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

MCID-CO

4 Jun 07

MEMORANDUM FOR [REDACTED]

SUBJECT: Appointment of Investigating Officer – Allegations of Improper Use of Army Resources

1. You are hereby appointed an investigating officer pursuant to AR 15-6, Procedures for Investigating Officers and Boards of Officers, 2 October 2006, to conduct an informal investigation into allegations of misconduct by Mr. Richard C. Blunden, assigned to the Guthrie Clinic, Fort Drum, NY. Specific allegations against Mr. Blunden are that he improperly used Army resources to order approximately 50 blood tests for himself while working as a pharmacist at the clinic from on or about January 1997 to May 2006. It is also alleged that Mr. Blunden was not authorized or entitled to receive the services of such blood tests and that such actions on his part constitute violations of Army Regulation 40-3. Finally it is alleged that evidence of the blood tests ordered by Mr. Blunden can be found in the healthcare computer system (CHCS), which predated the current AHLTA system in place at the clinic.
2. These allegations were made in a whistleblower complaint to the Office of Special Counsel (OSC), which in turn referred the complaint to the Army for investigation. Direction for the investigation of the complaint is attached for your information and guidance. Of particular note is that the report of investigation will be made available to the public.
3. Obtain relevant documents and sworn statements from all witnesses whom you determine may have information about the allegations. Caution all individuals not to discuss the subject matter of this investigation with anyone other than a properly detailed investigator.
4. Make findings on whether or not Mr. Blunden improperly used army resources and whether or not he violated AR 40-3. If you substantiate any allegation of misconduct, recommend appropriate remedial action and, if appropriate, recommend appropriate disciplinary actions. Submit your report of investigation with detailed findings and recommendations to the Staff Judge Advocate for legal review before submitting your final report of investigation.

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5. Your legal advisor during the course of your investigation is [REDACTED] OSJA, 10th Mountain Division, at (315) 772-6369. Consult him before you begin your investigation. You have until 11 June 2007 to submit your report of investigation.

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Commanding

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inpatient facilities without an assigned pathologist, the commander will ensure that appropriate and timely professional pathology services are available to the staff and patients of the facility.

e. At all MTFs without an assigned civilian or military pathologist or without an equivalent contracted pathologist, the commander of the facility will appoint an appropriate regional military pathologist to the medical staff of the MTF as a consultant.

14-6. Quality control

a. Sound quality control systems in all MTF clinical laboratories, including decentralized laboratories, are essential to providing excellent services. Quality control systems must be designed to ensure medical reliability and timeliness of laboratory data. The goal of quality control is to achieve the most accurate test results and outcomes.

b. Each laboratory must have a written, defined, and approved quality control program that meets the standards of the CLIP and any applicable accrediting body. The quality control system must address pre-analytical, analytical, and postanalytical phases of laboratory testing and results reporting.

c. For the subspecialty of cytopathology, a written quality control program must be in place to measure, assess, and improve quality in cytology addressing the accuracy of both positive and negative findings. Each cytopathology service will be directed by a pathologist or other physician qualified in cytology who will maintain the quality of the service through direct supervision and adequate oversight. Annual statistical reports will be produced by each facility performing cytopathology testing. The reports will be collated by each RMC and forwarded for consolidation to the Commander, USAMEDCOM (MCHO-CL-R), 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

14-7. Monetary collections for laboratory services

The laboratory will not serve as a monetary collection agency for medical laboratory test services. However, laboratory personnel will assist the command's third party collection office in billing third party insurers for laboratory tests authorized under the TPCP.

14-8. Improving organizational performance

a. A laboratory's performance of important health care functions significantly affects the outcomes of the patients it serves, the costs to achieve these outcomes, and the patient's/customer's perceptions or satisfaction. The goal of organizational PI is to continuously improve the laboratory services that affect patient health outcomes.

b. The Chief, Laboratory Services will implement a collaborative and interdisciplinary performance improvement process that will demonstrate improvement in laboratory services. This process will be integrated with the MTF organizational PI structure and documentation will provide evidence of ongoing improvement processes.

c. Data will be collected on important laboratory processes and outcomes, including as a minimum patient preparation; handling of specimens; communication processes; appropriateness of laboratory tests offered (utilization management); and the needs, expectations, and satisfaction of patients and other customers. Data on important processes and outcomes are also collected from risk management and quality control activities.

d. Data will be collected and reported for documentation of compliance with laboratory-related DOD Access Standards through the RMCs to the Commander, USAMEDCOM (MCHO-CL-R), 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

14-9. Individuals authorized to order laboratory tests

a. The following categories of personnel are authorized to order laboratory tests:

(1) Uniformed and civilian physicians, dentists, veterinarians, optometrists, and podiatrists engaged in professional practice at uniformed services MTFs.

