9,540**

Lactation: **8,289**

Duplicate therapy: **122**

- **Sound-alike/look-alike medications:**

Prevents confusion between medications with similar names or appearances.

- **High-alert medications:** Focuses on high-risk drugs such as insulin, anticoagulants, opioids, chemotherapy agents and select electrolytes.

- Number of medications in this category: **13**

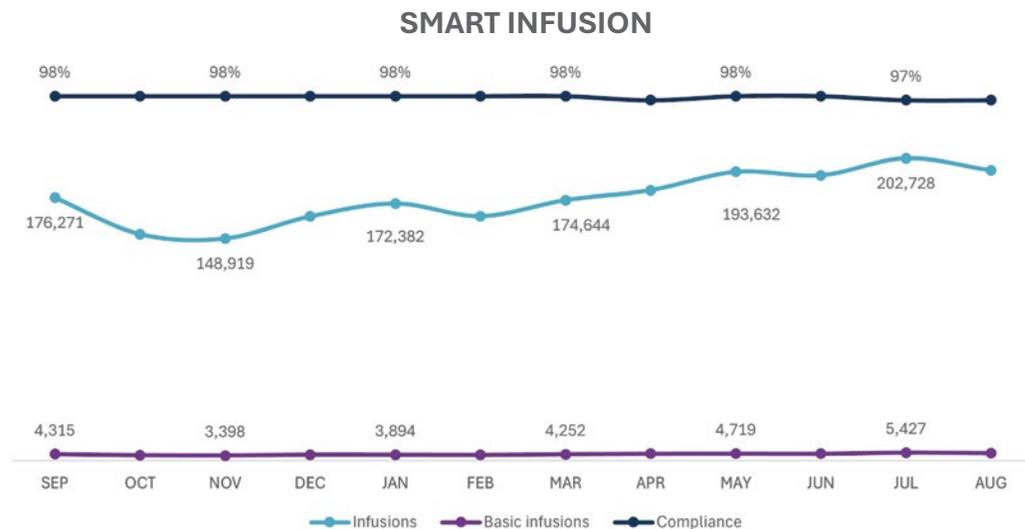


Number of different medications in the **sound-alike, look-alike** category

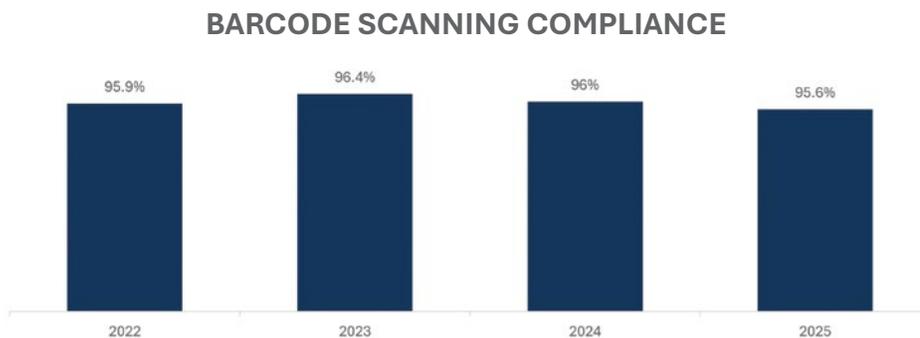
Safety programs

Baptist Health prioritizes patient safety through advanced technology and best practices, including:

- **Infusion compliance:** The SMART Infusion Guardrails™ suite ensures IV medications and fluids are administered safely, maintaining predefined limits.



- **Barcode medication administration:** Confirms correct medication, dose, route and timing for each patient.



Compliance measures

- **Time-critical medications:** Ensures timely administration of medications such as IV anticonvulsants, antiarrhythmics, Parkinson's medications and select antimicrobials.
- **USP 800 compliance:** Minimizes exposure to hazardous drugs for patients, staff and the environment.
- Hazardous drug risk assessments completed: **191**
- **USP 797 compliance:** Maintains safe compounding of sterile preparations.
- Average task completion compliance: **89.84%**

Regulatory and policy updates

Medication management policies and procedures are regularly updated to maintain operational consistency, quality standards, and compliance with accrediting bodies.

New policies/procedures: **65**
 Policy/procedure standardizations: **122**
 Policies/procedures modified: **57**

KNOWLEDGE MANAGEMENT

Residency programs

Baptist Health Pharmacy offers postgraduate year one (PGY1) Pharmacy Residency programs at seven locations and a postgraduate year two (PGY2) Ambulatory Care Pharmacy Residency program at Baptist Health Louisville. PGY1 and PGY2 programs are accredited by the American Society of Health-System Pharmacists (ASHP) and build on a doctorate in pharmacy education.

