

#10-126-12

II/
750 Shipley ST.
Wilm DE.

July 31, 2012

Dear Mr. Nickerson,

My name is Carolyn Jayne Mitchell-Werbrich RN. I am writing you this letter because I am very concerned with the poor and unsafe medical care that is being provided at Planned Parenthood of Delaware. I have shared my concerns, both written [see attached] and orally, with Nancy Hoffman (President/CEO), Shirley Farrell (Human Relations), Gloria Johnson (Vice President of Medical Services), Marquet Williams (Medical Services Manager), and Dr. Carole Meyers (Director of Medical Services) but they do not seem to understand and/or make excuses allowing for the poor and unsafe conditions to continue. Below, I have listed a number of items that need to be assessed and address to protect the public/patients.

1. Instruments are not being sterilized properly. Staff is not trained in the proper use of the autoclave [heat/steam sterilization machine]. The autoclave, not in accordance with require procedure, is being stuffed with too many instrument and being taken out wet before the autoclave finishes the sterilization process. Therefore, instruments are being used that are not properly sterilized. These instruments are being used in patient's vaginas and MUST be sterilized between patients properly..
2. Dr. Timothy Liveright does not use sterile gloves during sterile surgical procedures. When I offer him the sterile gloves, he states, "The vagina isn't sterile...I don't use them." When I told Dr. Meyers (Director of Medical Services), she stated, "Well...the vagina really isn't sterile." I also made Nancy Hoffman (President/CEO) aware that Dr. Liveright does not use sterile gloves during the sterile procedures. Ms. Hoffman stated, "The vagina is not sterile," and looked at me as though I was confused. So I asked her why we even set up a sterile field if we do not need one. She stated, "Dr. Meyer's is looking into the sterile glove policy." The nonuse of sterile gloves during surgical procedures is contrary to the guidelines and policy expressed by the materials provided by Planned Parenthood.
3. Lidocaine syringes are being prepared using unsterile technique. I asked Dr. Meyers (Director of Medical Services) about this in early June, 2012. Dr. Meyer's stated that she was aware and "was looking into it".
4. In the recovery room, the patient recliners are to be sanitized between patients not just at the end of the day. This is not always being done. Staff often is too busy to sanitize between the patients and only the blue pads on the recliners are changed.
5. Dr. Liveright is in such a hurry, he states that he has cleans the procedure/surgical room himself just to keep the patients moving. There is not a problem with Dr. Liveright cleaning the rooms. However, he does not clean the room properly as I have noted old, dried blood on the surgical table that was from the previous patient as the present patient is positioning herself on the surgical table. Now, that is a problem!

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6. When handling body fluids most Planned Parenthood staff members are NOT wearing protective gear or using "universal precautions". I have only seen one nurse assistant actually wear a face shield, apron, and heavy duty gloves when scrubbing the used instruments and blood covered equipment.

7. Patient consent forms for providing sedation and surgical abortions are often completed post or immediately before the procedure (even when the patient is on the surgical table). Such consents are often obtained while the patient is under the sedation and/or stress of the procedure.

8. Misoprostol is a medication that is given to patients sublingually before having a surgical abortion. This medication helps soften and dilate the cervix and causes the uterus to contract. At Planned Parenthood, the Misoprostol is given to patients that are either over 12 weeks pregnant or over 9 weeks pregnant if the patient is under 19 years of age. The Misoprostol helps reduce the discomfort a patient may experience during an abortion. The medication takes approximately 45 to 60 minutes to act and provide the most benefit for the patient. Dr. Liveright does not follow these guidelines and instead yells, "Bring the patient back. She doesn't need it. Just bring her back". The nurses actually hide the charts from Dr. Liveright so that he does not start up with his "bring the patient back!" song and dance until the patient has had enough time for the Misoprostol to work. Patients have even heard him say, "She doesn't need it just bring her back" and have stated, "I want to be sure the medicine has had time to work," and, "The doctor is an asshole isn't he?"

9. Patients that are Rh negative must have Rhogam within 72 hours after termination of pregnancy. Due to the large number of patients and limited qualified staff, Rhogam is often missed -- requiring a patient to immediate return. Due to confidentiality, contacting a patient post procedure is often a difficult process.

