

FLO^RIDA X^TIMES



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How are we doing
with the newsletter?



Q1 2026

Message from the President



Why This Moment Matters

A new year usually brings optimism, but this year feels much different. There is momentum, and as Florida's legislative session begins, I've found myself thinking less about policy wording and more about what all of this means for patients.

Science is evolving quickly, but opinions are moving even faster. When you combine that with the utter amount of information people now have access to, this feels like one of the most consequential moments healthcare has faced in a long time. Too often, the loudest voices are not the ones grounded in evidence or in the realities of patient care that pharmacists navigate every single day.

From a health system perspective, pharmacists are not theoretical contributors. They are directly responsible for safety, quality, access, and cost stewardship. They prevent medication errors before they reach patients, manage complex therapies, improve adherence, and close care gaps. These are measurable outcomes that affect patient lives and system performance every day.

As Florida enters an important legislative session, FSHP is supporting policies that align with what health systems already know to be true; that patient care improves when pharmacists are fully integrated into care teams and able to practice at the top of their training. This is not about expanding roles for the sake of a profession. It's about ensuring patients can access care in a timely, safe, and effective way. It's about recognizing the work pharmacists are already accountable for and aligning policy with the realities of modern healthcare delivery.

From an executive standpoint, one of the greatest challenges we face is underutilization of expertise. Pharmacists are among the most accessible and highly trained clinicians in the healthcare system. The data supports this, and more importantly, our patients experience it. Yet too often, pharmacists remain invisible, and their impact is underestimated or misunderstood outside of healthcare operations.

Message from the President

Being visible does not mean being political. But it does mean being present, stepping out of the background, and being seen as the clinicians, educators, problem-solvers, and advocates we already are. It means speaking clearly about our role, our impact, and the responsibility we carry.

FSHP's advocacy reflects what pharmacists across Florida are doing every day, which is improving care, protecting patients, and strengthening the healthcare system. But that work is strongest when it is supported by pharmacists who are willing to engage. That engagement may look like participating in legislative days, writing a letter, or making a phone call to a legislator or their staff. These conversations matter, and they are most effective when they come from professionals who understand patient care firsthand.

So, this is my ask: **show up, reach out, and be heard.** This is not just for the profession, but for the patients who rely on us to get this right. This moment isn't asking pharmacists to be louder, but rather to be visible, consistent, and clear.

As a Chief Pharmacy Officer, I see the difference pharmacists make every day. I see the outcomes, the lives impacted, and I believe strongly that when we align policy, practice, and visibility, patients benefit, and healthcare systems are stronger because of it.

Sponsored Bills

SB 1142 (Pharmacy) | HB 1425 (Practice of Pharmacy)

addresses how pharmacy services are delivered by expanding the settings in which consultant pharmacists can practice, including hospital- and physician-affiliated clinics. The legislation also addresses PBM practices, including protections against white bagging of oral medications that can delay care and disrupt the patient experience.



CLINICAL PEARL

Society of Critical Care Medicine 2025 PADIS Guideline Update

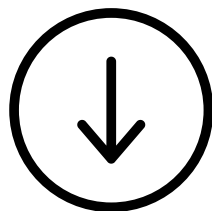
Natalie Quesep, Pharm.D., BCPS, BCCCP and Jonathan Kline, Pharm.D., BCCCP



The Society of Critical Care Medicine (SCCM) published a focused update in 2025 to its 2018 Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption (PADIS) in critically ill adult patients. The 2018 guidelines promoted light sedation, non-benzodiazepine sedatives, routine delirium screening, early mobility, and multicomponent nonpharmacologic interventions, incorporated into the ABCDEF bundle (Assess pain, Breathing trials, Choice of sedation, Delirium monitoring, Early mobility/Exercise, Family engagement).¹

The 2025 update, published in *Critical Care Medicine*, incorporates new evidence since 2018 and adds anxiety as a distinct topic.² The guideline provides new recommendations for anxiety, agitation/sedation, delirium, immobility, and sleep disruption. Pain assessment and management recommendations remain unchanged from 2018, including use of validated tools (Numeric Rating Scale for patients able to self-report; Critical-Care Pain Observation Tool or Behavioral Pain Scale for patients unable to self-report) and multimodal analgesia with non-opioid analgesics and opioids.

The update issues five conditional recommendations based on moderate-to-low quality evidence:



CLINICAL PEARL

Anxiety

Insufficient evidence to provide recommendations on the use of benzodiazepines for treatment of anxiety in critically ill adult patients. Panel experts recognize that abrupt cessation of benzodiazepines when used for the treatment of chronic anxiety may provoke withdrawal, and continuation of therapy should be considered. Non-pharmacological therapies such as music and virtual reality may be beneficial; however, additional studies are warranted to provide a formal recommendation.

Delirium

Insufficient evidence to provide a recommendation for or against the use of antipsychotics (Conditional recommendation, low quality of evidence). Antipsychotics including haloperidol, quetiapine, and ziprasidone may slightly increase delirium-free days and reduce 28-day mortality however, no difference on duration of mechanical ventilation, intensive care unit (ICU) length of stay, or hospital length of stay were observed.

**Agitation/
Sedation**

Suggest dexmedetomidine over propofol for sedation in mechanically ventilated adults when light sedation and/or a reduction in delirium are the main priority (Conditional recommendation, moderate quality of evidence). This shift in practice stems from accumulated trials showing dexmedetomidine may reduce delirium risk, achieve higher rates of target sedation levels, and may reduce ICU length of stay despite increased incidence of bradycardia. Alternative sedatives should be considered when deep sedation levels are required or in those at high risk of bradycardia.

**Sleep
Disruption**

Suggest administering melatonin over no melatonin in critically ill adult patients (Conditional Recommendation, low quality of evidence). Thirty randomized controlled trials including 3739 adult ICU patients were used to provide the recommendation. Results demonstrated melatonin may reduce the prevalence of delirium but has minimal impact on the duration of delirium. While melatonin may slightly reduce ICU length of stay, no difference in duration of mechanical ventilation or hospital length of stay was observed.

Immobility

Enhanced mobilization compared with usual care reduces the proportion of patients that develop ICU-acquired weakness (Conditional recommendation, moderate quality of evidence). Enhanced mobility may decrease duration of delirium, mechanical ventilation duration, ICU and hospital length of stay.

CLINICAL PEARL

The 2025 SCCM PADIS guideline updates reinforce the pharmacist's role in prioritizing light sedation with a preference for dexmedetomidine, supporting melatonin as a low-risk option for sleep promotion, and cautioning against routine use of benzodiazepines for anxiety or antipsychotics for delirium. Overall, the guidelines promote a multi-modal approach where pharmacists can help optimize pharmacotherapy while promoting nonpharmacologic strategies including early mobilization and sleep preservation.

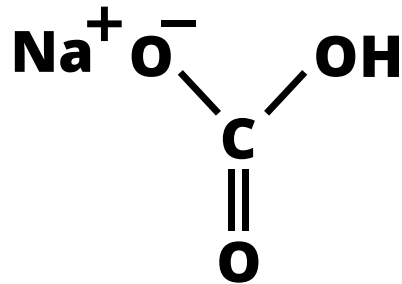
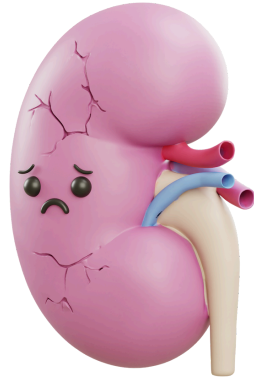
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CLINICAL PEARL

From Promise to Pause: Revisiting Sodium Bicarbonate Infusions after BICARICU-2

Danielle Wilson, PharmD



End-organ failure is a hallmark of the critically ill patient. The kidneys are a common organ impacted when perfusion is suboptimal leading to acute kidney injury (AKI). Once identified, it is enticing to consider placing critically ill patients experiencing severe AKI on renal replacement therapy (RRT). However, initiation of RRT in the ICU is independently associated with mortality rates ranging 40-60%.^{1,2} Therefore, it is clinically important to consider strategies that we can use to mitigate the initiation of RRT in critically ill patients when possible.

