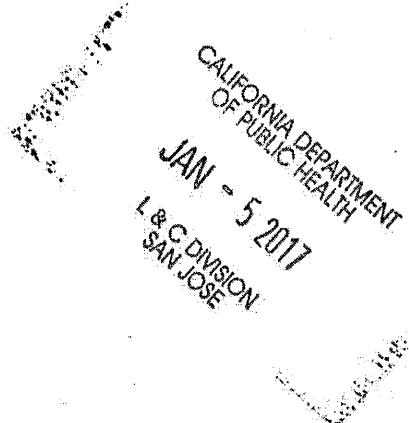


California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001351	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/14/2016
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NAME OF PROVIDER OR SUPPLIER EL CAMINO HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 GRANT ROAD MOUNTAIN VIEW, CA 94040
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(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
A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during an investigation of an entity reported incident conducted on 3/14/16.</p> <p>For Entity Reported Incident CA00461371 regarding State Monitoring, Breach to person/entity outside facility/he system, a state deficiency was identified (see California Health and Safety Code, Section 1280.15(a)).</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the hospital.</p> <p>Representing the California Department of Public Health: 33583, Health Facilities Evaluator Nurse.</p> <p>The hospital detected the Breach of Protected Health Information (PHI) of two patients on 10/2/2015. The hospital reported the Breach of PHI to the Department on 10/9/15. The hospital notified the two affected patients of the Breach of PHI on 10/9/2015.</p>	A000		
A 001	<p>Informed Medical Breach</p> <p>Health and Safety Code Section 1280.15(b)(2) Subject to subdivision (c), a clinic, health facility, home health agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, or by an alternative means or at an alternative location as specified by the patient or the patient's representative in writing pursuant to Section 164.522(b) of Title 45 of the Code of Federal Regulations, no later than</p>	A001		

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

Mary Shove

TITLE Int Div.

Investigator

1/14/17
(X8) DATE

*1/14/17
POC assigned
A.S.*

Licensure

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070001351	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/14/2016	
NAME OF PROVIDER OR SUPPLIER EL CAMINO HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 GRANT ROAD MOUNTAIN VIEW, CA 94040		
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A 001	Continued From page 1 15 business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, home health agency, or hospice. Notice may be provided by email only if the patient has previously agreed in writing to electronic notice by email. The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.	A001	The physician and his family member were sent a letter notifying them of the incident and El Camino Hospital's subsequent actions on October 9, 2015.	
A 170	1280.15(a) Health & Safety Code 1280 a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in Section 56.05 of the Civil Code and consistent with Section 1280.18. For purposes of this section, internal paper records, electronic mail, or facsimile transmissions inadvertently misdirected within the same facility or health care system within the course of coordinating care or delivering services shall not constitute unauthorized access to, or use or disclosure of, a patient's medical information. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five thousand dollars (\$25,000) per patient whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access, use, or disclosure of that patient's medical	A 170	Prior to November 7, 2015, El Camino Hospital used a random audit process to monitor unauthorized access to patient medical records. It was during one of these audits that we discovered this employee had accessed patient medical records without any business reason to do so. The patient records were of a physician and a family member of that physician. Our investigation began October 2, 2015 and was concluded on October 7, 2015. On October 7, 2015 the employee was interviewed. At that interview, the employee was terminated for cause. On November 7, 2015 El Camino adopted a new electronic health record, Epic. This software is programmed to monitor all employees accessing patient medical records. The software then alerts if a confidential record is accessed or if a person enters the record who should not be assigned to enter the record. Additionally, the user will get a pop up warning that they are not entitled to enter the record. Weekly reports of these instances are monitored by the hospital Compliance	10/7/2015

California Department of Public Health

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NAME OF PROVIDER OR SUPPLIER EL CAMINO HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 GRANT ROAD MOUNTAIN VIEW, CA 94040
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(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
A 170	<p>Continued From page 2</p> <p>information. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with 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 whether to investigate and the amount of an administrative penalty, if any, pursuant to this section.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the hospital failed to prevent the unauthorized disclosure of protected health information (PHI) for two patients (Patients 1 and 2), when the electronic medical records of Patients 1 and 2 were willfully accessed without authorization and viewed by a hospital employee. This failure resulted in the disclosure of Patients 1 and 2's PHI to an unauthorized individual.</p> <p>Findings:</p> <p>The California Department of Public Health received a faxed report on 10/9/15, which indicated on 10/2/15, during an audit of appropriate staff access to medical records, the health information management department (HIMS, health information management system)</p>	A 170	<p>This continuous process is much more robust than the random audits being performed prior to November 7, 2015.</p> <p>In addition, during the month of November 2015, as a part of "Epic Go Live" staff training and physician training, additional reminders regarding our privacy policy was provided to all electronic health record users.</p> <p>Finally, the physician and his family member were sent a letter notifying them of the incident and El Camino Hospital's subsequent actions.</p>	

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A 170	<p>Continued From page 3</p> <p>detected hospital employee A (HE A) had accessed electronic medical records of Patient 1 and Patient 2 without authorization.</p> <p>During an interview on 3/14/16 at 11:15 a.m. with the director of corporate compliance (DOCC), she stated upon notification by HIMs of their audit, which indicated HE A had appeared to access medical records for non-business purposes, she did a more extensive audit and determined two cases had no business purposes. She stated she interviewed HE A, who said she looked at the medical records of Patient 1 and Patient 2 out of curiosity.</p> <p>During record review on 3/14/16 at 11:45 a.m. with the DOCC of the 10/2/15 audit, the DOCC confirmed on 7/22/15, HE A viewed Patient 1 and 2's medical histories (e.g. allergies and diagnoses), emergency department records, and diagnostic reports.</p> <p>Review of the hospital's 1/2016 policy "Corporate Compliance: Confidentiality" indicated "Hospital Staff Requirements... All persons covered by this policy: Are prohibited from discussing, viewing, releasing or disclosing protected health information, employee information, proprietary information, financial information, and other sensitive information in any form, except when required in the performance of their job duties."</p>	A 170		