

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2009
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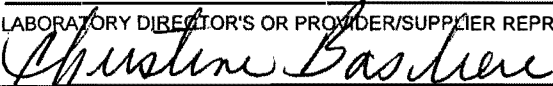
NAME OF PROVIDER OR SUPPLIER SHARP CHULA VISTA MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY
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	<p>Continued From page 2</p> <p>the extent to which the facility detected violations 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>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 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>Based on interviews and record review, the facility failed to ensure that Patient 1's protected health care information (PHI) remained confidential and accessed only by authorized staff. As a result, 20 staff, which included licensed nurses, physicians, a social worker, a radiology technician, and clerical staff, either accessed Patient 1's PHI without authorization, or allowed unauthorized access to be obtained, by not following multiple facility policies and procedures pertaining to patient confidentiality of health information. In addition, 2 laboratory staff verbally disclosed Patient 1's PHI to another patient and that patient's family member.</p>		<p>a). Patient and family notified about the health information privacy breach. Investigation completed and corrective action implemented for employees that accessed health care information inappropriately.</p> <p>b). Hospital and Medical staff re-educated about importance of following California privacy laws during staff and medical committees meetings. Hospital staff have completed the following education modules: introduction to HIPPA, California privacy module, certificate of understanding related to new changes in California privacy laws, and commitment to principles in training.</p> <p>c). Several emails, faxed and blog education were sent to staff as well as physicians to reinforce education. Posters containing privacy information were placed in strategic areas of the hospital as part of a massive educational campaign. Staff and physicians were re-educated about potential consequences of not adhering to hospital policies and</p>	

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11/30/2010

1:38:28PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CNO	(X6) DATE 12/15/2010
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	<p>Continued From page 3</p> <p>Findings:</p> <p>Patient 1 was admitted to the facility on [REDACTED]/09 with diagnoses that included acute myocardial infarction (heart attack) per the History and Physical.</p> <p>An interview with the Director of Emergency Department/Critical Care/Cardiology Services was conducted on 4/30/09 at 3:00 P.M. She stated that the facility conducted an investigation after Patient 1's wife informed them that she had a concern that some facility staff, who were not involved with the patient's care, may have accessed the patient's health care information. The Director of Emergency Department/Critical Care/Cardiology Services stated that Patient 1 was a physician at the facility. She stated that the administration discovered a number of facility staff who were not part of the patient's care team that accessed the patient's health care information. A list of the facility staff who obtained direct unauthorized access to the patient's PHI was requested from the Director of Emergency Department/Critical Care/Cardiology Services.</p> <p>An interview with a social worker (SW), whose name was included on the list, was conducted on 4/30/09 at 3:45 P.M. When asked why her name showed up as one of the staff who accessed Patient 1's health care information, the SW stated that she heard "Code Blue" being announced overhead. The SW stated that she was not familiar with the area where the "Code Blue" was called. The SW explained that she looked in the computer to familiarize herself with the area. When asked</p>		<p>California Laws that may include disciplinary action up to termination. Staff was re-educated to log out of the computer after use and privacy settings were loaded on computers to time after 10 minutes of inactivity. Cerner is being implemented at the facility 4/3/2010 and requires a reason for access to be documented in the electronic record prior to use.</p> <p>d). Random computer surveillance every six months to ensure that staff is accessing only patient information that they need to provide assigned patient care. Report compliance to Quality and Patient Safety Counsel.</p> <p>e). 6/30/2009 and 4/3/2010 for the Cerner application.</p>	
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Christine Baschere

CNO

12/15/2010

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Continued From page 5

computer and that somebody else accessed the patient's health care information under her "log-on" user code. LN 1 acknowledged that she should have "logged-off" before she left the computer area. A review of LN 1's employee file indicated that she had completed the "Compliance Education 2008 - Information Security" and "Compliance Education 2008 - Privacy Education" provided by the facility on 1/13/09.

A phone interview with physician 1 was conducted on 5/14/09 at 10:25 A.M. Physician 1 stated that he thinks he left the computer area while it was still "logged-on" under his user code and that somebody used that computer to access Patient 1's health care information. Physician 1 acknowledged that he should have "logged-off" before leaving the computer area. A review of Physician 1's employee file revealed a signed document of "Acknowledgement and Agreement" regarding maintaining the confidentiality of patient information dated 9/15/08.