BICARICU-1 was a multicenter, open-label, randomized trial published in 2018, evaluating the impact of 4.2% sodium bicarbonate infusion on mortality and end-organ failure in patients with severe metabolic acidemia. In a prespecified Acute Kidney Injury Network (AKIN) stratum of scores 2 – 3, a survival benefit and reduction in RRT initiation was associated with sodium bicarbonate administration.³ Given the results for utilizing sodium bicarbonate infusion in patients with moderate to severe AKI and metabolic acidosis were only hypothesis generating in BICARICU-1, the BICARICU-2 trial was designed to replicate these results as the primary outcome.

BICARICU-2 is a multicenter, randomized, open-label trial conducted in France. To be included, patients had to have a SOFA score > 4 or lactate > 2 mmol/L, pH ≤ 7.20, serum bicarbonate < 20 mEq/L, PaCO₂ ≤ 45 mmHg, and moderate-to-severe AKI defined as KDIGO stages 2 and 3. Patients were excluded if they had proven bicarbonate wasting, exogenous acid poisoning, and RRT within the last 24 hours or planned to start in the next 6 hours. Participants were randomly assigned to receive either 4.2% sodium bicarbonate infusion or no infusion. The primary outcome was 90-day all-cause mortality with secondary outcomes including initiation of RRT, major adverse kidney events, and ICU length of stay.

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A total of 640 participants were randomized, with 627 included in the primary analysis (314 in the sodium bicarbonate group and 313 in the control group). Overall, the two groups were well balanced with a median age of 67 years, 60% male, median pH of 7.15, and approximately 53% were designated as having septic shock. The primary outcome of all-cause mortality at 90 days was similar between the sodium bicarbonate and control groups, 62.1% and 61.7%, respectively ($p = 0.91$). The hazard ratio for RRT initiation during the first 28 days favored sodium bicarbonate group, HR 0.59 (95% CI, 0.46 – 0.75). The primary reasons for initiation of RRT were oliguria (86%), refractory acidemia defined as a pH < 7.20 (55%), and elevated blood urea nitrogen levels (48%). In the per protocol analysis, 92% of participants received their assigned intervention and results were similar to the primary analysis.⁴

Compared with BICARICU-1, BICARICU-2 found no mortality benefit from the use of sodium bicarbonate in patients with moderate to severe AKI and metabolic acidosis. The difference in outcomes between the two trials is a reminder that subgroup analyses should be considered hypothesis-generating and interpreted cautiously, while primary outcomes obtained from well-designed RCTs can be used to draw conclusions. BICARICU-2 suggests sodium bicarbonate may delay RRT initiation; however, the open-label design may have biased clinicians toward earlier RRT in the control group and delayed initiation in the sodium bicarbonate group due to improved pH. The lack of association between mortality benefit and timing of RRT initiation aligns with STARRT-AKI, a trial where early versus delayed RRT strategies yielded similar mortality.⁵ Of note, the rates of mortality and RRT initiation were overall lower in the BICARICU-2 trial compared to BICARICU-1, possibly reflecting evolving practice regarding initiation of RRT in ICU patients in the years since the publication of BICARICU-1. With euvolemia being a common target in ICU patients with no consistent signal towards mortality benefit, routine use of sodium bicarbonate infusion should not be recommended for most patients with moderate-to-severe AKI and metabolic acidosis. Further studies should clarify whether any bicarbonate-based resuscitation strategy improves patient-centered outcomes in this patient population.

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COMMENTARY

**Patient-level outcomes in open versus closed ICU practice models:
implications for pharmacy practice**

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Introduction

Since the 1950s, intensive care units (ICUs) evolved to group critically ill patients based on injury for more efficient access to specialized medical resources and healthcare professionals (Gutsche, 2013). Currently, ICUs share common characteristics in their design, including dedicated spaces, specialized monitoring capabilities, critical resuscitative resources, lower nurse-to-patient ratios usually 1:1 or 1:2, and highly trained interprofessional staff members (Gutsche, 2013). ICUs can be considered as having either “open” or “closed” practice models. In closed units (C-ICU), the intensivist assumes primary responsibility for all aspects of patient care, from admission and triage to management and transitions of care; whereas, in open units (O-ICU), the primary attending physician remains responsible for patient care and intensivists provide consultative services (Gutsche, 2013). This narrative review sought to perform a more contemporary evaluation of the patient-level outcomes in O-ICUs versus C-ICUs and outline the role of clinical pharmacists.

Methods

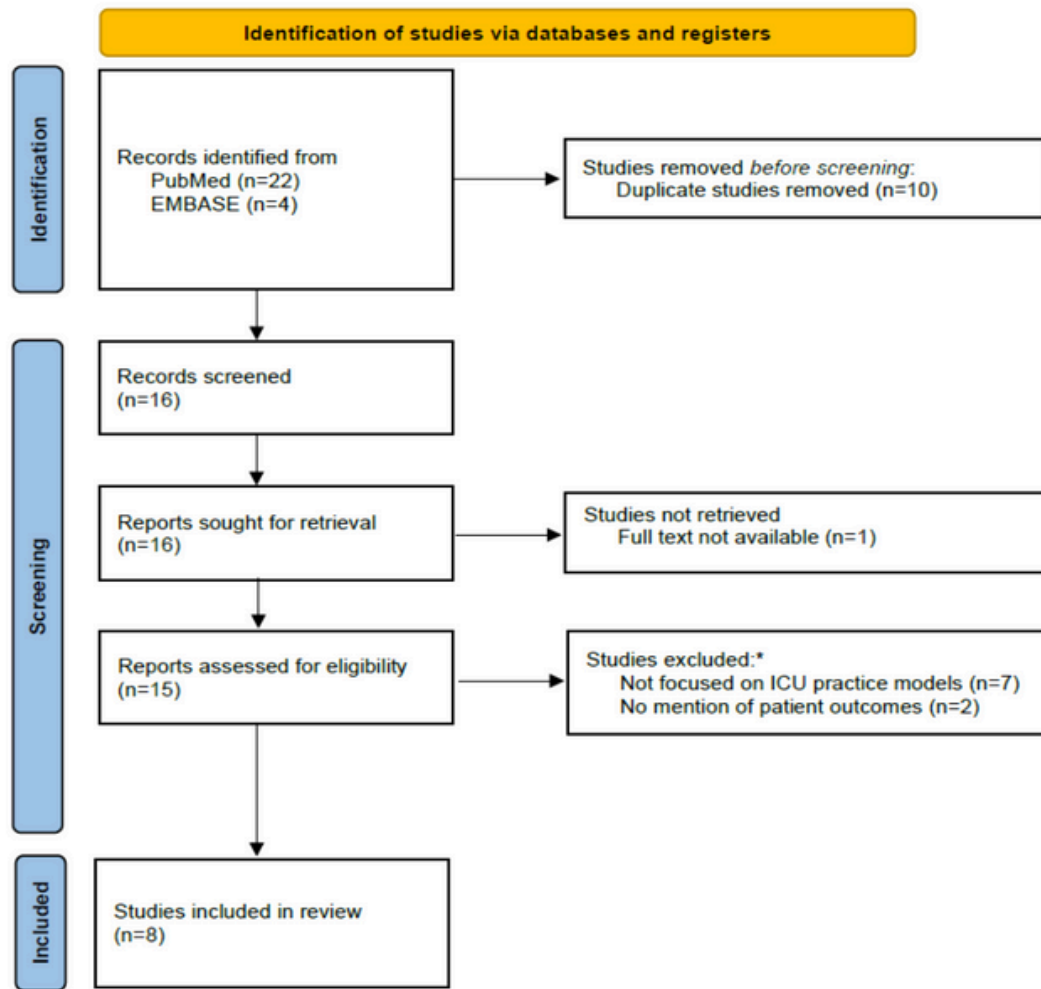
A literature search was conducted across PubMed in September 2025 using the search terms “open versus closed ICU models” for studies published between 2000-2025. Inclusion criteria were direct comparison of open versus closed ICU models and mention of any clinical patient-level outcome(s). Exclusion criteria were lack of available abstract, non-English language publications, and non-human studies.