There are **20 PGY1 positions** and **1 PGY2 ambulatory care position** available across the system. The Pharmacy team strives to contribute to the development of clinical pharmacists who are eligible for board certification and prepared for PGY2 pharmacy residency training and responsible for medication-related care for patients with a wide range of conditions.

Baptist Health offers two unique PGY1 residency programs – the **PGY1 Pharmacy Residency program** and the **PGY1 Community-Based Pharmacy Residency program**.

The PGY1 Pharmacy Residency program, offered at Baptist Health's Corbin, Floyd, Hardin, Lexington, Louisville, Madisonville and Paducah hospitals, is designed to enable the resident to engage in progressive pharmacy services in various clinical settings for an acute care regional hospital. The resident is exposed to clinical and professional elements essential to current pharmacy practices.

In addition to rotations and longitudinal activities, responsibilities include disease state management; interdisciplinary patient care; drug policy development and implementation; education of pharmacy students, patients and healthcare providers; participation in committee meetings and initiatives; and conducting valuable research to improve pharmacy services.

Resident experiences are customized and adapted throughout the year to allow students to meet their individual goals. Residency preceptors challenge the residents to excel in a supportive community environment and prepare them to be future leaders in the pharmacy profession.

Corbin's **PGY1 Community-Based Pharmacy Residency program** develops community-based pharmacist practitioners with diverse patient care, leadership and education skills. Residents engage in direct patient care within the following ambulatory clinics: endocrinology, anticoagulation, heart failure, oncology, medication therapy management, mental health and gastroenterology. Transitional care exposure is a focus the community-based pharmacy resident will manage throughout the residency program. The program is newly accredited with ASHP.

The **PGY2 Ambulatory Care Pharmacy Residency program** is sponsored jointly by Baptist Health Louisville and Sullivan University College of Pharmacy and Health Sciences. The PGY2 Ambulatory Care Residency program is a 52-week training program that combines longitudinal and block rotations.

2024-2025 residents

Baptist Health Corbin

Justice Beauty, PharmD, South College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Assessing the Influence of an HER Decision Support Panel on Patient Antibiotic Therapy Duration for Sepsis

Kaylen Benbenek, PharmD, South College of Pharmacy, PGY1 Community-Based Pharmacy Residency program
Residency project: Analysis of Clinical Outcomes in Patients Treated with Inclisiran

Kristen Crowe, PharmD, University of Kentucky College of Pharmacy, PGY1 Community-Based Pharmacy Residency program
Residency project: Comparing Pharmacist Led Weight Management Clinic to Primary Care Managed Outcomes of Wegovy

Meghan Jackson, PharmD, University of Kentucky College of Pharmacy, PGY1 Residency program
Residency project: Evaluating Diuretic Optimization in Hospitalized Patients with Heart Failure Using ReDS Vest Analytics

Baptist Health Floyd

Maeve Companik, PharmD, University of Kentucky College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Extended-Interval Dosing vs. Standard Dosing of Immune Checkpoint Inhibitors at a Community Outpatient Oncology Infusion Center

Baptist Health Hardin

Brianna Haynes-Stallins, PharmD, University of Kentucky College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Extended-Interval Dosing vs. Standard Dosing of Immune Checkpoint Inhibitors at a Community Outpatient Oncology Infusion Center

Maci Quisenberry, PharmD, University of Kentucky College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Guideline Adherence and Outcomes Among Staphylococcus Aureus Bacteremia Patients Before and After Routine Review by ID Pharmacist

Baptist Health Lexington

Trey Carter, PharmD, University of Kentucky College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Evaluation of an Automated Dispensing Cabinet Patient Medication Management Software's Impact on Medication Dispense Rates

Caitlin Ferguson, PharmD, University of Kentucky College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Comparison in Clinical Outcomes with Lorazepam vs. Midazolam Use in Patients Admitted for Alcohol Withdrawal

Keaton Prebble, PharmD, University of Kentucky College of Pharmacy, PGY1 Pharmacy Residency program
Residency project: Impact of Comprehensive Education on Antibiotic Duration of Therapy for Community Acquired Pneumonia

Baptist Health Louisville

Sebastian Barnett, PharmD, University of Tennessee Health Science Center College of Pharmacy, PGY2 Ambulatory Care Residency program
Residency project: Impact of a Standardized Assessment Tool on the Frequency of Screening for Cardiac Amyloidosis in Patients with Heart Failure

