STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Kevin F. Stratford Petition No. 2005-0707-023-004

CONSENT ORDER

WHEREAS, Kevin F. Stratford of Milford, Connecticut (hereinafter "respondent") has been issued license number 001160 to practice as a Physician Assistant by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. Respondent is a licensed Physician Assistant practicing in the State of Connecticut.
2. Between January 2004 and December 2004, Respondent diverted Percocet for his own personal use while working in the Emergency Department at Bridgeport Hospital. Respondent accomplished this by making a significant number of controlled accesses/withdrawals from the Emergency Department's pyxis machines.
3. On March 18, 2005, Respondent withdrew four Percocet tablets from the hospital pyxis machine for patient H.D. even though that patient was discharged from the Emergency Department on March 17, 2005 at 8:39pm.
4. On March 20, 2005, Respondent withdrew four Percocet tablets from the hospital pyxis machine for patient D.C. even though that patient was discharged on March 11, 2005.

5. On April 16, 2005 at 7:16pm, Respondent withdrew three Percocet tablets from the hospital pyxis machine for patient C.R. even though that patient was discharged on April 16, 2005 at 5:50am.

6. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-12f.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§ 20-8a and 20-12f of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§ 19a-17, 20-8a, and 20-12f of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.

2. Respondent's license shall be placed on probation for a period of four (4) years under the following terms and conditions:

    a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").

        (1) Respondent shall provide a copy of this Consent Order to his therapist.

        (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

(3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.

(4) The therapist shall submit reports quarterly for the duration of probation, which shall address, but not necessarily be limited to, respondent's ability to practice as a Physician Assistant in an alcohol and substance free state safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.

(5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his services.

b. Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

(1) During the first and fourth years of the probationary period, respondent at his own expense, shall submit to weekly random observed urine screens for alcohol, controlled substances, and legend drugs; in accordance with

Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens'); during the second and third years, he shall submit to such screens on a once every other week basis. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

(2) Laboratory reports of random alcohol and drug screens and/or any other drug or alcohol related laboratory reports, including but not limited to results of DNA testing, shall be submitted directly to the Board and the Department by the testing laboratory. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.

(3) Respondent understands and agrees that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.

(4) Respondent shall notify each of his health care professionals of all medications prescribed for him by any and all other health care professionals.

(5) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

c. Respondent shall provide his employer at each place where respondent practices as a Physician Assistant throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer quarterly for the duration of probation. The employer reports shall state that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.

d. Respondent acknowledges that on May 7, 2005 he voluntarily surrendered to the issuing authorities his State of Connecticut, Controlled Substance Registration for Practitioners (CSP) No. 31828 and Federal Drug Enforcement Administration (DEA) Registration No. MS0956447. Respondent shall not reapply for his state or federal controlled substance registrations for the first year of the probationary period. If during the first year of the probationary period, respondent obtains approval to reapply for his state controlled substance registration from the Drug Control Division of the Department of Consumer Protection (hereinafter "Drug Control"), respondent may then request that the Department

modify this Consent Order to permit him to submit such application to Drug Control. If the Department and Board agree to so modify this Consent Order, and respondent obtains said registrations, his controlled substance prescribing, ordering, and dispensing practices shall be monitored by a licensed physician pre-approved by the Department (hereinafter "supervisor") for a period of one year, upon issuance of said registrations, as set forth below. Respondent further agrees that if the probationary period has already terminated at the time respondent obtains such registrations, the probationary period shall be extended or reinstated to ensure that the one-year period of monitoring is completed. If the probationary period is extended or reinstated to comply with this provision, no other terms of probation shall be extended or reinstated. During this period of monitoring respondent shall:

(1) Maintain a log of all controlled substances dispensed to patients as well as all prescriptions for controlled substances, both written and authorized by phone.

(2) Maintain copies of all orders placed to wholesalers for controlled substances, as well as records of receipts.

(3) Obtain, at his own expense, the services of a controlled substance prescribing practice monitor, licensed and practicing in the State of Connecticut and pre-approved by the Department (hereinafter "supervisor"), to conduct quarterly random reviews of twenty percent (20%) of respondent's patient records. As part of such review, the supervisor shall review and compare respondent's patient records, office dispensing records, controlled substance log, and controlled substance purchase and receipt records to ensure that controlled substances have been appropriately ordered and maintained. The supervisor may monitor respondent's practice by any other reasonable means which he or she deems

appropriate, and respondent shall fully cooperate with the supervisor in such additional monitoring.

(4) Respondent shall be responsible for the supervisor providing written reports to the Department within two weeks of each quarterly review. Such reports shall include: documentation of the dates and duration of meetings with respondent; the number and a general description of the patient records reviewed; a statement regarding respondent's controlled substance purchasing, prescribing, and dispensing practices; any additional monitoring techniques utilized; and, a statement that respondent is practicing with reasonable skill and safety.

3. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Practitioner Licensing and Investigations
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.

5. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.

6. Respondent shall pay all costs necessary to comply with this Consent Order.

7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:

   a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.

b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.

c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 7 a above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Consent Order or, in the alternative, that he has cured the violation in question.

d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.

e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.

8. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a Physician Assistant, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric and/or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall constitute an admission that his conduct constitutes a

clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).

9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.

10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.

11. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.

12. Respondent understands this Consent Order may be considered as a public document and evidence of the above admitted violations in any proceeding before the Board in which his compliance with this Consent Order or with §20-12f of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that unless the only discipline imposed by this Consent Order is a civil penalty, this action will be reported to the National Practitioner Data Bank.

13. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.

14. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

15. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

16. Respondent permits a representative of the Legal Office of the Bureau of Healthcare Systems to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted.

17. Respondent understands and agrees that he is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which he is away from his residence.

18. Respondent has the right to consult with an attorney prior to signing this document.

19. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

I, Kevin F. Stratford, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Kevin F. Stratford, P.A.

Subscribed and sworn to before me this 28th day of September 2005.

Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 5th day of October 2005, it is hereby accepted.

Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examiners Board on the 18th day of October 2005, it is hereby ordered and accepted.

Connecticut Medical Examiners Board

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Attachment " A "

DEPARTMENT REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

Respondent: Kevin F. Stratford **Petition No.** 2005-0707-023-004

Screening Monitor Information:

Name: _____

Address: _____

_____

_____

Phone: _____ FAX: _____

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, meperidine, opiates, methadone, phencyclidine (PCP), propoxyphene, Stadol, hydrocodone, hydromorphone, and oxycodone. Additional substances such as Fentanyl and Sufentanil may also be required. Partial screens will not be accepted.

2. **Urine collections must be directly observed.** The urine monitor must be in the room with the respondent and directly observe the collection of the specimen by the respondent.

3. The frequency of screens is as follows: _____

4. Collections must be **random.** There must be no pre-arrangement between the respondent's therapist, the respondent, the urine monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays). The specimen collection shall not be done on the same day as a therapy session. Screening will be done on weekends and holidays if possible and/or if required. Special arrangements will be made for periods of vacation (see #6, below).

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

5. Specimens will be collected as follows: the screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with her home and business phone numbers and carry a beeper if necessary. The monitor must speak directly with the respondent; the monitor may not leave a message on an answering machine. **The respondent must appear for specimen collections within 2 - 5 hours of the screening monitor's call. In the event the respondent does not show up for a collection, or arrives late, the urine monitor is to notify this Department immediately. A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.**

6. Respondent will notify the screening monitor and the Department at least two weeks prior to scheduled vacations. Screens will be collected prior to and following periods of vacation. Screens will be collected prior to and following periods of vacation to make up for the screen missed.

7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. Respondent must document all medications s/he is taking on each Chain of Custody form. **The *respondent* is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.**

   PLEASE MAKE CERTAIN TO WRITE YOUR NAME ON EACH CHAIN OF CUSTODY FORM. SOCIAL SECURITY NUMBERS ALONE ARE NOT SUFFICIENT.

8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.

9. Screens shall be conducted at:

   Bendiner & Schlesinger, Inc.
   140 58th. Street
   Brooklyn, New York 11220

   Contact: Mr. Francis Hartigan
   (212) 353-5108

Respondent must obtain Department-approval for any lab s/he chooses to use other than Bendiner & Schlesinger. The proposed lab must be capable of conducting forensic screens and testing for each of the substances set forth in paragraph 1 of these Guidelines.

10. **POSITIVE SCREENS MUST BE REPORTED TO THE DEPARTMENT IMMEDIATELY,** by calling Bonnie Pinkerton at (860) 509-7651, and by fax sent to (860) 509-8368. Written documentation/confirmation of any positive screen must be received by the Department within 3 days of the screening monitor's notification of such.

11. Correspondence and lab reports should be sent to the attention of:

Bonnie Pinkerton
Department of Public Health
410 Capitol Avenue, #12 H.S.R.
P.O. Box 340308
Hartford, Connecticut 06134

ALCOHOL/DRUG SCREENS AND REPORTS NOT CONFORMING TO THESE GUIDELINES WILL NOT BE CONSIDERED ACCEPTABLE FOR PROBATIONARY/REHABILITATION PURPOSES.

All screening monitors and alternates must sign below acknowledging their receipt of these Guidelines and indicating their agreement to conduct screens accordingly.

Signature:_____ Signature:_____

Print name:_____ Print name:_____

Date:_____ Date:_____

Signature:_____ Signature:_____

Print name:_____ Print name:_____

Date:_____ Date:_____

Please fax the signed signature page to (860) 509-8368.

Department Requirements for Drug and Alcohol Screens

Re: _____

Pet. No._____

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

February 9, 2010

Kevin Stratford, PA
116 Clarendon Street
New Haven, CT 06512-2606

Re: Consent Order
Petition No. 2005-0707-023-004
License No. 001160

Dear Mr. Stratford:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective November 1, 2009.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain a copy of this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process, and good luck to you in the future.

Very truly yours,

Bonnie Pinkerton

Bonnie Pinkerton, RN, Nurse Consultant
Practitioner Licensing and Investigations Section

cc: J. Filippone

Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer