

Johnson, Noelle A.

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From: Lane, Tracey  
Sent: Friday, November 28, 2008 1:13 PM  
To: Narus, Erin Y.  
Cc: Houlihan, David J.; Broad, Judith E.; Ten Haaf, Patricia L.; Johnson, Noelle A.  
Subject: Request for pain person

Follow Up Flag: Follow up  
Flag Status: Red

Erin,  
Good afternoon! I would like to recommend Noelle Johnson, who is a pharmacist to join our pain management committee as the chair. Pain is a major component and focus for Joint Commission and VA nationally. Our group would greatly benefit from a clinician who has experience, interest, and expertise in pain. I would like to propose that Noelle has some time set aside for pain management committee duties.

I was very impressed with Noelle during a grand round presentation on pain. Although, Noelle did not present the material- she provided wonderful information and sparked discussion surrounding pain issues from her previous experience. In addition, during a recent VISN 12 face-to-face meeting, much of the recommended education from providers is about the dosage of pain medications. Pharmacy is an important component for effective pain management.

Thanks,

Tracey Lane MSN  
VAMC Tomah  
Performance Improvement  
ext. 66014

Please consider the environment before printing this e-mail

Streeter, Diane H.

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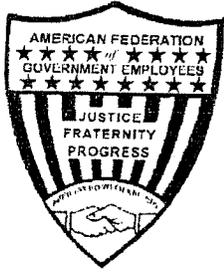
From: Johnson, Toni A.  
Sent: Tuesday, November 25, 2008 10:20 AM  
To: Streeter, Diane H.  
Subject: Noelle Johnson telephone call 11/25/08

I am providing this statement in regards to a telephone conversation that I overheard on 11/24/08 between Noelle Johnson and another party.

I am not sure how long the conversation had been in progress before I entered the area to work. Noelle's demeanor was professional and helpful and I did not hear her raise her voice at any point. I heard her offering help and suggestions for alternative therapy possibilities. I would not have thought anything was out of the ordinary with this conversation, except at the close of the phone call, when she hung up the telephone, she burst into tears.

Toni A. Johnson

B5



American Federation of Government Employees  
Affiliated with AFL-CIO  
Local 1882  
V.A. Medical Center/Fort McCoy  
Tomah, WI 54660

Date: April 17, 2009  
From: AFGE Local 1882 AFL-CIO  
Subject: Issues at V. A. Medical Center, Tomah, WI  
To: Ben Balkum, President  
AFGE Local  
V.A. Medical Center  
Iron Mountain, MI

Hello Ben,

1. I understand that you will be visiting some of our Representatives on Capitol Hill the week of April 19, 2009. I am writing with the hope, time permitting, you will be so kind as to inform our Representatives of some of the more significant concerns AFGE LOCAL 1882 Officers, and many others, have concerning care of the Veteran patients at this health care facility.
2. **Providers' Privileging/Credentialing:** Some months ago, AFGE learned that this Agency is forcing unsolicited Privileges/Credentials upon the Providers who work here. Example: Providers (M.D., Ph.D., Physician Assistants, Nurse Practitioners) apply for a position at this Medical Center and there is an agreement between the Chief of Staff and the Providers that they will work as an outpatient provider in the Ambulatory Care Outpatient Clinic, Monday through Friday, administrative hours. The Provider accepts the position and moves here. Once on board, the newly hired Providers are handed a different set of Privileges/Credentials and told to sign them. The Providers will state that the Privileges/Credentials are not what he/she agreed to prior to being hired. Regardless, the Providers are forced to sign the new Privileges/Credentials, or lose their jobs. This has meant that Providers who have come here must work: Outpatient; in addition to Inpatient and Urgent Care --- which also means they are working off-shifts.

These Providers become anxious and concerned since many of them have not worked Urgent care since their Residency. At this facility, there are extremely ill patients presenting at Urgent Care -- and we do not have an Emergency Room nor an ICU. Therefore, often times, the patients who present to Urgent Care are more like Emergency Room candidates. And, again, the Providers I speak of have specialty in outpatient clinic patient care; therefore, it is often time the Urgent Care RN's who are re-orienting the Dr.'s to the Urgent Care needs of the Veteran patients.

Another example of forcing privileges/credentials on Providers is: A memo is prepared by administration which reads: 'I am requesting the following additions to my clinical privileges---'Ventilator Management,' etc. The canned memo is handed to the provider for their signature. Typically, the Provider will respond: "There must be some mistake. I did not request these privileges." They will be told --- "You must sign the paperwork!" Keep in mind that many of the outpatient providers will not have worked with ventilators since perhaps residency years and yet are expected to be competent after signature on a memo and viewing a 20 minute video.

3. A second serious concern is the fact that many of the Veterans served at this facility are **prescribed large quantities of narcotics**.

There are providers and Registered Pharmacists who refuse to prescribe or to fill large quantities of narcotic prescriptions as ordered by the Chief of Staff, Dr. David Houlihan. It is a known fact that if the providers or pharmacists refuse to follow Dr. Houlihan's orders, they will be yelled at and perhaps fired. Quite recently a Pharmacist refused to fill an order for 1,000+ narcotic tablets for a 30 day supply for one of Dr. Houlihan's patients --- the Pharmacist viewed the order as "unethical." This Pharmacist received a verbal thrashing from the Chief of Staff. (Many providers have left because of the harassment). This type of pressure makes it difficult for the providers to "do the right thing" for the patients.

If some of the patients do not receive the narcotics they request, they will go to the Patient Advocate and file a complaint against the Provider. (NOTE: The 2 Agency Patient Advocate positions report directly to the Chief of Staff, which appears to be an conflict of interest and unethical.) When a patient visits the Patient Advocate with a complaint against a Provider, this is tallied against the provider and viewed as a "negative event." Recently, a Provider was terminated/fired because she received "too many complaints." Some of these complaints were due to the fact she would not reorder narcotics for some of the patients who appeared to be at risk for further addiction/abuse. Additionally, this same Provider challenged the fact that she was forced to signed Privileges/Credentials she did not agree to prior to being hired.

The Chief of Staff has instructed the providers they are not to do "urine/drug screens" prior to ordering narcotics for patients, because the screening can be "inaccurate." For example, if a Veteran patient had been prescribed narcotics and came in early, prior to renewal date, to get more of the prescription narcotic, there could be reason to question what may be happening with the drugs; and, in some cases Providers may have ordered a urine/drug screen. A urine screen could show if the patient is or is not ingesting the medication. A clean, or trace, urine could very well indicate the Veteran patient is not him/herself actually consuming the narcotics. There are several Veteran patients with narcotic contracts here --- regardless, very often these veterans are able to continue to receive narcotics most times they request. To the best of my knowledge, most Providers -- per instruction -- no longer order urine/drug screens as an assessment tool prior to ordering/re-ordering narcotic medications.

Many of the patients call Dr. Houlihan "The Candy Man" because of the easy access to narcotic drugs/medications at this facility.

There have been several unexplained deaths at this Medical Center. In 2008, there were three (3) suicides of veterans while sitting in parked vehicles on the Medical Center grounds. These patients were counseled by Psychiatrist/Chief of Staff Dr. David Houlihan.