A phone interview with Patient 1's wife was conducted on 5/14/09 at 11:00 A.M. She stated that she spoke to one of the supervisors at the facility to inform them that she had a concern that some facility staff may have accessed Patient 1's health care information without authorization. Patient 1's wife also stated that she received a phone call from a client of Patient 1 who inquired about the status of Patient 1's health. Patient 1's wife stated that she asked the client where the information came from and was told by the patient that the receptionist at the facility's laboratory

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	<p>Continued From page 6</p> <p>informed her about Patient 1's health condition. Patient 1's wife explained that she was concerned that the breach of Patient 1's privacy may affect their business.</p> <p>An interview with LN 2 was conducted on 5/20/09 at 2:20 P.M. LN 2 stated that she worked as a charge nurse in the post anesthesia care unit (PACU). LN 2 stated that Patient 1 was never a patient in PACU. LN 2 explained that she accessed Patient 1's health care information because she was concerned about the patient. LN 2 acknowledged that she should not have accessed Patient 1's health care information without authorization. A review of LN 2's employee file indicated that she had completed the "Compliance Education 2008 - Information Security" and "Compliance Education 2008 - Privacy Education" provided by the facility on 10/30/08. In addition, LN 2 also completed the "2009 California Privacy Laws Module" provided by the facility on 4/9/09.</p> <p>An interview with LN 3 was conducted on 5/20/09 at 2:40 P.M. LN 3 stated that he worked as a charge nurse on 5 east telemetry unit (a unit that provides continuous monitoring of heart patients around the clock). LN 3 stated that one of the nurses on the unit informed him that Patient 1 was in the facility. LN 3 stated that he accessed Patient 1's health care information because he was curious and was concerned about the patient. LN 3 acknowledged that he should not have accessed Patient 1's health care information. A review of LN 3's employee file indicated that he had completed the "2009 California Privacy Laws Module" provided by the</p>			
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	<p>Continued From page 7 facility on 4/15/09.</p> <p>An interview with LN 4 was conducted on 5/20/09 at 3:00 P.M. LN 4 stated that she did not access Patient 1's health care information. LN 4 stated that she probably forgot to "log-off" the computer and that somebody else accessed the patient's health care information under her "log-on" user code. LN 4 acknowledged that she should have "logged-off" before she left the computer area. A review of LN 4's employee file indicated that she had completed the "Compliance Education 2008 - Information Security" and "Compliance Education 2008 - Privacy Education" provided by the facility on 11/26/08. In addition, LN 4 also completed the "2009 California Privacy Laws Module" provided by the facility on 4/12/09.</p> <p>An interview with LN 5 was conducted on 5/20/09 at 3:30 P.M. LN 5 stated that she was the nurse recorder who responded when "code blue" (cardiopulmonary resuscitation) was called for Patient 1. She stated that she accessed Patient 1's health care information to find out the patient's diagnosis so she could complete the "code blue" sheet. She stated that she found out later that the "code blue" sheet did not require the patient's diagnosis. A review of LN 5's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 3/22/09.</p> <p>A phone interview with Physician 2 was conducted on 5/28/09 at 9:46 A.M. Physician 2 stated that she accessed Patient 1's health care information</p>			

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	<p>Continued From page 8</p> <p>because she wanted to know where the patient was. She also stated that she wanted to know some information before she visited the patient. Physician 2 stated that she was not part of the patient's care team. A review of Physician 1's employee file revealed a signed document of "Acknowledgement and Agreement" regarding maintaining the confidentiality of patient information dated 3/30/09.</p> <p>An interview with unit clerk 1 was conducted on 5/28/09 at 2:20 P.M. Unit clerk 1 stated that she worked on 4 east oncology unit. She stated that she did not know that her name was included on the list of staff being investigated for privacy violation. She stated that she thinks she forgot to "log-off" the computer and that somebody else accessed Patient 1's information under her "log-on" user code. She acknowledged that she should "log-off" before leaving the computer area. A review of unit clerk 1's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 4/17/09.</p> <p>An interview with unit clerk 2 was conducted on 5/28/09 at 3:05 P.M. Unit clerk 2 stated that she did not know what happened. She stated that she thinks she forgot to "log-off" the computer and that somebody else accessed Patient 1's information under her "log-on" user code. She acknowledged that she should "log-off" before leaving the computer area. A review of unit clerk 2's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 4/19/09.</p>			
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An interview with LN 6 was conducted on 5/29/09 at 7:20 A.M. LN 6 stated that she worked as a charge nurse in ICU. She stated that she usually did not "log-off" the computer after using it. She stated that she thinks somebody used the computer while it was still "logged-on" under her user code. She acknowledged that she should "log-off" the computer after using. A review of LN 6's employee file indicated that she had completed the "Compliance Education 2008 - Information Security" and "Compliance Education 2008 - Privacy Education" provided by the facility on 12/19/08. In addition, LN 6 also completed the "2009 California Privacy Laws Module" provided by the facility on 5/14/09.

An interview with LN 7 was conducted on 5/29/09 at 7:25 A.M. LN 7 stated that she did not know that she was part of an investigation until the facility told her. LN 7 denied accessing Patient 1's health care information. LN 7 stated that she probably left the computer "logged-on" under her user code and somebody else used the computer to access Patient 1's health care information. A review of LN 7's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 3/30/09.

