

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>this section and other related state and federal statutes and regulations, the extent to which the facility detected violations and took preventative action to immediately correct and prevent past violations from recurring, and factors outside its control that restricted the facility's ability to comply with this section. The department shall have full discretion to consider all factors when determining the amount of an administrative penalty pursuant to this section.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the confidentiality of Patient A's protected health information (PHI) when Staff 1 reviewed Patient A's Lifetime Care Record (LCR - electronic medical record) without authorization and Staff 1 shared Patient A's PHI with member(s) of Patient A's family.</p> <p>Findings:</p> <p>During an interview on 4/1/14 at 3:30 PM, the Nurse Manager (NM) for the Family Health Clinic and the Director of Clinical Operations (DCO) stated that on 2/24/14 the Privacy Officer (PO) notified them that there had been a potential privacy breach at the Women's Health Clinic. They stated that on 2/6/14, Patient A had filed a complaint with the Patient Advocate Office stating that Patient A believed that someone accessed her LCR and released information, without authorization, which</p>		<p>UCSF Risk Management and Information Systems Departments, meets every other month to review, discuss, and recommend policy involving privacy compliance issues.</p> <p>The SFGH Privacy Officer and the SFGH Privacy Analyst provide in service "Privacy trainings and updates" to requesting departments within the hospital, and publish an educational flyer quarterly called <i>Privacy Pulse</i> to educate hospital staff about privacy security and awareness, to validate staff knowledge regarding privacy security and awareness, as well as to identify issues requiring corrective action by managers. Findings are reported to the Privacy Committee.</p> <p>As noted by CDPH surveyor staff, Staff 1 had been oriented to their responsibility to protect the confidentiality of patient protected health information (PHI) and to medical information privacy requirements as evidenced by user confidentiality agreements & most recent training records.</p> <p>Upon verification that Staff 1 had no business justification to access Patient A's medical information, the SFGH Privacy Office contacted the SFGH Information Systems department, who successfully disabled Staff</p>	<p>Initiated June 2012 and ongoing</p> <p>October 2012 & September 2013</p> <p>February 26, 2014</p>	

Event ID:2NUH11

5/6/2015

2:11:09PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS CITY STATE ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>resulted in personal difficulty for Patient A.</p> <p>The facility provided a copy of Patient A's "Patient Concern Statement", dated 2/6/14 at 6:30 PM. Record review indicated that Patient A was alleging that someone went into her records of 9/2013 and released her information. Patient A went on to say "that by them doing that they caused confusion in my marriage."</p> <p>The NM and DCO went on to say that the PO had an audit performed and it indicated that a member of their staff, Staff 1, had accessed Patient A's LCR on two occasions. They told the PO that in her duties in the Family Health Clinic, Staff 1 had no need to access Patient A's record.</p> <p>In a telephone interview on 4/2/15 at 11:45 AM, the PO stated the Patient Advocate Office contacted her about Patient A's concern about a possible breach of medical information. On 2/25/14, she (the PO) authorized the Informational Technology Department to run an audit of all users who had accessed Patient A's LCR. This audit report was analyzed by the Privacy Analyst to determine which users had a business justification for entering Patient A's LCR. The PO stated that a second audit was done to highlight those users who did not have an apparent reason for accessing Patient A's LCR. The PO stated that she personally reviewed both audits and Staff 1 was the only user with no apparent justification for accessing Patient A's LCR.</p> <p>The PO provided copies of both of these audits.</p>		<p>1's Lifetime Clinical Record (LCR) access.</p> <p>Upon substantiation of this privacy breach, Staff 1 was referred to SFDPH Human Resources for disciplinary action. Staff 1 was terminated from SFGH on April 18, 2014.</p> <p>The FHC leadership, in collaboration with the SFGH Privacy Officer, conducted a case review with the FHC staff to reinforce employee legal responsibility to protect the confidentiality of patient protected health information (PHI).</p> <p>The leadership of Family and Community Medicine (FCM) Services, communicated departmental remediation memorandums to all FCM providers, and FCM staff and faculty, respectively, emphasizing adherence with established Health Insurance Portability and Accountability Act (HIPAA) regulations with securing PHI. Included in this correspondence are applicable policies, and the Privacy Pulse newsletter, which provides ongoing interval updates with privacy practice and security.</p> <p>The <i>SFGH Privacy Committee</i> reports privacy related issues e.g., privacy breaches and staff education around privacy to hospital leadership at hospital Quality Council.</p>	<p>April 18, 2014</p> <p>August 28, 2014</p> <p>January 26, 2015 & January 27, 2015</p> <p>Ongoing</p>	