Andrew Byers, PharmD, University of Kentucky College of Pharmacy, PGY-1 Pharmacy Residency program
Residency project: Evaluation of Time to Administration of IV Push vs. IV Piggyback Lacosamide

2024-2025 residents continued

Baptist Health Louisville

Faith Douglas, PharmD, Union University
College of Pharmacy, PGY-1 Pharmacy
Residency program
Residency project: Cisplatin and Carboplatin
Shortage Management: Evaluating Regimen
Changes and Clinical Outcomes

Keshia Guffey, PharmD, Roseman University
College of Pharmacy, PGY-1 Pharmacy
Residency program
Residency project: Impact of a Locally
Infiltrated Incisional Cocktail on Opioid
Utilization Post-Cesarean Delivery

Emalee Haynes, PharmD, University of
Kentucky College of Pharmacy, PGY-1
Pharmacy Residency program and PGY-2
Ambulatory Care Residency program
Residency project: Outcomes Following
a Transitions of Care Pharmacy Program
Expansion

Katelyn Skeeters, PharmD, University
of Kentucky College of Pharmacy, PGY-1
Pharmacy Residency program
Residency project: Implementing Order
Panel for Insulin and Dextrose Dosing for
Hyperkalemia Management in ED

Baptist Health Deaconess Madisonville

Stanislava Stancheva, PharmD, Rutgers-
Ernest Mario College of Pharmacy, PGY-1
Pharmacy Residency program

Baptist Health Paducah

Christopher Chumbler, PharmD, Lipscomb
University College of Pharmacy, PGY-1
Pharmacy Residency program
Residency project: Evaluation of Blood
Culture Contaminants and Treatment Impact
in the Emergency Department

Posters and presentations

ASHP Midyear Clinical Meeting - December 2024

- Beaty, J., Wagers, C., and McArthur, L. (2024, December). "Assessing the influence of an electronic health record decision support panel on inpatient antibiotic therapy duration for sepsis."
- Benbenek, K., and Scent, M. (2024, December). "Analysis of clinical outcomes in patients treated with inclisiran."
- Byers, A., Allen, M., & Owen, C. (2024, December). "Evaluation of time to administration of intravenous push vs. intravenous piggyback lacosamide."
- Carter, T., and Johns, C. (2024, December). "Evaluation of an automated dispensing cabinet patient medication management software's impact on medication dispensing rates."
- Chumbler, C., Madison, L., and McIntyre, C. (2024, December). "Evaluation of blood culture contaminants and treatment impact in the emergency department."
- Companik, M., Breit, A., Smith, C., and Marsh, E. (2024, December). "Effects of vitamin K supplementation on elevated INR in hospitalized patients with cirrhosis."
- Crowe, K., Scent, M., and McArthur, L. (2024, December). "Comparing pharmacist-led weight management clinic to primary care managed outcomes of Wegovy."
- Douglas, F., Hitron, A., and Terry, J. (2024, December). "Cisplatin and carboplatin shortage management: Evaluating regimen changes and clinical outcomes."
- Ferguson, C., and Melton, S. (2024, December). "Comparison in clinical outcomes with lorazepam vs. midazolam in patients admitted for alcohol withdrawal."
- Guffey, K., Babinski, B., and Spencer, K. (2024, December). "Impact of a locally infiltrated incisional cocktail on opioid utilization post-cesarean delivery."
- Haynes, B., Bernauer, E., and Porter, R. (2024, December). "Extended interval vs. standard dosing of immune checkpoint inhibitors at a community outpatient oncology infusion center."
- Haynes, E., Albers, A., and Kuszmaul, E. (2024, December). "Outcomes following a transitions of care pharmacy program expansion."
- Jackson, M., Wagers, C., and McArthur, L. (2024, December). "Evaluating diuretic optimization in hospitalized patients with heart failure using ReDS Vest analytics."
- Prebble, K., and Marefat, L. (2024, December). "Impact of comprehensive education on antibiotic duration for community-acquired pneumonia."
- Quisenberry, M., Brenneman, M., and Cox, E. (2024, December). "Guideline adherence & outcomes among Staphylococcus aureus bacteremia patients before and after ID pharmacist review."
- Skeeters, K., Stjepic, M., and Webb, M. (2024, December). "Impact of implementing an order panel for insulin & dextrose dosing for hyperkalemia management."

