
10

20 September 2007

[REDACTED]

This is a response to the proposal for removal from Federal Service as a Pharmacist issued to me by [REDACTED] on 31 August 2007. The charges and penalties are labeled and my response addresses each one separately.

2a. I did in fact enter orders for laboratory tests into CHCS where I was both the patient and the ordering provider. The memorandum stated that "this is a violation of AR 40-3 14-9a2, which identifies individuals who are authorized to order laboratory tests in a Military Medical Treatment Facility", and "this sections states that only clinical pharmacists are authorized to perform this function". This regulation actually lists all of the types of personnel who are eligible to enter lab orders but the part addressing clinical pharmacists reads: "Providers include, but are not limited to certified midwives, NPs, PAs, chiropractors, dieticians, clinical pharmacists, and psychologists" (see attachment 1) I maintain that:

1. I was given the authority by the lab manager to self prescribe the lab tests based on the protocols being written. She had stated that as long as I had the capability to order them, do so and they would honor them. I continued to do so until I was told to stop. The only time that I was told that this was not an acceptable practice in the clinic was when [REDACTED] from IMD came into the pharmacy in March 2003 and told me that pharmacists are not supposed to enter lab orders in CHCS per a discussion with [REDACTED] because of the work units involved. I have never entered another lab test since.
2. I had the authority to enter labs based on the protocol we were developing for the Lipid Clinic. In the definition of Clinical Pharmacist in AR 40-68 Chapter 7-8 2c it states that "pharmacists may be granted clinical privileges to provide clinical treatment protocol/CPG based direct patient care" (see attachment 2). It also states in 1e that the minimum requirement to become credentialed as a clinical pharmacist would be " bachelor of science degree in pharmacy with documentation of appropriate education, training, and/or continuing education in the practice of clinical pharmacy". This follows along with the policy on Individuals authorized to write prescriptions, AR 40-3 Chapter 11-11(see attachment 3). Again pharmacists are not authorized to write prescriptions but clinical pharmacists are. However we have had a protocol to cover our staff pharmacists to write prescriptions for prescription prenatal vitamins in Guthrie Clinic. None of our pharmacists, including the chief, are credentialed as "clinical pharmacist".

Three of the dates listed are not dates listed on the second page of the memorandum which list the dates that I had lab tests. There are two dates listed that the lab personnel actually entered the order with my name listed as the provider.

2b. In my sworn statement to [REDACTED] I admitted that I had used the lab service for other than Occupational Health Screening (see attachment 4). Of the 23 dates included in the memorandum, four dates are listed twice. Seven of the dates listed I attribute to the

Lipid Clinic that I referred to in my sworn statement and will address in 2c. Three of the lab tests listed were for Occupational Health Screening and were ordered by the Occupational Health Doctor who worked in both Occupational Health and Family Practice in follow up to an illness which could have and did prevent me from being at work. This leaves a total of 9 lab tests of the 23 listed, over a 7 year period that were in violation of AR 40-400. [REDACTED] a lab employee, stated in her sworn statement that there are "other MEDDAC employees who were not beneficiaries also having lab work performed in the MEDDAC lab" (see attachment 5).

2c. I stated in my sworn statement that some of my labs were drawn for the start up of a Lipid Clinic. There were three test results which stated on them in the order comment field that this was a test for the lipid clinic (see attachments 6, 7 & 8). The memorandum states there was never a lipid clinic. I have records proving that I was a member of the Lipid Process Action Team (PAT) in Guthrie Clinic (see attachments 9 & 10). One of my assignments on the PAT team was to obtain sample protocols from other lipid clinics and draw up protocols for Guthrie Clinic. I was sent to a Lipid Clinic preceptorship at the Buffalo VA in January of 1997 to obtain education and hands on training in a cardiac risk prevention clinic, and to gather sample protocols (see attachment 11). I also attended a Lipid Management Training Session in Rochester in November of 1997 with several members of the Lipid PAT team (see attachment 12). On June 27, 1997 I finished the draft proposal of the Guthrie Clinic Lipid Clinic Protocol and presented it to the PAT team.

The composite healthcare system (CHCS) was activated in Guthrie Clinic Pharmacy on June 22, 1995. The first lab test that I had was January 8, 1997, approximately 1.5 years later. CHCS was still fairly new and I believe that I am the only person who took the initiative to learn the provider module besides the providers themselves and SAIC personnel. I was given the authority to have the Provider Order-entry module by [REDACTED] then DCCS. I was for many years the only person who trained new providers on the use of order entry in the clinic (see attachment 9b). In the memorandum for removal, [REDACTED] states that a test patient should have been used as it is in the Pharmacy. The lab is not like the Pharmacy. A test patient would have no labs drawn and therefore no results to post back to print off to have as examples.

As to running tests after a clinic had been set up and approved by various committees and officials as suggested by [REDACTED] in the memorandum, the Lipid PAT team was not a volunteer committee. The team members were assigned by command. I was task assigned by the team with drawing up the protocols for a Lipid Clinic at Guthrie Clinic. This is reflected in my yearly appraisal dated 13 Nov 97 (see attachment 9b). The protocols included a lab component. At some point in drawing up the protocol, I was introduced to the lab manager, [REDACTED] to get the specifics on the process involved for beneficiaries to get the required lab testing as established in the protocols and the way it would be reported back to the provider who ordered the test. She suggested that I should have the test done and the results would post back to me as they would for the provider as I had access to the provider's screens. I voiced a concern about the cost of the test and that I was not a beneficiary. She said don't worry about it, the tests only cost about a dollar. We discussed the tests involved including LP(a) and homocysteine which were

not yet available in our clinic. Please remember, this was over 10 years ago, cholesterol was the new buzz word. Pfizer was getting ready to launch Lipitor when I was at the Buffalo VA. As to the lab tests requested, liver function test (LFT's) would be indicated in patient being treated with certain medications.

The Lipid Clinic never did get off the ground. The providers on the team had trouble with how the appointment part of it would work with the constant PCSing of providers. One other tasking that I did complete was I created and presented a power point presentation to the providers in Guthrie Clinic in the Main Conference room, and I also went to the Troop Medical Clinic and gave the presentation to the providers there. The presentation explained hyperlipidemia and the treatments as outline in the protocols that were being developed. I was also personally following the protocol for diet as our team dietician suggested. The team was interested in seeing the actual difference in lab values that diet alone could make. We had some numbers that the 1993 Adult Treatment Panel (ATP II) of 1993 gave us, but our team was interested to put those numbers to a test locally and compare them. At some point the Lipid PAT team was eventually dismissed as the Army came out with a newer, more consistent approach, the Clinical Practice Guideline (CPG). I am not sure of the date on this but I have an Individual Develop Plan dated 6 APR 01 (and signed by [REDACTED] (see attachment 13) listing one of my short range goals (1-12 months) as "getting the Lipid Clinic underway", suggesting that the Lipid Clinic concept was still being sought after some 5 years of planning and several changes to the MEDDAC staff.

3. It is stated that I repeated a violation of Army regulation over a nine year period. I maintain that I had the authority to order these test until I was told to stop.

3a. Guthrie Pharmacy is not a New York State licensed pharmacy. In a conversation with the NYS Pharmacy Board, they said that their OPD would not normally get involved in a practice that is on a military installation. They state Army regulation is the policy to be followed by licensed professionals on the Army base. This applies to many things we do in the pharmacy which are in direct conflict with the state regulations including their narcotic regulations and the DAW box on prescriptions. We have never given the narcotic information that NYS pharmacies are required to report to the state each month. We also are allowed to fill a prescription generically even though the prescriber stated "Dispense as Written" as this is a NYS regulation. Entering orders for prescriptions, labs etc. can be and have been allowed by a commander when there are protocols in place such as with a lipid or diabetes clinics or prescribing prenatal vitamins. Again, I was allowed to do it and was asked in 2003 not to enter anymore lab orders and I have followed that direction for the past four and one half years.

3b. As stated by [REDACTED] in her sworn statement, "other MEDDAC employees who were not beneficiaries are also having lab work performed in the MEDDAC lab". Are all of the people lacking loyalty to the clinic or has this been an unwritten employee benefit from the past? I think that my loyalty to this organization would be hard to top. I took on the task of Medication Management FMT leader when my supervisor complained to his superiors that he was overburdened and could not handle it. I work extra in times of

need, during deployments, when the computers need attention, covering vacations. I have been denied leave and still show up as scheduled (see attachment 14a). I frequently allow my lunch shift to be moved to promote better lunch coverage. I often cut my lunch to one-half hour when there isn't enough staff to adequately cover the pharmacy. I have worked on holidays and days when I have been granted leave to get computer issues taken care of before I actually take my leave. I not only attend education days but have presented there to the entire staff. I not only attend the MEDDAC Ball but have sung the National Anthem there twice. I not only attend and participate in Organization Day, but have taken a pie in the face to help raise funds. I not only attend the Change of Commands but have sung the National Anthem there with the 10th Mountain Division Band. I have baked birthday cakes for luncheons, had my wife make cards for birthdays, farewells, welcomes, get wells. I have photographed events inside and outside of the clinic and submitted photos to the PAO and to the individuals involved in the events. I have done so many things to motivate the staff. I AM A TEAM PLAYER. Lab tests to me, and obviously others in this clinic, have been an unwritten "employee benefit". They started legitimately with the startup of a clinic and then continued once the president was there. I had no idea of the magnitude of trouble that this action could cause, or the severity of the offense, nor do other employees/supervisors in the clinic. The director of IMD when told of the HIPAA violation that occurred against me, stated "why would anyone want to print off your labs, they aren't going to fire you over some lab tests". I was told that it cost about a dollar for the tests. The lab personnel welcomed me in the lab and questioned me outside of the lab as to when I would need testing done again. Never once was I told to stop this behavior. Not by the lab director or lab employees and not by my supervisor. The only time I was asked to stop anything was when I was ordering the tests myself. I stopped. [REDACTED] didn't ask me to stop having lab tests done, she simply stated to have a Dr. enter them for me.

3c. I have been in this clinic for the past 13.5 years. Information about lab tests ordered over the past 10 years have caused concerns so great to make it impossible to trust me? Could there possibly be other issues [REDACTED] does not trust me on? Is this action being taken to try to discredit me? [REDACTED] knew that some of these tests were being performed as we discussed the results over lunch on occasion. He never stated this was wrong or told me to stop. There have never been issues of trust beyond this incident in the past. My job performance ratings from him and others have always been exceptional.

3d. I do not believe that this is a true statement. There are similar offences that [REDACTED] knows about but have not come to the surface, yet. If I had lacked ethics and professionalism, I too would have violated employees HIPAA rights so that I had first hand information to form a whistleblower complaint.

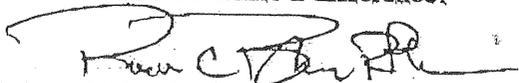
3e. I believe that the proposed penalty is inappropriate. Supporting this would be:

- I am a 13.5 year employee with an otherwise spotless record
- I did not make a false statement in my sworn statement
- I had been given the authority to order the lab test and use the lab
- I had never been told not to use the lab
- When asked to stop ordering for myself, I did.

- Other staff are also using the lab inappropriately

I am concerned that there may be another motive for [REDACTED] to make these false statements against me in this memorandum, and I feel the penalty selected is clearly excessive in relation to the offense. If this is the penalty, then there should be comparable disciplinary actions taken for comparable offenses, including all other employees who are not eligible for this benefit and have used the lab. In selecting an appropriate penalty, the deciding official should distinguish between misconduct for which progressive discipline aimed at corrective behavior is warranted and misconduct warranting punitive discipline. Progressive discipline should be the least stringent penalty thought necessary to get the employees attention and motivate him/her to improve behavior. I can tell you, you have my attention. If I had ever been told to stop using the lab before this point, I would have. I did stop when told to stop ordering for myself.