Event ID:2NUH11

5/6/2015

2:11:09PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS CITY STATE ZIP CODE 1001 Potrero Ave. San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>Record review confirmed that Staff 1 had accessed Patient A's LCR on 9/9/13 and 12/26/13.</p> <p>In a telephone interview on 5/24/14 at 2:45 PM, the PO stated that during the 12/26/13 access, Staff 1 spent approximately twenty minutes reviewing eleven fields in Patient A's LCR, including doctors' notes, procedures, and all appointments. The PO went on to discuss the following steps in her investigation.</p> <p>The PO said she was having difficulty contacting Patient A. When the audit results became available she met with Staff 1 for an interview on 2/26/14.</p> <p>During this 2/26/14 interview, Staff 1 admitted to accessing Patient A's record, without authorization, and giving this information to the family member of Patient A's who had requested Staff 1 to review Patient A's LCR. The PO placed Staff 1 on Administrative Leave pending a follow-up interview with her Union Representative.</p> <p>The PO stated she did have a telephone conversation with Patient A who was hesitant to add any details to her original complaint. The PO stated Patient A knew Staff 1 to be a friend of her mother's. Patient A told the PO she also knew her information had been released to a family member because she, Patient A, had seen a copy of her chart which the family member had in his/her possession. Patient A declined to say which family member had possession of the copy of her LCR.</p>		<p>Monitoring: The SFGH Privacy Officer and the SFGH Privacy Analyst routinely conduct monthly audits of the <i>Lifetime Clinical Record (LCR)</i> of all employees of the City & County of San Francisco Department of Public Health (CCSF DPH) and of all employees of the University of California, San Francisco (UCSF) who received care as patients at the hospital (emergency department, clinics, acute care, skilled nursing) to verify if the LCR access was appropriate.</p> <p>The SFGH Privacy Officer and the SFGH Privacy Analyst conduct audits of the <i>Lifetime Clinical Record (LCR)</i> of any patient as requested by managers to verify if the LCR access was appropriate (e.g., media high profile cases, VIPs). In addition, if a patient notified the facility of a concern that their PHI has been breached, the SFGH Privacy Officer and the SFGH Privacy Analyst conduct an audit of the patient's <i>Lifetime Clinical Record (LCR)</i>. Questionable audit results are investigated with the manager and employee and action taken as indicated by the investigation.</p> <p>The SFGH Privacy Officer or designee continues to conduct periodic, routine</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	

Event ID:2NUH11

5/6/2015

2:11:09PM

CDPH L&C

MAY 25 2015

SAN FRANCISCO DO

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>The PO stated that on 3/14/14, the interview with Staff 1 was resumed with Staff 1's Union Representative in attendance. During this 3/14/14 interview, Staff 1 stated she knew Patient A's mother and it was Patient A's mother who had asked her to review Patient A's chart. The PO said she asked Staff 1 if she had printed any parts of Patient A's LCR, and Staff 1 said she had accidentally printed some of it which she shredded.</p> <p>During a telephone interview on 4/2/15 at 11:45 AM, the PO stated that the Information Technology Department had told her there was no way that they could determine if a field in the LCR had been printed.</p> <p>The PO provided a copy of her Investigate Report regarding Staff A and Patient A. Record Review indicated that it confirmed the telephone conversations regarding the investigation.</p> <p>Record review indicated Staff 1 had received annual Compliance Training 9/11/13, and Patient Privacy and Information Security Training 9/17/13.</p> <p>Record review indicated Staff 1 had signed a Confidentiality, Security and Electronic Signature Agreement 10/4/12 and again on 2/22/13.</p> <p>Record Review indicated Staff 1 had received HIPAA Privacy and Confidentiality Training during her initial orientation to the hospital.</p> <p>The hospital's policy and procedure "HIPAA Compliance: Authorization for Use and Disclosure</p>		<p>electronic audits of the LCR to monitor for unauthorized access to patient protected health information (PHI) by any SFGH or UCSF employee. The total number of audits conducted per month average between 15-20/ month. Questionable audit results are investigated with the manager and employee and action taken as indicated by the investigation. Audit results are reported quarterly to the <i>SFGH Privacy Committee</i>.</p> <p>The SFGH Privacy Officer presents an annual report regarding privacy issues to the <i>SFGH Quality Council</i> including results of the quarterly audits. In addition, they report any incidents of non-compliance with DPH and SFGH privacy policies which occur during the year at the next scheduled SFGH <i>Quality Council</i>. The <i>Quality Council</i> reports annually to the Governing Body Joint Conference Committee</p> <p>Responsible Person(s): SFGH Privacy Officer</p>	Ongoing	

