

IN THE MATTER OF
JOYCELYN KYLE, P.D.

License No.: 12948
Respondent

* BEFORE THE
* STATE BOARD
* OF PHARMACY
*

* * * * *

ORDER FOR SUMMARY SUSPENSION

Pursuant to Md. State Govt. Code Ann. §10-226 (c)(1999 Repl. Vol.), the State Board of Pharmacy (the "Board") hereby suspends the license to practice pharmacy in Maryland issued to Joycelyn Kyle, P.D., (the "Respondent"), under the Maryland Pharmacists Act (the "Act"), Md. Health Occ. Code Ann. § 12-101, et seq., (2002 Supplement to 2000 Repl. Vol.). This Order is based on the following investigative findings, which the Board has reason to believe are true:

BACKGROUND

1. At all times relevant hereto, the Respondent was licensed to practice pharmacy in Maryland. The Respondent was first licensed on October 28, 1992. The Respondent's license expires on March 31, 2004.
2. At all times relevant hereto, the Respondent was a dispensing pharmacist for Kaiser Permanente, a health maintenance organization/health plan.
3. On September 20, 2002, the Respondent was hired as a dispensing pharmacist for Kaiser's Largo location. On or about February 6, 2003, the Respondent made a complaint with Corporate Compliance that she had been subjected to

"discrimination, sexual harassment, mental abuse, intimidation and threats against her life at work" from colleagues, including her supervisor, and patients. The Respondent reported that the same type of rumors about her abounded while she was in the military, such as that she was a "lesbian" and had "molested" people. The Respondent reported that customers and coworkers were constantly talking about her and making derogatory comments.

4. As a result of the complaint, the Respondent requested a transfer to another Kaiser location, which was effectuated on March 5, 2003, by her transfer to Kensington. Even though the Respondent had been employed by Kaiser for the past five months, she exhibited a gross lack of knowledge or understanding of Kaiser's procedures, such as checking prescriptions to ensure that the label and medicine matched the hard copy prescription. Basic instructions had to be repeated excessively and daily. On March 5th, the Respondent filled a prescription for drops to go in a patient's ears: the Respondent printed the label so that it directed that the medicine be placed in the patient's eyes.

5. The lead pharmacist with whom Respondent worked was "Heidi;" on March 12, 2003, the Respondent asked who Heidi was, even though Heidi had explained the refill procedure to the Respondent three times on March 11th. In addition, on that day, she asked a coworker named Stephen if he was "Heidi." On the 12th, the Respondent also continued to file Schedule II scripts in the bin with the non-Schedule IIs.

6. On March 18th, the Respondent dispensed one bottle of Periogard to a patient who was supposed to be given three bottles. On March 20th, the Respondent stared at

drugs on the shelf with her hands in her pockets for about five minutes. The next day, Friday, March 21st the Respondent left the pharmacy at noon and did not return to work that day.

7. On March 24th, the Respondent called in and apologized for leaving work that Friday, stating that she was “having emotional problems—panic attacks.” The Respondent then requested to take Monday off. On March 26th, at a meeting with the lead pharmacist Heidi, the Respondent was given a written warning for job abandonment on March 21st. Heidi advised the Respondent that she had allowed refill orders to stack up that morning, despite being asked to check them. On March 27th, a patient received four medications under his name, instead of two for him and two for his wife: the Respondent filled the order in that manner.

8. On April 10, 2003, the Respondent dispensed a prescription for Allegra 60mg, instead of Allegra 30mg. On April 16th, Heidi counseled the Respondent for the number of errors she had made based upon failure to follow the guidelines for checking prescriptions. On April 30th, the Respondent listed the physician’s name on a prescription incorrectly. In addition, she failed to list the prescriber’s DEA number, as well as the address and telephone number of the person who called the prescription in.

9. On May 7th, Heidi called the Respondent’s name twice, while she was at the refill bench alone checking a prescription. Later, the Respondent apologized, stating that she had gotten “carried away with the conversation.” On the next day, Heidi informed the Respondent that she needed to meet with her to discuss some performance issues. The Respondent did not reply, but walked away. Later, the Respondent asked if she could go

see the nurse, which request was denied, because there was only one pharmacist on duty at that time. When Heidi came to check on the Respondent, she was told by a coworker that the Respondent had gone to the bathroom. While in the pharmacy area, a coworker brought to Heidi's attention the fact that the Respondent had recently filled a prescription for cough syrup with a dropper with instructions on it for administering the medication via teaspoons. (The patient was on the telephone inquiring how to dispense the medication.) Approximately two hours later, the Respondent returned to the pharmacy area.

10. At a meeting on May 8th, Heidi expressed her concern to the Respondent about medication errors and the potential for harm, as well as leaving the pharmacy area uncovered again. In response, the Respondent stated that she had been "harassed every day when she came to work" by the pharmacists and the technicians and that she hears them talking about her, about trying to kill her, and that she was a molester. The Respondent accused Heidi and others of constantly talking about the fact that she is molesting women and that she was not surprised that she made mistakes because she was distracted by people talking about her. The Respondent stated that she could not concentrate on her work because of all of the voices that she hears.

11. The Respondent was then placed on administrative leave and referred to a psychiatrist to determine her fitness for duty. Accordingly, on June 10 and July 2, 2003, the Respondent presented to Lee Haller, M.D., for a psychiatric examination.¹ As part of the Respondent's history, the Respondent reported seeing a mental health worker on

¹ Dr. Haller also spoke to the Respondent's husband and to Robert Shugoll, a psychologist who treated her privately between January and April 2002.