An interview with LN 8 was conducted on 5/29/09 at 8:00 A.M. LN 7 stated that she worked in the ICU. She stated that she did not access Patient 1's health care information. LN 8 stated that she thinks she forgot to "log-off" the computer and somebody used the computer while it was still

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	<p>Continued From page 10</p> <p>"logged-on" under her user code. A review of LN 8's employee file indicated that she had completed the "Compliance Education 2008 - Information Security" and "Compliance Education 2008 - Privacy Education" provided by the facility on 10/27/08. In addition, LN 8 also completed the "2009 California Privacy Laws Module" provided by the facility on 4/30/09.</p> <p>A phone interview with Patient 2's son was conducted on 6/2/09 at 12:30 P.M. He stated that Patient 2 was a client of Patient 1. He stated that he took Patient 2 to the facility's laboratory for a blood draw. He stated that a female staff at the check-in window told them that his mother's physician (Patient 1) was in the facility as a patient because of heart problem.</p> <p>An interview with unit clerk 3 was conducted on 6/4/09 at 3:05 P.M. She stated that she accessed Patient 1's health care information because Patient 1 was her husband's physician and that she was concerned about Patient 1's health. Unit Clerk 3 acknowledged that she should not have accessed Patient 1's health care information without authorization. A review of unit clerk 3's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 4/16/09.</p> <p>An interview with laboratory staff 1 was conducted on 6/5/09 at 7:15 A.M. She stated that she and another laboratory staff were discussing Patient 1 at the front desk area when another patient and her son came up to the window to sign-in. Laboratory</p>			

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	<p>Continued From page 11</p> <p>staff 1 stated that the patient asked her if they were talking about Patient 1. Laboratory staff 1 stated that she confirmed to that patient and her son that Patient 1 was in the facility as a patient because of a heart problem. Laboratory staff 1 acknowledged that Patient 1's health care information should not have been disclosed to the patient and her son. A review of laboratory staff 1's employee file indicated that she had completed the "Compliance Education 2008 - Privacy Education" provided by the facility on 2/13/09. In addition, laboratory staff 1 also completed the "2009 California Privacy Laws Module" provided by the facility on 4/29/09.</p> <p>A phone interview with laboratory staff 2 was conducted on 6/11/09 at 8:40 A.M. She stated that she remembered being at the front desk area with laboratory staff 1 when a patient and her son was standing by the check-in window. She stated that she and laboratory staff 1 told the patient and her son that they were concerned about Patient 1 but did not disclose any information related to Patient 1's condition. Laboratory staff 2's statement was inconsistent with laboratory staff 1's previous statement. A review of laboratory staff 2's employee file indicated that she had completed the "Compliance Education 2008 - Privacy Education" provided by the facility on 2/8/09. In addition, laboratory staff 1 also completed the "2009 California Privacy Laws Module" provided by the facility on 4/13/09.</p> <p>A phone interview with unit clerk 4 was conducted on 6/11/09 at 9:55 A.M. Unit clerk 4 stated that she thinks that she forgot to "log-off" the computer</p>			

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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
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Continued From page 13

review of Physician 3's employee file revealed a signed document of "Acknowledgement and Agreement" regarding maintaining the confidentiality of patient information dated 12/28/08. A review of Physician 4's employee file revealed a signed document of "Acknowledgement and Agreement" regarding maintaining the confidentiality of patient information dated 1/26/09.

Attempts to interview radiology technician 1, whose name was included on the list of facility staff that accessed Patient 1's health care information, were made but was unsuccessful. Radiology technician 1 was called three times and messages were left for him to call back. Radiology technician 1 eventually called back but surveyor missed the calls. However, on 7/1/09 at 9:45 A.M., radiology technician 1 came to the office and was interviewed. He stated that he worked at the facility's radiology area and was also an instructor at a local college. He stated that he did not remember all the details that had happened regarding Patient 1. He stated that for the purpose of teaching his students, he would look at the emergency room tracking screen in the computer and select patients with interesting cases and orders. He explained that if a patient was worked on by another radiology technician but if that particular patient's case was interesting, he would look at that patient's information to share with his students. A review of radiology technician 1's employee file indicated that he completed the "2009 California Privacy Laws Module" provided by the facility on 4/15/09.

Event ID: JQ5311	11/30/2010	1:38:28PM
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2009
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	<p>Continued From page 15</p> <p>allowed unauthorized access to be obtained, by not following multiple facility policies and procedures pertaining to patient confidentiality of health information. In addition, two laboratory staff disclosed Patient 1's PHI to another patient and that patient's family member for a total of 22 staff who were not providing care and treatment to Patient 1 or did not require information for payment or billing purposes, accessed or disclosed Patient 1's PHI without authorization and in violation of facility policy and HIPPA (PHI) laws.</p> <p>The events which led to the unauthorized access of patient records; and the actual unauthorized access of patient records constituted a violation of H & S 1280.15. On 6/26/09 at 4:00 P.M., an interview was conducted with the director of patient relations regarding the above incident in which the director was informed that the above failures may result in an administrative penalty.</p>			

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