Event ID: 2NUH11

5/6/2015

2:11:09PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS CITY STATE ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>of Protected Health Information" dated 12/12, which describes the procedures for obtaining authorization to access and disclose information which Staff 1 was supposed to follow but which she did not follow with Patient A's protected health information.</p> <p>The hospital's policy and procedure "Health Information Services: Confidentiality, Security, and Release of Protected Health Information" dated 6/21/11, stated "Protected health information may be released only for approved purposes, and with proper authorization from the patient..." Staff 1 did not follow this policy and procedure.</p> <p>The facility provided a copy of the letter to Staff 1, dated 4/18/14, which indicated that Staff 1 had been permanently dismissed from her position at the facility.</p> <p>The Hospital failed to ensure the confidentiality of Protected Health Information and personal medical information when Staff 1 accessed Patient A's Lifetime Care Record and released this information to unauthorized recipient(s).</p> <p>The employee's action to access the patients' medical information for improper purpose violated Health and Safety Code 1280.15(a) and is therefore subject to the applicable civil penalty assessment.</p> <p>T22 DIV 5 CH1 ART7-70707(b)(6) Patients' Rights</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places</p>		<p>T22 DIV 5 CH1 ART7-70707</p> <p>Action(s): Before and after this privacy breach incident, hospital leadership has engaged in ongoing</p>	Ongoing	
Event ID: 2NUH11		5/6/2015	2:11:09PM		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the Hospital failed to protect the confidentiality of Patient A's medical information when Staff 1, without authorization or business justification, reviewed Patient A's electronic health record and released this information to unauthorized recipient(s).</p> <p>Findings:</p> <p>Please refer to Health & Safety Code 1280.15(a).</p>		<p>efforts via memos, emails, staff trainings, and employee annual update training to ensure that hospital staff are educated and knowledgeable about hospital and SFDPH privacy and security policies.</p> <p>The SFGH multidisciplinary <i>Privacy Committee</i>, composed of the SFGH Privacy Officer and staff from the SFGH Privacy Office, the SFGH Chief Medical Officer, the SFGH Chief Communications Officer, representatives from the SFGH Legal Affairs, Regulatory Affairs, Health Information Systems departments, as well as representatives from both the SFGH and UCSF Risk Management and Information Systems Departments, meets every other month to review, discuss, and recommend policy involving privacy compliance issues.</p> <p>The SFGH Privacy Officer and the SFGH Privacy Analyst provide in service "Privacy trainings and updates" to requesting departments within the hospital, and publish an educational flyer quarterly called <i>Privacy Pulse</i> to educate hospital staff about privacy security and awareness, to validate staff knowledge regarding privacy security and awareness, as well as to identify issues requiring corrective action by managers. Findings are reported to</p>	<p>Initiated July 12, 2011 and ongoing</p> <p>Initiated June 2012 and ongoing</p>	

Event ID: 2NUH11

5/6/2015

2:11:09PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
	<p>within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the Hospital failed to protect the confidentiality of Patient A's medical information when Staff 1, without authorization or business justification, reviewed Patient A's electronic health record and released this information to unauthorized recipient(s).</p> <p>Findings:</p> <p>Please refer to Health & Safety Code 1280.15(a)</p>		<p>the Privacy Committee.</p> <p>As noted by CDPH surveyor staff, Staff 1 had been oriented to their responsibility to protect the confidentiality of patient protected health information (PHI) and to medical information privacy requirements as evidenced by user confidentiality agreements & most recent training records.</p> <p>Upon verification that Staff 1 had no business justification to access Patient A's medical information, the SFGH Privacy Office contacted the SFGH Information Systems department, who successfully disabled Staff 1's Lifetime Clinical Record (LCR) access.</p> <p>Upon substantiation of this privacy breach, Staff 1 was referred to SFDPH Human Resources for disciplinary action. Staff 1 was terminated from SFGH on April 18, 2014.</p> <p>The FHC leadership, in collaboration with the SFGH Privacy Officer, conducted a case review with the FHC staff to reinforce employee legal responsibility to protect the confidentiality of patient protected health information (PHI).</p> <p>The leadership of Family and Community Medicine (FCM) Services, communicated</p>	<p>October 2012 & September 2013</p> <p>February 26, 2014</p> <p>April 18, 2014</p> <p>August 28, 2014</p> <p>January 26, 2015</p>	