Conference presentations

- Ballard, L. (2025, May). "Pharmacy QA/PI P&T + medication management." Louisville, KY.
- Beaty, J. (2025, April 20). "Evaluation of diuretic optimization in heart failure using ReDS Vest." Great Lakes Conference, Purdue University.
- Beaty, J. (2025, April 30). "Assessing the influence of EHR decision support on sepsis antibiotic duration." Great Lakes Conference, Purdue University, Lafayette, IN.
- Beaty, J. (2025, May). "Assessing the influence of an EHR decision support panel." Great Lakes Pharmacy Resident Conference.
- Benbenek, K. (2025, June 16). "Analysis of clinical outcomes in patients treated with inclisiran." Kentucky Pharmacist Association Annual Meeting, Lexington, KY.
- Brenneman, M. (2024, Sept. 26). "Cardiovascular sepsis consortium." Baptist Health Hardin.
- Brenneman, M. (2024, Sept. 27). "Avoiding antibiotic animosity." KSHP Fall Meeting.
- Byers, A. (2025, May). "Evaluation of IV push vs. IV piggyback lacosamide." Great Lakes Conference.
- Carter, T. (2025, April). "Evaluation of automated dispensing cabinet software." Southeastern Conference.

- Carter, T. (2025, April; 2025, August). "Evaluation of ADC patient medication management software impact." Southeastern Residency Conference, Athens, GA; Baptist Health Excels Roundtable, Louisville, KY.
- Chumbler, C. (2025, April). "Evaluation of blood culture contaminants and treatment impact." MidSouth Pharmacy Residents Conference, Memphis, TN.
- Companik, M. (2025, May 1). "Effect of vitamin K supplementation on INR in cirrhosis." Great Lakes Conference.
- Crawford, K. (2025, Aug. 1). "Psychiatric pharmacology update." Eastern Kentucky University.
- Crowe, K. (2025, June 16). "Comparing pharmacist-led vs. primary care weight management (semaglutide outcomes)." Kentucky Pharmacist Association Annual Meeting, Lexington, KY.
- Douglas, F. (2025, May). "Cisplatin/carboplatin shortage management." Great Lakes Conference.
- Ferguson, C. (2025, April). "Lorazepam vs. midazolam outcomes." Southeastern Residency Conference, Athens, GA.
- Ferguson, C. (2025, April; 2025, August). "Comparison of lorazepam vs. midazolam in alcohol withdrawal." Southeastern Conference; Baptist Health Excels Roundtable, Louisville, KY.
- Gray, J. (2025). "Meds to Beds Hardin vs. System." Baptist Health Hardin.
- Guffey, K. (2025, May). "Locally infiltrated incisional cocktail and opioid utilization." Great Lakes Conference.
- Haynes, B. (2025, Jan. 14). "Mirror, mirror on the wall – IV iron for inpatient use" (one-hour CPE). Baptist Health Grand Rounds.
- Haynes, B. (2024, December; 2025, April). "Extended interval vs. standard immune checkpoint inhibitor dosing." ASHP Midyear; Great Lakes Conference.
- Haynes-Stallins, B. (2025, May). "Extended interval vs. standard checkpoint inhibitor dosing." Great Lakes Conference.
- Haynes, E. (2024, December). "New practitioner forum networking session." ASHP Midyear, New Orleans, LA.
- Haynes, E. (2025, May). "Outcomes following transitions of care pharmacy program expansion." Great Lakes Conference.
- Helton, K., & Swiney, M. (2025, August). "Your life MATters: Medication-assisted therapy in ambulatory clinic." Baptist Health Excels Roundtable, Louisville, KY.
- Hitron, A. (2025, September). "Implementation of a T-cell engager (bispecific) program at Baptist Health." Baptist Health Excels Roundtable.
- Hurst, L. (2024, October). "Strategies to address access, affordability and health equity." NASP Annual Meeting, Nashville, TN.
- Hurst, L. (2024, December). "Challenges of 340B & PBM contracting." PBM Contracting Summit, Chicago, IL.
- Hurst, L. (2025, July). "Why pharmacy needs to take the lead on PBM change." Premier Breakthroughs, National Harbor, MD.
- Jackson, M. (2025, May). "Evaluation of diuretic optimization using ReDS Vest analytics." Great Lakes Conference.
- May, M. (2024). "Enhancing endometrial cancer management" (one-hour CPE). Pharmacy Times Oncology Conference.
- May, M. (2024, September). "Oncology & hematology new drug updates" (one-hour CPE). JADPRO Insight Forum, Denver, CO.
- May, M. (2024, October). "Operationalizing bispecific therapies" (one-hour CPE). HOPA Practice Management Virtual Series.
- May, M. (2024, November). "New drug updates: Solid tumors" (one-hour CPE). JADPRO Live APSHO Meeting, Grapevine, TX.
- May, M. (2025, April). "Tracking a moving target in HR+ metastatic breast cancer" (one-hour CPE). PTCE Oncology, HOPA Conference.
- May, M. (2025, June). "Enhancing immunotherapy strategies in endometrial cancer" (one-hour CPE). Oncology Pharmacy Connect, Austin, TX.

