

INSPECTION OF TEXAS ABORTION CLINIC FINDS UNSAFE PRACTICES, INCOMPETENT EMPLOYEES—AND NO ONE IN CHARGE

👤 League Staff

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(<https://prolifeaction.org/hotline/2013/alamo/alamo-inspection/>) In response to a series of new abortion restrictions enacted in Texas, abortionist Sarah McNeil wrote (<https://www.usatoday.com/story/opinion/2013/11/05/texas-abortion-law-your-say/3448547/>) recently in *USA Today*:

I and my physician colleagues across the country continually seek out and welcome measures that improve patient safety, but absurd laws such as this one only hurt women and families by decreasing access to essential reproductive health care services.

It's no surprise, of course, that the abortion industry and its allies are wailing and gnashing their teeth and bandying about phrases like "absurd laws" in reference to Texas' new abortion restrictions.

But what's *really* absurd is the implication behind their bellyaching: namely, the idea that abortion clinics can be trusted to police themselves.

As evidence of the need for Texas' new abortion restrictions — which call for, among other things, more rigorous inspections — last month Texas Alliance for Life released a review (<http://www.lifenews.com/2013/10/28/texas-abortion-chain-running-filthy-clinics-rusty-blood-stains-on-suction-machines/>) of recent inspection records indicating that many of the state's abortion facilities are falling drastically short of meeting even the safety standards that are currently on the books.

A great deal of attention was focused (and rightfully so) on a series of jaw-dropping violations unearthed by inspectors at several abortion clinics operated by a chain called Whole Women's Health.

But Whole Women's Health was not alone.

Who's in Charge?

In 2012 two abortion clinics in San Antonio—Alamo Women's Clinic and abortionist Alan Braid's Reproductive Services Clinic—merged and became Alamo Women's Reproductive Services Clinic. On May 22 and 23, 2013 the new facility had its initial survey conducted by the Texas Department of State Health Services.

In Texas an initial license is issued *prior* to its first inspection. This is to allow the state to observe how the clinic operates, rather than just checking to see if everything is available for use (which is the process in some states).

The state then must inspect the clinic within 60 days. You might think that an abortion clinic that was already established and now had just added additional personnel would have no problems passing inspection—but you would be wrong.

The inspection [PDF] (<https://prolifeaction.org/docs/2013/2013-05-23AlamoWomens.pdf>) did not go well for Alamo—a member clinic of the National Abortion Federation, which styles itself (https://www.prochoice.org/about_naf/mission.html) as the gold standard for “quality abortion care.”

One of the things that is supposed to set licensed facilities apart from abortion “mills” is that they have an organizational plan with people in charge who are accountable for their actions. There are specific procedures for doing specific tasks, and when new employees are hired, they undergo orientation where they learn the policies and procedures of the center. This is to ensure that things are done properly, safely, and consistently.

That is not what the inspectors found.

First, Alamo was cited for not having a Medical Director. In other words, there was no one in charge:

Interviews with the nursing and medical assistant staff revealed they could not identify the medical director or determine who was in charge to make overall decisions in the clinic.

Also from Alamo’s inspection report:

Interview[s] with all three physicians...revealed they all denied being the medical director.

So the buck stopped...where, exactly?

Apparently, Alamo also lacked a Nursing Director, because they decided to appoint one after the inspection.

When inspectors looked at the clinic’s policies and procedures, they found a mess: Alamo had “competing policies and procedures from their previous facilities,” and, what’s more:

Reviews of staff files conducted on 5/22/13 revealed the staff is made up of employees from two previous clinics and since their merging they have not established a single orientation program to guide their licensed vocational nurses and medical assistants.

Alamo workers couldn't help but acknowledge this. They "agreed staff members are not following the same protocol and they could not provide evidence of a sole orientation program..."

So far these are paper violations. Much ado about nothing? Hardly. These problems help explain the next violations, which can perhaps best be described with the the word "icky."

Uncleanliness Is Next to Ungodliness

There are many tasks involved in running any ambulatory surgical facility. When tissue is removed (e.g., fetal remains, placentas, blood, etc.) it must be properly disposed of and is considered contaminated along with any instruments used in the procedure.

Reusable instruments must be cleaned of visible tissue and blood. Then they are washed well, wrapped, and sterilized (usually in an autoclave). Generally the dirty work is done in what's known as the "dirty utility room". The room is considered "dirty" no matter how clean the room may be because the tasks done in it are "dirty". Gloves and other personal protective gear are worn by the person washing the instruments to protect her from any infections found in the fluids/tissues.

The protective gear is removed when the employee leaves the "dirty" area so that there is no spread of infection. After the instruments are cleaned thoroughly they are taken to a clean work area, usually known as the "clean utility room".

This room is considered "clean" because of the tasks done in it; however, of course, it really should be clean. Here the instruments are wrapped, sterilized in the autoclave, and possibly stored. The clean utility room may contain a refrigerator for medications. The dirty utility room may contain a refrigerator for blood samples, aborted fetal remains, and other tissues.

Injectable medications need to be drawn up in a clean area using aseptic technique (like rubbing the top of the vial with alcohol every time it's punctured). The ends of the syringe must be protected from contamination by having a capped needle on the end. The syringes must be labeled with the name of the medication and the date it was drawn up.

This is the protocol that's *supposed* to be followed. But is that what's happening at the Alamo WRSC abortion facility?

On May 22, inspectors:

observed staff member #5 conducting sterile processing duties as well as handl[ing] tissue specimens from completed surgical procedures. In between processing sterile items and handling tissue and body fluids she was also observed pre-drawing lidocaine syringes from a multi-dose medication vial using only one hypodermic needle that remained lodged in the septum of the vial. Staff member #2 entered the room with a specimen and began to pre-draw lidocaine from the same vial. No attempt was made to enter the vial with a new needle for each syringe, no alcohol wipe was used on the septum and no discernible effort to adhere to aseptic technique or infection control practices to isolate transmission of microorganisms through barrier protection, hand washing, and traffic patterns were observed. The syringes without needles or labels were then placed in a plastic box for further use.

Simply put, the Alamo employees were performing “dirty” tasks (handling tissue and bodily fluids) and “clean” tasks (drawing up medications and sterilizing instruments) **at the same time, without washing their hands or using gloves.**

The syringes were unlabeled, uncapped, all drawn up with the same needle through a rubber top that had not been wiped with alcohol. And this was all done with the inspector watching!

Sometimes inspectors can't merely observe. This was one of those times.

Inspectors immediately intervened and made Alamo employees dispose of the lidocaine syringes and established traffic patterns for clean and contaminated items.

Alamo was also cited for:

fail[ure] to follow established guidelines for universal precautions and infection control methods...Additionally the lack of vigorous hand washing versus hand sanitizer use, the lack of personal protective equipment (gowns) between cases increases the risk of personal exposure and cross contamination of equipment and supplies.

You wouldn't think that clinic employees would need to be reminded about something as basic as washing their hands. But in the case of Alamo's workers, it actually needed to be said.

As for autoclave steam sterilizers: they need to be tested regularly using a biological control. Autoclaves are not magic. They operate at temperatures, times, and pressures adequate to kill germs and spores. Biological control vials are put into the autoclave regularly when it is processing and then incubated to see if the spores grow, or if they were all destroyed as they should have been.

But Alamo's sterilizer was not being tested, and staff members had not been trained on how to use it.

With all this in mind, take a look at this screenshot from Alamo's website (<http://www.alamowomensclinic.com/>):



(<https://prolifeaction.org/hotline/2013/alamo/alamo-safety/>)

"Your safety is our main concern"? Seriously? You be the judge.

If all these problems are found when inspectors are there, we have to wonder: what happens the other 99% of the time, when inspectors *aren't* there?

Related

- A Simple Example of Why Abortion Clinic Inspections Are Necessary (<https://prolifeaction.org/hotline/2013/ppYork/>)

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