Please know we have many concerns for our Veterans and for the Employees. I have taken the liberty to attempt to explain two (2) of the most significant concerns at this time. If you are able to assist the Veterans, AFGE and many others will be eternally grateful. If, on the other, there is a different venue I should be taking; e.g., contacting the Office of Inspector General – please so inform and I will do what it takes to ensure a safer care environment for our U.S. of A. Warriors.

Respectfully Submitted,

*Lin Ellinghuysen*  
*Executive V.P./ Chief Negotiator / Steward*  
*AFGE LOCAL 1882 AFL-CIO*  
V. A. Medical Center  
500 E. Veterans Street  
Tomah, WI 54660  
W – (608) 372-3878  
C - (507) 459-9669  
Fax (608) 372-1689

## QUESTIONS For LEADERSHIP

1. Why is the Chief of Staff allowed to create a hostile working environment?
  - a. There have been complaints from health care staff --- they are afraid that Dr. Houlihan will get them fired. ...as he has disciplined/or made life difficult for many providers (Dr.'s, Nurse Practitioners, Physicians Assistants) as well as Nursing staff.
  - b. Why is it that so many providers (psychiatrists, psychologists) don't stay here for long? (It is because they won't put up with Dr. Houlihan's yelling and threatening behaviors.)
  - c. It is reported that Dr. Houlihan doesn't physically/personally see and evaluate the inpatients on Acute Mental Health unit from their date of admission up through their day of discharge. ??Does Dr. Houlihan merely write patients' prescriptions without physically assessing the patients?
  - d. Some employees have reported that several inpatients have asked Dr. Houlihan when he will evaluate them and the Dr. will tell the veteran that he will be back later or at a specific hour of the day or night. Most often the Dr. does not show up! There have been veteran inpatients who have not gone to the dining room to eat a meal, as they sit by the elevator because they don't want to miss Dr. Houlihan's entrance onto the unit. Nursing staff have brought the patients their dinner trays as the patients wait by the elevator!
  - e. There have been reports that Dr. Houlihan, after being off work for days/weeks, will re-write patients' prescriptions/orders without physically being present and re-evaluating the patients. (This most frequently occurs when Dr. Houlihan has been gone and there has been a visiting psychiatrist working in his place. Dr. Houlihan will re-write these orders from his home.) Dr. Houlihan does not telephone the nursing staff for an update on the patients' conditions. In fact, the nurses only learn of the medication changes by happenstance/by luck!
  - f. Why does Leadership allow Dr. Houlihan to yell and scream -- sometimes profanities, - at the providers and the nursing staff?
  - g. It has been reported that Dr. Houlihan was involved in a witnessed event wherein he verbally abused a patient. We understand that the VISN/Regional Office did an investigation. What was the outcome of that investigation? (There were 5 staff who witnessed this --- and nothing was done about it! Dr. Houlihan yelled at the patient; got in the patient's face; and forcefully several times knocked his leg against the patients knee. This was a psych patient, debilitated, and sitting in a wheelchair!)

2. Union Officers informed us that at a Labor/Management meeting on or about May 2007, Stan Johnson, former Director, informed all in attendance that Nursing had received \$8 Million dollars for staffing. It is a question for many V. A. employees as to where the money was spent! What was this money requested for? What was it spent on? (This Agency is short staffed – by approx. 25-30 RN's at time of this writing.)
3. Per some workers, there was money allocated for Neuro Virus vaccine – but instead of putting money towards the vaccine --- a flashing sign was purchased and placed outside bldg. 400, Admissions Bldg.

August 7, 2008

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1. There have been several staff reports that Dr. Houlihan is known as the “candy man” by several patients here. There are several staff whom, in their professional judgement, believe that Dr. Houlihan overmedicates patients. There have been several patients who have had to be given Narcan due to adverse side affects from too many narcotics and other medications.
2. Dr. Houlihan, early December 2008, screamed at a Registered Pharmacist, who used to be the Coordinator of a Pain Clinic at another health care agency, because she recommended to him a different regimen of pain medications. The Pharmacist refused to fill the prescription because the patient would have overdosed on narcotics.

January 2009

Noelle J.  
C

### New Schedule II Order Entry in CPRS for Out-Patients-Pharmacy

- No more blue hard copies
- All schedule II orders will be entered into CPRS like any other prescription THEN....
- The physician must print and sign the order from CPRS and have the patient or agent bring down to the outpatient pharmacy (mailed from the CBOCs) in order for the prescription to be filled

#### Directions for Printing

1. In "ORDER" tab, highlight order
2. Go to "FILE"
3. Enter print
4. Enter your location
5. Check "order" and enter printer location
6. Print

#### Finishing and Filing in Pharmacy

- Schedule II orders that print (from 1070C), should be given to hot seat pharmacist
- Hot seat pharmacist must wait for the signed copy to finish and fill the order
- Keep the copy that is signed for filing
- Continue to file separate from all other orders

Confirms E VHA Handbook 1108.05 and 21 CFR 1306.05.

Dr. Houlihan is the only one who is doing this right now. Heather had contact Spokane VA back in Sept to get their process and she came up with the above process to help make sure it is easy to follow. Dr. Houlihan wants all providers to go this route to prevent needs for re-writes due to omissions, unapproved abbreviations, etc. The next page shows the example of what the providers will be providing to us.

Attachment C

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders  
Date and time for instituting and discontinuing the orders must be recorded

DATE & TIME

ORDERS

SIGNATURES

12/15/2008 08:54 dc Hold MORPHINE TAB, SA 30MG  
TAKE THREE TABLETS BY MOUTH THREE  
TIMES A DAY FOR PAIN  
Quantity: 270 Refills: 0  
<Requesting Physician Cancelled>  
Start: 12/15/2008

DAYS SUPPLY :

Res/ Dr. \_\_\_\_\_

↑ Electronic sig & DEA# Attached  
(wet signature also required)

C

*Example*

Pt. Name

Pt. SS#

Loc: PHARMACY TRIAGE COEUR D'ALENE Date: 12/19/2008  
Room/Bed:

Manual Reprint: 12/19/2008 14:03

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

← VA form #

## Prescriptions under Clarification

G

When a pharmacist receives a prescription that he/she needs to clarify what course of action should he/she pursue?