- May, M. (2025, August). “Implementing bispecific T-cell engager therapy in community setting.” UK Markey Cancer Center Symposium.
- McLain, B. (2025, May 14). “Streamlining pharmacy care across a growing health system.” Lexington, KY.
- Metts, C. (2025, March). “Aim for the target: Optimizing anti-Pseudomonal antibiotic utilization.” KHA Quality Conference, Lexington, KY.
- Nicholson, J., & Ryan, K. (2025, March 11). “Meds to Beds program.” Baptist Health Lexington directors’ luncheon.
- Prebble, K. (2025, April). “Antibiotic duration education for community-acquired pneumonia.” Southeastern Conference.
- Prebble, K. (2025, April). “Impact of comprehensive education on antibiotic duration for CAP.” Southeastern Conference.
- Propst, J. (2025, July). “Central Pharmacy: Pros and Challenges; Premier Breakthroughs.” Central Pharmacy, July 2025.
- Quisenberry, M. (2024, December; 2025, April). “Guideline adherence and outcomes in Staph aureus bacteremia.” ASHP Midyear; Great Lakes Conference.
- Quisenberry, M. (2025, April 22). “Live(r), laugh, love – hepatorenal syndrome strategies” (one-hour CPE). Baptist Health Grand Rounds.
- Quisenberry, M. (2025, May). “Guideline adherence and outcomes among Staph aureus bacteremia.” Great Lakes Conference.
- Scent, M., Benbenek, K., & Crowe, K. (2024, September). “Sound medicine: Exploring pharmacology for hearing health.” Kentucky Academy of Audiology.
- Skeeters, K. (2025, May). “Impact of implementing insulin/dextrose order panel.” Great Lakes Conference.
- Webb, A. (2024, July). “Guiding growth: The impact of mentorship.” KPRN Summer Meeting, Lexington, KY.
- Webb, A. (2025, May 20). “Importance of advocacy.” Sullivan University.

Continuing education presentations

- Beaty, J. (2025, February). “Fact vs. fiction: Demystifying antibiotic misconceptions.”
- Benbenek, K. (2025, May). “Understanding lipid guidelines: Cardiovascular health.”
- Byers, A. (2024, November). “Wake up and push boundaries: Tenecteplase beyond 4.5 hours.”
- Byers, A. (2025, January). “Cardiac amyloidosis management.”
- Carter, T. (2024, December). “Timing of anticoagulation after AF stroke.”
- Chumbler, C. (2025, February). “Legal overdose: Common substances in our communities.”
- Companik, M. (2024, November). “Treatment of lower extremity peripheral artery disease.”
- Crowe, K. (2025, June). “COPD management redefined.”
- Douglas, F. (2024, October). “Platelet function tests for P2Y12 inhibitors.”
- Douglas, F. (2025, May). “Needle little update? CDC’s latest on vaccines.”
- Ferguson, C. (2025, April). “WIKIGuideline: UTI prevention, diagnosis & management.”
- Guffey, K. (2024, December). “Hyperglycemic crisis in adult patients with diabetes: 2024 ADA update.”
- Guffey, K. (2025, March). “Gram negative bacteremia and oral step-down therapy.”
- Guffey, K. (2025, May). “Single dose aminoglycosides.”
- Haynes, E. (2025, March). “CYP-411: Pharmacogenomics in cardiology & pain management.”
- Haynes-Stallins, B. (2025, January). “IV iron for inpatient use: Mirror, mirror on the wall.”
- Jackson, M. (2024, December). “Immune checkpoint inhibitor pneumonitis.”
- Prebble, K. (2025, January). “Updates for antimicrobial resistance gram-negative infections.”
- Quisenberry, M. (2025, April). “Live(r), laugh, love: Hepatorenal syndrome treatment.”
- Skeeters, K. (2024, November). “Factor this in: Pharmacist’s guide to factor products.”
- Skeeters, K. (2025, March). “Crushing it: Best practices for enteral medication administration.”
- Skeeters, K. (2025, April). “QT or not QT: That is the question.”
- Stancheva, S. (2025, April). “RX for trouble: Treating substance use disorders.”

