

IN THE MATTER OF	*	BEFORE THE MARYLAND
TORREY BLOOMFIELD, RCP	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: L05422	*	Case Number: 2016-0916A

CONSENT ORDER

On October 25, 2016, Disciplinary Panel A of the Maryland State Board of Physicians (the "Board") charged Torrey Bloomfield, RCP (the "Respondent"), License Number L05422, with violating the Maryland Respiratory Care Practitioners Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ.") § 14-5A-01 et seq. (2014 Repl. Vol. & 2015 Supp.).

The pertinent provisions of Health Occ. § 14-5A-17 provide:

(a) *In general.* – Subject to the hearing provisions of § 14-405 of this title, the Board, on the affirmative vote of a majority of a quorum of the Board, may deny a license to any applicant, or a disciplinary panel, on the affirmative vote of a majority of a quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license, if the applicant or licensee:

...

(3) Is guilty of unprofessional or immoral conduct in the practice of respiratory care;

...

(7) Is addicted to or habitually abuses any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;

(8) Provides professional services while:

...

(ii) Using any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article or any other drug that is in excess of therapeutic amounts or without valid medical indication;

(10) Willfully makes or files a false report or record in the practice of respiratory care[.]

On December 7, 2016, Disciplinary Panel A was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

I. FINDINGS OF FACT

Disciplinary Panel A finds:

BACKGROUND

1. At all times relevant, the Respondent was licensed to practice as a respiratory care practitioner ("RCP") in the State of Maryland. The Respondent was initially licensed in Maryland on or about July 2, 2010.

2. On October 18, 2016, Disciplinary Panel A summarily suspended the Respondent's license to practice as an RCP based on investigative findings that the public health, safety or welfare imperatively required emergency action. The basis of the Board's Order for Summary Suspension was based on the Board's investigation of the complaint set forth below.¹

¹ On November 2, 2016, following a post-deprivation hearing, Disciplinary Panel A continued the suspension of the Respondent's license to practice respiratory care.

3. At all times relevant, the Respondent was employed by Hospital A² in Baltimore, Maryland, as a Respiratory Therapist.
4. The Respondent was employed at Hospital A from July 12, 2010 through May 5, 2016, when Hospital A terminated her employment for reasons set forth below.
5. On or about May 16, 2016, Hospital A filed a Mandated 10-Day Report (the "Report") with the Board notifying the Board the Respondent's employment had been terminated based on her diversion of intravenous ("IV") fentanyl, a Schedule II controlled dangerous substance ("CDS"), from a patient's IV bag.
6. After receiving notification of the Report, the Board initiated an investigation into the allegations.
7. The Board's investigation into the complaint as set forth below included issuing subpoenas to obtain the Respondent's personnel and fitness for duty files from Hospital A, obtaining treatment records, and conducting interviews of Hospital A's staff and the Respondent.
8. On or about July 6, 2016, the Board notified the Respondent of its investigation and requested a response.
9. On or about July 18, 2016, the Respondent submitted a written response to the Board, acknowledging that at 5:30 a.m. on April 23, 2016, after making patient rounds, while in the restroom at Hospital A, she injected fentanyl into her thigh, and "passed out," subsequently vomiting. A co-worker ("Employee A") located the Respondent in

² In order to maintain confidentiality, facility, patient and employee names will not be used in this document, but will be provided to the Respondent on request.

the restroom at the time she (the Respondent) was to have provided an end-of-shift Report.

Hospital A-Related Findings

Prior History at Hospital A

10. On or about July 29, 2015, while on duty, between 3:00 a.m. and 4:00 a.m., the Respondent lost consciousness at work after she overdosed on CDS including oxycodone, morphine and fentanyl. She reportedly was being treated for pain for a medical condition, and took more medication than had been prescribed. The Respondent was evaluated by Hospital A's emergency room and treated with Narcan, a medication used to block the use of opioids. The Respondent was counseled not to take narcotics while at work and that she should find "alternate medications."

Incident giving rise to termination from Hospital A

11. The incident giving rise to the Respondent's termination from Hospital A took place on or about April 23, 2016, when she was assigned to the Surgical Intensive Care Unit.

12. The Respondent was scheduled to work the night shift, which began on April 22, 2016 at 6:30 p.m. and ended on April 23, 2016, at 7:00 a.m.

13. At approximately 6:00 a.m. on April 23, 2016, two of the Respondent's co-workers, Employees A and B, attempted to locate the Respondent, who was missing from the unit. And subsequently, at 6:30 a.m., the Respondent was not present at shift report.

