

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2013-028

In the Matter of)
)
)
JONATHAN HOWARD KROLL, M.D.)
_____)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Jonathan Howard Kroll, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket Number 11-468.

Findings of Fact

1. The Respondent was born on July 30, 1982. He graduated from the Texas Tech University Health Sciences Center in 2010. He was licensed to practice medicine in Massachusetts under limited license number 247921 in 2011.

2. On December 9, 2011, the Board secretary accepted the Respondent's Voluntary Agreement Not to Practice Medicine (VANP). The full Board ratified the VANP on December 21, 2011.

3. On November 7, 2011, Boston Medical Center submitted a Health Care Facility Disciplinary report (HCFD) stating that the Respondent was on administrative leave pending an

investigation into allegations that the Respondent was under the influence of drugs during his shift on November 4, 2011.

4. November 4, 2011 was the Respondent's first day covering the surgical intensive care unit (SICU) on-call shift; his shift was from 7 a.m. to approximately 10 a.m. the following day.

5. At approximately 5 p.m., a patient was transferred from the OR to the post-anesthesia care unit (PACU). The Respondent was supposed to see the patient in the PACU. He did not.

6. The attending physician inquired about the Respondent's failure to see the patient. The Respondent told his supervisor that he had been taking a nap.

7. Later in the shift, an attending physician from a different BMC campus tried to page the Respondent regarding a patient who needed to be transferred to the SICU. The Respondent did not answer.

8. The attending reported the Respondent's lack of response to his supervisor.

9. The Respondent's supervisor paged him and told him to respond to the attending immediately and report back to the supervisor.

10. The Respondent and his supervisor rounded on the SICU patients at 10 p.m. without incident.

11. The supervisor received a call from a nurse at 2 a.m.; a patient was having a seizure. The Respondent had not answered the nurses' pages.

12. The supervisor found the Respondent in the resident on-call room with a bottle of Isoflurane, a drug used to sedate surgical patients, on the floor next to him. The smell of the drug was in the air.

13. The Respondent denied that he had used Isoflurane.

14. An administrative physician in the anesthesiology department was called to the hospital to speak with the Respondent about his reported drug use while working.

15. At approximately 5:30 a.m., the Respondent was accompanied by the administrative physician to change from his scrubs to regular clothes.

16. The Respondent ran out the back door when the administrative physician took a moment to speak with a staff member.

17. The Respondent went home and took a large quantity of Ambien.

18. The Respondent lost consciousness and was transported via ambulance to the emergency room at BMC.

19. The Respondent was transferred to McLean Hospital where he remained for two weeks.

20. The Respondent was discharged from McLean and immediately transferred to the Caron Treatment Center in Wernersville, Pennsylvania (Caron).

21. The Respondent was discharged from Caron on March 14, 2012 after successfully completing the program.

22. The Respondent did not get a sponsor as he had been instructed to do upon his discharge from Caron.

23. The Respondent relapsed on May 3, 2012.

24. On May 10, 2012, the Respondent overdosed and was transported to Massachusetts General Hospital where he spent two or three nights.

25. The Respondent was transferred to McLean Hospital where he spent two weeks.

26. The Respondent signed a substance use monitoring contract with a behavioral addendum with Physician Health Services (PHS) on May 25, 2012.

27. The Respondent was transferred from McLean directly to the Menninger Clinic (Menninger), a dual diagnosis inpatient program in Houston, Texas.

28. He remained at Menninger for six weeks.

29. The Respondent was discharged from Menninger on July 9, 2012.

30. The Respondent received treatment recommendations upon his discharge from Menninger.

31. The first treatment recommendation was that the Respondent check into Hopewell sober living residence immediately upon his return to Massachusetts.

32. The Respondent reported to the sober house and left on September 28, 2012.

33. In October 2012, PHS reported that the Respondent had been non-compliant with treatment recommendations while he was residing at the sober living facility. PHS then recommended additional outpatient treatment options at Bournewood Hospital which he successfully completed.

34. The Respondent was terminated from BMC as of June 27, 2012.

Conclusions of Law

A. The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine.

B. The Respondent has violated G.L. c. 112, §5 ninth par. (d) and 243 CMR 1.03(5)(a)4 by practicing medicine while his ability to do so was impaired by drugs.

C. The Respondent has violated 243 CMR 1.03(5)(a)18 by committing misconduct in the practice of medicine.

D. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

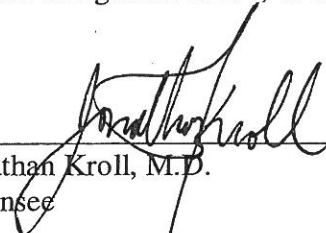
Sanction and Order

The Respondent's limited license is hereby retroactively revoked to November 4, 2011.

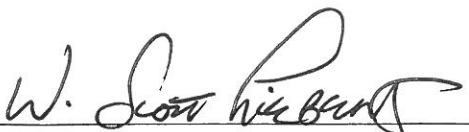
Execution of this Consent Order

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this revocation. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

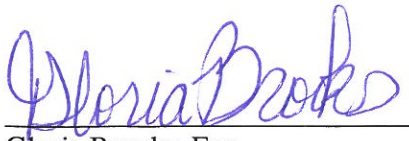
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.


Jonathan Kroll, M.D.
Licensee

April 22, 2013
Date


W. Scott Liebert, Esq.
Attorney for the Licensee

May 23, 2013
Date


Gloria Brooks, Esq.
Complaint Counsel

May 30, 2013
Date

So ORDERED by the Board of Registration in Medicine this 19th day of June,
2013.

Candace Lapidus Sloane, MD
Candace Lapidus Sloane, M.D.
Chair