(2) Other uniformed and civilian providers with privileges at the MTF which allow them to do so. Providers include, but are not limited to certified nurse midwives, NPs, PAs, chiropractors, dietitians, clinical pharmacists, and psychologists.

(3) Civilian physicians, dentists, optometrists, and podiatrists not assigned to a uniformed services MTF, but licensed in the jurisdiction of their practice and treating personnel eligible for care within the MHS.

(4) Civilian nonphysician health care providers not assigned to a uniformed services MTF, but licensed within the jurisdiction of their practice and treating personnel eligible for care in the MHS, to the extent authorized by State law and by policies for equivalent staff nonphysician health care providers.

b. Requests for medical laboratory tests written by licensed civilian practitioners not assigned to a uniform services MTF for personnel eligible for care in the MHS will be honored at Army MTFs according to AR 40-400 subject to the availability of space, facilities, the capabilities of the professional staff, and the following considerations.

(1) A policy relative to performing and reporting laboratory tests ordered by civilian practitioners will be established and announced by the local commander. This policy will coincide with policies regulating staff ordering of laboratory tests and must also include policies concerning the reporting of emergency or alert (panic) value laboratory results to civilian practitioners.

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conduct an inventory of all controlled substances every 2 years. The inventory can be accomplished without performing an additional inventory if the MTF designates the first monthly inventory every other FY as the biennial inventory.

11-11. Individuals authorized to write prescriptions

a. The following categories of personnel are authorized to write prescriptions:

(1) Uniformed and civilian physicians, dentists, veterinarians, and podiatrists engaged in professional practice at uniformed services MTFs.

(2) Civilian physicians, dentists, and podiatrists not assigned to a uniformed services MTF but licensed in the jurisdiction of their practice and treating personnel eligible for care in the Military Health System (MHS).

b. The following personnel are authorized to write prescriptions only for selected medications as established under the provisions of AR 40-68:

(1) Uniformed and civilian optometrists, certified nurse midwives, certified registered nurse anesthetists, nurse practitioners (NPs), physician assistants (PAs), physical therapists, occupational therapists, and clinical pharmacists engaged in professional practice at uniformed services MTFs and privileged to prescribe medications.

(2) Civilian personnel not assigned to a uniformed service MTF but licensed in the jurisdiction of their practice and treating personnel eligible for care in the MHS will prescribe to the extent authorized by State law and by policies for equivalent staff nonphysician health care providers.

(3) Other nonphysician health care providers not listed above but assigned to a uniformed service MTF and granted limited prescribing privileges.

(4) Retired uniformed practitioners not in a professional practice but with a valid State license may prescribe only noncontrolled substances for themselves or their family. Retired medical personnel not in a professional practice and not having a valid State license will not prescribe medications.

c. Prescriptions written by licensed civilian practitioners not assigned to a uniformed service MTF for personnel eligible for care in the MHS will be honored at Army MTFs if the prescribed medication is on the MTF's formulary and meets local dispensing policies.

(1) A policy relative to filling civilian prescriptions will be established and announced by the commander. The policy will coincide with those regulating staff prescribers except in those MTFs located in a State where the law limits product substitution by the pharmacist. In such areas, the generic equivalent will not be substituted for a brand name drug on a civilian prescription without prior approval of the prescriber.

(2) Filling a prescription written by a civilian practitioner does not imply knowledge of or responsibility for a patient's medical condition. Under no circumstances will civilian prescriptions be countersigned or rewritten by military practitioners. Special or nonformulary drug requests will not be submitted by military providers on behalf of prescriptions from civilian providers that are written for nonformulary medications.

d. A distance factor or geographic boundary limitation will not be a basis for denying prescription services. MTF pharmacists will adhere to all applicable Federal and State laws when filling prescriptions originating from outside the State.

e. Individuals with prescribing privileges are not authorized to prescribe controlled substances for themselves or members of their families.

f. Nonphysician health care providers may, when authorized by the commander, dispense the drugs they are privileged to prescribe after the drugs are properly prepackaged and labeled. In those instances where a non-pharmacist dispenses, the same standards of care and practice as required and expected of a pharmacist will be followed. To the greatest extent possible, the MTF pharmacy will serve as the primary point of distribution and dispensing for all medications.

g. Personnel assigned to a uniformed service MTF will utilize the Composite Health Care System (CHCS) or other officially designated computer systems Physician Order Entry (POE) menus for prescribing inpatient (IPOE) and outpatient medications on the MTF formulary. IPOE may vary depending on location and scope of practice.

h. The approval of prescriptive authority and the access to and utilization of CHCS POE menus will coincide with the completion, approval, and annual reassessment of the credentialing/privileging process.