3f. I have received excellent performance appraisals and numerous awards over the past 13.5 years because I am a good employee. Even if the appraisals and awards didn't say it, knowing that more than 15 of my colleagues have contacted me over the past two weeks to show their support to me does. My personal opinion is that removal from the Federal Service will hurt Guthrie Clinic and Army Pharmacy. 4000 additional troops are expected at Fort Drum. Another expansion of the pharmacy/clinic will occur. More deployments will occur. I have experience and training in these areas that a new pharmacist wouldn't have. I have prepared the clinic for the Joint Commission visit as far as Medication Management. Removing a person with the people skills, knowledge, and commitment to the clinic that I have would in no way promote efficiency in the Federal Service. When asked by my daughter what I will do if I am removed from duty, I stated to her that I would have to find a new job, and probably make 20-30 thousand dollars more a year. I am fighting this proposal because I like where I work, not for a paycheck. I like the customers that we serve and they like me. I like my co-workers and they appreciate the way I treat them with respect and continuously strive to educate them in the pharmacy. I also have a very good rapport with the providers, nurses, and other staff. I do make a difference!



Richard C. Blunden R.Ph.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

Attachment 4

STATEMENT OF Richard Blunden TAKEN AT CHCS DATED 15/07

9. STATEMENT (Continued)

8. If you have utilized laboratory services at Guthrie or CTMC, can you tell me when or what the circumstances were surrounding that use? Startup of a Lipid Clinic - about 3 tests.
Test order by Doc Health Dr - Mono spot

9. In your role as a Pharmacist do you ever have an occasion to enter orders into CHCS I? If so please explain?
Yes, enter orders for prescription all day -

10. Have you ever had MEDDAC Providers enter orders for lab test or blood work in CHCS I? Can you tell me when or what the circumstances were surrounding those orders?
Doc Health Dr ordered on a few occasions

11. During the 1 January 1997 to 30 May 2006 have you ever ordered laboratory test for yourself? If so please explain.
Yes - for start up of Lipid Clinic

12. Have you ever entered lab orders into CHCS I for patients, other employees or yourself?
No

13. Have you ever entered any other types of orders into CHCS I for patients, other employees or yourself?
No

14. Do pharmacy techs have the capability to order medications under a pharmacist name?
Yes - this is common practice, they enter as pharmacist do, their
are checked by a pharmacist (Not necessarily the one whose name appears)

15. Have you ever ordered medication for yourself? the pharmacist whose name appears may have
No no knowledge that it was ordered.

16. Have you ever filled prescriptions from orders you have placed into CHCS for yourself?
No

Have you used the lab outside of the 3 Lipid Test ordered
by [redacted] and the Mono spot ordered by [redacted] to
have labs drawn?
Yes

INITIALS OF PERSON MAKING STATEMENT

RB

PAGE 2 OF 3 PAGES

REPLY TO
ATTENTION OFDEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

Attachments

MCID-AN

11 June 2007

MEMORANDUM FOR RECORD

SUBJECT: Informal Investigation Interview - [REDACTED]

1. During a witness interview with [REDACTED] lab technician, she indicated that in the early part of 2006, she did indeed draw the blood of Mr. Richard Blunden. She stated that Mr. Blunden asked her if he could get his blood drawn. [REDACTED] stated that she would draw his blood as a favor to him as he was an employee of the MEDDAC. She also stated that it was probably wrong to draw Mr. Blunden's blood as he was not a beneficiary. [REDACTED] stated that Mr. Blunden's lab work was run but she did not believe it was entered into CHCS. [REDACTED] also stated that she had mentioned to the lab leadership that other MEDDAC employees who were not beneficiaries were also having lab work performed in the MEDDAC lab. [REDACTED] stated that she felt when she spoke up about non beneficiaries accessing lab services; she was labeled as a "trouble maker."

2. If you have any questions, please contact the undersigned at 2-3811.

[REDACTED]

Investigating Officer

SENIOR SYSTEM CIVILIAN EVALUATION REPORT SUPPORT FORM

For use of this form, see AR 690-400; the proponent agency is ODCSPER

PART I - RATEE IDENTIFICATION

a. NAME OF RATEE (Last, First, Middle Initial) BLUNDEN, RICHARD C.	b. PAY PLAN, SERIES/GRADE GS-0660-11	c. ORGANIZATION USA MEDDAC, FORT DRUM, NY
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PART II - RATING CHAIN - YOUR RATING CHAIN FOR THE EVALUATION PERIOD IS:

RATER	NAME [REDACTED]	POSITION CHIEF, DEPARTMENT OF PHARMACY
INTERMEDIATE RATER (Optional)	NAME	POSITION
SENIOR RATER	NAME [REDACTED]	POSITION DEPUTY COMMANDER FOR CLINICAL SERVICE

PART III - VERIFICATION OF FACE-TO-FACE DISCUSSION

The following face-to-face discussions of duties, responsibilities, performance objectives, standards, and accomplishments for the rating period 1 NOV 1996 to 31 OCT 1997 took place:

	DATES	RATEE INITIALS	RATER INITIALS	INTERMEDIATE RATER INITIALS	SENIOR RATER INITIALS	DATE
INITIAL	11/21/96	RCB	[REDACTED]		[REDACTED]	21 Nov 96
MIDPOINT	4/10/97	RCB	[REDACTED]		[REDACTED]	6 Aug 97

PART IV - RATEE (Complete a, b, c below for this rating period)

a. STATE YOUR SIGNIFICANT DUTIES AND RESPONSIBILITIES. DUTY TITLE IS:

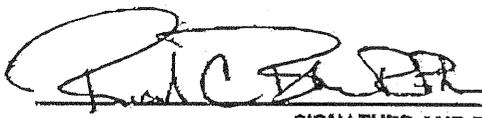
- To accurately dispense medications
- To practice Pharmacy within accepted professionals standards
- To comply with Army regulations, JCAHO guidelines and Pharmacy SOP's
- To counsel patients regarding proper use, storage, and potential adverse effects of medications
- To ensure accuracy of patient profiles to avoid potential interactions and allergic responses

b. INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES/INDIVIDUAL PERFORMANCE STANDARDS

- To achieve 99% accuracy in dispensing medications
- To provide appropriate medication counseling to 100% of patients receiving new prescriptions
- To provide verbal or written medication information to patients and Health Care Providers as needed
- To maintain current knowledge of drugs, regulations, principles and procedures through participation in appropriate Continuing Education programs
- To participate in the development and implementation of methods to increase customer awareness and satisfaction
- To increase and share knowledge of CHCS with pharmacy staff and clinic health care providers
- To assist with the in-processing of new providers
- To participate in the process of providing patients with the best medications at the most reasonable cost, taking into consideration the total patient outcome
- To function as system manager for the Enhanced Phone-in Refill System and ensure trouble free interfere with CHCS
- To participate in MEDDAC multidisciplinary patient education programs
- To maintain an Sterile Products course for proper prep of IV's. Jan 11/19/97

c. LIST YOUR SIGNIFICANT CONTRIBUTIONS

- o Served on Lipid PAT team; drew up original protocol for Lipid Clinic
 - o Served on Diabetes PAT team
- o Contributed to monthly pharmacy newsletter
- o Attended Lipid Clinic at Buffalo VA to learn how to establish a Lipid Clinic
- o Participated in Watertown High School Career Day
- o Provided pharmacy orientation to new health care providers
- o Increased rapport with providers
- o Worked with providers in choosing alternative medications at the lowest cost
- o Reformed all necessary maintenance on Enhanced Phone In Refill System including changes in messages for holidays and other days when Pharmacy was closed
- o Set up user defined keys for providers to capture more of the workload in CHCS
- o Taught many providers CHCS prescription entry functions
- o Presented Sterile Products Course to most of the pharmacy staff
- o Recertified and evaluated sterile technique of most of the pharmacy staff
- o Obtained the required paperwork for a Continuing Education teleconference series for pharmacists
- o Applied for and received a continuing education opportunity with APhA on diabetes. Only 300 pharmacists from the U.S. will participate in this CE effort

 11/13/97

SIGNATURE AND DATE

PART V - PERFORMANCE STANDARDS - SENIOR SYSTEM CIVILIAN POSITIONS

To derive Objectives ratings, apply the applicable performance standards below; the standards are written at the SUCCESS level, e.g., Rates, in most cases:

TECHNICAL COMPETENCE. Exhibits technical knowledge, skills, and abilities to get desired results within established time frames and with the appropriate level of supervision. Sets and meets realistic milestones. Establishes priorities that reflect mission and organizational needs. Plans so that adequate resources are available. Makes prompt and sound decisions.

INNOVATION/INITIATIVE. Develops and implements or suggests better ways of doing business—methods, equipment, processes, resources. Seeks/accepts developmental opportunities. Serves on professional/technical committees, writes technical papers, joins professional societies to enhance personal knowledge and advance state-of-the-art of profession.

RESPONSIBILITY/ACCOUNTABILITY. Uses resources prudently and for intended purposes. Complies with DA emphasis programs, e.g., EEO/AA, safety/security, internal control, inventory management, quality assurance, personnel management, contract awards to small business concerns. Supports and encourages Total Army Quality (TAQ) approaches, e.g., team effort, continuous process/product improvement and customer satisfaction. Takes responsibility for personal errors, takes or proposes timely/adequate corrective measures. Establishes personal performance objectives that are challenging and reflect mission needs.

WORKING RELATIONSHIPS. Is an effective team player. Works well in group and others to get the job done. Exhibits a customer care attitude; e.g., shows respect to others; is courteous and seeks acceptable compromise in areas of difference.

COMMUNICATION. Provides or exchanges accurate/complete oral and written ideas and information in a timely manner. Listens effectively so that resultant actions show understanding of what was said. Coordinates so that all relevant individuals and functions are included/informed of decisions and actions.

FOR SUPERVISORY POSITIONS ONLY:

ORGANIZATIONAL MANAGEMENT AND LEADERSHIP. Provides vision and communicates mission and organizational goals to all subordinates. Sets standard/leads by example. Implements/complies with appropriate DA emphasis programs. Secures/allocates/manages resources for effectiveness and efficiency. Takes timely and appropriate personnel actions. Develops subordinates through mentoring, counseling, providing challenging training and work assignments and timely performance evaluations. Recruits and retains high quality people by creating a positive environment that offers challenge and growth.

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION (EEO/AA). Applies EEO principles to all aspects of personnel management (e.g., hiring, training, work assignments/schedules, discipline, counseling and awards). As appropriate, takes immediate corrective action if sexual harassment or other discriminatory/unfair treatment is observed, reported or suspected. Provides leadership and emphasis to the execution of the Affirmative Employment Plan. Participates in EEO/AA activities and encourages subordinates to do so.