Results

The initial search generated 22 eligible studies, of which 12 were screened for inclusion and 5 met inclusion criteria. Other databases beyond PubMed were searched using the same conditions; this yielded 4 eligible studies, of which 3 met inclusion criteria. A total of 8 studies were included in this analysis. The full literature search process is documented in the PRISMA diagram in Figure 1 and key characteristics of included studies are summarized in Table 1.

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Figure 1. PRISMA Diagram of Literature Search Process



*Multiple exclusion reasons could apply to a given study.

Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Table 1. Comparative Evaluation of Patient-Level Outcomes

Study	Design	Patients	Outcomes O-ICU vs C-ICU
Yao, 2023 (USA)	SC, R cohort	<ul style="list-style-type: none"> N=1669 A Surgical ICU Level I trauma center n=895 O-ICU: 2015-2017 n=774 C-ICU: 2017-2019 	<ul style="list-style-type: none"> Injury severity score: 21.5±12.14 vs 25.10±2.72; P<0.0001 Mortality rate: 11.4% vs 13.2%; P=0.27 Mean ICU LOS (days): 4.85±6.23 vs 4.37±4.94; P=0.08 Median ICU charges: \$7,784.50 vs \$8,986.53; P=0.53 Incidence of complications <ul style="list-style-type: none"> Stroke: P=0.34 Pulmonary embolism: P=0.74 Sepsis: P=0.06

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Study	Design	Patients	Outcomes O-ICU vs C-ICU
Adams, 2022 (USA)	SC, R cohort	<ul style="list-style-type: none"> • N=549 MV, A • Mixed ICU • Community hospital • n=285 O-ICU: 2014-2015 • n=264 C-ICU: 2015-2016 	<ul style="list-style-type: none"> • In-hospital mortality rate: 40.7% vs 38.6%; aOR 0.82 (95%CI 0.56-1.18); P=0.28 • Median ICU LOS (days): 5.8 vs 2.7; P<0.001 • Median hospital LOS (days): 10.9 vs 7.3; P<0.001 • Median direct hospital costs: \$16,197 vs \$12,731; P<0.009 • Median MV duration (days): 3.71 vs 1.50; P<0.001 • Incidence of complications: 19% vs 3.8%; P<0.001
Miller, 2021 (USA)	SC, R cohort	<ul style="list-style-type: none"> • N=3996 A • Cardiac ICU • Academic teaching hospital • n=2226 O-ICU: 2013-2015 • n=1770 C-ICU: 2015-2017 	<ul style="list-style-type: none"> • In-hospital mortality rate <ul style="list-style-type: none"> ◦ Unadjusted: 9.6% vs 8.9%; P=0.42 ◦ aOR 0.69 (95%CI 0.53-0.90); P=0.007 (favors C-ICU) • Cardiac ICU mortality: aOR 0.70 (95%CI 0.52-0.94); P<0.02 (favored C-ICU) • Median ICU LOS (days): 2 vs 2; P=0.29 <ul style="list-style-type: none"> ◦ Adjusted: HR 0.99 (95%CI 1.02-1.16); P=0.95 • Median total hospital charges: \$28,588 vs \$28,537; P=0.75
Ogura, 2018 (Japan)	MC, R, post hoc analysis (Japan Septic Disseminated Intravascular Coagulation study)	<ul style="list-style-type: none"> • N=2495 septic A • Medical and surgical ICUs • 2011-2013 • n=979 O-ICU • n=1516 C-ICU 	<ul style="list-style-type: none"> • Acuity of illness scores in C-ICU > O-ICU <ul style="list-style-type: none"> ◦ APACHE II: P<0.001 ◦ SOFA: P=0.004 • Survival to ICU discharge: OR 1.59 (95% CI 1.28-1.83); P=0.001 (favored C-ICU) • Sensitivity analysis for survival: 71.8% vs 65.2%, OR 1.41 (95%CI 1.12-1.77); P=0.011 (favored C-ICU)
Hackner, 2015 (USA)	SC, R cohort	<ul style="list-style-type: none"> • N=2602 A • 2 medical ICUs • 2006-2007 • Urban academic community hospital • n=1391 O-ICU • n=1211 C-ICU 	<ul style="list-style-type: none"> • In-hospital mortality: 24.7% vs 19.2%; P<0.001 <ul style="list-style-type: none"> ◦ Patients admitted from wards: 32% vs 22%; P=0.003 ◦ Patients admitted from ED: 17% vs 16.6%; P=0.91 • Median hospital LOS (days): 12 vs 10; P<0.02 • Median ICU LOS (days): 2.5 vs 2.2; P=0.38 • Adjusted median total hospital cost index (O-ICU/C-ICU): 1.07; P=NS

COMMENTARY

Study	Design	Patients	Outcomes O-ICU vs C-ICU
Gabler, 2013 (USA)	MC, R cohort	<ul style="list-style-type: none"> • N=264,401 A • 155 medical-surgical ICUs • 2001-2008 • n=245,184 O-ICU • n=19,025 C-ICU 	<ul style="list-style-type: none"> • In-hospital mortality: OR 1.01 (95%CI 0.99-1.03) vs OR 1.07 (95%CI 1.02-1.12); P=0.02 • Relationship between mortality and ICU census was stronger when higher acuity patients were admitted (P<0.01)
Cooke, 2008 (USA)	MC, P cohort	<ul style="list-style-type: none"> • N=759 MV A with acute lung injury • 23 medical ICUs • 1999-2000 • n=277 O-ICU • n=482 C-ICU 	<ul style="list-style-type: none"> • Mean day 3 VT (mL/kg): 10.8±2.9 vs 9.3±2.3; P<0.001 • Receiving lower VT ≤6.5 mL/kg: 5% vs 11%; P=0.004 • Receiving higher VT ≥12 mL/kg: 31% vs 10%; P<0.001 • Plateau pressure measurement by day 3: 69% vs 80%; OR 0.91 (95% CI 0.17-4.76; P<0.001) • PEEP at day 3 (mmHg): mean difference 0.3 (95% CI -1.0-1.0)
Treggiari, 2007 (USA)	MC, P cohort	<ul style="list-style-type: none"> • N=1075 A with acute lung injury • 24 surgical and medical ICUs • n=391 O-ICU • n=684 C-ICU 	<ul style="list-style-type: none"> • In-hospital mortality: aOR 0.68 (95%CI 0.53–0.89); P=0.004 (favored C-ICU) ◦ Pulmonologist consultation in O-ICU: aOR 0.94 (95% CI 0.74-1.20); P=0.62 • Median hospital LOS ◦ Survivors: aOR 0.99 (95% CI 0.86-1.13); P=0.87 ◦ Non-survivors: aOR 1.00 (95% CI 0.91-1.09); P=0.97 • Pharmacist involvement in rounds: 80% vs 83%