11-12. Signatures

a. With the exception of physician order entry via the CHCS, no prescription or order will be filled in the pharmacy unless it bears the signature of an individual authorized to write prescriptions. Signature stamps are not authorized for prescriptions. The pharmacy service will maintain a system that allows their staff to validate the signature of individuals privileged to write prescriptions within their MTF.

b. Subject to such restrictions as may be imposed by the local commander, the pharmacy will honor bulk orders for drugs other than controlled substances when signed by a designated representative of the officer in charge of the patient care area. The name and signature of each designee must be provided to the pharmacy in advance.

c. Orders for controlled substances will be signed by individuals authorized to write prescriptions or by a registered nurse.

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Position Description

PD#: BNH0950
Sequence#: VARIES

Replaces PD#:

PHARMACIST

GS-0660-11

Servicing CPAC: FORT DRUM, NY

Agency: VARIES
MACOM: VARIES
Command Code: VARIES

Region: NORTHEAST

Citation 1: OPM PCS PHARMACIST SERIES, GS-660, FEB 68
PD Library PD: NO
COREDOC PD: NO

Classified By: BN, CPO
Classified Date: 09/30/1992

FLSA: EXEMPT	Drug Test Required: VARIES	DCIPS PD: NO
Career Program:	Financial Disclosure Required: NO	Acquisition Position: NO
Functional Code:	Requires Access to Firearms: VARIES	Interdisciplinary: NO
Competitive Area: VARIES	Position Sensitivity: VARIES	Target Grade/FPL: 11
Competitive Level: VARIES	Emergency Essential: VARIES	Career Ladder PD: NO
Bus Code: VARIES		
PD Status: VERIFIED		

Duties:

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SUPERVISORY CONTROLS

Works under the general supervision of a Pharmacy Section supervisor who establishes policy and objectives governing the work, schedules shift assignments and rotations and communicates general areas of emphasis or priority, Performs pharmacy work independently in accordance with Pharmacy SOP, local policies and guidelines, professional principles, applicable laws, and quality assurance program requirements. Consults with the prescribing official as needed to resolve problems or issues and to determine alternative approaches if required. Makes professional pharmacy decisions which are considered authoritative and subject only to general systemic reviews through the quality assurance program.

MAJOR DUTIES

Serves as a professional Pharmacist in the Pharmacy Service of the MEDDAC or MEDCEN, performing the following on a rotational or alternating basis (both inpatient and outpatient).

1. Oversees or personally performs inpatient pharmacy services and the preparation of the complete range of sterile products - parenteral, enteral, and parenteral nutrition - and intravenous additives, for the medical facility.
 - a. Reviews physician sterile product order, patient medication, and records, to prevent or counteract adverse drug reactions or interactions and determines effectiveness of the drug regimen.
 - b. Verifies that the prescribed medication is within safe dosage ranges, that components and additives needed are correctly identified, that the quantities are accurately computed and measured, and that the compounding is performed as specified.
 - c. Insures correct labeling, handling, and storage of all pharmaceutical products.
 - d. Supervises preparation and issuance of unit-dose trays and carts. Reviews physician unit dose orders, patient medication profiles and records, to ensure appropriateness and safety of medication order. Verifies correctness of medication, quantity, etc., and that instructions for storage and administration are understood and complied with.
 - e. Insures that the equipment is properly setup and operated.
 - f. Advises physician of findings and recommendations and provides technical supervision to other professional and non-professional staff assigned to this function.

30%

2. Oversees or personally performs outpatient pharmacy functions for the full range of pharmaceuticals provided in the medical treatment facility (MTF) to include controlled, investigational, highly potent, and other drugs requiring special handling.
 - a. Reviews the prescription, patient medication profile, and patient record to determine appropriateness, safety and completeness of medication, authenticity of prescriber, possible drug interactions, history or likelihood of adverse reaction, and any special aspects or considerations in dispensing the prescribed pharmaceutical.
 - b. Compounds or oversees the compounding of drugs as prescribed, either individually or in bulk. Determines formulation to be used, dosage forms, quantities, concentrations, number of doses, etc.
 - c. Insures correct labeling, handling, storage, and dispensing. Reviews prescriptions set up by pharmacy technicians from volume or prepackaged stores. Insures proper item, quantity, and labeling before authorizing release.
 - d. Conducts necessary patient education concerning the medication, its administration, signs of reaction, and related matters. Counsels patients on course of treatment, likelihood of success, possible adverse consequences, and related matters.
 - e. Performs periodic inspections of drug storage facilities to insure correct handling/accountability, etc. of controlled substances.