- Step 1** Fax or call provider with his/her concerns. If the patient is waiting for the prescription, the patient will be notified immediately that there is a question regarding his/her prescription and it may take time to get this issue address. Patient should be given the option to wait or have the prescription mailed, since he/she may be waiting a long time.
- Step 2** If the provider does not agree with the recommendation or chooses not to change the prescription, the pharmacist may decide to fill the prescription with a comment added to the providers note providing documentation of references and rational for concern for the order written. The pharmacist is to add the provider on as a co-signature.  
**Step 1 and 2 should be done within 48 hours.**
- Step 3** Designated personal should follow up on orders faxed to providers. If order is not clarified after two faxes the pharmacist should make an attempt to contact provider by phone.
- Step 4A** If provider does not agree with the recommendation or chooses not to change the prescription, the pharmacist must consult with a minimum of three pharmacists to decide if a 3 day supply of medication should be filled for the patient while waiting for resolution of the prescription. If the 3 day supply is dispensed the prescription is now void. The provider will need to write new order if the remainder of the prescription is to be dispensed. If the majority consensus is to decline the 3 day supply the pharmacist will hand the prescription and the related correspondence to the pharmacy coordinator.  
(In-patient pharmacy – Kari Johnson, Rph, Out-patient pharmacy – Erin Narus Pharm.D., Non-formulary – Rich Schroeder, Pharm.D.)
- Step 4B** The appropriate pharmacy coordinator will then review the order and the related data. He/she will then decide if the order is to be filled as written or if a second attempt to reach the provider and explain the situation is needed. The coordinator may choose to dispense a 3 day supply at that time.
- Step 5** Provider does not agree with our second recommendation or chooses not to change the prescription. If the pharmacy coordinator decides to fill the prescription a comment should be added to the providers note providing documentation of references and rational for concern for the order written. The pharmacy coordinator is to add the provider on as a co-signature.
- Step 6** Provider does not agree with the recommendation or chooses not to change the prescription. If the pharmacy coordinator decides not to fill the prescription, then he/she will hand the prescription and the related information to the pharmacy program manager – Tom Jaeger.
- Step 7** The pharmacy program manager will review all related information and make his/her decision.

**Johnson, Noelle A.**

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**From:** Waldstein, Janice L.  
**Sent:** Monday, March 30, 2009 11:27 AM  
**To:** Johnson, Noelle A.  
**Subject:** FW:

Here's the response.  
Have a great and happy day , Oh you appreciated one, you...

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**From:** Jaeger, Thomas A.  
**Sent:** Monday, March 30, 2009 11:24 AM  
**To:** Waldstein, Janice L.  
**Subject:** RE:

Hi Jan,

Thank you for the feedback. I agree that Noelle is an exceptional pharmacist. It is always nice to get this sort of feedback to assure her that her work is appreciated. Thanks

Thomas Jaeger, PharmD  
Pharmacy Program Manager  
Tomah VA Medical Center  
O (608) 372-3971 x61266  
F (608) 372-1178  
[Thomas.Jaeger@va.gov](mailto:Thomas.Jaeger@va.gov)

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**From:** Waldstein, Janice L.  
**Sent:** Monday, March 30, 2009 10:58 AM  
**To:** Jaeger, Thomas A.  
**Subject:**

Mr. Jaeger

I am in the Wausau CBOC transition where the office is closing tomorrow as an agency staffed unit to being staffed by VA employees early in April. My future plan is to stay on to help the VA transition for a time. I have enjoyed my time as a locum here serving the Veterans in Wausau and surrounding areas. It's been a pleasure. But should something change, I want to make sure that I comment on my past exchanges with Noelle Johnson, PharmD. She is an amazingly gifted Pharmacist, in which I am completely in awe. Over these past five months I have learned so much from her.

She has been extremely valuable to me as a provider. She is always at the other end of the phone, willing to listen, and willing to help create a plan of care with me. Also, she has been very helpful in becoming an active member of the usual triad: the patient, Noelle and me with regards to improving pain management for many and now has helped me attempt improving patients with out of control diabetes and blood pressures.

As a provider I try to always do due diligence in involving the VA Specialty departments for chart/lab/medication reviews. And this has been pretty helpful also. But consistently, it is Noelle that is always accessible, always willing and able to help me make knowledgeable, evidence-based plans of care for some really difficult patients.

I applaud her.

Thank you,

Jan

25H

DEPARTMENT OF  
VETERANS AFFAIRS

N1

# Memorandum

Date: June 16, 2009

From: Manager, Great Lakes Human Resources Management Division (GLHRMS)

Subj: Discharge During Probationary Period

To: Noelle Johnson

1. On September 14, 2008, you were given an excepted appointment to the full-time position of Staff Pharmacist, GS-12. At that time, you were advised that the first year of your appointment is set aside as a probationary period in order for a determination to be made regarding your suitability for continued employment. During this period, your supervisor may recommend your separation at any time if it is believed that you may not develop into a satisfactory employee.
2. Due to your performance issues, it has been determined that your services are no longer needed. Therefore, you will be separated from employment effective June 30, 2009.
3. If you do not understand the reason for this action, you are entitled to a further explanation. If you desire such an explanation, you should request a meeting with your supervisor as soon as possible for an informal discussion of the matter.
4. You may appeal this action to the Merit Systems Protection Board if you feel that it was based solely upon consideration of lawful partisan political affiliation or your marital status. You may also appeal this action to the Merit Systems Protection Board if you feel it was based on discrimination because of race, color, religion, sex (including sexual harassment), national origin, age (40 and over), reprisal for involvement in a prior discrimination complaint, or physical handicap if such discrimination is raised in addition to either lawful partisan political affiliation or marital status as bases for this action. Your appeal must be in writing and submitted to the Regional Administrator, Merit Systems Protection Board, Great Lakes Region, 230 S. Dearborn St., 31st Floor, Chicago, IL 60604. An appeal may be filed at any time after the effective date of the action that is being appealed, but not later than 30 calendar days after the effective date of this action.
5. You have the right to appeal this action under the Department of Veterans Affairs' discrimination complaint procedure if you feel that it is based solely on discrimination because of race, color, religion, sex (including sexual harassment), age (40 and over), national origin, handicap, or reprisal because of involvement in a prior complaint. To utilize the

Attachment N1

discrimination complaint procedure, you must first consult with an EEO Counselor at the Office of Resolution Management (ORM) at 1-888-737-3361, not later than 45 calendar days after the effective date of this action.

6. You may exercise your right to appeal to either the Merit Systems Protection Board or the Department of Veterans Affairs' discrimination complaints procedure, but you may not appeal to both. You will be deemed to have exercised your choice of appeal procedure if and when you file a timely appeal as described in paragraph 4 or 5 above.

7. If you have any questions about this action or your appeal rights, you may contact the Human Resources office of this Medical Center.

8. Please contact Great Lakes Human Resources Management Service, extension 61638 to schedule an exit interview. At that time you will be told how to arrange for clearance from the Medical Center and how to obtain benefits due to you.

*Wayne H. Davis*  
WAYNE H. DAVIS

I CERTIFY THAT I HAVE RECEIVED THE ORIGINAL OF THE ABOVE MEMORANDUM DATED JUNE 16, 2009:

Refused to sign      Jun 16, 09      *Wayne H. Davis*  
NOELLE JOHNSON      DATE

I have been offered union representation: ✓ (initial) \_\_\_\_\_ (initial)  
Accepted      Declined

Union Representative signature: *Diane Steward* Chief Steward

N2

**REPORT OF CONTACT**  
NOTE: This form must be filled out in i  
or on typewriter as it becomes a permanent  
record in veterans' folders.

VA OFFICE  
VA Medical Center  
Tomah WI 54660

IDENTIFICATION NOS. (C,XC,SS,XSS,V,K, etc.)

LAST NAME-FIRST NAME-MIDDLE NAME OF STAFF (Type or print)  
N. Johnson Pharm.D.

DATE OF CONTACT  
5-27-09

ADDRESS OF VETERAN

TELEPHONE NO. OF VETERAN

PERSON CONTACTED

M. Hyde

TYPE OF CONTACT (Check)

PERSONAL TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

[Background: On approximately 5-15-09 Johnson handed over the leadership of the opioid work group and membership on the various pain committees to Hyde. She also stated that she would no longer handle consults on pain patients, "appointing" Hyde as the person to handle such consults, and handing over the patients with whom she was dealing.]