Advanced degrees and certifications

Master of Business Administration

- Kenneth Allen
- Michael Allen
- Lance Ballard
- Haley Beam
- Matt Carver
- Rachel Connors
- Chirag Desai
- Nilesh Desai
- Daniel Ehringer
- Evan Hampton
- Cassidy Harrison
- Anna Hitron
- Leslie Hurst
- Taylor Johnson
- Eric Marr
- Thomas Matanich
- Brandon McClain
- Chasity McIntyre
- Travis Prewitt
- Hannah Purdy
- Zach Rogers
- Harsh Swaminarayan
- Marie Welch

Master of Data Science

- Neelay Patel

Master of Health Administration

- Margo Ashby
- Matt Cavanaugh
- Lynn McArthur
- Robert McClelland

Master of Management

- Allison Huber

Master of Public Administration

- Rebecca Pettinato

Master of Public Health

- Greg Fakelmann
- Courtney Fleitz
- Chelsea Owens
- Cory Reinert

Master of Science

- Sanchita Damania
- Anna Hitron

BC-ADM (Board-Certified - Advanced Diabetes Management)

- Ryan Albers

BCACP (Board-Certified Ambulatory Care Pharmacist)

- Ryan Albers
- Hayley Beam
- Daniel Ehringer
- Taylor Hawkins
- Sarah Hughes
- Leslie Hurst
- Ethan Kuszmaul
- Kelsie Ledford
- Taylor Mughmaw
- Marissa Scent
- Laurel Tackett

BCCCP (Board-Certified Critical Care Pharmacist)

- Michael Allen
- Lance Ballard
- Liz Conver
- Shelby Crowthorn
- Brian Hancock
- Sarah Hughes
- Diane Kuznetsova
- Stephen Melton
- Lindsey Minnick
- Eric Norrington
- Julie Vanlandingham
- Adele Venable

BCCP (Board-Certified Cardiology Pharmacist)

- Elizabeth Conver
- Courtney Morgan

BCIDP (Board-Certified Infectious Diseases Pharmacist)

- Kenneth Allen
- Martin Brenneman
- Shaina Doyen
- Sarah Moore
- Eric Norrington
- Josh Pruitt
- Colton Taylor

BCPS (Board-Certified Pharmacotherapy Specialist)

- Kenneth Allen
- Michael Allen
- Margo Ashby
- Casey Baker
- Hayley Beam
- Hannah Bennett
- Krista Best
- Abbey Breit
- Shelby Brenneman
- Andrew Burkybile
- Emily Carey
- Matt Cavanaugh
- Megan Cherry
- Jackee' Clark
- Erica Cockerel
- Abbi Collins
- Rachel Connors
- Elizabeth Conver
- Katherine Conway
- Leslie Craft
- Shelby Crowthorn
- Michael Cree
- Stephen Crutcher
- LeAnn Doddridge
- Ben Gatlin
- Brian Hancock
- Elsayed Hassan
- Shelly Heineman
- Kimberly Helton
- Tori Hilkins
- Whitney Holland
- Brian Host
- Sarah Hughes
- Claire Johns
- Jana Kaufmann
- Shawn Kinsey
- Marina Lacefield

BCPS continued

- Sarah Lewis
- Eric Marr
- Eric Marsh
- Katie Martello
- Ann Mayer
- Ryan Mayes
- Arthur McMahan Jr.
- Michael McReynolds
- Stephen Melton
- Lindsey Minnick
- Courtney Moore
- Courtney Morgan
- Ashleigh Mouser
- Khang Nguyen
- Natalie Nichols
- Eric Norrington
- Courtney O'Neal
- Chelsea Owen
- Purna Patel
- Radhika Patel
- Vince Peak
- Rebecca Pettinato
- James Poirier
- Jeff Ponatoski
- Mary E. Powell
- Lee Ramsey
- Taylor Riedel-Rogers
- Logan Roberts
- Patrick D. Noland
- Angela Sandlin
- Carson Schlich
- Evan Schmidt
- Cory Smith
- Katherine Spencer
- John Starks
- Will Stewart
- Evan Schmidt
- Genevieve Swiderski
- Aaron Turner
- Julie Vanlandingham
- Ashley Vaught
- Stacy Vrooman
- Megan Webb
- Amy Weir
- Marie Welch
- Donna Wesley
- William Wheeler
- Beth Willoughby
- Rachel Willoughby
- David Wittmer

BCOP (Board-Certified Oncology Pharmacist)

