

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

Received
10/24/12

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 06/02/2011
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		
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	<p>The following reflects the findings of the Department of Public Health during a complaint/breach event visit.</p> <p>Complaint Intake Number: CA00269988 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 26616, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Health and Safety Code Section 1280.15(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 subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. 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 patients' medical information.</p> <p>Violation of Health & Safety Code 1280.15(a) for failure to prevent unauthorized disclosure of patients' medical information. Substantiated.</p>		<p>Health & Safety Code 1280.15 (a)</p> <p>Action(s): The EMR 1 employee involved in this privacy breach was actually an EMR 2 at the time of this incident and had been oriented to their responsibilities to protect the confidentiality of patient protected health information (PHI) and to medical information privacy at the time of their new resident orientation privacy training (June 19, 2009) and at annual privacy briefing (November 16, 2010) (see Attachment 1, 2</p> <p>The EMR 2 signed a confidentiality statement and had received privacy training by the UCSF Privacy Officer as part of his emergency medicine training (see Attachment 3). The EMR 2 was licensed by the Medical Board of California on October 20, 2012.</p>	<p>NOV -</p> <p>November 16, 2010</p> <p>April 21, 2011</p>	

Event ID K8RT11

10/22/2012

12:29:44PM

LABORATORY HISTORIC OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Redacted Signature]

CEO

11/7/10

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11/16/12 Acceptable POE
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	Continued From page 1 Informed Medical Breach Health and Safety Code Section 1280.15 (b)(2), "A clinic, health facility, 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, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice." 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. On 5/18/11, the UCSF Risk Manager at SFGH and the SFGH Director of Risk Management disclosed the incident to the patient's mother. 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 subdivision (g) of Section 56.05 of the Civil Code and consistent with Section 130203. The department, after investigation, may assess an administrative penalty for a violation of this section of up to twenty-five		Upon notification by the Emergency Medicine Residency Director at UCSF, the UCSF Privacy Office instructed the EMR2 to remove the narrative from his Facebook page. The SFGH CEO, UCSF Associate Dean, and SFGH Privacy Officer issued a joint memo to all SFGH staff regarding protecting patient confidentiality at SFGH and specifically instructed that with respect to social media, "It is inappropriate to describe a specific clinical case on social media (for example, Facebook, MySpace, Twitter, blogs, etc.) (see Attachment 4). The UCSF Emergency Medicine Assistant Residency Director met with EMR 2 to discuss the incident and expectations of him. The UCSF Emergency Medicine Residency Director met with EMR 2 to discuss the incident and expectations of him. The UCSF Privacy Officer and Director of Risk Management in-serviced the UCSF Emergency Medicine residents on the topic of patient privacy and social media with a focus on not posting any information related to patient care or clinical work online (see Attachment 5). The SFGH Chief of Emergency Medicine and the UCSF Emergency Medicine Residency	May 10, 2011 May 17, 2011 May 9, 2011 May 10 & May 19, 2011 May 19, 2011 May 20, 2011	

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