On 5-27-09, Johnson called the library conference room, during the Infection Control Committee meeting, to question Hyde on the approval of an oxycodone dose increase for a pain patient. Hyde had already discussed this with the provider, (patient had increased dose himself; so we were continuing current dose) There was a plan in place to bring patient to the hospital of observed adjustment of pain medication on 6-1-09. Hyde had also talked to the dispensing pharmacist and discussed the plan. This pharmacist agreed to fill the Rx.

DIVISION OR SECTION

EXECUTED BY (Signature and Title)

NOTE: This form must be filled out in ink or on typewriter as it becomes a permanent record in veterans' folders.

VA Medical Center  
Tomah WI 54660

N3

LAST NAME-FIRST NAME-MIDDLE NAME OF VETERAN (Type or print)  
Johnson, Noelle

DATE OF CONTACT  
1/5/09-6/1/09

ADDRESS OF VETERAN

TELEPHONE NO. OF VETERAN

PERSON CONTACTED

TYPE OF CONTACT (Check)

ADDRESS OF PERSON CONTACTED

PERSONAL TELEPHONE

TELEPHONE NO. OF PERSON CONTACTED

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

Over the past few months there have been several instances where Noelle has created tense environments between pharmacy staff members. She has a tendency to pull team members apart. The latest instance was when she refused to work the 9-5:30 shift. She claimed that the least senior person needs to work that shift. This alienated the other pharmacists by creating a rift of who's side should they support. In the end, another pharmacist decided to end the battle by offering to pick up her shifts. This resolved the situation, but left a bitter taste in everyone's mouth about her selfishness.

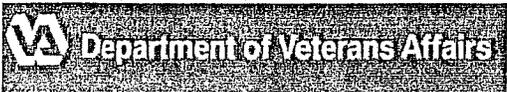
Another instance is when a prescription came through the pharmacy department and after it was filled, she questioned the pharmacist on why they did that. The response was because it is a refill for the past 5 years. Her demeanor was that everyone else must be stupid that they don't know what she knows. She reversed the prescription and sent it to the PharmD's to seek clarification. This situation created controversy between the pharmacists and also providers.

The pharmacy department needs to act as a team that is willing to work together. I do not feel that Noelle has the capability to function in this capacity. She uses her tenacity to enforce her opinion on others. Several pharmacists have tried to coach her on how to interact, but all have given up. In fact Noelle has turned on them and now insults them behind their backs in front of others. She does not fit into the culture of this facility or pharmacy department.

DIVISION OR SECTION  
Support Services Pharmacy Department

EXECUTED BY (Signature and Title)

Thomas A. Jaeger, Pharm.D., RPh. Pharmacy Program Manager



# PERFORMANCE APPRAISAL PROGRAM

IMPORTANT: For additional information see VA Handbook 5013/1, Part 1. If additional space is needed for any item on this form, use page 6.

## PERFORMANCE PLAN AND APPRAISAL OF

EMPLOYEE'S NAME (Last, First, Middle Initial)	POSITION TITLE, SERIES AND NUMBER	GRADE/SALARY
Johnson, Noelle A.	Clinical Staff Pharmacist	GS-11

DEPARTMENT/OFFICE	LOCATION
Support Service Line/Pharmacy	Tomah, WI. 54660

DATE ASSIGNED PRESENT POSITION	DUE DATE OF WITHIN-GRADE INCREASE	PERIOD COVERED BY THIS PERFORMANCE PLAN
08/04/2008		FROM 08/04/2008 TO 11/04/2008

SIGNATURE AND TITLE OF RATER PREPARING THIS PERFORMANCE PLAN	DATE	SIGNATURE OF EMPLOYEE	DATE
	8/4/08		8/4/08

### SECTION A - PERFORMANCE PLAN

Reflect the performance elements for the position to be rated. An element is defined as a component of a position that is sufficiently important to warrant written appraisal. Normally each position has four or five elements. Designate with an asterisk the element(s) considered critical. Specific performance standards must be written for each element. There are usually three to five performance standards for each element. When writing performance standards, only the fully successful level of achievement need be defined.

#### PERFORMANCE ELEMENTS/STANDARDS

#### PERFORMANCE STANDARDS

#### CLINICAL PHARMACIST

##### A. CLINICAL FUNCTIONS \*

1. Provides recommendations and input relative to cost-effective drug therapy
2. Serves as the drug information and pharmacotherapeutics specialist - evaluates patients & makes appropriate recommendations on drug therapy, solves therapeutic dilemmas and interacts on patient/physician rounds/meetings

##### B. PROGRAM MANAGEMENT

1. Coordinates adverse drug reaction programs for Pharmacy Service
2. Provides drug evaluations to medical center & VISN P&T Committee regarding drug requests
3. Provides documentation of interventions with staff and providers for Pharmacy Service monitoring programs

##### C. COMMUNICATIONS

1. Communicates effectively and courteously in a professional manner with all patients and VA employees
2. Cooperates fully & provides technical assistance to nursing & medical staff
3. At least one cost-saving or timesaving idea will be implemented during the rating

SECTION A - PERFORMANCE PLAN (Continued)

PERFORMANCE ELEMENTS/STANDARDS

D. VALUE ADDED SERVICE & CUSTOMER SERVICE \*

1. Cooperation - After completing own duties, employee demonstrates cooperation by recognizing the needs of the service and taking the opportunity to assist co-workers with their assignments. Communicates openly with co-workers and supervisors to ensure a smooth running operation
2. Productivity - Functions with minimal or no supervision. Utilizes spare time in a manner constructive to the medical center.
3. Personal contacts - Maintains a professional manner that is polite, responsive, and considerate when dealing with patients or staff. Accepts constructive criticism in a positive manner. Supportive of changes in policies or procedures, and appropriately questions methods and procedures when problems arise, while providing constructive feedback

E. CORE COMPETENCIES FOR ALL EMPLOYEES

1. Utilities and equipment maintenance: - Demonstrates ability to operate and maintain equipment & utilities specific to their duties
2. Security:
  - a. Demonstrates knowledge of their role in the security of patients, visitors, and staff.
  - b. Demonstrates knowledge of their role in the protection of personal and government property, including appropriate security of all computer systems.
3. Age specific:
  - a. Demonstrates understanding of the developmental stages of life, including adult stage (18-64) and geriatric stage (65 or older)
  - b. Demonstrates understanding of the modifications of drug therapy and dosing in the geriatric patient
4. Violence in the Workplace:
  - a. Identifies factors that contribute to violent behavior
  - b. Recognizes behaviors that indicate a potential for violence (anger, increased physical activity, verbal clues, body language)
5. General Safety:
  - a. Demonstrates knowledge of their roles & responsibilities in occupational safety & health, fire protection, and emergency preparedness
  - b. Recognizes safety hazards and takes action to correct them.
  - c. Practices safe work habits. Two exceptions per 180 days.
6. Infection Control: Demonstrates knowledge of their role relating to the prevention and control of infection

5-Level Performance Standards: Information Security and Confidentiality

(SEE FINAL PAGE)



**SECTION A - PERFORMANCE PLAN (Continued)**

PERFORMANCE ELEMENTS/STANDARDS

**CHANGES TO PERFORMANCE PLAN (Changes may be recorded anytime during the rating period)**

ELEMENT DESCRIPTION/TITLE

STANDARD (S)

ELEMENT DESCRIPTION/TITLE

STANDARD (S)

SIGNATURE OF RATER

DATE

SIGNATURE OF EMPLOYEE

DATE

**SECTION B - PROGRESS REVIEW**

At least one progress review is required during the appraisal year. Employee must be informed of his/her progress as measured against the performance plan. Additional progress reviews may be documented on page 6.