14. At approximately 6:55 a.m., Employee A located the Respondent in a toilet stall in the employee locker room. According to Employee A, the Respondent was "covered in vomit and there was a syringe on the floor." The Respondent's speech was slurred.

15. Employee A assisted the Respondent with cleaning and changing the Respondent's scrub suit, and based on the Respondent's condition, Employee A drove her to Employee A's residence. During the ride, the Respondent "confessed" to taking a bag of fentanyl from the unit.³

16. The Respondent told Employee A that she had injected the fentanyl into her thigh.

17. At Employee A's residence, Employee A searched the Respondent's bag, and found additional syringes filled with fluid.

18. According to Employee A, the Respondent represented that she would seek help from the Employee Assistance Program ("EAP") the next day. The Respondent did not report to the EAP, and instead proceeded to work additional shifts.

19. The incident was initially reported to the Director of Respiratory Therapy at Hospital A by Employee C on May 2, 2016.

20. On or about May 2, 2016, the Respondent's manager sent her for a Fitness for Duty Evaluation. The Director noted that the evaluation was based on the Respondent's disappearance from work, and complaints from other employees.

21. The Respondent's urine toxicology screen tested positive for naloxone (generic name for Narcan), fentanyl and buprenorphine (generic name for Suboxone).

³ Employee A subsequently reported the Respondent's conduct to Employee C, who reported it to the Director of Respiratory Care Services (the "Director").

22. On or about May 3, 2016, the Director conducted an investigation, and determined that "large volumes" of "drugs" had been missing from ICU units at Hospital A on six separate dates in April 2016 in which the Respondent had been on duty.

23. As a result of the Respondent's conduct, Hospital A terminated her from employment.

Board's investigation

September 13, 2016 Interview of Respondent

24. On September 13, 2016, Board staff interviewed the Respondent under oath.

25. The Respondent described the July 2015 incident at Hospital A as taking place during her shift at approximately 3:00 a.m. to 4:00 a.m. She was assigned to a trauma unit that night, and had ingested oxycodone, morphine, and had placed a fentanyl patch. She was not being prescribed the fentanyl any longer, but used a patch she had from a previous prescription, and reportedly had removed it before reporting for work.

26. According to the Respondent, her health condition during the beginning of 2016 precluded her from performing her best at work, and she often had to "call out."

27. The Respondent entered an outpatient treatment program in August 2015, following the July 2015 incident at Hospital A. She was undergoing treatment during the incident that gave rise to her termination.

28. The Respondent had been assigned approximately eight patients during the night shift of April 22/23, 2016.

29. The Respondent acknowledged that she had used fentanyl at work on April 2[3] at approximately 5:30 a.m. and that she had obtained it from an IV from one of her

patients. At the time, she was being prescribed Suboxone, which is a medication prescribed for opioid dependence.

30. The Respondent, due to her condition, was not able to provide a verbal report to the day-shift RT. Instead the Respondent provided the day-shift RT with her written notes from the night shift.

31. The Respondent stated during the interview that she only took the fentanyl from a patient on one occasion. The Respondent stated that she reported for additional shifts after the April 23, 2016 incident because she had been feeling better.

September 29, 2016 interview of Respondent

32. On September 29, 2016, the Respondent contacted Board staff by telephone, and was sworn in by Board staff. The Respondent's reason for the telephone call was to "give the whole truth."

33. The Respondent acknowledged that she had taken fentanyl from Hospital A on more than one occasion from a patient. She stated that this occurred during the latter part of April 2016, and it was on approximately four to five occasions.

34. The Respondent diverted the fentanyl from ports on sterile IV bags.

35. The Respondent stated that she had used the fentanyl she diverted on only one occasion [on April 23, 2016]. The Respondent stated that other than the fentanyl she had used on April 23, 2016, she gave the fentanyl diverted on the other dates to a co-worker for the purpose of disposal.

Misrepresentation on renewal application

36. On or about April 26, 2016, the Respondent filed with the Board an Application for Renewal of her license to practice as an RCP ("Renewal Application").

37. The Respondent answered "no" to Question j which asked:

Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional or nervous disorder or condition) that in any way effects your ability to practice your profession in a safe, competent, ethical, and professional manner?

38. Based on her history with Hospital A as outlined in part above, the Respondent did not answer Question j truthfully.

39. The Respondent failed to provide the Board with relevant information relating to her substance abuse and/or physical condition that affected her ability to practice as outlined in pertinent part above.

II. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary A concludes as a matter of law that the Respondent's conduct constitutes violations of Md. Code Ann., Health Occ. § 14-5A-17(a)(3), (7), (8)(ii) and (10).