SENIOR SYSTEM CIVILIAN EVALUATION REPORT

For use of this form, see AR 690-400; the proponent agency is UDCSPER

PART I - ADMINISTRATIVE DATA

NAME (Last, First, Middle Initial) LUNDEN, RICHARD C. b. SSN [REDACTED] c. POSITION TITLE, PAY PLAN, SERIES AND GRADE STAFF PHARMACIST, GS-0660-11 d. ORGANIZATION USA MEDDAC, DEPARTMENT OF PHARMACY e. REASON FOR SUBMISSION [X] ANNUAL [] SPECIAL [] INTERN f. PERIOD COVERED (YYMMDD) FROM 971101 THRU 981031 g. RATED MOS. 11 h. RATEE COPY (Check one and date) [X] GIVEN TO RATEE [] FORWARDED TO RATEE

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial) [REDACTED] SIGNATURE [REDACTED] DATE 2 NOV 98 GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT GS-12, USA MEDDAC, FORT DRUM, NY, CHIEF OF PHARMACY SERVICES b. NAME OF INTERMEDIATE RATER (Last, First, Middle Initial) [REDACTED] SIGNATURE [REDACTED] DATE [REDACTED] GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT [REDACTED] c. NAME OF SENIOR RATER (Last, First, Middle Initial) [REDACTED] SIGNATURE [REDACTED] DATE 2 NOV 98 GRADE/RANK, ORGANIZATION, DUTY ASSIGNMENT COL, MC, USA MEDDAC, FORT DRUM, NY, DEPUTY COMMANDER FOR CLINICAL SERVICES d. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluations of the Rater and Senior Rater, and merely verifies Part I and Part IV data. SIGNATURE OF RATEE [Signature] DATE 12/7/98

PART III - PERFORMANCE AWARD/DUALITY STEP INCREASE

Table with columns: SES - AWARD, BONUS/ SALARY INCREASE; RATING (1); SALARY (2) YES/NO; PERFORMANCE AWARD BONUS (3) YES/NO; b. ST, SL, GM, GS, WS - PERFORMANCE AWARD/DSI; PERFORMANCE AWARD PERCENT OF SALARY; AMOUNT; DSI (GS with Successful Level 1 Rating Only); TO (Grade/Step); AWARD APPROVED BY; DATE (YYMMDD); FUND CODE

PART IV - DUTY DESCRIPTION (Rater)

DAILY DUTIES AND SCOPE (To include as appropriate: people, equipment, facilities, and dollar). Position Description (DA Form 274) is correct: [X] YES [] NO Pharmacist, responsible for accurate dispensing of prescriptions, in compliance with Army and Federal regulations, JCAHO guidelines and Pharmacy SOPs, within accepted professional standards. Also responsible for accurate preparation of IV solutions and counseling patients in the proper use, storage and side effects of medications. Ensure accurate patient profiles. Provide guidance to pharmacy technicians in all matters concerning the prescription filling process. Maintain up-to-date knowledge of pharmacy computer systems. Contribute to team concept of providing efficient, economical and customer-friendly pharmacy services. Participate in providing drug information to health care providers. Participate in multidisciplinary patient education programs and disease management teams.

PART V - VALUES (Rater)

PERSONAL Commitment Competence Honor Courage ARMY ETHIC Loyalty Duty Selfless Service Integrity BULLET COMMENTS o Unquestionable professional competence. o Self-motivated to excellence. o Takes initiative without hesitation.

PERIOD COVERED (YYYYMMDD) 971101 - 981031	RATEE'S NAME BLUNDEN, RICHARD C.	SSN [REDACTED]
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PART VI - PERFORMANCE EVALUATION (Ratee)

PERFORMANCE DURING THIS RATING PERIOD

Comparison of individual objectives against accomplishments and DA-established performance standards resulted in the following objectives ratings:

Excellence Over 50% Obj
 Excellence 25-50% Obj
 Success All or Excellence 1-24% Obj
 Needs Improvement 1 or More Obj
 Fails 1 or More Obj

Includes Excellence in Org Mgt/ldshp OR EEO/AA Obj for supv/mtgr Yes No

b. BULLET EXAMPLES

- o Conserved Pharmacy/MEDDAC dollars by intervention for excessive or inappropriate prescribing practices.
- o Found a cost-savings contract which saved the MEDDAC \$4,150.48 (refunded).
- o Reduced the quantities on defaulted prescriptions in CHCS for cost savings.
- o Coordinated the successful implementation of Mump/Audofax refill system with minimal disruption to patients.
- o Provided excellent orientation to contract pharmacist.
- o Boosted staff morale by exercising spirit of cooperation, care and commitment to purpose.
- o Continued excellent level of accuracy in prescription and IV dispensing, even in the absence of 50% of staff.
- o Point of contact on CHCS for health care providers for prescription entry procedures to reduce incidence of order entry errors.
- o Continued to sit on Carepath Teams for Lipids and Diabetes.
- o Active in procuring 'no cost' continuing education opportunities for pharmacists and technicians.
- o During staff shortage worked overtime when necessary to insure the fulfillment of the Pharmacy mission standard.
- o Cancelled all appointments and personal leave to provide continuity of care during staff shortages.

PART VII - INTERMEDIATE RATER (Optional)

BULLET COMMENTS

PART VIII - SENIOR RATER

OVERALL PERFORMANCE RATING

SR PROFILE

<input checked="" type="checkbox"/>	5
<input type="checkbox"/>	4
<input type="checkbox"/>	3
<input type="checkbox"/>	2

SUCCESSFUL

FAIR

UNSUCCESSFUL

3

b. BULLET COMMENTS (Performance/Potential)

- o Maintained pharmacy productivity during a 4-month period of 50% personnel staffing.
- o Successfully exceeded standards of quality assurance in accuracy of prescription dispensing.
- o Team player who motivates staff by his example.
- o High potential for increased responsibility and promotion.

Reported DA Form 7222-1 was received with this report and entered in my evaluation and review:

YES NO (Explain NO in Part VII b)

Circle the appropriate copy designator.

Copy 1- AGENCY (TRAINING/PERS)
Copy 2- AGENCY (FINANCE/DISB.)

Copy 3- AGENCY (TRAINING/PERS)
Copy 4- AGENCY (FINANCE/DISB.)

Copy 5- AGENCY (FINANCE/DISBURSING), SO
Copy 6- AGENCY (EMPLOYEE)

Copy 10- ACTIVITY (OPTIONAL USE)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code and submitting office number (XX-XX-XXXX)
B. Standard document number (Org Identifier/FY/Doc type code/Serial Number)
C. Request Status or Process Code (X one)
D. Amendment No.

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)
2. Last 5 letters of last name
3. Social Security Number
4. Ed. Level
5. Continuous Federal Service Years
6. Home Address
7. Phone Numbers
8. Position Title
9. Position Level
10. Pay Plan / Series / Grade / Step
11. Organization Name
12. Organization Mailing Address
13. Organization UIC
14. Type of Appointment
15. No. Prior non-government training days
16. Are you handicapped or disabled?

Section B - TRAINING COURSE DATA

17. Course Title
18. Training Objectives
19. Recommended Training Source, School or Facility
20. Course Codes
21. Course hours (credits)
22. Course Identifiers
23. Training Period

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 20.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box.
25. Direct Costs
26. Indirect Costs (For information only)
27. Accounting Classification
28. Labor Costs
29. Total of Direct & Indirect Costs

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites.
33. Training Officer: I certify this training meets regulatory requirements.
34. Authorizing Official
35. Course Acceptance
36. Course Completion
37. Billing Instructions
38. I certify that this account is correct and proper for payment in the amount of:

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

RB

97-0927

A. Agency code and subelement, and submitting office number (xx-xxx-xxxx)	B. Standard document number (Orig Identifier/FY/Doc. type code/Seriat Number)	C. Request Status or Process Code (X one) (1) Initial (2) Resubmission (3) Correction (4) Cancellation	D. Amendment No.
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Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial) BLUNDEN, RICHARD C.		2. Last 5 letters of last name BLUND	3. Social Security Number	4. Ed. Level 13	5. Continuous Federal Serv. a. Years 3 b. Months 7	
6. Home Address (Street, City, State and ZIP Code) (optional)		7. Phone Numbers (Include area code) a. Home b. Office		8. Position Title PHARMACIST		9. Position Level (X one) a. Executive b. Manager c. Supervisory d. Non-Supervisory e. Other (Specify)
11. Organization Name USA MEDDAC, DEPT. OF PHARMACY		(1) Commercial : 315-772-4017 (2) Autovon 341-4017		10. Pay Plan / Series / Grade / Step (Rank/AFSC/AFSC/for Navy Designator) GS-0660-11		
12. Organization Mailing Address (Include ZIP) MCID-PH USA MEDDAC FORT DRUM, NY 13602-5004		12. Organization UIC W4U2AA		14. Type of Appointment C		15. No. Prior non-government training days 0
13. Are you handicapped or disabled? (X one) X Yes No						

Section B - TRAINING COURSE DATA

17. Course Title THE MANAGEMENT OF LIPID DISORDERS FOR TEAMS					19. Recommended Training Source, School or Facility a. Name N.E. REGIONAL LIPID TRAINING CENTER b. Mailing address (include ZIP) LIPID MANAGEMENT TRAINING SESSIONS UNIVERSITY OF ROCHESTER MEDICAL CTR 601 ELMWOOD AVE, BOX 677 ROCHESTER, NY 14642	
18. Training Objectives (Benefits to be derived by the Government) -REVIEW SCIENTIFIC BASIS FOR LIPID MANAGEMENT AND TREATMENT STRATEGIES. -DEVELOPING A TEAM APPROACH -RECEIVE MATERIALS AND PROTOCOLS TO ESTABLISH LIPID CLINIC. -OBSERVE A LIPID CLINIC IN OPERATION -DISCUSS ISSUES IN IMPLEMENTING A LIPID CLINIC					20. Course Codes a. Purpose 1 f. Security Clearance U k. Training Program NA b. Type 3 g. Allocation Status 1 l. Reason for Selection 1 c. Source 4 h. Priority NA 23. Training Period (YYMMDD) a. Start 112097 b. Complete 112197	
21. Course hours (4 digits) a. Duty 16 b. Non-duty 0 c. TOTAL 16					22. Course Identifiers a. SAID b. Catalog / Course No. c. Offering / TLN	

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box.		27. Accounting Classification		30. Total of Direct & Indirect Costs \$0.00	
25. Direct Costs a. Tuition cost \$0.00 b. Books, material, other costs c. Total direct costs \$0.00 d. Funding source		26. Indirect Costs (For information only) a. Travel cost b. Per diem/other costs c. Total indirect costs 28. Labor Costs		NO DIRECT COST	

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.) a. Typed Name (Last, First, Middle Initial) b. Phone number (include area code) 315-772-0668 c. Date 9/16/97 DEPT OF PHARMACY, MS, DCA		33. Training Officer: I certify this training meets regulatory requirements. a. Typed Name (Last, First, Middle Initial) b. Phone number (include area code) (315) 772-4023 c. Date 20 Oct 97	
34. Authorizing Official a. Action (X one) b. Typed Name (Last, First, Middle Initial) c. Phone number (include area code) 315-772-4023 d. Date MS, DCA 19 Sep 97		35. Course Acceptance (To be completed by school official) a. Accepted b. Not Accepted c. School Official Signature d. Date	
37. Billing Instructions (Identify discount terms. Furnish original invoice and 3 copies to: DFAS-SA/FP 500 MCCULLOUGH AVENUE I ANTONIO TX 78215-2100		36. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. b. Actual Completion Date (YYMMDD) c. Grade d. Signature & Title e. Date	
38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$ b. Signature c. Date Signed d. DSSN Number e. Check Number f. Voucher Number			

Attachment B

INDIVIDUAL DEVELOPMENT PLAN

EMPLOYEE Blunden, Richard

ORGANIZATION Pharmacy

GRADE GS 11

POSITION TITLE Staff Pharmacist

TARGET GRADE (If applicable) _____

CAREER PROGRAM _____

ACTEDS PLAN Yes No
INTERN/UPWARD MOBILITY Yes No

PERFORMANCE & CAREER GOALS TRAINING NEEDED TOWARD GOALS DEVELOPMENTAL ASSIGNMENTS SELF-DEVELOPMENT ACTION NEEDED

SHORT RANGE 1-12 MOS Get Lipid Clinic Understanding Computer train (Gowerford, Jurd, exell) Study of disease states & laboratory

More knowledge of computer systems for cross training Computer train

LONG RANGE Knowledge of Pharmacy ASHP or APHA SEM ASHP Diabetes Care Seminar

Professional Seminars of Pharmacists ASHP or APHA Seminar

2-3 YEARS Knowledge of Diabetes ASHP or APHA Seminar - Lipid Clinic Training

REMARKS

Employee Statement Of Understanding I understand that this career development plan is prepared to indicate career and performance interests and goals. I further understand that training, courses, developmental assignments, or ultimate permanent assignment(s) shown on this plan may or may not be conducted, based on mission/budget requirements. I have discussed my training/development with my supervisor, and we have agreed that no further is needed at this time.