Abbreviations: A = adults; aOR = adjusted odds ratio; CI = confidence interval; C-ICU = closed intensive care unit; ED = emergency department; HR = hazard ratio; ICU = intensive care unit; LOS = length of stay; MC = multi-center; MV = mechanically ventilated; O-ICU = open intensive care unit; P = prospective; PEEP = positive end-expiratory pressure; R = retrospective; SC = single-center; USA = United States of America; VT = tidal volume

Several systematic reviews/meta-analyses published from 2000-2025 have evaluated the association between ICU practice models and patient outcomes. An evaluation of 26 studies of no intensivist consultation or mandatory intensivist consultation determined significantly reduced in-hospital mortality and ICU mortality with C-ICUs [pooled estimate of relative risks 0.71 (95%CI 0.62-0.82) and 0.61 (95%CI 0.50-0.75), respectively] (Pronovost, 2002). This effect was conserved after adjustment for heterogeneity of caseloads (Pronovost, 2002).

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Subsequently, a meta-analysis of 52 studies also confirmed the significantly reduced in-hospital and ICU mortality with C-ICUs [risk ratios 0.83 (95%CI 0.70-0.99) and 0.81 (95%CI 0.68-0.96), respectively] (Wilcox, 2013). This effect was most pronounced in surgical and medical-surgical ICUs and was most observed from 2000-2009 (Wilcox, 2013). A meta-analysis of 5 studies from 1992-2007 found significantly higher mortality rates in O-ICUs (odds ratio 1.31, 95%CI 1.17-1.48); of the various specialized interventions assessed, only central line placement showed a significantly higher association (44% higher odds) among patients in O-ICUs (Yang, 2019). Most recently, a meta-analysis of 90 studies further confirmed the significant decrease in ICU mortality and hospital mortality [relative risk 1.16 (95%CI 1.07-1.27) and 1.12 (95%CI 1.03-1.22), respectively] in C-ICUs, while also finding significantly higher ICU LOS in O-ICUs (mean difference 0.43, 95%CI 0.01-0.85) (Vahedian-Azimi, 2021).

Pharmacy Implications

The active involvement of pharmacists in patient care teams has been proven to improve patient outcomes in the ICU; however, the pharmacist's impact based on the ICU practice model has been infrequently evaluated in the literature. Among the previously presented studies, only one presented pharmacist interventions, highlighting the slight difference in the number of pharmacist recommendations regarding prescription medications in open versus closed units (80% and 83%, respectively) (Treggiari, 2007). While the pharmacist's role in medication consultations was established in this study, there was no additional information describing specifics of the consultations (e.g., pharmacokinetics, drug interactions, therapeutic duplications) or impacts on patient outcomes.

A single-center pre/post assessment concluded that pharmacist involvement in daily ICU physician rounds lowered the rate of preventable adverse drug events by 66% over a 2-year period; additionally, 99% of pharmacists' recommendations were accepted by physicians (Leape, 1999). An assessment of 2004 Medicare provider database ICU charges found that pharmacist involvement in ICU patient care for nosocomial infections, community-acquired infections, and sepsis resulted in improvement of clinical (mortality rates, ICU LOS) and economic outcomes (extra billings, drug charges, laboratory charges), justifying the employment of clinical ICU pharmacists (MacLaren, 2008). Notably, ICUs without clinical pharmacists had significantly higher total Medicare billings for nosocomial infections, community-acquired infections, and sepsis [12% (\$132,978,807), 11.9% (\$32,240,378), and 12.9% (\$224,694,784), respectively] (MacLaren, 2008).

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C-ICU practice models generally showed better outcomes than open models, especially for in-hospital and ICU mortality. C-ICUs involve dedicated intensivist-led teams that often include clinical pharmacists as core members. Pharmacists go on daily rounds with the ICU team and are constantly contributing to medication selection, dose optimization, prevention of adverse drug events by tracking renal/hepatic dose adjustments and monitoring therapeutic drug levels, thus reducing medication-related complications. In closed models, the clinical pharmacist is also solely dedicated to ICU patient care and medication safety, abiding by protocol adherence such as VTE prophylaxis, antimicrobial stewardship, and insulin management. Pharmacists can identify protocol deviations early and monitor drug interactions, thus improving patient safety. Furthermore, clinical pharmacists in C-ICUs provide dedicated staff education on medication use processes and lead quality improvement projects, to ensure patient and medication safety. In C-ICUs, dedicated pharmacists can also manage transitions of care including medication reconciliations, patient counseling, and handoff to outpatient teams. This can aid in preventing ICU and hospital readmissions, and in turn can also become a cost savings measure.

Conclusion

Among the studies evaluated, interventions by nurses, intensivists, and surgeons were assessed in various ICU patient populations, yet studies did not specify interventions completed by pharmacists nor the impact of medication-related interventions on the observed patient outcomes. Prospective, randomized controlled studies are needed to quantify the impact of clinical pharmacist involvement in different ICU practice models.

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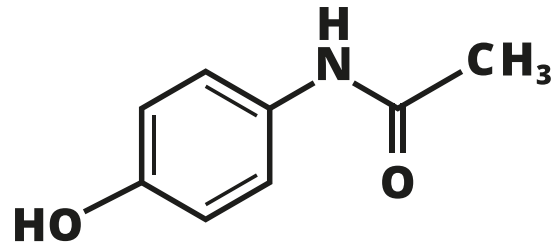
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SPECIAL INSIGHTS

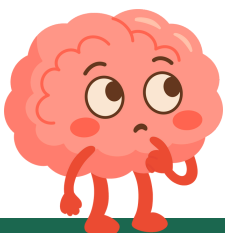
A Review of Recent Updates Regarding Acetaminophen Use in Pregnancy

Vivian Rodriguez, PharmD and Madison Gibson, PharmD, CPh, BCPS



Acetaminophen is a nonopioid analgesic used to reduce pain and fever. Acetaminophen is one of the few pharmacologic therapies that is safe and effective for pain relief during pregnancy. Fever during pregnancy can have potential adverse effects on both mother and developing fetus including increased risk of preterm labor and delivery, increased risk of maternal infection, increased risk of birth defects. In September, the Food and Drug Administration issued a physician notice and began the process to initiate a safety label change for acetaminophen due to concerns of adverse neurodevelopmental outcomes.

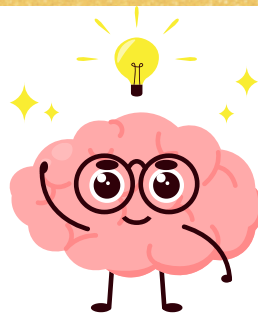
Several major professional organizations provided statements regarding this safety label change. The American College of Obstetricians and Gynecologists reaffirms that acetaminophen remains the analgesic and antipyretic of choice during pregnancy. The American Academy of Family Practitioners emphasized that acetaminophen as a single agent does not increase fetal risk in any trimester and is considered safe for use in pregnancy. Similarly, the Society for Maternal Fetal Medicine noted acetaminophen use during pregnancy has not been shown to cause or increase the risk of autism or other neurobehavioral problems in children. These organizations reported that the overall evidence does not show a causal link between acetaminophen use in pregnancy and neurodevelopmental disorders.