Event ID: 2NUH11

5/6/2015

2:11:09PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the Hospital failed to protect the confidentiality of Patient A's medical information when Staff 1, without authorization or business justification, reviewed Patient A's electronic health record and released this information to unauthorized recipient(s).</p> <p>Findings:</p> <p>Please refer to Health & Safety Code 1280 15(a).</p>		<p>departmental remediation memorandums to all FCM providers, and FCM staff and faculty, respectively, emphasizing adherence with established Health Insurance Portability and Accountability Act (HIPAA) regulations with securing PHI. Included in this correspondence are applicable policies, and the Privacy Pulse newsletter, which provides ongoing interval updates with privacy practice and security.</p> <p>The <i>SFGH Privacy Committee</i> reports privacy related issues e.g., privacy breaches and staff education around privacy to hospital leadership at hospital Quality Council.</p> <p>Monitoring: The SFGH Privacy Officer and the SFGH Privacy Analyst routinely conduct monthly audits of the <i>Lifetime Clinical Record (LCR)</i> of all employees of the City & County of San Francisco Department of Public Health (CCSF DPH) and of all employees of the University of California, San Francisco (UCSF) who received care as patients at the hospital (emergency department, clinics, acute care, skilled nursing) to verify if the LCR access was appropriate.</p> <p>The SFGH Privacy Officer and the SFGH Privacy Analyst conduct audits of the <i>Lifetime Clinical Record (LCR)</i> of any patient as</p>	<p>& January 27, 2015</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Event ID:2NUH11

5/6/2015

2:11:09PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(8) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the Hospital failed to protect the confidentiality of Patient A's medical information when Staff 1, without authorization or business justification, reviewed Patient A's electronic health record and released this information to unauthorized recipient(s).</p> <p>Findings: Please refer to Health & Safety Code 1280.15(a).</p>		<p>requested by managers to verify if the LCR access was appropriate (e.g., media high profile cases, VIPs). In addition, if a patient notified the facility of a concern that their PHI has been breached, the SFGH Privacy Officer and the SFGH Privacy Analyst conduct an audit of the patient's <i>Lifetime Clinical Record (LCR)</i>. Questionable audit results are investigated with the manager and employee and action taken as indicated by the investigation.</p> <p>The SFGH Privacy Officer or designee continues to conduct periodic, routine electronic audits of the LCR to monitor for unauthorized access to patient protected health information (PHI) by any SFGH or UCSF employee. The total number of audits conducted per month average between 15-20/month. Questionable audit results are investigated with the manager and employee and action taken as indicated by the investigation. Audit results are reported quarterly to the <i>SFGH Privacy Committee</i>.</p> <p>The SFGH Privacy Officer presents an annual report regarding privacy issues to the <i>SFGH Quality Council</i> including results of the quarterly audits. In addition, they report any incidents of non-compliance with DPH and SFGH privacy policies which occur during the year at the next scheduled SFGH <i>Quality Council</i>. The <i>Quality</i></p>	<p>Ongoing</p> <p>Ongoing</p>
Event ID: 2NUH11		5/6/2015	2:11:09PM	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2014
NAME OF PROVIDER OR SUPPLIER San Francisco General Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>within the hospital so that such rights may be read by patients. This list shall include but not be limited to the patients' rights to:</p> <p>(B) Confidential treatment of all communications and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the Hospital failed to protect the confidentiality of Patient A's medical information when Staff 1, without authorization or business justification, reviewed Patient A's electronic health record and released this information to unauthorized recipient(s).</p> <p>Findings:</p> <p>Please refer to Health & Safety Code 1280.15(a).</p>		<p><i>Council</i> reports annually to the Governing Body Joint Conference Committee.</p> <p>Responsible Person(s) : SFGH Privacy Officer</p>	

Event ID: 2NUH11

5/6/2015

2:11:09PM

CDPH L&C

MAY 26 2015

SAN FRANCISCO DO