Employee Signature: _____ Date: 4 Apr 01

Supervisor Signature: _____ Date: 4 Apr 01

Second-line Supervisors Signature _____ Date _____

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

MCID-PH

28 SEP 1998

MEMORANDUM THRU

CHIEF OF PHARMACY SERVICE, GUTHRIE CLINIC FORT DRUM, NEW YORK

FOR THE GUTHRIE CLINIC AWARDS BOARD, ATTN: AWARDS BOARD PRESIDENT

SUBJECT: Recommendation for Guthrie Clinic Outstanding Civilian for the 4th Quarter of FY
1998

1. Under provisions of AR 600-8-22 I recommend the following civilian employee for the award of Outstanding Civilian Employee, 4th Quarter 1998:

a. NAME: Richard C. Blunden, R.PH. (REGISTERED PHARMACIST)

b. SSN: [REDACTED]

c. POSITION TITLE, GRADE: STAFF PHARMACIST, GS 660-11

d. PERIOD OF AWARD: 01 JUL 1998 – 30 SEP 1998

2. The following is a justification of a small part of accomplishments and sacrifices that MR Blunden made for the entire Pharmacy Service:

JUSTIFICATION

1. Recommend Richard Blunden, Department of Pharmacy as the Outstanding Civilian of the 4th Quarter (1 July 98 – 30 Sept 98).

2. During this period Mr. Blunden our only remaining staff pharmacist was instrumental in keeping the pharmacy operating at its usual high level. Due to the promotion of one staff pharmacist and the loss of another to a PCS move, Mr. Blunden was left to fill all prescriptions with only part time help from the pharmacy supervisor. This was done at great cost to himself and his family. Through the main portion of the summer Mr. Blunden had his vacation denied and used no sick days. He refused to take breaks during the day when it was busy, which was most of the time.

a. Through this stressful period, Mr. Blunden still remained focused on the job at hand. Even though he often filled over 60% of the prescription volume he maintained an outstanding negligible error rate.

MIC-PH

SUBJECT: Recommendation for Guthrie Clinic Outstanding Civilian for the 4th Quarter of FY 1998

- b. Mr. Blunden also has the additional duty of orientating new Doctors to CHCS when first arriving at Fort Drum. His method of instruction is unique by keeping a high level of learning through being very positive, and using his infectious humor.
 - c. Mr. Blunden also keeps the morale of the pharmacy at a high level. Besides being two pharmacists short, the pharmacy is also 2 technicians short. Even as this is being written he continues to use his humor and wit to keep the pharmacy in a positive and 'up' atmosphere which greatly reduces stress.
 - d. Mr. Blunden remains willing to stay after hours to complete duties not performed during normal business hours.
 - e. His in-depth knowledge of CHCS is a constant help to both the Supervisor and the pharmacy staff. I am confident in stating that at least twice a day, sometimes more, he helps our staff physicians with CHCS questions. I don't think there is one physician at Fort Drum that has not been given an answer by Mr. Blunden, directly or indirectly about CHCS.
2. Through this hectic, stressful period, Mr. Blunden did not fail to find opportunities to save the MEDDAC much needed healthcare dollars. Through discussion with a Pharmaceutical Representative, Mr. Blunden realized that we had been buying a class of medication at a substantially higher rate than it should have been. As busy as Mr. Blunden has been, he followed up on this, which resulted in a refund check from our Prime Vendor for \$4,150.48.
3. Mr. Blunden has been without a doubt an asset to the Guthrie Pharmacy and the MEDDAC Healthcare Team through this time of transition and staffing shortfall in pharmacy. Only an outstanding employee would have been capable of such an accomplishment and then only an exceptionally motivated one would have tried. Mr. Blunden is truly deserving of recognition as the Outstanding Civilian Employee of the Quarter.

PROPOSED CITATION

4. Proposed Citation: FOR OUTSTANDING PERFORMANCE AND DEDICATION TO DUTY DURING THE 4TH QUARTER, FISCAL YEAR 1998. WHILE WORKING AS A STAFF PHARMACIST AT THE USA MEDDAC, GUTHRIE CLINIC FORT DRUM, NEW YORK. YOUR HARD WORK, PERSONAL SACRIFICE AND ATTENTION TO DETAIL EARNED YOU THE RESPECT OF BOTH YOUR PEERS AND SUBORDINATES ALIKE. YOUR POSITIVE ATTITUDE DURING STRESSFUL TIMES DUE TO STAFF SHORTAGES WERE AN EXAMPLE FOR ALL TO FOLLOW. YOUR ABILITIES AS A STAFF PHARMACIST AND PRIMARY TRAINER FOR (CHCS) COMPOSITE HEALTH CARE SYSTEM WERE UNSURPASSED. YOUR EFFORTS REFLECT GREAT CREDIT UPON YOU, THE GUTHRIE PHARMACY, AND THE ARMY MEDICAL DEPARTMENT.

5. Any questions concerning the above justification or citation should be directed to the undersigned at 772-0668.


REGISTERED PHARMACIST, R.Ph
CHIEF OF PHARMACY SERVICES

Army Regulation 40-3

Medical Services

**Medical,
Dental, and
Veterinary
Care**

Headquarters
Department of the Army
Washington, DC
3 April 2006

UNCLASSIFIED

dispensing medications. Wards, clinics, and other activities within the MEDCEN/MEDDAC will normally use the pharmacy as the source of supply for drugs administered within the MTF. In addition, the pharmacy dispenses such preparations, as may be authorized and required, directly to inpatients and outpatients.

b. Prescription forms.

(1) DD Form 1289 is the standard form. Prescription forms provided by or preprinted by a commercial company will not be used in Army MTFs. The CHCS automated equivalent is acceptable.

(2) Information pertaining to drug manufacturer, lot number, and expiration date is not required on any DD Form 1289 written in an Army MTF if there is a drug recall procedure that can be readily implemented.

(3) The MTF commander may authorize use of a locally developed multiple prescription form.

(4) The MTF commander may authorize use of other official forms for prescribing medications (for example, SF 600, SF 558 (Medical Record—Emergency Care and Treatment), or DA Form 4256 (Doctors Orders)).

c. Logs. A log or automated documentation will be maintained of all medications placed in storage counting cells. Information documented will include drug name, manufacturer, lot number, expiration date, and quantity filled. A double check system will be used showing the initials of the pharmacist or technician filling and checking the filled cell. Disposition of these logs will be according to paragraph 11-23.

d. Bulk drug orders. DA Form 3875 (Bulk Drug Order), a local form, or an automated system will be used for ordering all noncontrolled drugs or preparations in bulk quantities for use in wards, clinics, or other activities. Items requiring maintenance of a stock record card will be issued only upon receipt of a properly written and authenticated prescription blank or locally approved form. Mechanisms to review and approve medications for stockage in these areas will be established in accordance with the local PI structure. At least annually, the appropriateness of these items as well as their stock levels will be reviewed and approved.

e. Dispensing procedures.

(1) All legend drugs will be dispensed only upon receipt of a properly written or automated prescription and recorded in the patient's CHCS medication profile.

(2) All providers will follow a generic dispensing policy. Orders written by staff providers for trade name drugs will automatically be dispensed with the generic equivalent when possible.

(3) The MTF commander will ensure that written procedures for dispensing controlled medications comply with Federal laws and Army regulations.

(4) A policy will be established that allows prescribers to order up to a 90-day supply of maintenance medications. The prescriber will maintain the flexibility to determine dispensing quantities for individual patients. Prescriptions will be filled as written up to the 90-day supply.

(5) Prescriptions of up to 180 days or an amount specified for current operations may be dispensed to soldiers deploying according to paragraph 11-27.

(6) All items provided to outpatients will be dispensed in accordance with the Poison Prevention Packaging Act of 1974 and policies prescribed by the commander and will be labeled to include the legend "KEEP OUT OF THE REACH OF CHILDREN."

(7) During the hours that the pharmacy is closed, amounts of drugs sufficient to provide treatment until pharmacy services are available or to complete a therapeutic regimen may be dispensed directly from an after-hours walk-in clinic or from the emergency department/service. The use of automated dispensing equipment that utilizes a bi-directional CHCS interface is acceptable. The prescriber must check all prescription medications before being given to the patient. All prescription containers will be labeled to show the identity of the facility, date filled, directions to the patient, name of drug, (unless prescriber directs otherwise), quantity issued, and the name of the patient and prescriber. Repackaged medications will include a lot number and expiration date. Documentation of all medications dispensed after hours will be entered into the patient's medication profile, which must include the CHCS medication profile to the greatest extent possible.

(8) A coordinated system for after-hours dispensing of medications will be established and will include the consideration for a pharmacist or pharmacy technician on call to answer questions and/or provide medications beyond those accessible by non-pharmacy staff.

(9) A policy will be established whereby a pharmacist will conduct a retrospective review of all orders filled during the hours the pharmacy was closed. This review will occur within the next 24-hour period.

f. Self-care programs.

(1) At the discretion of the commander, individual MTFs are permitted to establish self-care programs utilizing over-the-counter (OTC) nonprescription medications. The programs will be strictly defined and controlled to include a patient educational component, medications, and quantities included in the program. Unstructured medication hand-out programs are not authorized.

(2) A self-care program is defined as one that includes the participation of a nonphysician health care provider who authorizes dispensing selected OTC medications.

(3) Items dispensed will be limited to OTC medications and packaging will comply with Federal law.

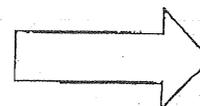
(4) To the maximum extent possible, items dispensed will be documented in the patient's CHCS medication profile.

OVER THE COUNTER (OTC) GAHC REQUEST FORM

1. FILL OUT FRONT AND BACK OF FORM
2. FILL OUT A SEPARATE FORM FOR EACH PERSON
3. PLEASE SELECT UP TO THREE ITEMS PER FAMILY, FROM THE FOLLOWING:

	Dosage Form	Quantity	Min Age	Important Side Effects/Comments
FEVER, MINOR ACHES, PAIN				
1.	Acetaminophen (Tylenol)	325 mg tab	50 tablets	6 yrs. do not mix with alcohol
2.	Acetaminophen Susp	160 mg/5cc	120 ml bottle	2 yrs. do not use with other acetaminophen products
3.	Acetaminophen Chewable	80 mg tab	30 tablets	2 yrs. do not use with other acetaminophen products
4.	Aspirin	325 mg tab	100 tablets	12 yrs. do not take within 2 weeks of surgery, under 6, or pregnant
5.	Ibuprofen (Motrin)	200 mg tab	50 tablets	12 yrs. do not take if pregnant
6.	Ibuprofen -Children's	100 mg/5cc	60 ml bottle	2 yrs. do not use if child has chicken pox
7.	Ban Gay Ointment (equiv.)	30 gm	1 tube	2 yrs.
ALLERGY, FLU SYMPTOMS				
8.	Diphenhydramine (Benadryl)	25 mg	24 capsules	6 yrs. may cause drowsiness
9.	Diphenhydramine Elixir	12.5 mg/5cc	120 ml bottle	6 yrs. may cause drowsiness
COUGH, EXPECTORANT				
10.	Robitussin DM (equiv.)	100 mg/5cc	120 ml bottle	2 yrs. loosens phlegm, helps with cough
11.	Cepacol lozenges	18 /pack	1 pack	6 yrs. not recommended for children
12.	Chloraseptic spray	1 bottle	1 bottle	2 yrs.
GASTROINTESTINAL SYMPTOMS				
13.	Loperamide (Imodium)	2 mg	12 tablets	6 yrs. diarrhea; don't exceed 8 / day or use in children under 6
14.	Pepto-Bismol (equiv.)	liquid	240 ml bottle	12 yrs. heartburn & diarrhea; not for children under age 12 years
15.	Mylanta II (equiv.)	liquid	360 ml bottle	12 yrs. heartburn; not recommended for children
YEAST INFECTION SYMPTOMS				
16.	Monistat Vaginal cream	45 gm	1 tube	16 yrs. not for first-time sufferers
ITCH, POISON IVY, ATHLETE'S FOOT, MISC				
17.	Saline nasal spray	sprays	45 ml spray/drops	2 yrs.
18.	Calamine lotion	lotion	120 ml bottle	2 yrs.
19.	Hydrocortisone cream 1%	15 gm	15 gm tube	2 yrs. after 14 days of use recommend appointment with provider
20.	Tolnaftate cream 1%	15 gm	15 gm tube	2 yrs. after 14 days of use recommend appointment with provider
21.	Chapstick	1 tube	1 each	6 mos. for dry or chapped lips
22.	Repair after-shave lotion	lotion	1 bottle	12 yrs. for shaving bumps
23.	Bacitracin Zinc Ointment	15 gm	1 tube	do not use in the eyes
PRENATAL CARE				
24.	Prenatal Vitamins	tablets	100/bt	0.8 mg folic acid, for females of child-bearing age

OVER



OVER THE COUNTER (OTC) GAHC REQUEST FORM

PATIENT'S NAME: _____

DOB: _____

ALLERGIES: _____

SPONSOR'S SSN: _____

DATE: _____

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

_____ I am requesting the above medication/s for myself or my family member (over 24 months old) listed below for the treatment of the symptoms listed above. I am making this request as a matter of convenience to me, and I am not requesting or expecting to see any health care provider in this military treatment facility for this illness. I have not been refused a higher level of care nor have I been asked to make this request in lieu of being offered an appointment in my clinic.