SPECIAL INSIGHTS

Several observational studies have found associations between prenatal acetaminophen exposure and an increased risk of autism spectrum disorder or ADHD, with higher exposure levels or more frequent use linked to greater risk. However, these studies do not demonstrate causation due to potential confounding variables such as maternal recall and underlying illness. The 2024 JAMA cohort study of nearly 2.5 million pregnancies found that while initial analyses showed small associations between prenatal acetaminophen exposure and diagnoses of autism, ADHD, or intellectual disability, these associations were no longer seen when comparing siblings where one was exposed and the other was not. The authors concluded that the observed risks were likely due to familial or genetic factors rather than acetaminophen.

Currently, there is insufficient evidence to establish a clear correlation between acetaminophen use in pregnancy and neurological disorders in children. Based on the available evidence, acetaminophen can continue to be safely used for pain relief in pregnant patients when used as directed.



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MENTOR OF THE YEAR 2025



The 2024-2025 FSHP Mentor of the Year was awarded to Dr. Tanya Nelson from Janssen Scientific Affairs.

Dr. Nelson has been part of the FSHP Mentor-Mentee Program since it was started back in 2018. She has demonstrated nothing but true dedication and inspiring mentorship to our future pharmacists.

Below is what her mentee, Minah Nayeri, had to say about her experience with Tanya:

My mentor has gone above and beyond in supporting me both personally and professionally. From the very beginning of our mentor-mentee relationship, she helped me clarify my post-graduation goals and guided me through every step of the process — from fellowship exploration to refining my CV and preparing for interviews. She consistently makes time for our monthly meetings, offering thoughtful and actionable feedback. Tanya also reviews my materials in between meetings and checks in regularly to ensure I feel supported and confident in my next steps. Her commitment has been truly remarkable. This mentorship has significantly shaped my professional outlook. Her insights into the pharmaceutical industry, along with her honest advice and encouragement, have empowered me to pursue opportunities I might not have considered on my own. I feel more confident in my abilities, more strategic about my goals, and more motivated to contribute meaningfully to the field of pharmacy thanks to her mentorship. Dr. Nelson truly deserves to be recognized for her role in mentoring not only me, but also other amazing students. She genuinely loves to give back, and it shows in everything she does. On a personal note, we've also built a beautiful relationship beyond this program — something I deeply cherish and that means the world to me.

LEGAL AND REGULATORY UPDATE

The 2026 Legislative Session begins Jan 13, 2026. FSHP is well poised to advocate for our profession thanks to our lobbyist group, GrayRobinson.

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Our GrayRobinson Team



Chris Dawson

Senior Associate
Attorney/Government
consultant



David Allen

Attorney and lobbyist
specializing in health care and
regulated industries



Kylee Anzueto

Governmental Affairs
Advisor

GrayRobinson is a multidimensional team of attorneys, advisors, and consultants recognized as one of the most influential legal and lobbying firms in Florida. Their nearly 300 professionals partner with successful businesses and organizations nationally from 16 offices across Florida and Washington, D.C. Their government affairs and lobbying efforts help FSHP by shaping Florida policy and appropriations, including drafting legislation, securing funding, protecting critical programs, and defeating harmful proposals impacting health systems and providers. They help warn us of emerging risks and opportunities through continuous, proactive engagement of monitoring bills, amendments, appropriations requests, agency rulemaking, and grant opportunities. Their statewide presence with 15 Florida offices promotes strong local relationships and the ability to align state-level advocacy with community priorities and regional health needs. They have a uniquely integrated legal-lobbying model at the intersection of law and politics. It combines policy strategy, legal insight, and political acumen, backed by consistent recognition as one of Florida's top five lobbying firms and Influence Magazine's Legal-Lobbying Firm of the Year.

LEGAL AND REGULATORY UPDATE

GrayRobinson helps FSHP with our strategic legislative plan that includes:

- Setting up meetings between FSHP Leadership and House and Senate leadership to discuss pharmacist value and legislation that supports that value
- Advising a Political Action Committee (PAC) giving plan that supports legislators who are in a position to support us regardless of party affiliation
- Updating us on bill tracking that impacts pharmacy
- Identifying bill sponsors for our legislation
- Informing FSHP on political issues impacting us

Our legislative successes are strongly influenced by GrayRobinson's collaborative work with the Florida Medical Association coupled with our connection with the Florida Pharmacists in Managed Care and the Florida Pharmacy Association.

Currently many bills are in the drafting/filing stage and are trickling in. FSHP is supporting a bill in 2026 that would allow consultant pharmacists to work in physician-owned clinics that work for a hospital (SB 1142). In addition, we have advocated for revision of the white bagging legislation (SB 1550) passed in 2023, and this is currently being drafted.

Other Items of Interest

- Bills that have been filed and need a watchful oversight include The Speaker of the House HB "Florida's New Frontier in Healthcare," the package is built around the "Big Beautiful Healthcare Frontier Act" ([HB 693](#)), and the Prescription Reduction Incentives and Competition Enhancement Act, or PRICE Act ([HB 697](#)).
- SB 860 "Compounded Drugs" which limits compounding of prescription medications.
- If history repeats itself, we are expecting a bill that removes pharmacists from community pharmacies and replaces them with pharmacy technicians with remote pharmacist oversight. This bill is typically sponsored by chain pharmacy.
- We continue to advocate for payment for pharmacist services apart from the dispensing of prescriptions.

FSHP Legislative Days in Tallahassee will be held Tues Jan 27th and Wednesday Jan 28. If you are interested in attending, please reach out to Tamekia for more information. We are grateful to Representative Shane Abbott, RPh, pharmacist and Gallop Franklin, Pharm D and hospital pharmacist.

MEMBER SPOTLIGHT

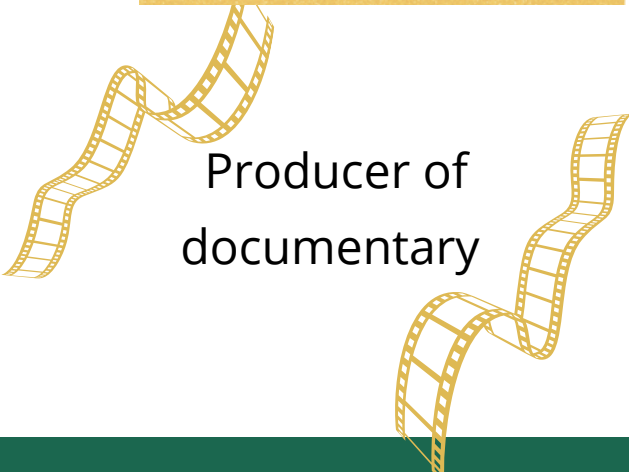


Dr. Jay Blake is currently an inpatient clinical pharmacist at Baptist Health System of Homestead. Prior to that, he was clinical pharmacist at Jackson Memorial Ambulatory Clinic working in the areas of anticoagulation and medication adherence in the areas of diabetes, hypertension, and dyslipidemia. He's currently enjoying his new role as a inpatient pharmacist and works with an excellent staff who are all members of FSHP.

He has been an active member with FSHP and SFSHP for 29 years. He became active with the society as a student and admits that it has helped him grow as a pharmacist, leader and advocate. He has served in various roles as FSHP Speaker of the House, SFSHP President (twice), member of various FSHP councils, and currently is the secretary for SFSHP. He is looking forward to continued services to FSHP and his local chapter and mentoring incoming board and councils of his local chapter.