February 3, 2003, and reporting that she was "having problems coping for more than a year, including hearing voices and paranoid thinking, as well as experiencing symptoms of anxiety and depression." The Respondent further reported that she had been prescribed Paxil, an antidepressant, 20mg per day, and Zyprexa, an anti-psychotic, but that she had stopped taking the Zyprexa after a couple of days and was taking half of the prescribed Paxil.

12. Dr. Haller diagnosed the Respondent as having a delusional disorder, paranoid type; a cognitive disorder, not otherwise specified; and, adjustment reaction with anxious features by history. Dr. Haller opined that the Respondent was:

"totally lacking in insight as to her part in any of the problems that she is experiencing currently. Similarly, she has no understanding that her perceptions of others may be distorted...she currently feels safe at home. This is opposed to feeling anxious, believing people are talking about her when is out of the home. [She] has repeated episodes of believing she was being talked about in a degrading or malicious manner since being employed by Kaiser...The delusions are of a persecutory or paranoid type in that she believes people at her job are trying to upset her...

Unfortunately, she has not followed the psychiatrist's instructions regarding medication use and dosing. The type of medication most likely to be of help to treat her underlying delusional disorder would be medication from the class of anti-psychotics, of which Zyprexa is an example...Furthermore, it is highly unlikely that she will return to taking the

Zyprexa because she does not believe she has illness that requires treatment with this class of medication. Because her problems with delusions have been over several years, it is unlikely that there is a physical or neurologic problem causing them...

However, even if she is less anxious now that she is taking Paxil and therefore less prone to make mistakes on the job, this will not significantly lessen the paranoid delusional beliefs, which have always been and continue to be, the major problem. I do not believe that [the Respondent] possesses sufficient psychological stability to adequately and independently perform all of the requirements of her position. The dysfunction is as stated above-i.e. misperceiving the motives of others in a paranoid delusional way. Even with treatment, restoration to competency cannot be assured, as this is a most difficult illness to treat. In the interim, placement in any work setting would not be appropriate. There are no accommodations that reasonably could be made that would allow her to be employable as a pharmacist. "

FINDINGS OF FACT

1. As set forth above, a delusional and paranoid pharmacist who makes numerous potentially harmful medication errors because she hears voices in her head which distract her from her work and cause her not to be able to follow rudimentary pharmacy procedures, such as checking the hard copy against the medication dispensed, is a threat to the public health, safety or welfare.

2. The above actions also constitute violations of the Act. Specifically, the Respondent violated the following provision § 12-313 of the Act:

(b) Subject to the hearing provisions of §12-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant, reprimand any licensee, place any licensee on probation; or suspend or revoke a license if the applicant or licensee:

(20) Is professionally, physically, or mentally incompetent;

(24) Violates any rule or regulation adopted by the Board;

The violations of the Board's regulations committed by the Respondent are of the following Code Md. Regs. tit. 10 § 34.10 (2000):

01. Patient Safety and Welfare.

A. A pharmacist shall:

(1) Abide by all federal and State laws relating to the practice of pharmacy and the dispensing, distribution, storage and labeling of drugs and devices, including but not limited to:

(a) United States Code, Title 21,

(b) Health-General Article, Titles 21, and 22, Annotated Code of Maryland,

(c) Health Occupations Article, Title 12, Annotated Code of Maryland,

(d) Article 27, 276-304, Annotated Code of Maryland, and COMAR 10.19.03[.].

CONCLUSIONS OF LAW

Based on the foregoing, the Board finds that the public health, safety or welfare imperatively requires emergency action, pursuant to Md. St. Govt. Code Ann. §10-226(c) (2) (1999 Repl. Vol.).

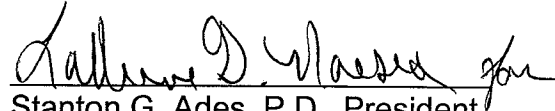
ORDER

Based on the foregoing, it is therefore this 7 day of August, 2003, by a majority vote of a quorum of the State Board of Pharmacy, by authority granted by the Board by Md. St. Govt. Code Ann. § 10-226(c) (2) (1999 Repl. Vol.), the license held by the Respondent to practice pharmacy in Maryland, License No. 12948, is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED, that upon the Board's receipt of a written request from the Respondent, a Show Cause Hearing shall be scheduled within reasonable time of said request, at which the Respondent will be given an opportunity to be heard as to whether the Summary Suspension should be lifted/terminated, regarding the Respondent's fitness to practice pharmacy and the danger to the public; and be it further

ORDERED, that the Respondent shall immediately turn over to the Board's agent her wall certificate and wallet-sized license to practice pharmacy issued by the Board; and be it further

ORDERED, that this document constitutes a final Order of the Board and is therefore a public document for purposes of public disclosure, as required by Md. State Govt. Code Ann. §10-617(h) (1999 Repl. Vol.).


Stanton G. Ades, P.D., President
Board of Pharmacy

NOTICE OF HEARING

A Show Cause hearing to determine whether the Summary Suspension shall be lifted/terminated will be held before the Board at 4201 Patterson Avenue, Baltimore, 21215 following a written request by the Respondent for same.