_____ I understand the intended use of the above OTC medication/s in the treatment of this minor illness. I have been provided information regarding the proper indications, administration, side effects and dosage for the above medication/s and all of my questions have been answered to my satisfaction.

_____ I understand the signs and symptoms to look out for in the event my illness does not improve. I have been provided and understand the procedures for obtaining and appointment in my clinic, the hours of operation, and the procedures for seeking urgent or emergency care at the Urgent Care Center during and outside normal duty hours.

NAME OF PERSON REQUESTING MEDICATIONS

SIGNATURE

1. PLEASE PULL AN: "O" TICKET FOR (OVER THE COUNTER MEDICATIONS) AND WAIT UNTIL YOUR NUMBER IS CALLED. IF THIS IS ALL YOU HAVE. IF YOU ARE ALREADY WAITING FOR A NEW RX, YOU DO NOT NEED TO GET ANOTHER TICKET.

2. PLEASE PULL ONLY ONE TICKET FROM THE TICKET DISPENSER.

PRIVACY ACT STATEMENT: IAW PRIVACY ACT REQUIREMENTS. THE INFORMATION COLLECTED ON THE FRONT OF THIS FORM WILL BE USED TO FACILITATE YOUR HEALTH CARE. THE INFORMATION WILL NOT BE RELEASED TO ANYONE AND MAINTAINED IN THE PHARMACY

OVER



11



DEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

REPLY TO
ATTENTION OF

MCID-DCS

27 September 2007

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Verbal Response to Notice of Proposed Removal--Mr. Richard Blunden

1. The meeting was held at 1300, 26 September 2007, in the Headquarters Conference Room for [REDACTED] to hear Mr. Blunden's verbal response to his Notice of Removal dated 31 Aug 07.

2. Attendees:

[REDACTED] Deputy Commander for Clinical Services

Mr. Blunden, Pharmacist

[REDACTED] Civilian Resources Coordinator

[REDACTED] Secretary/Recorder

3. Discussion:

a. [REDACTED] informed Mr. Blunden that the purpose of this meeting was for him to present his verbal response to his Notice of Removal to [REDACTED]. Mr. Blunden has already provided a written response to [REDACTED]. A decision will be rendered within the next 10 days.

b. Mr. Blunden asked [REDACTED] if he had any questions about his written response. [REDACTED] asked him if he was a clinical pharmacist. Mr. Blunden stated he is not, and he does not deviate from being a pharmacist. He stated that AR 40-68 states "pharmacists" can be granted clinical privileges on one line and on the next line states "clinical pharmacists". Mr. Blunden stated that he does not have the authority to order lab tests for himself. Mr. Blunden stated the numbers were "weird" the way they were set up. If the numbers were plotted out logically and the dates put in the graph, you would see that four dates are duplicated out of 23, which leaves 19 valid tests. [REDACTED] stated that more than one lab may have been ordered on the same date. Mr. Blunden stated that four are duplicates. He also stated three were for the Lipid Clinic and one was ordered by [REDACTED]. Mr. Blunden stated that this took place 10 years ago, so he cannot remember exactly why. He stated he was on the Lipid Clinic PAT, and he went TDY to Buffalo in Jan and TDY to Rochester in Nov (see DD Forms 1556). The tests in 97-98 are from the Lipid Clinic. He then had three follow-up tests for [REDACTED].

MCID-DCS

SUBJECT: Verbal Response to Notice of Proposed Removal--Mr. Richard Blunden

that [REDACTED] ordered. Those tests were ordered on 24 Nov 03, 1 Dec 03 and 22 Dec 03. [REDACTED] was working in both Occupational Health and Family Practice at that time. Mr. Blunden stated that leaves nine lab tests. The other tests he was not eligible for and does not have an explanation for, which he outlined in his written response. He stated it was convenient to use the lab and that other non-beneficiaries are doing it, so why not him. [REDACTED] stated that he needs specific names. [REDACTED] stated in her sworn statement that other people are misusing the lab, but there are no names listed. Mr. Blunden stated that he cannot violate HIPAA to see who this is; he would not stoop that low.

c. Mr. Blunden asked the DCCS if he had any other questions. He also stated that the Lipid Clinic was never officially implemented. [REDACTED] stated he was aware of that. Mr. Blunden stated that Clinical Practice Guidelines (CPGs) were implemented instead. Mr. Blunden stated that he has copies of his past evaluations which support that he developed protocols and PowerPoint slides for the Lipid Clinic PAT. [REDACTED] stated that Mr. Blunden can give him copies of these documents, but it is not necessary.

d. Mr. Blunden stated that the proposed penalty is too harsh. He stated he looked up the regulations referred to on the Notice of Proposed Removal memorandum and there is not an AR 690-700; it is AR 690-750. He stated the Douglas factors should be used. If he is being accused of lying in a sworn statement; then he didn't lie. A Lipid Clinic was being implemented. Mr. Blunden stated that if he is being accused of order nine lab tests on himself, then he'll take the blame, but termination is not right. The cost per lab test is \$.23; that is less than \$100 for all 23 tests. [REDACTED] stated that he will look at his argument and all statements. Mr. Blunden stated no one ever told him not to order the tests. He stated he was told by the Lab Manager that he could do so, so he did. Mr. Blunden stated that he stopped ordering/having the lab tests when [REDACTED] told him to have them ordered by a doctor. She did not state to not have them done, she stated to have them ordered by a doctor. He also stated that he has not ordered a test in the past 4.5 years.

e. Mr. Blunden stated that he talked openly to [REDACTED] about the labs periodically and he never said anything. He stated he thinks [REDACTED] has used the lab in the past, but he cannot violate HIPAA to verify. [REDACTED] asked if he is saying [REDACTED] is using the lab. Mr. Blunden stated he cannot say for certain. [REDACTED] asked Mr. Blunden if he was making an accusation and if so, he will need facts. Mr. Blunden asked if he will be notified of the outcome of the possible HIPAA violation he brought to the attention of the command. [REDACTED] stated that [REDACTED] HIPAA Officer, is working this issue, and he will have to address this with her. Mr. Blunden stated that he was told not to contact anyone, so he has been following orders.

12



DEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

REPLY TO
ATTENTION OF

MCID-DCCS

30 November 2007

MEMORANDUM FOR Mr. Richard Blunden, US Army Medical Department Activity,
Pharmacy Services, Fort Drum, New York

SUBJECT: Amendment to Notice of Proposed Removal

1. Reference: MCID-PHARM Memorandum, subject: Notice of Proposed Removal,
dated 31 August 2007.

2. This is notice that I am amending the referenced proposal based upon information that came to light during my consideration of the referenced proposal and information you provided to me during your reply period. I am now the proposing official in this action and the referenced Notice of Proposed Removal is amended as follows:

a. I am adding the following specifications to paragraph 2 that I considered in concluding that you did commit the two offenses you were charged with in the referenced Notice of Proposed Removal, (1) violating an administrative regulation and (2) making a false statement during an official investigation...

(1) Paragraph 2.d. In your sworn statement, to the question, "Have you ever entered lab orders into CHCS I for patients, other employees or yourself?" you answered, "No." However, in your written reply dated 20 September 2007, referencing paragraph 2.a. in the notice of proposed removal you stated that, "I did in fact enter orders for laboratory tests into CHCS where I was both the patient and the ordering provider."

(2) Paragraph 2.e. In your written reply dated 20 September 2007, referencing paragraph 2.b. in the notice of proposed removal you stated that, "This leaves a total of 9 lab tests of the 23 listed, over a 7 year period that were in violation of AR 40-400." I consider this an admission that you violated AR 40-400 by receiving care which you were not authorized to receive at the MTF.

b. I am affording you a new reply period and notifying you of a change in the deciding official for this proposed action. See paragraph 4, below.

3. Your repeated violation of Army regulations over a period of nine (9) years and your false statement demonstrate your lack of ethics and professionalism. As a senior leader

MCID-DCCS

SUBJECT: Amendment to Notice of Proposed Removal

in this organization I can not allow this type of misconduct to continue. I considered the following factors in determining the appropriate and reasonable penalty to propose

- a. I find your conduct to be highly inappropriate. Your repeated use of services of which you are not entitled is a violation of an Army Regulation. Your action of placing electronic lab orders for yourself as a provider could possibly be viewed as professional misconduct in New York State defined in the NYS Pharmacy Handbook sub-article 3, section 6509, 2. I find this type of conduct to be very serious in nature. As a healthcare professional I hold you to a higher level of ethical behavior. I can not condone this type of behavior from a professional healthcare employee under my supervision.
- b. As a GS-11 Staff Pharmacist, in a permanent, professional position with the federal government you occupy a trusted position in this organization and the medical profession. You are expected to set the example for other employees to follow. I expect employees to follow the rules and abide by the regulations. Your actions have forced me to question your honesty and your ability to be loyal to this organization.
- c. Your actions have made it impossible for me to trust you in the future. I lack the confidence that you will not violate the regulation again and I have grave concerns about your access in the MTF.
- d. This is the same action I would propose against any other similarly situated employee for like or similar offenses.
- e. In accordance with Appendix A to Army Regulation 690-750, Chapter 751, any civilian employee found to have engaged in intentionally dishonest conduct will be considered for removal and any lesser penalty will require justifiable mitigating circumstances. Your act of making a false statement during an official investigation constitutes intentional dishonesty since I am satisfied that you made this false statement knowingly and purposefully. Therefore, the proposed penalty is consistent with the applicable Army regulation and table of penalties.

f. I have also considered the excellent performance appraisals and numerous awards you have received during your thirteen years of service, as well as the fact that this is the first formal disciplinary action proposed against you. However, these mitigating factors are insufficient to offset the aggravated nature of your misconduct.

Therefore, after considering the factors that I consider relevant in this case, I have determined that removal is reasonable and necessary in order to promote the efficiency of the Federal Service.

MCID-DCCS

SUBJECT: Amendment to Notice of Proposed Removal

4. You have fifteen (15) calendar days from receipt of this memorandum to reply orally or in writing, or both, as to why you believe this proposed removal should not be effected. You may furnish affidavits or other documentary evidence in support of your answer. Consideration will be given to extending the time limit for your reply if you provide reasons in writing for a request for extension to the Deciding Official. Your oral and/or written reply should be addressed to the Deciding Official, who is [REDACTED] [REDACTED] Commander, USA MEDDAC, Fort Drum, New York. You may make arrangements to see [REDACTED] by calling (315) 772-4024. Any reply you make should be made within the allowed time. Your reply will be given full and careful consideration before a decision is made. After expiration of the reply period, [REDACTED] will issue his written decision to you.