A performance review was conducted and discussed, and the employee's performance as of this date:

- Is considered Fully Successful or better.
- Needs improvement to be Fully Successful or better. *(See VA Handbook, 5013/1, Part I, Paragraph 7, for additional required action.)*

SIGNATURE OF RATER

DATE

SIGNATURE OF EMPLOYEE

DATE

**SECTION C - ACTUAL ACHIEVEMENT**

Indicate the single, overall level of achievement that best describes the employee's performance for each ELEMENT shown in Section A. Do not indicate achievement for each individual standard. Specific examples of performance must be provided in the space below for each element where a level of achievement other than Fully Successful has been assigned. Assignment of the Exceptional level means that Fully Successful performance standards have been significantly surpassed. This level is reserved for employees whose performance in the element far exceeds normal expectations and results in major contributions to the accomplishment of organizational goals.

ELEMENTS <i>(Use the same key word description for each element as in Section A)</i>	LEVELS OF ACHIEVEMENT		
	EXCEPTIONAL	FULLY SUCCESSFUL	LESS THAN FULLY SUCCESSFUL
CLINICAL FUNCTIONS *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROGRAM MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CUSTOMER SERVICE & VALUE-ADDED SERVICE *	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CORE COMPETENCIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe specific examples of performance for each element where a level of achievement other than Fully Successful has been assigned above. Specific achievements at the Fully Successful level may be described.

ELEMENTS/ACHIEVEMENT(S)

NARRATIVE SUMMARY - OPTIONAL (Provide any additional significant accomplishments, as well as other factors such as details or training experiences related to the overall performance plan. Capacity to assume a more responsible position may also be addressed.)

SECTION D - OVERALL RATING

TYPE OF RATING

ANNUAL RATING OF RECORD     SPECIAL RATING OF RECORD     SUMMARY RATING (POSITION CHANGES - EMPLOYEE OR RATER)

PERIOD COVERED BY THIS APPRAISAL

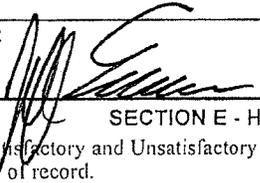
FROM 08/04/2008 TO 11/04/2008

NOTE: Recommended Performance Rating - Using achievement levels assigned in Section C and the criteria described below, check the appropriate rating.

PERFORMANCE RATING

- OUTSTANDING - Achievement levels for all elements are designated as Exceptional.
- EXCELLENT - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for noncritical elements are designated as at least Fully Successful. Some, but not all, noncritical elements may be designated as Exceptional.
- FULLY SUCCESSFUL - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and noncritical elements are designated as at least Fully Successful or higher.
- MINIMALLY SATISFACTORY - Achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement level(s) for one (or more) noncritical elements is (are) designated as Less Than Fully Successful.
- UNSATISFACTORY - The achievement level(s) for one (or more) critical element(s) is (are) designated as Less Than Fully Successful.

SIGNATURE AND TITLE OF RATER

 Support Service Line Manager

DATE

11/26/08

SECTION E - HIGHER LEVEL REVIEW/APPROVAL

Required only for Minimally Satisfactory and Unsatisfactory ratings of record; unless organization has chosen to have higher level approval required for Outstanding ratings of record.

- Concur with recommended rating.
- Do not concur with rating. Approve rating of \_\_\_\_\_

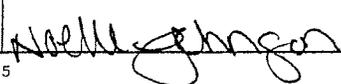
BASIS FOR PERFORMANCE RATING CHANGE

SIGNATURE AND TITLE OF APPROVAL OFFICIAL

DATE

A copy of this performance appraisal was given to me. ▶

SIGNATURE OF EMPLOYEE



DATE

11/24/08

USE THIS AREA FOR ANY ADDITIONAL INFORMATION

5-Level Performance Standards: Information Security and Confidentiality

A. Computer System Security

Effectively safeguards all assigned computer system passwords and codes (access/verify codes, electronic signature codes, etc.) Consistently abides by established policies prohibiting the download of patient-specific data from the VA computer system to portable storage media such as diskettes, compact discs, zip discs, etc.; policies prohibiting employees from carrying any portable computer equipment or storage media containing any patient-specific data off VA premises; and policies prohibiting the loading of personal, non-VHA software to any VHA computing equipment. No instances of deliberate violation of established computer security policies are allowed during the rating period.

B. Confidentiality of Information

Consistently limits personal access to all sensitive information and records, including patient medical records, other patient-specific information, personnel records, and employee health medical records, to those instances in which there is a specific job-related purpose. Consistently maintains confidentiality of all sensitive patient and employee records and information, and limits disclosure of such information to only those individuals who have a specific job-related need to know the information. Utilizes software encryption as required on any laptop or personal computer as directed by VA IT Operations and Management. No instances of deliberate unauthorized access or disclosure of sensitive information are allowed during the rating period.



IMPORTANT: For additional information see VA Handbook 5013/1, Part 1. If additional space is needed for any item on this form, use page 6.

PERFORMANCE PLAN AND APPRAISAL OF

EMPLOYEE'S NAME (Last, First, Middle Initial)	POSITION TITLE, SERIES AND NUMBER	GRADE/SALARY
Johnson, Noelle A.	Clinical Staff Pharmacist	GS-12

DEPARTMENT/OFFICE	LOCATION
Support Service Line/Pharmacy	Tomah, WI. 54660

DATE ASSIGNED PRESENT POSITION	DUE DATE OF WITHIN-GRADE INCREASE	PERIOD COVERED BY THIS PERFORMANCE PLAN
08/04/2008		11/5/08 9/31/09 FROM 08/04/2008 TO 11/04/2008

SIGNATURE AND TITLE OF RATER PREPARING THIS PERFORMANCE PLAN	DATE	SIGNATURE OF EMPLOYEE	DATE
Jessie Robinson for Jeff Evanson	10-28-08	Noelle Johnson	10/28/08

SECTION A - PERFORMANCE PLAN

Reflect the performance elements for the position to be rated. An element is defined as a component of a position that is sufficiently important to warrant written appraisal. Normally each position has four or five elements. Designate with an asterisk the element(s) considered critical. Specific performance standards must be written for each element. There are usually three to five performance standards for each element. When writing performance standards, only the fully successful level of achievement need be defined.