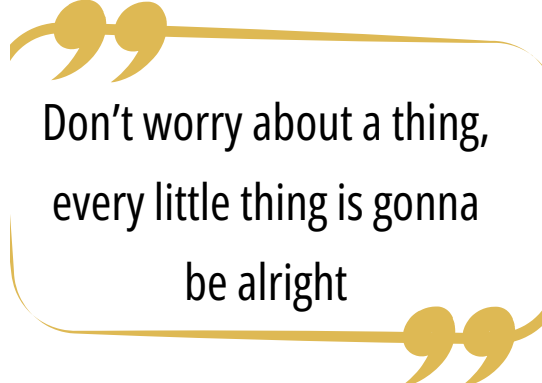
Dr. Blake loves to travel and visit new restaurants in the Miami-Dade and Broward area. He's newest hobby is working on cars with the goal of restoring a car in the future (fingers crossed). Membership in a society is vital for our advocacy and growth of our profession.

Dream Job



Producer of
documentary

Favorite Quote



Don't worry about a thing,
every little thing is gonna
be alright



MEMBER SPOTLIGHT

What Do Dr. Blake's Peers Say

A Pillar of Leadership and Service

For over three decades, Dr. Jay Blake has been a dedicated member of the South Florida Society of Health-System Pharmacists (SFSHP), currently serving as the society's Secretary. A proud graduate of Nova Southeastern University, Dr. Blake's career has spanned key roles at Jackson Memorial Hospital and, most recently, Baptist Homestead Hospital. Throughout his tenure with SFSHP, Dr. Blake has exemplified leadership, serving as President twice and making a lasting impact at the state level as FSHP Speaker of the House. His commitment extends beyond leadership titles. He has actively contributed to numerous FSHP councils, shaping the profession and advocating for advancements in pharmacy practice.

Reflecting on his journey, Dr. Blake shares: "It has been an honor to serve both SFSHP and FSHP over the years. The knowledge I've gained and the connections I've made with colleagues across the state have truly guided my career. I encourage everyone to get involved with their local and state associations. Engagement is the key to growth, both personally and professionally."

FSHP and SFSHP is proud to spotlight Dr. Jay Blake, whose passion and dedication continue to inspire the next generation of pharmacy professionals. Thank you, Dr. Blake, for your unwavering commitment to our society and the profession!


MEMBERSHIP COUNCIL HIGHLIGHTS

The Membership Affairs Council operational charges for 2026



**Communication
Liaison**

The council established Mitch Purse and Joe Mendes as designated liaisons to serve as designated liaisons to the FSHP Communications Council. They will ensure alignment on communication workflows, social media coordination, and long-range messaging strategies.



**Increase
Memberships**

To support member recruitment and retention, the council reviewed the FSHP Member Benefits Survey and began identifying opportunities to enhance perceived value. Early discussions explored benchmarking against organizations such as ASHP, with next steps focused on building outreach messaging and analyzing past feedback to refine recruitment efforts.



**Mentorship
Program**

The team paired 54 mentor/mentee matches. Efforts are underway to refine matching criteria, improve program structure, and ensure consistent touchpoints that foster meaningful mentorship relationships.



**Mentor of the
Year Award**

The council reviewed and updated the award rubric and began preparing the timeline for nominations and communication materials. A tentative release date of June 1, 2026 was set for the upcoming award cycle, ensuring adequate preparation and transparency in the selection process.

MEMBERSHIP COUNCIL HIGHLIGHTS



New Graduate Engagement

Initial steps focused on identifying historical engagement practices with pharmacy schools, expanding outreach strategies, and coordinating efforts across the state. The council aims to help new graduates transition from student to professional membership by strengthening onboarding communications and highlighting value-added benefits.



Group Membership Expansion

The committee reviewed historical group membership data and evaluated the tiered group-rate model. Work has begun on drafting site-specific recruitment messages and identifying institutions with growth potential. Future steps include targeted outreach and refining incentives to broaden organizational enrollment.



Industry Professional Engagement

Survey results from exhibitors were analyzed to better understand the needs of industry professionals. Feedback highlighted interest in networking, visibility, and recognition. Action steps include incorporating these insights into membership benefits and improving communication around spotlight opportunities.



Member Recognition

The committee began developing tiered recognition pathways (e.g., 20-year milestones, spotlight features). Processes are being established to identify members for recognition, craft spotlight write-ups, and coordinate postings with Communications. We've identified several candidates and have started creating member recognition biographies. The team will notify the appropriate contacts when new spotlights are ready for publication.

EM/CC CLINICAL FORUM UPDATE

The Emergency Medicine/Critical Care Clinical Forum continues to thrive in its fourth year as a component of the Florida Society of Health-System Pharmacists (FSHP). The forum is supported by 29 engaged members who meet monthly to share best practices, discuss updates in literature, and present emerging clinical topics. This has created a unique opportunity to share expertise amongst many critical care practices in Florida.

In addition to our clinical collaboration, the forum has contributed to several continuing education initiatives throughout the year. In August, forum members played a key role in the development of the emergency medicine and critical care tracks at the FSHP Annual Meeting. Session topics ranged from a panel discussion of innovations in emergency medicine to blood pressure management across various shock states. The annual meeting also provided an opportunity for members to gather and connect during our forum networking reception thanks to our sponsor SERB Pharmaceuticals. Dr. Spencer Green, MD, MS, FACEP, FACMT, FAAEM, FAACT presented “Crotaline Snakebite Management: The Role of CROFAB(R) Crotalide Polyvalent Immune Fab (Ovine)” to our group of over 60 pharmacists.



Throughout the year we contributed to the FLORxIDA Times clinical pearls to share updates in the management of status epilepticus and alcohol withdrawal. Additionally, we created a Fast Phacts video to highlight the importance of the Stop the Bleed® program. In September, the forum hosted a continuing education webinar titled “The Beat Goes On: Overview of Cardiogenic Shock and Mechanical Circulatory Support,” with 45 attendees. The forum also coordinated a CE event for PGY1 and PGY2 pharmacy residents to present and discuss their research projects, allowing this work to be shared with our FSHP members this past spring.

The Emergency Medicine/Critical Care Clinical Forum is fortunate to be supported by a dedicated group of pharmacists committed to advancing critical care practice in Florida and looks forward to continued growth and collaboration in the new year!

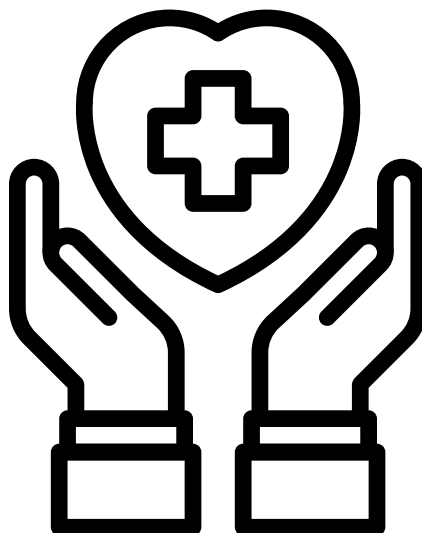
AMBULATORY CARE UPDATE

Council Accomplishments

- Hosted Ambulatory Care Networking Event at FSHP Annual Meeting
- Hosted “Practical Applications of AI in Ambulatory Care Pharmacy webinar in June 2025
- Maintaining a portal for primary care articles and billing guide

Ongoing plans

- Engage and expand Ambulatory Care pharmacist membership and involvement in FSHP
- Host an open meeting for interested pharmacists
- Use FSHP’s new website to create an Ambulatory Care community group
- Provide Ambulatory Care resources on the website
- Host a networking event at the next FSHP Annual Meeting
- Provide a wellness focused webinar in the Spring



REGIONAL SOCIETY UPDATE

North Central FL Society of Health-System Pharmacists

The North Central Florida Society is a FSHP regional affiliate serving Gainesville, Alachua, Lake City and the surrounding area. We would like to highlight several educational and community health events that our members led over the last year.