10. I question what really is going on in Planned Parenthood's lab area. On Friday, June 22, I cared for a patient in the recovery room. As I was giving her discharge instructions, she stated "Aren't I suppose to get a shot? When I had my son at the hospital they told me I needed to get one because of my blood type." I reassessed the chart to make sure that it read Rh positive which it did. However, knowing Planned Parenthood's lab, and general patient care, are not up to par, I asked Renee and Jana (two nurse assistants) and Marcy (Medical Service Manager) to recheck the patients Rh factor before she leaves. I then continued to care for other patients. I knew that Marcy had taken the patient out of the recovery area but nobody ever came back to me to let me know the results of the Rh factor. At the end of the night (10:00PM) as I was finishing my charting, I noted the patient with the questionable Rh factor did not have anything documented regarding the requested blood work. I asked Rene (who was staying late with me) if she knew what the Rh factor came back and who did it. Rene stated that Marcy had done the lab work but did not document it. I called Joyce Vasikonis (the Medical Service Manager at the time) making her aware of the situation. I asked Joyce if she could find out what the results ended up being so that I would know if I needed to call the patient and ask her to come back in for the Rhogam or not. Joyce called me back to let me know that she had spoke with Gloria Johnson (VP Medical Services) as she did not have Marcy's phone number and could not call Marcy directly. Joyce told me that Gloria had stated that the situation was "not an emergency and that they would deal with it on Monday." I told Joyce that it was an emergency to me as the patient needed to come back in 72 hours for the Rhogam.

On June 20, a per diem recover room advanced nurse practitioner missed a Rhogram and stated, "It was just so busy that I missed it." She also told me that she would not be back to work at Planned Parenthood for a long time due to the unsafe conditions.

12. On Friday June 22, 2012, Dr. Liveright was in the middle of seeing patients when he decided that he had an emergency he needed to suddenly attend. He stated that he had to go and would be back in about 2 hours. A number of patients had already been medicated with Ativan (a sedation drug) and others with Misoprostol. I truly thought he had an emergency. However, when Dr. Liveright returned he stated that he had to go see his mechanic to get his plane propeller checked out. I needless to say was disturbed at the lack of care he demonstrated for the patients. During the time of his "emergency", two or three patients were brought to me in the recovery room to care for as they were very sedated and had been found outside wandering around. Needless to say, I again was concerned for the patients care.

13. On the following Friday, Dr. Liveright arrived late again. Dr. Liveright stated that this time he had a goat emergency. This was a problem as the RN that was working in the abortion surgical room had to leave at 1600 for her second job. I was the nurse in the recovery room. I instructed the nurse manager, Marcy, that we would not be able to see all the patients. Marcy told me that she would go talk to Gloria. The next thing I knew, Gloria (VP Medical Services) was standing in the hallway directing charts, patients, and staff. This was a problem as there was no RN present in the surgical room with Dr. Liveright instead he had a new nurse assistant and Marcy who at the time stated that she was an LPN but did not know if she was licensed in Delaware. That did not seem to matter to Gloria as she instructed Marcy to assist Dr. Liveright. Marcy did as she was told by Gloria. Thereafter, abortion services resumed and patients received IV Fentanyl without proper documentation for the administration of such drugs.

14. At times, Dr. Liveright will disturbingly look in a sexual kind of way at a patient. He stands back approximately 2-3 feet from a patient and then scans her body up and down in a just plain creepy way. He usually has a strange grin and expression on his face as he is "undressing" the patient with his eyes. It is creepy, uncomfortable and awkward.

15. Dr. Liveright does not use proper technique when starting an intravenous access. When he misses a vein, he re-sticks the patient multiple times with the same needle.

16. Often at Planned Parenthood, the staff is unable to take a lunch or break. There is not enough time or medical staff and too many patients. Therefore, the medical staff ends up working from 0845 until as late as needed without a break.

17. Dr. Liveright permitted a medical intern to provide abortion services. Dr. Hockman (teaching doctor) had instructed the intern to observe, not participate in procedures throughout the day.

18. I have noted numerous times when Dr. Liveright acted inappropriately. I have seen him strike a patient, sing religious hymns while performing an abortion, and say the most inappropriate things to patients.

In conclusion, I have made many people within Planned Parenthood aware of the unsafe and inappropriate care that the patients are receiving. My hopes were that management would fix these problems. I hear from other nurses that the management is not going to do anything. The problem is that instead of acting on fixing the problems management has decided to bully me. I have been scolded and even given suggestions on how to deal with issues instead of correcting the issues. I was told by Gloria that she and Dr. Meyers want Dr. Liveright fired but that he has "friends". I reported to Planned Parenthood of Delaware administrators my concerns. They have enacted small changes in procedures (such as periodically overseeing Dr. Liveright), however such changes have been inadequate to address the problems listed above. Dr. Liverights continued behavior, and Planned Parenthoods negligent commitment to procedures and patient care, are putting my patients, ethics, and license at risk. I need help. I need help for the patients. Planned Parenthood of Delaware needs attention and quick.

With great respect,
Jayne Mitchell-Werbrich RN.

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