PERFORMANCE ELEMENTS/STANDARDS

PERFORMANCE STANDARDS  
CLINICAL PHARMACIST

A. CLINICAL FUNCTIONS \*

1. Provides recommendations and input relative to cost-effective drug therapy
2. Serves as the drug information and pharmacotherapeutics specialist - evaluates patients & makes appropriate recommendations on drug therapy, solves therapeutic dilemmas and interacts on patient/physician rounds/meetings

B. PROGRAM MANAGEMENT

1. Coordinates adverse drug reaction programs for Pharmacy Service
2. Provides drug evaluations to medical center & VISN P&T Committee regarding drug requests
3. Provides documentation of interventions with staff and providers for Pharmacy Service monitoring programs

C. COMMUNICATIONS

1. Communicates effectively and courteously in a professional manner with all patients and VA employees
2. Cooperates fully & provides technical assistance to nursing & medical staff
3. At least one cost-saving or timesaving idea will be implemented during the rating

SECTION A - PERFORMANCE PLAN (Continued)

PERFORMANCE ELEMENTS/STANDARDS

D. VALUE ADDED SERVICE & CUSTOMER SERVICE \*

1. Cooperation - After completing own duties, employee demonstrates cooperation by recognizing the needs of the service and taking the opportunity to assist co-workers with their assignments. Communicates openly with co-workers and supervisors to ensure a smooth running operation
2. Productivity - Functions with minimal or no supervision. Utilizes spare time in a manner constructive to the medical center.
3. Personal contacts - Maintains a professional manner that is polite, responsive, and considerate when dealing with patients or staff. Accepts constructive criticism in a positive manner. Supportive of changes in policies or procedures, and appropriately questions methods and procedures when problems arise, while providing constructive feedback

E. CORE COMPETENCIES FOR ALL EMPLOYEES

1. Utilities and equipment maintenance: - Demonstrates ability to operate and maintain equipment & utilities specific to their duties
  2. Security:
    - a. Demonstrates knowledge of their role in the security of patients, visitors, and staff.
    - b. Demonstrates knowledge of their role in the protection of personal and government property, including appropriate security of all computer systems.
  3. Age specific:
    - a. Demonstrates understanding of the developmental stages of life, including adult stage (18-64) and geriatric stage (65 or older)
    - b. Demonstrates understanding of the modifications of drug therapy and dosing in the geriatric patient
  4. Violence in the Workplace:
    - a. Identifies factors that contribute to violent behavior
    - b. Recognizes behaviors that indicate a potential for violence (anger, increased physical activity, verbal clues, body language)
  5. General Safety:
    - a. Demonstrates knowledge of their roles & responsibilities in occupational safety & health, fire protection, and emergency preparedness
    - b. Recognizes safety hazards and takes action to correct them.
    - c. Practices safe work habits. Two exceptions per 180 days.
  6. Infection Control: Demonstrates knowledge of their role relating to the prevention and control of infection
- 5-Level Performance Standards: Information Security and Confidentiality

(SEE FINAL PAGE)



**SECTION A - PERFORMANCE PLAN (Continued)**

PERFORMANCE ELEMENTS/STANDARDS

**CHANGES TO PERFORMANCE PLAN (Changes may be recorded anytime during the rating period)**

ELEMENT DESCRIPTION/TITLE

STANDARD (S)

ELEMENT DESCRIPTION/TITLE

STANDARD (S)

SIGNATURE OF RATER

DATE

SIGNATURE OF EMPLOYEE

DATE

**SECTION B - PROGRESS REVIEW**

At least one progress review is required during the appraisal year. Employee must be informed of his/her progress as measured against the performance plan. Additional progress reviews may be documented on page 6.

A performance review was conducted and discussed, and the employee's performance as of this date:

- Is considered Fully Successful or better.
- Needs improvement to be Fully Successful or better. *(See VA Handbook, 5013/1, Part I, Paragraph 7, for additional required action.)*

SIGNATURE OF RATER

DATE

SIGNATURE OF EMPLOYEE

DATE

**SECTION C - ACTUAL ACHIEVEMENT**

Indicate the single, overall level of achievement that best describes the employee's performance for each ELEMENT shown in Section A. Do not indicate achievement for each individual standard. Specific examples of performance must be provided in the space below for each element where a level of achievement other than Fully Successful has been assigned. Assignment of the Exceptional level means that Fully Successful performance standards have been significantly surpassed. This level is reserved for employees whose performance in the element far exceeds normal expectations and results in major contributions to the accomplishment of organizational goals.

ELEMENTS <i>(Use the same key word description for each element as in Section A)</i>	LEVELS OF ACHIEVEMENT		
	EXCEPTIONAL	FULLY SUCCESSFUL	LESS THAN FULLY SUCCESSFUL
CLINICAL FUNCTIONS *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUSTOMER SERVICE & VALUE-ADDED SERVICE *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORE COMPETENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe specific examples of performance for each element where a level of achievement other than Fully Successful has been assigned above. Specific achievements at the Fully Successful level may be described.

ELEMENTS/ACHIEVEMENT(S)

NARRATIVE SUMMARY - OPTIONAL (Provide any additional significant accomplishments, as well as other factors such as details or training experiences related to the overall performance plan. Capacity to assume a more responsible position may also be addressed.)

**SECTION D - OVERALL RATING**

TYPE OF RATING

- ANNUAL RATING OF RECORD     SPECIAL RATING OF RECORD     SUMMARY RATING (POSITION CHANGES - EMPLOYEE OR RATER)

PERIOD COVERED BY THIS APPRAISAL

FROM 11/05/2008 TO 09/30/2009

**NOTE: Recommended Performance Rating** - Using achievement levels assigned in Section C and the criteria described below, check the appropriate rating.

PERFORMANCE RATING

- OUTSTANDING** - Achievement levels for all elements are designated as Exceptional.
- EXCELLENT** - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for noncritical elements are designated as at least Fully Successful. Some, but not all, noncritical elements may be designated as Exceptional.
- FULLY SUCCESSFUL** - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and noncritical elements are designated as at least Fully Successful or higher.
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- UNSATISFACTORY** - The achievement level(s) for one (or more) critical element(s) is (are) designated as Less Than Fully Successful.

SIGNATURE AND TITLE OF RATER

DATE

**SECTION E - HIGHER LEVEL REVIEW/APPROVAL**

Required only for Minimally Satisfactory and Unsatisfactory ratings of record; unless organization has chosen to have higher level approval required for Outstanding ratings of record.

- Concur with recommended rating.
- Do not concur with rating. Approve rating of \_\_\_\_\_

BASIS FOR PERFORMANCE RATING CHANGE

SIGNATURE AND TITLE OF APPROVAL OFFICIAL

DATE

A copy of this performance appraisal was given to me. 

SIGNATURE OF EMPLOYEE

DATE

USE THIS AREA FOR ANY ADDITIONAL INFORMATION

5-Level Performance Standards: Information Security and Confidentiality

A. Computer System Security

Effectively safeguards all assigned computer system passwords and codes (access/verify codes, electronic signature codes, etc.) Consistently abides by established policies prohibiting the download of patient-specific data from the VA computer system to portable storage media such as diskettes, compact discs, zip discs, etc.; policies prohibiting employees from carrying any portable computer equipment or storage media containing any patient-specific data off VA premises; and policies prohibiting the loading of personal, non-VHA software to any VHA computing equipment. No instances of deliberate violation of established computer security policies are allowed during the rating period.