III. ORDER

It is, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel A hereby:

ORDERED that the **October 18, 2016 SUMMARY SUSPENSION** of the Respondent's respiratory practitioner's license is terminated as moot; and it is further

ORDERED that the Respondent's respiratory care practitioners' license is immediately **SUSPENDED** for a minimum period of **EIGHTEEN (18) MONTHS FROM THE DATE OF THE BOARD'S ORDER FOR SUMMARY SUSPENSION, October 18, 2016**; and after that period of time, the Respondent is eligible to petition the Disciplinary Panel for termination of the suspension but only upon full and satisfactory compliance with the following terms and conditions:

1. Within **TEN (10) DAYS** of the execution of this Consent Order the Respondent shall transfer from the Maryland Physician Health Program to the Maryland Professional Rehabilitation Program ("MPRP") for evaluation and treatment and shall be entered into a Board-monitored participant rehabilitation agreement and plan and shall comply with all MPRP recommendations, referrals, rules and requirements, including but not limited to, any treatment and evaluation recommended by the MPRP;
2. The Respondent shall sign any written release/consent forms, and update them, as required by the Board and the MPRP. The Respondent shall sign any written release/consent forms required by the Board and MPRP to authorize MPRP to make verbal and written disclosures to the Board, including disclosure of any and all MPRP records and files, and the records of MPRP's agents. The Respondent shall also sign any written release/consent forms required by the MPRP to authorize the MPRP to exchange with (i.e., disclose to and receive from) outside entities (including the Respondent's treatment providers and evaluators) verbal and written information about her;

3. No earlier than **EIGHTEEN (18) MONTHS** from the date of the Board's Order for Summary Suspension, the Respondent may petition Disciplinary Panel A for termination of the suspension upon compliance with the preceding terms and at the discretion of Disciplinary Panel A; and it is further

4. Within a reasonable period prior to the completion of the 18-month suspension period, MPRP, or its agents, will conduct an evaluation on whether the Respondent is fit to resume clinical practice, and if so, under what conditions, if any. The Respondent shall fully cooperate with the evaluation; and

5. The Respondent shall petition the Board for termination of the suspension. Prior to the termination of suspension, the Respondent shall appear before the Board or Board panel to determine what terms and conditions, if any, which may include probation, will be imposed upon the termination of suspension. The Board or Board panel will review MPRP's evaluation. In order to petition for the termination of suspension, MPRP must determine that the Respondent is fit to resume clinical practice; and it is further

ORDERED that the Respondent shall comply with all laws governing the practice of medicine under the Maryland Respiratory Care Practitioners Act and all rules and regulations promulgated thereunder; and it is further

ORDERED that if the Respondent fails to comply with any of the terms or conditions of probation, suspension, or this Consent Order, the Board or Disciplinary Panel, in its discretion, after notice and an opportunity for a show cause hearing before the Board or Disciplinary Panel if there is no genuine dispute as to a material fact or an

evidentiary hearing at the Office of Administrative Hearings, may impose additional sanctions authorized under the Maryland Respiratory Care Practitioners Act, including a reprimand, suspension, an additional period of probation, revocation and/or a monetary fine; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order shall be a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101-4-601 (2014).

12/20/2016
Date

Christine A. Farrelly
Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Torrey Bloomfield, RCP, acknowledge that I am representing myself in these proceedings. I have been advised of my right to be represented by the attorney of my choice throughout proceedings before Disciplinary Panel A, including the right to counsel with an attorney prior to signing this Consent Order. I have knowingly, willfully and intelligently waived my right to be represented by an attorney before entering into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of Disciplinary Panel A to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

I sign this Consent Order after knowingly, willfully and intelligently waiving my right to be represented by an attorney, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

12/16/16
Date

Torrey Bloomfield
Torrey Bloomfield

STATE OF MARYLAND

CITY/COUNTY OF:

I HEREBY CERTIFY that on this 16th day of December, 2016, before me, a Notary Public of the State and County aforesaid, personally appeared Torrey Bloomfield, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Alexandra C. Burk
Notary Public

Alexandra C. Burk
Notary Public
Anne Arundel County, MD
My Commission Expires 8/28/2018

My commission expires: 8/28/18

I HEREBY ATTEST AND CERTIFY UNDER
PENALTY OF PERJURY ON 12/20/16
THAT THE FORGOING DOCUMENT IS A
FULL, TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN MY OFFICE AND
IN MY LEGAL CUSTODY.

Christine A. Lavelly
EXECUTIVE DIRECTOR
MARYLAND BOARD OF PHYSICIANS