- Anna Hitron
- Kim Kolb
- Alex Liberto
- Megan May
- Logan Roberts
- Lauren Willis

BCSCP (Board-Certified Sterile Compounding Pharmacist)

- Mallory Barron
- Cassandra Pearson
- Mary E. Powell
- Aaron Turner

BCEMP (Board-Certified Emergency Medicine Specialist)

- Mato Stjepic
- Megan Webb

CPEL (Certified Pharmacy Executive Leader)

- Niles Desai
- James E. Lane

ASHP Emergency Medicine

- Mary Kate Henson

ASHP Pediatrics

- Mary Kate Henson

ASHP Pharmacogenomics

- Emalee Haynes

ASHP Leadership Academy (DPLA)

- Robert McClelland

CACP (Certified Anticoagulation Care Provider)

- Elizabeth Conver

CDCES (Certified Diabetes Care and Education Specialist)

- Callie Mills
- Cory Smith
- Marissa Scent

CPPS (Certified Professional in Patient Safety)

- Lance Ballard
- Niles Desai

CSP (Certified Specialty Pharmacist)

- Rebecca Pettinato

MLDE (Medication Learning and Development Expert)

- Callie Mills
- Marissa Scent

MSCS (Multiple Sclerosis Certified Specialist)

- Rebecca Pettinato

Making a Difference in Infectious Diseases Antimicrobial Stewardship Certificate

- Lindsey Minnick

Society of Infectious Diseases Pharmacists' (SIDP) Antimicrobial Stewardship Certificate

- Layla Marefat
- Chasity McIntyre
- Casey Metts

AWARDS AND RECOGNITION

Baptist Health System Services

At the **Central Pharmacy Services Center**, four technicians – Ricquel Harmon, Gabby Lindley, Ariel Moras and Emily Huff – earned Pharmacy Technician Certification Board certification. The team also received the Premier Award for the second consecutive year, highlighting sustained high performance.

Community Pharmacy staff were also honored throughout the year. At Baptist Health Floyd, Bravo awards were presented to Norah Coy, Levi Arney, Marcus DuChemin, Alicia Eads and Jaime McLain. At Breckenridge, Benjamin Knuckles was named Preceptor of the Year 2024-2025 by Sullivan University. In Richmond, Jordan Thompson and Rachael Willoughby received BEE Award nominations, while Rachael Willoughby also earned a Good Catch award for patient safety. At La Grange, Erica Huff was recognized twice, receiving both the BEE Award and the Champion Award. Hardin highlighted its own staff with Ambassador of the Month awards for Sarah Clarkson and David Goldsmith. Additionally, Alan Webb from Louisville was named the Professional of the Year at the Baptist Health Allied Health Awards. Rounding out these honors, Baptist Health Lexington's Community Pharmacy was awarded the 2025 Best of Lexington Pharmacy Bronze Medal.

Within the Pharmacy **Supply Chain team**, several individuals were celebrated for leadership and service. However, there is one milestone that stands out. In FY 25, Debra McBride celebrated 30 years of service with Baptist Health. Her institutional procurement knowledge and dedication to Baptist Health are unparalleled, and her patient-centric focus helps to ensure Baptist Health has the right medication at the right time for the right patient. McBride stepped up from her previous role as the buyer at Baptist Health Louisville to be the buyer at the Baptist Health Central Pharmacy, responsible for all eight owned Baptist Health hospitals and over 100 Baptist Health Medical Group clinics. She is a huge asset to Baptist Health.

The **Specialty Pharmacy** team also celebrated notable accomplishments. Kim Kolb completed the Implementing Pharmacogenomics into Clinical Practice certificate, advancing the integration of precision medicine into care delivery. Megan May was honored as Nashville Advanced Practice Provider's Most Valuable Professional of the Year (2024) for her exceptional contributions to patient care.



Hospitals

Baptist Health Corbin

The Pharmacy team dispensed approximately **80,000 doses** per month, verified around **50,000 orders** monthly, managed an average of **3,500 sterile compounded preparations** per month, and completed roughly **3,300 clinical interventions monthly**, while meeting Baptist Health's Opiate Safety Endurance (BOSE) task force metrics for acute pain management and harm reduction.

Key initiatives included hiring a clinical manager to lead a decentralized emergency department pharmacist trial supporting opioid and antimicrobial stewardship.

Awards and recognition highlighted staff with 25-plus years of service, including Marcella Phillips (35 years), Jenny Saylor (35), Cliff Niemeier (33), and several others. Community engagement included participation in the Backpack Program of Laurel County, Dash for a Cure 5K, Chalk the Walk 2024, Overdose Awareness Walk, and Naloxone education at local rehabs and the Drug Recovery Unit (DRU) unit.