B. Confidentiality of Information

Consistently limits personal access to all sensitive information and records, including patient medical records, other patient-specific information, personnel records, and employee health medical records, to those instances in which there is a specific job-related purpose. Consistently maintains confidentiality of all sensitive patient and employee records and information, and limits disclosure of such information to only those individuals who have a specific job-related need to know the information. Utilizes software encryption as required on any laptop or personal computer as directed by VA IT Operations and Management. No instances of deliberate unauthorized access or disclosure of sensitive information are allowed during the rating period.

To whom it may concern:

On Wednesday June 17, 2009, Dr. Houlihan called a meeting with Heather Ashmus, Pharm.D. and Rebecca Bell, Pharm.D. at 3pm. The intended purpose of this meeting was to discuss opportunities for growth in the pharmacy department. However, during this meeting Dr. Houlihan referenced a recently terminated employee, Noelle Johnson Pharm.D., numerous times as an example of the way not to approach him with any questions regarding his prescribing. He reported that she had thrown papers in his face, that she had called him incompetent, and accused her of not fully reading patient charts in full prior to calling him with recommendations. He also stated that, "Noelle is book smart but not clinically mature." The day following the meeting both Heather and Rebecca were approached by Margaret Hyde Pharm.D. and were told that the discussion of Noelle was not the intention that Dr. Houlihan had in mind for the meeting but to encourage each person's growth within the department. Indicating that Dr. Houlihan was aware that he should not have discussed these incidents with the two employees.

Heather Ashmus Pharm.D.



Rebecca Bell Pharm.D.



S1

<b>REPORT OF CONTACT</b> NOTE: This form must be filled out in or on typewriter as it becomes a permanent record in veterans' folders.	VA OFFICE VA Medical Center Tomah WI 54660	IDENTIFICATION NOS. (C, XC, SS, XSS, V, K, etc.)
---	--	--

LAST NAME-FIRST NAME-MIDDLE NAME OF VETERAN (Type or print) Noelle Johnson	DATE OF CONTACT 6/18/09
ADDRESS OF VETERAN	TELEPHONE NO. OF VETERAN
PERSON CONTACTED	TYPE OF CONTACT (Check) PERSONAL TELEPHONE
ADDRESS OF PERSON CONTACTED	TELEPHONE NO. OF PERSON CONTACTED

**BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN**

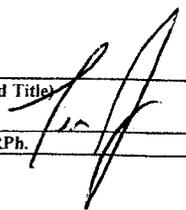
Noelle called my personal cell phone on 6/18/09 at approximately 0945. I did not answer the phone. I checked the voicemail that she left. The voice mail stated:

“Will you be willing to write a retraction to your statement, this will determine the direction my lawyer will proceed”

I did not respond to her call.

I am not willing to write a retraction to my statement from the report of contact on 6/12/09. I stand by my decision that she has unsatisfactory performance in regards to interpersonal effectiveness. This can be seen in multiple charts by her refusing to fill prescriptions after clarification with the providers. She is incapable of respecting others decisions, which has created an intimidating and hostile work environment. Therefore, I believe the rating of unsatisfactory during her probationary period is the proper decision.

DIVISION OR SECTION Support Service	EXECUTED BY (Signature and Title)
	Thomas A. Jaeger, Pharm.D., RPh.



T2

6/18/09

To Whom It May Concern:

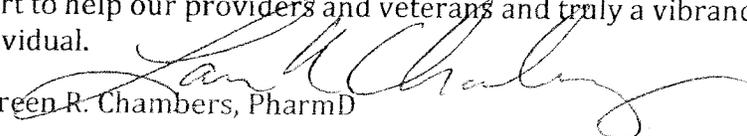
My name is Laureen R. Chambers, PharmD. As a practicing pharmacist since 1999 and an officer in the military, I have had the opportunity to be a colleague of Noelle Johnson, PharmD for the past year at the Tomah VA Medical Center. During this time, we have worked in a specialty pharmacy clinic caring for anticoagulation, lipid, new patient medication orientation, drug information questions, non-formulary medication requests and other duties as assigned. This clinic is in one room with three adjacent workstations. With three telephone lines and an open door policy, each pharmacist must be willing to step up and handle a multitude of problems everyday. Our workload can be extremely intense and erratic with multiple telephones ringing and patients stopping in without appointments and needing immediate assistance. We have to work as a team and know what the other people are doing in the room to make sure the veterans and providers are helped.

That being said, I have only seen Noelle perform her duties with the utmost respect and concern for our veterans. She has been willing to answer phone calls, see extra patients or cover clinic if one of the other pharmacist are gone. Noelle has been an excellent team player. Veterans will suffer with her not being in clinic.

Noelle has earned the respect and confidence of providers. Many would specifically ask for Noelle to help them with their difficult pain and diabetic patients. She has excellent medical skills and extreme patience with these needy and often non-compliant patients. I have witness Noelle, win over the confidence of a brittle diabetic patient that would not follow his primary care providers recommendation. When his provider did not have the time to get this patient to adjust his insulin appropriately, Noelle continued to explain and work with the patient to get him to follow his providers recommendations. She continued to regularly follow up with this veteran, who now trusts her completely. The provider is also thankful and pleased with the outcome. Noelle has more experience working in a pain clinic and with a certified pain specialist than any other pharmacist at the Tomah VA. I would always defer pain medication questions to her for her expert advice. She has worked with several primary care providers at Tomah and our CBOC to lessen their pain and improve their quality of life. Her being pulled from the pain committee and working with veterans in pain has created a void that has not been filled.

patients

Noelle is a team player and was working on reorganizing our lipid clinic and taking on the monitoring of our patients on erythropoiten stimulating agents. She is an unique pharmacist highly skilled in her profession, motivated to make the extra effort to help our providers and veterans and truly a vibrance and fun loving individual.

  
Laureen R. Chambers, PharmD

Captain, Minnesota Air National Guard

Veteran OIF/OEF

T3

To whom it may concern:

I spent the past year working with Noelle Johnson, Pharm.D. at the Tomah VA. She provided a great wealth of knowledge to me as a first year pharmacist, especially with diabetes and pain. She was always willing to help and guide me to grow as a provider. Noelle has a passion for pharmacy and her patients. She always strived to provide her patients with a safe and efficacious regimen and was proud to let people know this was her ultimate goal. She has an outgoing personality that helped make and maintain great relationships with fellow pharmacists and providers. She will be missed by many at the VA. Her absence has left a hole that will be hard to fill on a professional and personal level.

Heather Ashmus Pharm.D.

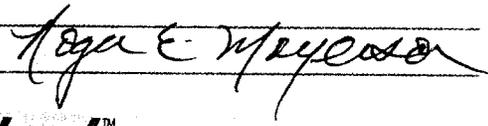
A handwritten signature in black ink that reads "Heather Ashmus Pharm.D." The signature is written in a cursive, flowing style.