5. During this new reply period, you will remain on administrative leave. The only change to your original instructions in this regard is that questions regarding these instructions may be directed to [REDACTED] in addition to me and [REDACTED]. All other provisions and disclosures in the referenced proposal including but not limited to your right to representation, right to review the material relied upon to support this action, etc., remain in force.

6. Please sign and date this memorandum to indicate that you have received it and return the signed and dated copy to me. You are advised, however, that your failure to sign does not affect the validity of the action taken.

[REDACTED]

Deputy Commander for Clinical Services

RECEIPT ACKNOWLEDGED

[Handwritten Signature]

RICHARD BLUNDEN

11/30/07

Date

13

December 14, 2007

[REDACTED]

This is a supplemental response to the Amended Notice of Proposed Removal from Federal Service as a Pharmacist issued to me by [REDACTED] on 30 November 2007. The charges and penalties are labeled and my response addresses each one separately.

2a (1). In my sworn statement, to the question, "Have you ever entered lab orders into CHCS I for patients, other employees or yourself?" I answered "No". In my written reply to the first Proposal for Removal from Federal Service dated 20 September 2007, I stated that I had in fact entered orders for laboratory tests into CHCS where I was both the patient and the ordering provider"

My response to this discrepancy is that the question was misleading. The previous question was "have you ever ordered lab test for yourself" to which I answered "Yes". Why would I then in the next question say no? I was answering that question as to the "Patients or other employees" part of the question. I don't recall that "yourself" being in that question. I have reviewed the documentation provided me and see that I did answer that three part question with a single "No".

Most of the other sworn statements that were taken during this investigation by then [REDACTED] have a MEMORANDUM FOR RECORD after the sworn statement giving an overview of the interview. I do not find one in the documentation provided to me by CPAC for my sworn statement. I think that if [REDACTED] was asked about my interview, he would say that I was distraught and very irritated that this interview was being conducted. I explained to him that there was a HIPAA violation against me where my lab results were pulled up on a Pharmacy computer and were in the process of being printed while I was at lunch. The violator forgot to close out of the screens and when I returned from lunch this information was still on the screen. I went to IMD and reported it to [REDACTED] and she told me to give the information to [REDACTED]

In my mind at the time, this sworn statement was being taken on information illegally obtained as a result of a HIPAA violation (I was not aware that a whistle blower complaint had been made at that time). This really irritated me and I was, quite honestly distracted by the hundreds of questions going through my mind. I may not have been thinking clearly, but I always answered the questions honestly.

In this frame of mind, I was asked the question of whether I ordered a test for myself. I answered the question honestly and said yes. The next logical question would be whether I ordered tests for patients or other employees, to which I would honestly answer no. However, the follow-up question apparently asked not only whether I ordered tests for patients and other employees, but for myself again. When I answered no, I was obviously focused on whether I had ordered the tests for patients and other employees, not myself. My reason for this: I had already answered the question regarding myself in the previous question. Given that I had already answered yes to the previous question, given that I was upset at the time and given that the question to which I answered "no"

was a compound question, I am astounded that you would now claim that I was purposely dishonest in answering this question.

Immediately following this interview, I went directly to [REDACTED] office to discuss why this investigation was being done. He explained it was an investigation to a whistle blowers complaint. He told me after I had already given my sworn statement, whatever I do, don't perjure myself, and tell the truth because being dishonest on this sworn statement could get me terminated. I let him know that I did tell the truth. I then went to see the HIPAA officer to see if the HIPAA violation report was completed yet.

2a(2). I had begun to have lab tests in this MTF as part of the start up and protocol writing for a Lipid Clinic. The Lab Manager at the time invited me over to the lab and offered to draw my blood. She told me to come back and have it repeated as prescribed by the protocols being drawn up. This practice started legitimately with the startup of this clinic and then continued once the precedent was there. As stated by [REDACTED] in her sworn statement, "other MEDDAC employees who were not beneficiaries are also having lab work performed in the MEDDAC lab". Lab tests to me, and obviously others in this clinic, have been an unwritten "employee benefit". Would you say that all of these people lacked loyalty to the clinic or at least acknowledge that this has been an unwritten employee benefit from the past? In retrospect, I am willing to admit that I made a mistake in judgment when I continued to have 9 lab tests done beyond the clinic startup at a MTF in which I was not authorized to receive care. I now know that this is a violation of AR 40-400. I had no idea of the magnitude of trouble that this action could cause, or the severity of the offense, nor do other employees/supervisors in the clinic. I had no criminal intent and no one was hurt. I had been told by the previous lab manager that it cost about a dollar for a panel of lab tests. The director of IMD when told of the HIPAA violation that occurred against me, stated "why would anyone want to print off your labs, they aren't going to fire you over some lab tests". The lab personnel welcomed me in the lab and even questioned me outside of the lab as to when I would need testing done again. Never once was I told to stop this behavior. Not by the lab director or lab employees and not by my supervisor.

I also stated previously that I am willing to accept a penalty for this action. The penalty of removal is clearly excessive in relation to the offense. If this is the penalty, then there should be comparable disciplinary actions taken for comparable offenses, including all other employees who are not eligible for this benefit and have used the lab. From what I have researched on selecting an appropriate penalty, the deciding official should distinguish between misconduct for which progressive discipline aimed at corrective behavior is warranted and misconduct warranting punitive discipline. Progressive discipline should be the least stringent penalty thought necessary to get the employees attention and motivate him/her to improve behavior. I can tell you, you have my full attention and I would never violate this policy again. The penalty also should not be a punishment, but something to correct misconduct and modify unacceptable behavior. If I had ever been told to stop using the lab before this point I would have. No further action would have been necessary. In fact, I had modified my habits before any of this process

happened without even being told. This whole procedure is being done to correct a behavior that was self corrected and was no longer occurring.

3a. My repeated use of a service that was not entitled to me stopped almost two years ago. My entering lab orders for myself stopped when asked to stop almost 5 years ago. The unethical behavior being investigated and proposed a penalty has never occurred under [REDACTED] or your supervision. I had already realized this was wrong and modified my ways. I currently have lab testing done by the order of a physician at a hospital lab utilizing my healthcare insurance and my entitled leave.

3b. I find it hard to believe that my honesty and loyalty to this organization can be in question. I think that my loyalty to this organization would be hard to top. I took on the task of Medication Management FMT leader when my supervisor complained to his superiors that he was overburdened and could not handle it. I work extra in times of need, during deployments, when the computers need attention, covering vacations. I have been denied leave and still show up as scheduled. I frequently allow my lunch shift to be moved to promote better lunch coverage. I often cut my lunch to one-half hour when there isn't enough staff to adequately cover the pharmacy. I have worked on holidays and days when I have been granted leave to get computer issues taken care of before I actually take my leave. I not only attend education days but have presented there to the entire staff. I not only attend the MEDDAC Ball but have sung the National Anthem there, twice. I not only attend and participate in Organization Day, but have taken a pie in the face to help raise funds. I not only attend the Change of Commands but have sung the National Anthem there with the 10th Mountain Division Band. I have baked birthday cakes for luncheons, had my wife make cards for birthdays, farewells, welcomes, get wells. I have photographed events inside and outside of the clinic and submitted photos to the PAO and to the individuals involved in the events. I have done so many positive things to motivate the staff. Most of the technicians in the Pharmacy will seek me out to answer pharmaceutical questions because they know that I will give them a polite answer, without attitude, and will approach the customer for them to answer the question. I make learning enjoyable in the Pharmacy. I am also the one Pharmacist most sought out by our clinic HCP's for their questions to be answered. This doesn't happen overnight and without a lot of trust. I AM A TEAM PLAYER. I also care enough to make a difference.

3c. [REDACTED] you have not had much of an opportunity to get to know me. Please don't judge a book by its cover (or this proposal for removal). If [REDACTED] finds it impossible to trust me in the future, then I also think he knows very little about me. I have devoted a majority of my life to volunteering. I have been a local firefighter for over 20 years. I was also their treasurer, being trusted with hundreds of thousands of tax payers' dollars. I am also the treasurer of TwinFest, a local non-profit organization which oversaw the fundraising of a \$140,000.00 playground in Carthage. I am also the treasurer of the Carthage Area Hospital Foundation and the Carthage All Sport Booster Club. With all of these organizations, every internal and external audit has come out perfect to the penny. I personally spent over 100 hours of my time to bring two of these organizations into compliance with their tax exempt status as rules do matter to me. I am an Eagle Scout. I am a member of my church choir and have learned a majority of our songs in

both tenor and base so that I can fill in where needed the most. I am married and have two teenage daughters. I attend practically every sporting, music, dance and award event that they are involved in. I am a Red Cross blood donor. I have never used drugs. I have never skipped work. I am almost always early for work. These are a few things that you will not learn about me from reading the proposal for removal. I am asking you to give me the chance for you to trust me in the future and be confident that I won't violate this regulation again.

3d. [REDACTED] states this is the same action that he would propose for any other employee for a like or similar offence. There should be several of these proposals coming across your desk because as stated by [REDACTED] in her sworn statement, "other MBDDAC employees who were not beneficiaries are also having lab work performed in the MBDDAC lab".

If this action is being proposed for the statement made under oath, I did not intentionally make a false statement. I answered the previous question that I had ordered labs for myself. Answering part of the next question that I had not ordered labs for myself was an oversight. If you want to stretch the language to say that I did, I certainly didn't answer this question maliciously.

3e. [REDACTED] states that AR 690-750, Chapter 751 table of penalties shows that because I made a false statement under oath I engaged in intentional dishonest conduct. But as stated before, I answered the previous question about ordering lab tests for myself honestly. Why would I intentionally be dishonest on the next question asking the same thing? My response reflects that I was answering the next question as it related to "other employees", not myself.

3f. I think that my excellent performance appraisals and numerous awards for the past 13.5 years speak for themselves. I find it hard to believe that a few lab tests or misreading a question can be considered such "aggravated nature of misconduct" to be sufficient to offset these appraisals.

My personal opinion is that removal from the Federal Service will hurt Guthrie Clinic and Army Pharmacy. 4000 additional troops are expected at Fort Drum. Another expansion of the pharmacy/clinic will occur. More deployments will occur. I have experience and training in these areas that a new pharmacist to Federal Service wouldn't have. I have prepared the clinic for the Joint Commission as far as Medication Management. Removing a person with the people skills, knowledge, and commitment to the clinic that I have would in no way promote efficiency in the Federal Service. Pharmacists have historically been and continue to be a hard to hire position at Fort Drum. Because of the lower pay offered and staff issues, there is a high turn over rate. In fact, since the first proposal for removal was written on the last day of August, a new Pharmacist has been hired, in-processed, trained, and quit. There are 2-3 vacant positions for Pharmacists at Guthrie Clinic thus leading to stress on the Pharmacists who are there. With the command's desire to expand services to a Refill Pharmacy at an off site location and the re-opening of the TMC Pharmacy, this shortage will only be compounded.

In conclusion, I would like to say that I made an error in judgment. I had 9 lab tests done in a facility between 2-10 years ago that I was not authorized to have done. It was not done to defraud the government. It was not done to hurt anyone. It was merely a continuation of a practice the lab had offered to me for the startup of a clinic. I did not force anyone to do this; they offered to continue to do it. This was wrong and I am willing to face up to it. I was questioned "under oath" about it. I resented this as did I resent a HIPAA violation against me. I became upset. I did not read one of the questions completely, but answered every question honestly. Because of this, my ethics and professionalism are being questioned and it is proposed that I should be removed from Federal Service to promote efficiency. I can't tell you how much this process has hurt me personally. But I am a person of character. Within hours of this proposal for removal being given to me, I was setting up and running a concession stand at a sporting event, singing in the church choir, giving tours of the expansion project at the Carthage Area Hospital, seating guests at the Carthage Area Hospital dinner, and continuing to give of myself to the community. I would think that this is the kind of player you would want to keep on your team.