Baptist Health Floyd

Awards and recognition included Courtney O'Neal being named Baptist Health Floyd Pharmacy Residency Preceptor of the Year. Community and educational engagement included participation in the Great Lakes Pharmacy Residents Conference, presenting about vitamin K supplementation in hospitalized patients with cirrhosis, as well as KSHP Fall Meeting and ASHP Midyear Clinical Meeting.

Baptist Health Hardin

Key achievements included hiring 12 new team members, reducing acute care pharmacy turnover to 4%, creating a Transitions of Care pharmacist role, optimizing automated dispensing and stock periodic automatic replenishment levels, consolidating compound sterile preparation and reducing internal waste, **achieving ACHC accreditation**, implementing clinical scoring and medically unlikely edits, relocating the cancer center pharmacy, and implementing AI scheduling software, which resulted in a **30% production increase**.

Awards and recognition included GEM and Sunflower awards for pharmacy team members and James Lane achieving ASHP Certified Pharmacy Executive Leader status. Community engagement included offering continuous glucose monitors at discharge, participating in the Hardin County career fair, and hosting the Pre-Med Academy for college students interested in pharmacy careers.

Baptist Health La Grange

Key achievements included earning an **"A" grade** for antimicrobial stewardship, reducing overall antimicrobial days of therapy by **18%** and fluoroquinolone use by **67%**, meeting system goals for opioid stewardship, and opening a Heart Failure Disease State Management/MTM Clinic. Initiatives also included pharmacist-driven antimicrobial culture follow-up, collaborative practice agreements for sexually transmitted infections treatment, and launching Central Pharmacy Manager in infusion centers to reduce overstock costs.

Awards and recognition included the Pharmacy Team Champion Award and staff longevity with Angela Sandlin celebrating 31 years. Community engagement included a drive-thru influenza vaccine clinic, pharmacy career presentations at local high schools, and a \$75,000 grant from the Drug Abuse Warning Network.

Baptist Health Lexington

Key achievements included managing the Baxter national fluid shortage, transitioning pharmacy supply and Omnicell cabinet fulfillment to the Central Pharmacy, updating Omnicell cabinets, expanding pharmacy automation to all infusion sites, implementing a NICU decentralized pharmacist service, and creating an opioid stewardship pharmacist role. Educational engagement included presentations at ASHP Midyear, Southeastern Residency Conference, KSHP Fall Meeting, and Baptist Health Excels Roundtable.

Baptist Health Louisville

Key achievements included opening the **new freestanding emergency department** at Glenmary with a fully licensed pharmacy, expanding Omnicell automation house-wide to supply over 95% of medications, achieving **full ACHC accreditation with zero citations**, centralizing deliveries from the Central Pharmacy, and implementing opioid stewardship initiatives, including mail-back envelopes for controlled substances. The team replaced all medication refrigerators with medication-grade units and completed leadership training for all pharmacy leaders.

Awards and recognition included PGY1 and PGY2 graduate achievements (with 100% retention for PGY2) and pharmacy leadership promotions. Community engagement included Drug Take-Back Day, collecting 111.45 pounds of unused medications, and organizing a fall PGY1/2 resident community flu vaccination event.

Baptist Health Paducah

Key achievements include supporting residents and staff development, with Nathan Lamb recognized as Preceptor of the Year. Staff longevity highlights included Rhoda Hicks (40 years), Angela Corzine (36), Dywane Watson (23), Dale Bearden (21), Colleen Wicenski (21), and Scott Wicenski (21). Community and educational engagement included participation in the ASHP Midyear and MidSouth Pharmacy Residents Conference, with resident presentations evaluating clinical outcomes.

Baptist Health Richmond

Key achievements include opening a **satellite pharmacy in the Cancer Center** and implementing a new CPM, successfully completing the HRSA 340B audit with **zero findings**, adding a ReDs device for the Heart Failure Clinic, and integrating with CPSC for distribution and fulfillment services. The team created a daily huddle format and new workflow and responsibility grids for pharmacy technicians and led the IV to SQ transition document implementation.

Awards and recognition included Casey Metts winning the Quality Leadership/Strategy and AI poster category at the KHA Quality Conference, and honoring **Cathy Edwards'** retirement after 47 years. Community and educational engagement involved hosting Medical Explorers Academy students for shadowing and career presentations and participating in Drug Take-Back Day with the Richmond Police Department.



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