Our society hosted a live, virtual continuing education event titled “Dollars and Doses: a Pharmacist’s Guide to Health-System Finance.” The presenter, Dr. Amy Rosenberg, Director of Inpatient Pharmacy Services at UF Health Shands Hospital, discussed financial challenges facing health-system pharmacy and dove into financial operating reports and other tools for pharmacy budget management. The event was well attended by pharmacy leaders, clinical pharmacists, and pharmacy students.

We also had several sponsored dinners to learn about different disease states and medicines from varying medical science liaisons, including Polycythemia Vera presented by PharmaEssentia and Fetroja® (cefiderocol) presented by SHIONOGI. The audience included students from the SSHP chapter at the University of Florida College of Pharmacy Gainesville chapter as well as pharmacy technicians and pharmacists from different backgrounds.

Several members of our chapter participated in the 2025 Alachua County Heart Walk at Celebration Pointe in Gainesville, raising \$269.09 for the American Heart Association, with the overall event raising \$214,928.56. Participants endured the rainy day in good spirits and walked 3 miles in support of this foundation.

REGIONAL SOCIETY UPDATE

Lastly, we would like to recognize two of our members who served as FSHP officers over the last year. Dr. Amy Rosenberg served as the FSHP treasurer, and Dr. Nicole Reardon served as the Chair of the House of Delegates. We are grateful for their service to FSHP and to the pharmacy profession.

We look forward to welcoming a new slate of regional officers in January and engaging our members in more educational and bonding activities over the next year.



REGIONAL SOCIETY UPDATE

Southwest Society of Health-System Pharmacists

Wrapping Up 2025 and Looking Ahead to 2026

As we close out 2025, we have so much to be thankful for! First and foremost, thank you to our outgoing SWFSHP Board and Liaison members for your time, energy, and dedication in coordinating this year's events. Your efforts have been instrumental in advancing our mission. We also extend congratulations to our newly elected Board and Liaison members—we're excited to continue building momentum together as we head into 2026!

Highlights from the Last Quarter of 2025

- **Tampa Bay Residency Forum Preceptor Development Event:** In October, we proudly supported TBRF's virtual Preceptor Development session, which featured timely topics such as motivating pharmacy learners, preventing and managing preceptor burnout, and exploring the role of Artificial Intelligence (AI) in pharmacy training. A big thank you to our SWFSHP Liaisons and presenters for delivering such impactful content!
- **Community Brown Bag Event:** Also in October, SWFSHP hosted a brown bag event for local residents. We were thrilled to see pharmacists, USF Taneja College of Pharmacy students, and community members come together to promote medication safety and awareness. We look forward to expanding these outreach efforts in the coming year.
- **Consultant Pharmacist CE Roundtable Lunch:** In November, we gathered for a lively CE roundtable featuring discussions on AI in Pharmacy Practice, Career Ladders and Retention, and Metrics & Dashboards for Operational Excellence. Special thanks to facilitators Sandra Cabezas and Kevin Woessner for leading these engaging conversations!



REGIONAL SOCIETY UPDATE

Looking Ahead

As we move into 2026, SWFSHP remains committed to delivering high-quality continuing education, community engagement, and networking opportunities. We can't wait to kick off the new year with our Annual Kick-Off Social—stay tuned for details!

Thank you for being part of our vibrant pharmacy community. Together, we're shaping the future of health-system pharmacy in Southwest Florida!

Best regards,

Les Loudon

SWFSHP President

REGIONAL SOCIETY UPDATE

South Florida Society of Health-System Pharmacists

The South Florida Society of Health-System Pharmacists (SFSHP) continues to advance member engagement, leadership development, and professional collaboration across our region. This past year was marked by program expansion, governance improvements, and meaningful contributions from our dedicated members and volunteers. We are excited to share highlights and introduce our newly elected officers for the 2026 leadership term.

Introducing the Newly Elected 2026 Board

Following strong member participation in our recent election cycle, we proudly announce the incoming SFSHP leadership team:

- President:** Angelica Berni
- President-Elect:** Leyner Martinez
- Secretary:** John Lamarque
- Treasurer:** Janelle Christian
- Treasurer-Elect:** Luis Alfonso
- Education Chair:** Natalie Lopez
- Membership Chair:** Marie Else-Ade
- Marketing Coordinator:** Jeremy Espeut



Angelica Berni



Leyner Martinez

Message from Our New President, Angelica Berni

"I am honored and excited to serve as president this year, with a commitment to deepening member engagement and expanding educational and networking opportunities throughout South Florida. Together, we will continue elevating our profession and strengthening the voice of pharmacy in our region."

Member Spotlight: Michael DeCoske earns CPEL

We proudly recognize Michael DeCoske for earning the prestigious ASHP Certified Pharmacy Executive Leader (CPEL) distinction, listed in the September 2025 national capstone roster. The CPEL credential validates excellence in leadership competencies including operations, clinical oversight, workforce development, quality initiatives, and strategic planning. Michael's achievement reflects the outstanding leadership talent emerging from South Florida.

REGIONAL SOCIETY UPDATE

Celebrating Member Contributions: Jay Blake

We also highlight the exceptional service of Jay Blake, whose longstanding contributions have strengthened SFSHP's operations and member experience. Jay played an instrumental role in unifying volunteers and leading the successful update of the society's Bylaws, an effort that will have long-lasting impact on transparency, structure, and representation.

Governance Update: Bylaws Revision Approved

Members approved a major Bylaws update this year, focused on strengthening accountability and broadening representation. Key changes include:

- Cross-checking of financial oversight by board members outside the president/treasurer roles
- Expanding board eligibility to include pharmacy technicians, students, and residents

These revisions modernize our governance structure and better reflect the diversity of our pharmacy workforce.

Consultant Pharmacist CE Series & 2026 CE Calendar

Our Consultant CE Series continues to be one of our most successful educational initiatives, drawing approximately 90 attendees per session and providing high-quality continuing education at no cost to members. Topics this past year included anticoagulation, infectious diseases, analgesia, transplant practice, and shock syndromes.

For 2026, we are excited to offer the following CE events:

- March 7: Critical Care & Cardiology
- May 2: Transplant
- July 11: Infectious Disease
- September 5: Ambulatory Care

-Topics are selected based on community relevance, guideline updates, and timely practice changes to ensure high-value learning for all members.

Membership Growth & Engagement

SFSHP continues to experience growth, particularly among pharmacy technicians, a priority area for the society. We look forward to expanding opportunities for networking, leadership development, and interprofessional collaboration throughout 2026.

STUDENT CHAPTER UPDATE

Nova Southeastern University- Student Chapter Highlights

On November 20th, 2025, the NSU-SSHP student chapter hosted its 17th Annual Residency Workshop. This event was designed to help student pharmacists learn more about residency training and career opportunities within health system pharmacy. Students from all professional years were brought together and provided direct access to residency programs, pharmacists, and current residents. The goal of the event was to support students as they explore post graduate training and prepare for future career decisions.