Richard C. Blunden R.Ph.
Staff Pharmacist

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DEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

REPLY TO
ATTENTION OF

MCID-CO

27 December 2007

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Verbal Response to Amended Notice of Proposed Removal--Mr. Richard Blunden

1. The meeting was called to order at 1300, 27 December 2007, in the Headquarters Conference Room for [REDACTED] to hear Mr. Blunden's verbal response to his Amended Notice of Proposed Removal dated 30 November 07.

2. Attendees:

[REDACTED] Commander

Mr. Blunden, Pharmacist

[REDACTED] Civilian Resources Coordinator

[REDACTED] Secretary/Recorder

3. Discussion:

a. [REDACTED] informed Mr. Blunden that the purpose of this meeting was for him to present his verbal response to his Amended Notice of Proposed Removal to [REDACTED]

b. Mr. Blunden asked [REDACTED] if he has any questions (written response enclosed). [REDACTED] stated in your (Mr. Blunden) written response, para 2a(2), you indicated that the question may have been misleading. You were first asked, during your sworn statement, "Have you ever ordered lab tests for yourself?" and you answered "Yes, for the Lipid Clinic". You were then asked "Have you ever entered lab orders into CHCS 1 for patients, other employees or yourself?" and you answered "No". [REDACTED] asked Mr. Blunden what type of lab tests are ordered for a Lipid Clinic. Mr. Blunden stated liver enzymes and cholesterol. [REDACTED] asked Mr. Blunden why [REDACTED] were ordered. Mr. Blunden stated he admits he had some lab tests done that were not associated with the clinic. [REDACTED] stated that when you were asked if you ordered tests for yourself, you indicated "Yes, for the Lipid Clinic". You had the opportunity to explain then, but you did not. Why would other tests be ordered outside the scope of the Lipid Clinic? Mr. Blunden stated that he does not believe he ordered the [REDACTED]. Mr. Blunden stated that his provider told him he needed to have a [REDACTED] done and he was getting other lab work done so he got that

MCID-CO

SUBJECT: Verbal Response to Notice of Proposed Removal--Mr. Richard Blunden

done as well. [REDACTED] asked "Shouldn't a provider have ordered them?" Mr. Blunden responded "Yes". [REDACTED] ask shouldn't lab tests be ordered by providers? Please help me understand this. How do these tests support a Lipid Clinic? Mr. Blunden stated it all started with a Lipid Clinic and continued on after the Lipid Clinic project stopped. An employee in the lab, at the time, told him he could continue to have lab tests performed. [REDACTED] asked if there is a provider in the lab. Mr. Blunden stated [REDACTED] was the Lab Manager at the time. [REDACTED] asked if [REDACTED] was involved. Mr. Blunden stated he ordered some of his lab tests. [REDACTED] stated that Mr. Blunden was the ordering provider on the lab tests. Mr. Blunden stated that it all began with the Lipid Clinic and the Lab Manager telling him he could continue, so he did. Mr. Blunden stated that for him to sit here today and tell [REDACTED] why he did what he did 5, 10 years ago is impossible. [REDACTED] stated that he is just trying to understand. Mr. Blunden stated that he did not order labs for other patients or employees. When he was interviewed by [REDACTED] he was very upset. He thought he was being interviewed as a result of a HIPAA violation, but he was being interviewed as a result of a Whistleblower. [REDACTED] asked if you (Mr. Blunden) answered "Yes, for the Lipid Clinic" question, then why did you answer "no" to the next question? Mr. Blunden stated he thought the question was "Have you ever ordered lab tests for other people," he did not see "yourself" in the question. [REDACTED] stated you gave a partial answer, was it out of spite or did you answer it honestly? You mentioned that the Lab Manager invited you to the lab and offered to draw your blood. Did these labs include the protocol ordered? Mr. Blunden stated "No." [REDACTED] stated that Mr. Blunden answered the first question positively, but not the second question. You are surrounded by physicians, PAs, and NPs, to include [REDACTED] why would you not go through them. You are not a provider, but a pharmacist. This is a procedural issue. [REDACTED] asked Mr. Blunden if he knew he was doing something wrong 5, 10 years ago and why he did this. Mr. Blunden stated he did not know and that his attorney asked him the same thing. [REDACTED] stated that Mr. Blunden stated in his response that he stopped ordering tests 2 years ago. What made you stop? Mr. Blunden stated he did not know. [REDACTED] stated that he appreciates everything Mr. Blunden contributed to the MEDDAC and the community, but we need to get back to basics. Mr. Blunden was performing outside of his scope of care. [REDACTED] stated that in Mr. Blunden's statement he talked about [REDACTED] indicating other staff members using the lab. In order to investigate this statement, additional information is needed. She did not indicate other providers or pharmacists were using the lab. She stated other employees use the lab. How would she know if they were using it illegally? [REDACTED] stated that Mr. Blunden is a pharmacist and is sanctioned to do the right thing. [REDACTED] is struggling with the fact that Mr. Blunden went outside his scope. [REDACTED] asked Mr. Blunden if there is anything else he would like to bring to his attention. Mr. Blunden stated he has addressed that he broke a rule and he realizes that [REDACTED] needs to make a decision, but he feels removal from federal service is too strong of a punishment. If he was told to stop, he would have, but he stopped before

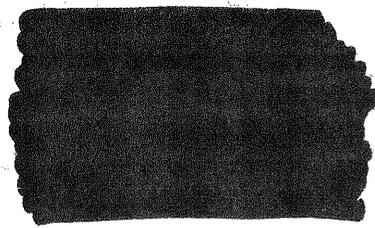
MCID-CO

SUBJECT: Verbal Response to Notice of Proposed Removal--Mr. Richard Blunden

being told to. [REDACTED] stated MEDCOM would look at this as an automatic report to the State of New York. Mr. Blunden stated that he called the State of New York and gave them his license number and name and told them what had transpired, and they told him they would not deal with anything like this. His attorney told him the most New York State would give him is a letter of reprimand. Mr. Blunden stated he is willing to learn from his mistake. [REDACTED] stated he has received letters of support from several of Mr. Blunden's co-workers. Mr. Blunden stated that he told [REDACTED] that eight employees have offered their support. [REDACTED] stated he will take this into account when he makes his decision. Mr. Blunden stated that he realizes [REDACTED] needs to look at what will happen if he is brought back to work. Mr. Blunden stated he has lost a lot of respect throughout the MEDDAC and he will have to work hard to rebuild his character. He also stated that he got a call from an employee who was talking with another employee, who does not like him, but still does not think what is happening to him is fair. Mr. Blunden stated that he wants to prove that he is a good person. [REDACTED] stated that he will review all the documentation carefully. [REDACTED] stated that creditability and trust are very important things. Society has put extra trust in you, Mr. Blunden, and with that you get extra responsibility. This will be a guiding light on my [REDACTED] decision. [REDACTED] will take into consideration the letters of support he has received. He will render his decision within 10 days.

4. The meeting adjourned at 1325.

Encl
Written Response



DISTRIBUTION:
1 ea attendee

15



DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
11050 MOUNT BELVEDERE BOULEVARD
FORT DRUM, NEW YORK 13602-5004

MCID-HR

19 March 2008

MEMORANDUM FOR Mr. Richard Blunden, US Army Medical Department Activity,
Pharmacy Services, Fort Drum, New York

SUBJECT: Notice of Decision

1. References:

- a. MCID-PHARM Memorandum, 31 August 2007, subject: Notice of Proposed Removal
- b. MCID-DCCS Memorandum, 30 November 2007, subject: Amendment to Notice of Proposed Removal

2. Referenced memoranda document the proposal that you be removed from your regular full-time position of Pharmacist, GS-0660-11, and the Federal Service, for (1) violating an administrative regulation and (2) making a false statement during an official investigation. You were afforded 15 calendar days to reply to this proposed removal. I heard your oral reply on 27 December 2007.

3. I carefully considered the contents of the notice of proposed removal, all supporting documentation made available for your review, the contents of your official personnel file and your oral and written replies in reaching my decision. I have decided that you did not make untrue statements with the intent to deceive, so I find you not guilty of making a false statement during an official investigation. However, I find that the preponderance of evidence proves that you are guilty of violating an administrative regulation.

4. In deciding the appropriate penalty, I have considered the following relevant factors:

- a. The nature and seriousness of the offenses, and their relation to the employee's duties, position and responsibilities, including whether the offenses were intentional or technical or inadvertent, or were committed maliciously or for gain, or were frequently repeated. I find your conduct to be highly inappropriate. You placed lab orders for yourself using order entry fields in the healthcare computer system (CHCS 1) that are entrusted only to other providers. You are not authorized to enter such orders in CHCS 1 given your technical specialty, staff pharmacist. Your continued access to the CHCS 1 system is essential to the performance of your duties and your misuse of your access

MCID-HR

SUBJECT: Notice of Decision

degrades the trust required of you as a pharmacist in this facility. As a Commander, it is my responsibility to safeguard all computer access. As a result of your actions, I could restrict your access to all medical databases and computer systems. However, to do so would render you unable to function as a pharmacist in this facility. It is clear to me that your repeated access of lab services over an extended period of time was intentional and that you repeatedly used your government access to obtain lab services not authorized to you. It is also clear to me that you did so for your own personal gain. I believe you understand that you operated out of your scope of practice. By your own admission, you realize that there is a tremendous amount of trust that you have lost as a professional in the eyes of subordinates, peers and supervisors.

b. The employee's job level and type of employment, including supervisory or fiduciary role, contacts with the public, and prominence of the position. As a GS-11 Staff Pharmacist in a permanent, professional position with the federal government you are expected to set the example for other employees to follow. I expect employees to follow the rules and abide by the regulations. Ultimately, your personal judgment, as demonstrated on these occasions of misconduct, bears upon your medical professionalism. This incident has called into question your trustworthiness and professionalism and has undermined my faith in you as a medical professional. With your assigned passwords, you have access to millions of dollars of pharmaceutical supplies and controlled medications. That trust is given to you by your supervisor, the Deputy Commander for Clinical Services, and by me. I can not condone or tolerate this type of behavior from a professional employee under my supervision.

c. Potential for the employee's rehabilitation. Your pattern of misusing your access to CHCS 1 calls into question your trustworthiness. Again, your field and position in this clinic demand absolute trust. I believe you understand your mistake and can be rehabilitated, but it will take time for you to earn that trust back.

d. This is the same action I would impose against any other similarly situated employee for like or similar offenses.

e. The proposed penalty of removal is not consistent with the applicable Army regulation and table of penalties (Table), Appendix A to Army Regulation 690-750, Chapter 751, largely due to the fact that I found you not guilty of the more serious of the two offenses you were charged with. Clearly then, removal is too severe a penalty to impose. On the other hand, the maximum table penalty provided for in this Table, a one-day suspension, is just as clearly too lenient considering that you violated the regulation repeatedly and intentionally over a long period of time and you occupy a position of great responsibility and trust. Moreover, the Table is only a guide, not a mandate. Therefore, I am choosing to be guided, rather than unduly constrained, by the Table in exercising my discretion to arrive at a penalty that I believe is reasonable, appropriate, and essential to promote the efficiency of the federal service.

MCID-HR

SUBJECT: Notice of Decision

f. I have also considered the excellent performance appraisals and numerous awards you have received during your thirteen years of service, as well as the fact that this is the first formal disciplinary action proposed against you. However, these mitigating factors are insufficient to offset the aggravated nature of your misconduct.

5. After considering the factors that I consider relevant in this case, my decision is that you be suspended from duty without pay for 28 calendar days from your regular full-time position of Pharmacist, GS-0660-11, in order to promote the efficiency of the Federal service. Your suspension will be effective 24 March 2008.