0021/09

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT  
 I, ROGER E. MAYERSON, A  
 CONTRACT PHARMACIST EMPLOYED  
 AT THE TOMAH V.A. HOSPITAL  
 PHARMACY, DO HEREBY PROFUSELY  
 OBJECT TO NOELLE  
 TERMINATION AS A CLINICAL  
 PHARMACIST. THIS PHARMACIST  
 CONDUCTED HERSELF IN A  
 PROFESSIONAL DEMEANOR  
 AT ALL TIMES AND WAS AN  
 INTEGRAL PART OF OUR  
 PHARMACEUTICAL TEAM. NEVER  
 AT ANY TIME DID SHE  
 ANTAGONIZE ANY OF HER PEERS.  
 HER DISMISSAL IS AN INSULT  
 AND AN IMPAIRMENT ON THE  
 MEDICAL PROFESSION

ROGER E. MAYERSON

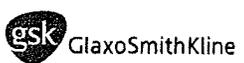


once daily  
**Avandaryl**<sup>™</sup>  
 rosiglitazone maleate  
 and glimepiride

**Avandamet**<sup>™</sup>  
 rosiglitazone maleate/metformin HCl

**Avandia**<sup>®</sup>  
 rosiglitazone maleate

Please see accompanying complete Prescribing Information for *Avandamet*, including boxed **WARNING** for lactic acidosis and contraindications for patients with renal disease.



Avandia and Avandamet are registered trademarks and Avandaryl is a trademark of the GlaxoSmithKline group of companies.  
 © 2006 The GlaxoSmithKline Group of Companies All rights reserved. AFY495R1 February 2006

9816 Elan Road  
Tomah Wisconsin, 54660  
608-387-2628

June 17, 2009

To Whom It May Concern,

I have worked for the VA as a pharmacist for over 30 years, retiring in June 2006 and am now employed by the Tomah VA on a contract basis.

I have known and worked with Noelle Johnson since she came to the Tomah VA in the summer of 2008. I have found her to be a very knowledgeable pharmacist. Professionally, she works hard, is conscientious, and is concerned about proper use of medication and regards patient safety of utmost importance.

In professional relationships and in her interactions with her peers, she is a pleasure to work with. She is a team player and is respected and appreciated by the other pharmacists and technicians in the outpatient pharmacy.

Sincerely,



David A. Dettle RPh

T6

June 30, 2009

To whom it may concern:

I have known Noelle Johnson since she came to work for the Veterans Administration Medical Center at Tomah, Wisconsin. I have worked with her in various capacities in the outpatient pharmacy both dispensing prescriptions and counseling patients.

Over that period of time I have had a good working relationship with Noelle and have observed her to be both capable and professional with patients and other healthcare providers. I would not hesitate to work with her again.

Sincerely,

A handwritten signature in cursive script that reads "Virginia Schroeder, RPh". The signature is written in black ink and is positioned above the typed name.

Virginia Schroeder, RPh

Olanzapine

6/30/09

I have had the opportunity to work with Noelle Johnson over the past few months. Noelle worked in a professional manner and was very caring to the Veterans.

It is a great loss not to have her as part of our pharmacy team any longer.

See provided full Prescribing Information, including boxed warning.

Theresa Chamber P.T.

Lilly

June 17, 2009

In working with Noule Johnson I have observed a very professional, knowledgeable Pharmacist. She made my job very enjoyable with her pleasant, upbeat presence. It was our goal working together as a team to give Lomaha Veterans the best service possible.

Sincerely,

Kim M. Mulvaney  
CPHT  
Lomaha Memorial Outpatient Pharmacy

T9

TO WHOM IT MAY CONCERN REGARDING NOELLE JOHNSON, CLINICAL RPH,

JUNE 19,2009

ALTHOUGH I DID NOT WORK DIRECTLY WITH NOELLE ON A DAILY BASIS, THE ENCOUNTERS I HAD WITH HER WERE PLEASANT. SHE WAS ALWAYS FRIENDLY AND SMILING WHEN YOU WOULD MEET HER IN THE HALLS. SHE WOULD COME TO OUR POTLUCKS AND PARTICIPATE AND CARRY ON PLEASANT CONVERSATIONS WITH US IN INPT. PHARMACY.

WHEN SHE HAD QUESTIONS ABOUT THE OMNICELLS-SHE WOULD ASK ME FOR HELP AND WAS ALWAYS APPRECIATIVE . ON ONE INSTANCE, I WAS HAVING PROBLEMS WITH THE NARCOTIC SCRIPTS FROM THE OMNICELLS GETIING ENTERED INTO THE COMPUTER BY THE PHARMACIST AND SHE OVERHEARD OUR CONVERSATION AND OFFERED TO HELP FINISH THE ORDERS AND DID SO IN A TIMELY FASHION.

I BELIEVE SHE IS A VALUABLE MEMBER OF THE PHARMACY TEAM.

THANK YOU,

DAWN SCHEPPA

*Dawn Scheppa*

6/19/09

I did not work directly with Noelle Johnson on a daily basis. When I did encounter her while working at the VA she was always very friendly.

I was aware that Noelle was a volleyball player and I asked her to help coach a volleyball team for my daughter. Noelle whole heartedly volunteered to do this for me and gave her time freely.



Toni A. Johnson

19 June 09

re: Noelle Johnson, Pharm D

To Whom It May Concern:

I have had the pleasure of working extensively with Dr. Johnson at TOMAH VAMC.

She is extremely knowledgeable and was of great assistance in managing pain and diabetic patients. She is very professional as well.

Sincerely,

Paul Mas D.O.

PAUL MAS D.O.  
OUT-patient Dept.  
TOMAH VAMC

T12

To Whom It May Concern:

Re: Noelle Johnson, PharmD.

Over the past year, I have had the opportunity to interact with Miss Johnson. She has been professional, informative, resourceful, and helpful to me.

A handwritten signature in black ink that reads "Roosevelt Smith, Jr. PA-C". The signature is written in a cursive style with a large, stylized initial "R".

Roosevelt Smith, Jr. PA-C

u



SS # 000-00-7450

UI LO #: 05  
UI Acct. #: 996735

DETERMINATION

NOELLE A JOHNSON  
610 KOZAREK AVE APT 8  
TOMAH WI 54660-1665

VETERANS AFFAIRS  
VA MEDICAL CENTER  
ATTN: HUMAN RESOURCES  
500 E. VETERANS ST.  
TOMAH WI 54660

Issue Week: 27/09	Applicable
Week Ending: 07/04/09	Wisconsin Law: 108.04(5)

FINDINGS AND DETERMINATION OF THE DEPUTY:

THE EMPLOYEE'S DISCHARGE WAS NOT FOR MISCONDUCT CONNECTED WITH HER EMPLOYMENT.

SHE WAS DISCHARGED AS OF 6/30/09 DUE TO CAUSING PROBLEMS WITHIN THE PHARMACY BETWEEN CO-WORKERS AND HERSELF AND REFUSING TO FILL PERSCRIPTIONS. BASED ON THE INFORMATION PRESENTED BY THE EMPLOYER, THE EMPLOYER MAY HAVE MADE A VALID BUSINESS DECISION. HOWEVER, IT HAS NOT BEEN ESTABLISHED THAT HER ACTIONS ROSE TO THE LEVEL TO WARRANT A FINDING OF MISCONDUCT.

EFFECT

BENEFITS ARE ALLOWED.

Attachment U

DEPUTY VIRGINIA BIX	DATE MAILED 07/21/09	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY: 08/04/09
------------------------	-------------------------	--