The event followed a three-hour program. During the first hour, students were able to walk around the room and interact with all program booths. This gave them the chance to ask questions and learn about a wide range of programs in a more open setting. The second hour included dinner and a keynote presentation by Dr. Gina Riggi, PGY2 Critical Care Pharmacy Residency Program Director from Jackson Memorial Hospital. Dr. Riggi shared practical advice about residency and spoke about her own professional journey, which many students found both helpful and reassuring. The final hour consisted of roundtable discussions, where students selected their top four programs of interest and rotated between tables. These smaller group conversations allowed students to connect more personally with pharmacists and gain deeper insight into each program.

More than 33 residency programs participated in the workshop, representing a wide range of practice setting and specialties. This allowed students to explore different training environments and gain insight into the paths available within residency. By speaking directly with program directors, preceptors and current residents, students were able to better understand what programs value in applicants and how expectations differ across various sites. These conversations helped students feel more informed and prepared as they considered the path of residency. The workshop also created space for thoughtful questions and meaningful discussion among students and pharmacists. Students were encouraged to share their concerns, reflect on their personal goals, and learn from the experiences of others. Hearing similar questions and challenges helped students feel less alone in the residency process. These conversations normalized uncertainty and reminded students that growth often comes from asking questions and seeking support. The discussions emphasized the importance of mentorship and reinforced the idea that guidance plays a key role throughout pharmacy school and beyond.

STUDENT CHAPTER UPDATE

Planning the workshop required strong collaboration, leadership, and attention to detail. The SSHP interprofessional chairs worked closely together to coordinate logistics, communicate with participating residency programs, and support students before and during the event. Each member contributed to ensuring the workshop was organized and welcoming. Clear communication and teamwork allowed the event to run smoothly and created a professional atmosphere where both students and pharmacists felt valued. The success of the workshop reflected the dedication, commitment, and shared vision of the board members involved.

Overall, the 17th Annual NSU-SSHP Residency Workshop was a meaningful and empowering educational experience. It provided students with valuable exposure to residency programs, guidance from experienced pharmacists, and opportunities for genuine connection. More importantly, the workshop helped students feel more confident in their professional journeys and encouraged them to take ownership of their future goals. The event reinforced the strength of community within pharmacy and highlighted the impact that intentional mentorship and student leadership can have on professional development

 @NSU.SSHP



STUDENT CHAPTER UPDATE



STUDENT CHAPTER UPDATE

FSHP–Palm Beach Atlantic University Student Chapter Highlight

The SSHP–GSOP chapter at the Gregory School of Pharmacy continues to promote leadership, service, and professional development through a strong commitment to both local and international community outreach. During the 2024–2025 academic year, several of our student leaders participated in global mission trips and played key roles in organizing our school’s annual Community Health Fair. These experiences not only enriched their clinical training but also strengthened their cultural awareness, personal growth, and dedication to serving patients in need.

Medical Mission Trips

Several SSHP–GSOP student leaders had the opportunity to travel abroad on mission trips to Honduras, El Salvador, and Brazil, where they were able to apply the knowledge gained throughout pharmacy school in real-world and resource-limited settings. These trips provided invaluable exposure to different healthcare delivery models and highlighted the importance of interprofessional collaboration. Students worked alongside physicians, gynecologists, psychiatrists, nutritionists, and other healthcare professionals, allowing them to experience firsthand how pharmacy integrates into patient care across different cultures.

One of the most meaningful aspects of these mission trips was the opportunity to serve communities with limited access to healthcare services. Students helped provide basic medical assessments and offered free health services, including blood pressure screenings, diabetes screenings, medication counseling, and patient education. Many of the patients they encountered had never received counseling from a pharmacist or been screened for chronic conditions. Students learned how to adapt to limited resources, communicate across language and cultural barriers, and approach patient care through a compassionate, service-oriented lens.

These experiences fostered a deeper appreciation for global health disparities while strengthening clinical confidence and cultural humility. SSHP–GSOP leaders returned to campus with renewed passion for patient advocacy, a broader understanding of international health systems, and a strengthened commitment to advancing the role of pharmacists as integral members of healthcare teams worldwide.

STUDENT CHAPTER UPDATE

GSOP Annual Community Health Fair

In addition to global outreach, SSHP-GSOP remains actively involved in community initiatives that promote health education and disease prevention. Each year, the Gregory School of Pharmacy hosts a Community Health Fair in which students design, organize, and lead educational booths covering topics essential to public health. These booths include blood pressure screenings, diabetes education, smoking cessation counseling, sickle cell disease awareness, and other important health topics.

One of the highlights of the event is the Poison Prevention booth, proudly organized and led by members of SSHP-GSOP. The primary mission of this booth is to educate families and community members about common household hazards that could potentially lead to accidental poisoning, an especially important topic for homes with young children. Students demonstrate real-life examples of how everyday products can be mistaken for something harmless, such as a child confusing an arthritis cream with toothpaste. Through visual comparisons, hands-on activities, and interactive teaching methods, the booth emphasizes the importance of proper storage, labeling, and immediate response steps in case of accidental exposure.

Every year, students prepare this booth using evidence-based educational materials provided by the Florida Poison Control Center. Representatives from Poison Control are invited annually to certify student volunteers and provide specialized training, ensuring that our members can confidently educate patients, families, and the broader community. This collaboration reinforces SSHP-GSOP's dedication to promoting safe medication and product practices while empowering students to develop strong communication and public health education skills.

Through both international service trips and community health fair initiatives, SSHP-GSOP continues to cultivate leaders who are passionate about advancing the profession of pharmacy. These experiences not only enhance clinical knowledge but also strengthen empathy, cultural sensitivity, and the ability to engage effectively with diverse populations. Whether serving globally in underserved regions or locally within Palm Beach County, our chapter remains committed to embodying the values of FSHP by promoting patient-centered care, interprofessional collaboration, and lifelong learning.

STUDENT CHAPTER UPDATE



Former SSHP-GSOP Chapter President, Melanie Colon, serving patients during El Salvador medical mission trip.



SSHP-GSOP student leaders Melanie Colon (Past President), Rosemarie Fernandes (Current Treasurer), and Erika Barajas (Current Membership Secretary) serving during the Brazil medical mission trip.

STUDENT CHAPTER UPDATE



Current SSHP–GSOP Chapter Treasurer, Rosemarie Fernandes, serving patients during the Honduras medical mission trip.



Current SSHP–GSOP Chapter President Amilcar Nieves, President-Elect Morgan Shield, and Chapter Advisor Dr. Erenie Guirguis pictured with Wendy Stephan, PhD, MPH, Health Education Coordinator from the Florida Poison Control Center. Also shown: Morgan Shield and additional SSHP–GSOP members leading the Poison Prevention booth during the GSOP Community Health Fair.



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Pharm So Hard podcast!**

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The FLORxIDA Times newsletter is published by the FSHP Communications Council.

Thank you to the following people for your contributions:

Beatriz Jimenez-Cadilla
Daniella Abi Kheir
Melody Blanchard
Kevin Taylor

Danielle Wilson
Alyssa Fernandez
Diana Rodriguez
Ana Laura Salgado
Melissa Santibañez
Natalie Quesep
Jonathan Kline

Tamekia Bennett
Rachel Ross
Madeline Camejo

*As always, a special thanks to the
council liaisons and member submissions!*

Contact us to get your content in our next newsletter: fshp@fshp.org