

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2014
NAME OF PROVIDER OR SUPPLIER UCSF Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 505 Parnassus Ave, San Francisco, CA 94143-2204 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: CA00406756 - Substantiated</p> <p>Representing the Department of Public Health: Surveyor ID # 25730, 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>For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with</p>		<p>The statements made on this Plan of Correction are not an admission and do not constitute agreement with the alleged deficiencies herein. This Plan of Correction constitutes UCSF Medical Center's written credible allegation of compliance for the deficiencies noted.</p>	

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

Kathy Radus

TITLE

Regulatory Manager

(X6) DATE

12/15/15

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 6

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PoC accepted 12/15/15. Mary R Coulton, HFEN

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	<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 hospital failed to protect the confidentiality of Patient 1's medical record when an employee (Staff 1) accessed Patient 1's protected health information without authorization and the employee shared this information with a friend (Patient 1's girlfriend), who was not employed by the hospital, and the girlfriend posted some of this information on her Facebook account. This had the potential for embarrassment of Patient 1 whose information was broadcasted.</p> <p>Findings:</p> <p>During an interview on 8/21/14 at approximately 10:45 AM, the hospital's Privacy Analyst (PA 1) stated that on 7/15/14 Patient 1 contacted the hospital's Patient Relations and Privacy Offices with concerns that his electronic medical record (EMR) had been inappropriately accessed after Patient 1 had seen a his medical status posted on a girlfriend's Facebook page.</p>		<p>Plan of Correction:</p> <p>The involved employee had received privacy training prior to the event .</p> <p>The employee was placed on leave on July 20, 2014. On September 23, 2014 the employee was sent a Notice of Intent to Dismiss .</p> <p>On October 2, 2014 the employee resigned from the medical center.</p> <p>Monitoring Plan:</p> <p>The Privacy Department is notified of reported privacy breaches. The department tracks and trends privacy breaches and reports this information quarterly to the Privacy Compliance Committee.</p> <p>Responsible Party: Patient Care Manager</p>	<p>7/20/14</p> <p>9/23/14</p> <p>10/2/14</p> <p>Ongoing & Quaterly</p>

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	<p>PA 1 stated that after Patient 1's complaint was made and audit of access logs to Patient 1's EMR indicated a clerk (Staff 1) working on the Obstetrics/Labor & Delivery Admitting Unit had, on 7/11/14, accessed seven areas of Patient 1's EMR without any apparent business justification.</p> <p>The PA 1 stated Patient 1 had not contacted his girlfriend for some time so the girlfriend asked Staff 1 to look at Patient 1's EMR to see if there was a medical reason for his lack of contacting her. Staff 1 accessed Patient 1's EMR and shared the results with the girlfriend. The girlfriend then posted some of this protected health information on her Facebook page.</p> <p>The PA 1 stated the facility did not have a copy of the information which was posted on the girlfriend's Facebook account but he stated it went something like "heard he (Patient 1) is sick, expecting the worst, but he is doing OK, not major."</p> <p>The hospital provided a copy of the final audit with a letter, dated 2/20/15, which stated the audit was performed by the Information Technology Department using the parameters set by the Privacy Department. These parameters included Patient 1's name, date of birth and medical recorder number, and systems: APEX, and dates 7/8/14 to 7/24/14. PA 1, in concert with the involved Department Managers, confirmed that Staff 1 had accessed Patient 1's electronic medical record without business justification or authorization. The final audit report indicated that Staff 1 had gone into "Modules" which included protected health</p>		<p>CONFIDENTIAL WITH</p> <p>DATE 12-20-15</p> <p>BY [Signature]</p>	

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	<p>information such as physician notes, test reports and encounters with staff as well as his demographic information.</p> <p>In a letter from the facility's Manager of Accreditation and Licensing (Mgr) dated 10/31/14, the Mgr stated that an investigatory hearing was held with Staff 1 on 8/1/14. The meeting attendees included the Patient Care Manager, the Director of Perinatal Services, the Senior Admitting Worker, the employee's Union Representative, and the Employee Relations Consultant. The Mgr wrote that there was "no written summary of this meeting", and "the employee did not provide a written attestation regarding the event." The Mgr indicated the employee resigned effective 10/2/14.</p> <p>Record review indicated Staff 1 had received "Privacy and Security Briefing", an on-line training course, on 11/27/10.</p> <p>The facility failed to ensure the confidentiality of Protected Health Information and personal medical information when a staff member accessed Patient 1's electronic medical record without authorization and shared this information with an individual not employed by the hospital.</p> <p>The employee's action to access the patient's medical information for improper purposes violated Health and Safety Code 1280.15 and is therefore subject to the applicable civil penalty assessment.</p> <p>Health and Safety Code 1280.15 (b)(2) " A clinic, health facility, agency, or hospice shall</p>			

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	<p>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."</p> <p>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.</p> <p>T22 DIV5 CH1 ART7-70707(b)(8) Patients' Rights</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places 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</p>		<p>Plan Correction:</p> <p>The involved employee had received privacy training prior to the event. 7/20/14</p> <p>The employee was placed on leave on July 20, 2014. 9/23/14</p> <p>On September 23, 2014 the employee was sent a Notice of Intent to Dismiss.</p> <p>On October 2, 2014 the employee resigned from the medical center. 10/2/14</p> <p>Monitoring Plan:</p> <p>The Privacy Department is notified of reported privacy breaches. The department tracks and trends privacy breaches and reports this information quarterly to the Privacy Compliance Committee.</p> <p>Ongoing & Quarterly</p> <p>Responsible Party: Patient Care Manager</p>	

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	<p>failed to protect the confidentiality of Patient 1's medical record when an employee (Staff 1) accessed Patient 1's protected health information without authorization and the employee shared this information with a friend (Patient 1's girlfriend), who was not employed by the hospital, and the girlfriend posted some of this information on her Facebook account. This had the potential for embarrassment of Patient 1 whose information was broadcasted.</p> <p>Findings:</p> <p>Please see details in Health & Safety Code 1280.15(a).</p>				

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