6. You have a right to have this action reviewed by one of the following procedures:

a. You have a right to appeal this action to the Merit Systems Protection Board (MSPB). You may file an appeal by personal or commercial delivery, by facsimile or by mail. Should you elect to appeal to the MSPB, you should address your appeal to: U. S. Merit Systems Protection Board (MSPB), New York Field Office, 26 Federal Plaza, Room 3137-A, New York, NY 10278-0022. The facsimile (FAX) number is (212) 264-1417. A copy of the MSPB pamphlet Questions and Answers about Appeals is at Enclosure 1 and a copy of the MSPB appeal form, which you may use to file your appeal, is at Enclosure 2. A copy of the form and the MSPB rules are also found at 5 CFR Part 1201, or can be downloaded from MSPB's homepage at www.mspb.gov. In the alternative, an appeal may be filed electronically by using the Internet filing option available at the Board's website: www.mspb.gov/e-appeal.html. If you elect to appeal, you must file your appeal with the MSPB during the period beginning with the day after the effective date of the removal and ending on the 30th day after the effective date. You may be represented by a representative of your choice in filing an appeal. The period of time to file an appeal may be extended by 30 days if you and the agency representative, [REDACTED] (315) 772-6371, enter into a written agreement to use an Alternative Dispute Resolution method to address this matter.

b. You have a right to grieve this action under the negotiated grievance procedure described in Article 24 of the Collective Bargaining Agreement between HQ, 10th Mountain Division (LI) & Fort Drum and American Federation of Government Employees (AFGE) Local 400. A grievance has to be in writing and be delivered to the Fort Drum Civilian Personnel Advisory Center in Clark Hall no later than 15 days after the date you receive this notice. You are entitled to be represented in this matter by AFGE Local 400, located in Building T-148. [REDACTED] is the President and may be reached at 772-3039. If you choose someone to represent you, that person's name, address, and telephone number must be submitted in writing to the Civilian Personnel Advisory Center, Building P-10720 (Clark Hall), Room B2-36, providing your authorization for your representative to have access to personnel records personal to you and relevant to this action. Please be advised that AFGE Local 400 has the right to be present at grievance proceedings even if you do not designate the union to represent you in this action.

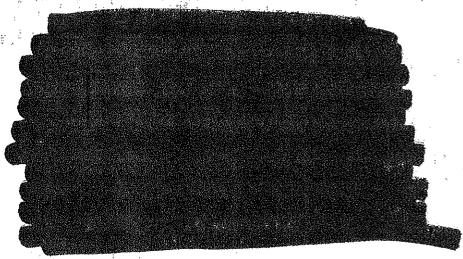
MCID-HR
SUBJECT: Notice of Decision

c. Alternatively, you may file a formal complaint of discrimination with the Equal Employment Opportunity (EEO) Officer, who can be reached at 772-6565, if you believe that this personnel action discriminated against you on the basis of your race, color, religion, sex, national origin, age, physical or mental handicap, and/or reprisal for protected EEO activity. Should you elect to file a complaint of discrimination, your complaint will be processed in accordance with the Equal Employment Opportunity Commission regulations at Title 29, CFR, Part 1614.

Your election of forum is made at the time you file either a formal complaint of discrimination, a grievance under the negotiated grievance procedure, or a written appeal with the MSPB, whichever you file first.

7. Please sign and date the enclosed copy of this memorandum to indicate that you have received it and return it to me. Your signature indicates only that you received this memorandum. Failure to sign or to return the receipt acknowledgement to me has no effect of on the action taken.

2 Encls

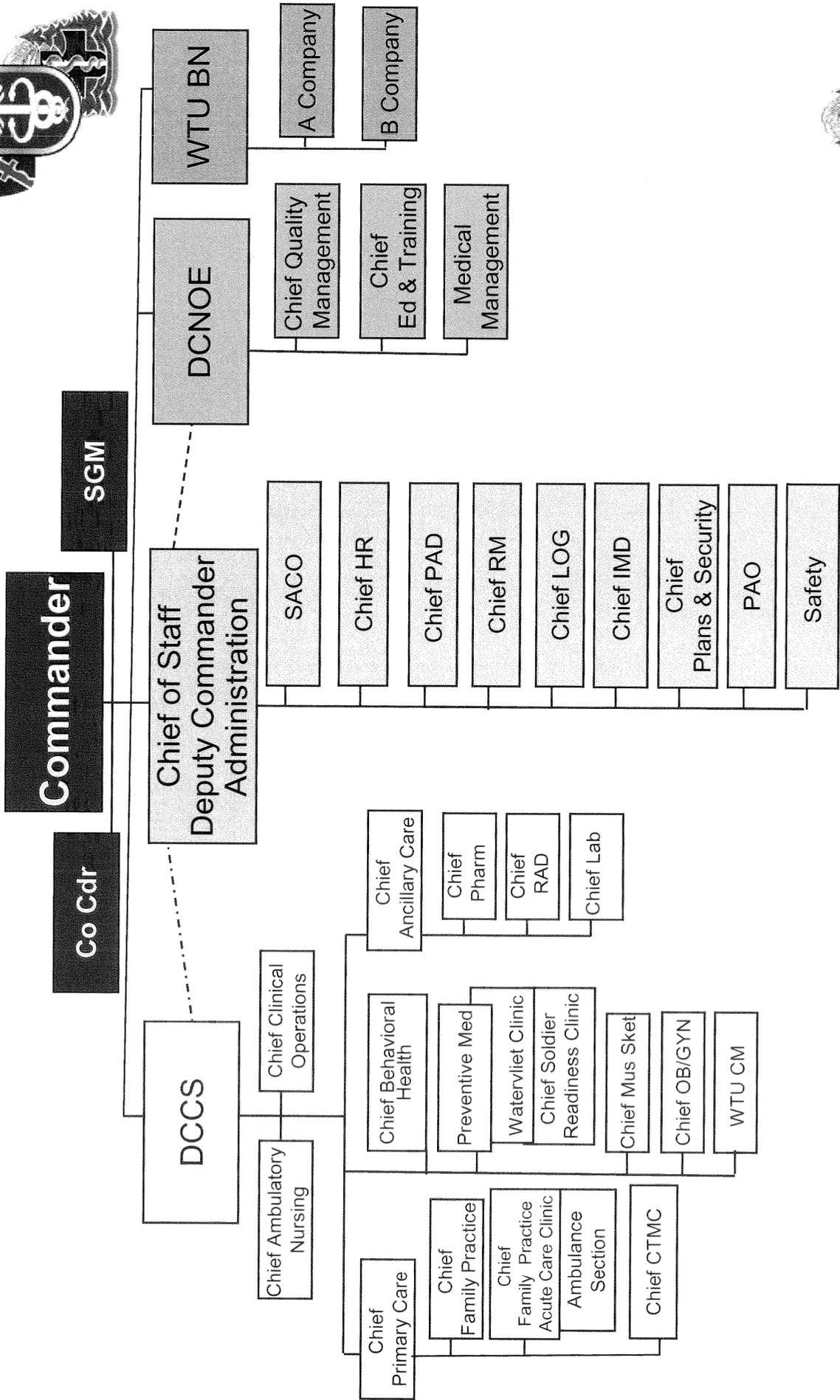
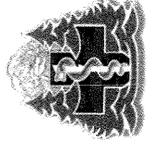


Employee Signature

Date

16

Organizational Structure



17

TAB

REDACTED

18

7
TAB

8
REDACTED

19

Hehr, Jody M Ms OGC

From: [REDACTED] GAHC-Ft Drum [REDACTED]@us.army.mil]
Sent: Tuesday, February 05, 2008 2:11 PM
To: [REDACTED] OGC
Cc: [REDACTED] USA IMCOM
Subject: FW: LAB test ordering for pharmacist (UNCLASSIFIED)
Signed By: [REDACTED]@us.army.mil

Classification: UNCLASSIFIED
Caveats: NONE

Ma'am, it would appear me initial answer to the pharmacy capability in CHCS was incorrect. Clinical pharmacist and regular pharmacists have access to lab, x-ray and consult capability in CHCS as it currently exists. They are not credentialed to use this capability but can physically accomplish the task. [REDACTED]

-----Original Message-----

From: [REDACTED] GAHC-Ft Drum
Sent: Tuesday, February 05, 2008 12:22 PM
To: [REDACTED] GAHC-Ft Drum
Cc: [REDACTED] GAHC-Ft Drum; [REDACTED] GAHC-Ft Drum;
[REDACTED] GAHC-Ft Drum
Subject: RE: LAB test ordering for pharmacist (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

[REDACTED]
Yes, Rads and consult too.

[REDACTED]
System Specialist, IMD
USA MEDDAC, Fort Drum
315-772-5669

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Classification: UNCLASSIFIED
Caveats: NONE

-----Original Message-----

From: [REDACTED] GAHC-Ft Drum
Sent: Tuesday, February 05, 2008 11:08 AM
To: [REDACTED] GAHC-Ft Drum
Cc: [REDACTED] GAHC-Ft Drum; [REDACTED] GAHC-Ft Drum;
[REDACTED] GAHC-Ft Drum
Subject: RE: LAB test ordering for pharmacist (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

[REDACTED] so you are telling me that all pharmacists can order labs and medications. [REDACTED]

-----Original Message-----

From: [REDACTED] GAHC-Ft Drum
Sent: Tuesday, February 05, 2008 8:27 AM
To: [REDACTED] GAHC-Ft Drum
Cc: [REDACTED] GAHC-Ft Drum; [REDACTED] GAHC-Ft Drum;
[REDACTED] GAHC-Ft Drum
Subject: RE: Lab test ordering for pharmacist (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

[REDACTED]

The answer to your question is no. CHCS does not delineates between a clinical pharmacist and staff Pharmacist. In CHCS all pharmacist have the provider class of pharmacist with a signature class of HCP. Also all the pharmacist have a secondary menu of order entry, which will allows them to submit any order type in CHCS.

[REDACTED]

System Specialist, IMD
USA MEDDAC, Fort Drum
315-772-5669

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Classification: UNCLASSIFIED
Caveats: NONE

-----Original Message-----

From: [REDACTED] GAHC-Ft Drum
Sent: Monday, February 04, 2008 2:20 PM
To: [REDACTED] GAHC-Ft Drum
Subject: FW: Lab test ordering for pharmacist (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

[REDACTED] can you assist me with the question below? Thanks, [REDACTED]

-----Original Message-----

From: [REDACTED] GAHC-Ft Drum
Sent: Monday, February 04, 2008 2:16 PM
To: [REDACTED] GAHC-Ft Drum

Subject: RE: LAB test ordering for pharmacist (UNCLASSIFIED)

Dear [REDACTED]

was not aware that a pharmacist would need to place a lab order... but either way I don't deal with CHCS and I believe that is where the actual delineation of what you are "allowed" or "credentialed" to do is done in CHCS. I would suggest that you contact [REDACTED]. She is off today but should be in tomorrow. She is actually the one who creates the accounts and assigns the profiles in CHCS.

Sorry that I could help more.

Have a great day!

[REDACTED]
AMEDD AHLTA Sustainment Trainer
(Contract Support/Northrop Grumman)
USA MEDDAC Fort Drum
Office - 315-772-2474

[REDACTED] Visit the AHLTA Community
Homepage on AKO or train on the web for AHLTA, Dental, or SRTS II

AHLTA 3.3 DEMO:

<http://www.navyahlta.com/lessons/medical-encounter-demo/cws.asp?mtf=0&clinic=&s=864110041&rf=%2Fprovider%2Fmedical%2Dencounter%2Ddemo%2Easp&r=1&ss=2&klo=0>

The ICE Comment link is provided for your comment on my performance
http://ice.disa.mil/index.cfm?fa=card&service_provider_id=85357&site_id=45&service_category_id=11

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-----Original Message-----

From: [REDACTED] GAHC-Ft Drum
Sent: Monday, February 04, 2008 11:55 AM
To: [REDACTED] GAHC-Ft Drum; [REDACTED] GAHC-Ft Drum
Subject: LAB test ordering for pharmacist (UNCLASSIFIED)

Classification: UNCLASSIFIED
Caveats: NONE

Not sure if you ladies are the right ones to answer this, but I need to know if CHCS delineates between a clinical pharmacist and staff Pharmacist and their ability to order lab tests. Thanks, [REDACTED]

[REDACTED]
DCCS

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Caveats: NONE

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