- f. Insures equipment is properly setup and operated, components and additives are correctly identified, quantities computed and measured, and compounding properly performed.
- g. Participates with physicians in determining course of treatment for unusually complex or difficult cases. Advises on the use of various drugs and drug therapies to include investigational and limited use items.
- h. Reviews efficiency of drug regimen. Advises on alternatives and cost effectiveness.
- i. Reports and documents medication errors.

45%

3. As required, performs one or more of the following:

- a. Serves as pharmacist-in-charge of a separate pharmacy in a large facility, a stand-alone pharmacy in a clinic remote from the main facility, or the total pharmacy during nights, weekends, or holidays. Assigns work to staff and oversees operations to insure adherence to professional standards, patient safeguards, applicable law and regulation, quality assurance requirements, administrative procedures, and general operating policies.
- b. Prepares chemotherapy medications, particularly in support of oncology. Advises the attending physician on designing and modifying the regimen based on the specifics of the patient and the case. Recommends drugs to be used, dosage, dosage interval, method of administration, and related matters. Monitors case for progress and recommends modification as needed.
- c. Assists in the preparation of radiopharmaceuticals. Checks on types and quantities of substances to be activated; dosage: type and duration of radioactivation; handling, -storing; and administering of substance: and monitors for adverse reaction.
- d. Conducts training of professional, non-professional, and prescribing staff on developments in drug therapy, rational therapeutics, i.e. advises on effectiveness and efficiency of various regimens and alternatives, and cost effective prescribing. Assists with the training of pharmacy students, i.e. residencies, clerkships, intern/extern rotations, etc. Trains personnel in preparation, storage, handling, and administration of drugs and other pharmaceuticals.
- e. Represents pharmacy function on various committees, boards, and at meetings.
- f. Supports clinical investigations as required.
- g. Participates in operation of a drug information center and/or drug information retrieval system as required.

25%

Performs other duties as assigned.

CONDITION OF EMPLOYMENT: Per Management request, dtd 04 Feb 2004

The paragraph below was developed by CPD, HQ MEDCOM and reviewed and approved by the HQ MEDCOM, Legal Office.

This position is a Testing Designated Position (TDP) subject to applicant testing and random drug testing. Applicants tentatively selected for appointment to this position will participate in

drug urinalysis testing, unless currently occupying a TDP within the Department of Defense. Tentatively selected applicants will be required to sign DA Form 5019 (Condition of Employment for Certain Civilian Positions Identified as Critical Under the Department of the Army Drug-Free Federal Workplace Program) requiring participation in random drug testing as a condition of employment. A job offer to an applicant who is not a current employee will be withdrawn if the applicant refuses to be tested. Applicants with verified positive test results shall be refused employment. Applications from such individuals shall not be considered for employment for a period of 6 months from the date of the test results."

HEADQUARTERS U.S. ARMY HEALTH SERVICES COMMAND

Evaluation:

EVALUATION STATEMENT

1. JOB NUMBER: BNH0950
2. BACKGROUND: This description is prepared as part of an on-going program to provide standardized position descriptions for jobs common throughout the command.
3. REFERENCE: OPM PCS Pharmacist Series, GS-660, February 1968.
4. SERIES AND TITLE: The position performs a variety of duties requiring the professional training and licensure of a Pharmacist in the preparation and dispensing of prescription pharmaceuticals. This is an exact match for the definition of the GS-660 series contained in the reference. The position is not supervisory as that term is defined in the Pilot Grade-Evaluation Guide for White Collar Supervisors currently applicable to the Department of Defense. Title and series are Pharmacist, GS-660.
5. GRADE: The first major duty is an exact match for the examples of the GS-11 grade on pages 25 and 26 of the standard. The work detailed in duty 2 is similar in type to that described at GS-9 but exceeds that level in complexity and difficulty. The work of this position covers the entire range of pharmaceuticals dispensed by the medical treatment facility and the related patient care issues. The work of this position fully meets the intent of the GS-11 level of the standard and is so graded.
6. FINAL CLASSIFICATION: PHARMACIST, GS-660-11.
7. FLSA STATUS: Exempt, professional position, 5 CFR 551.206.