

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  03/18/2010
NAME OF PROVIDER OR SUPPLIER UCSF MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143 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 following reflects the findings of the Department of Public Health during a complaint/breach event visit:</p> <p>Complaint Intake Number: CA00220643 - Substantiated</p> <p>Representing the Department of Public Health: [REDACTED] 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>This RULE is not met as evidenced by:</p> <p>Based on interview and record review, the</p>		<p>The statements made on this Plan of Correction are not an admission and do not constitute agreement with the alleged deficiencies herein.</p> <p>This Plan of Correction constitutes UCSF Medical Center's written credible allegation of compliance for the deficiencies noted.</p> <p>Corrective Action:</p> <p>This was a UCSF School of Medicine (SOM) privacy breach, and UCSF Medical Center took immediate action to terminate the trainee's access to Medical Center clinical systems as soon as it was notified by the Office of Graduate Medical Education (OGME) on August 12, 2009.</p>	

C.D.P.H.  
JUN 23 2011  
L&C DIV  
DALY CITY

Event ID: OSWT11 12/23/2010 11:36:07AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Gene Carnagley RN MS* TITLE *Director, Regulatory Affairs* (X6) DATE *6/23/11*

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 30 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 required to continued program participation.

*POC OK  
6/24/11*

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NAME OF PROVIDER OR SUPPLIER UCSF MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 505 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143 SAN FRANCISCO COUNTY		
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Event ID:09WT11

12/23/2010

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

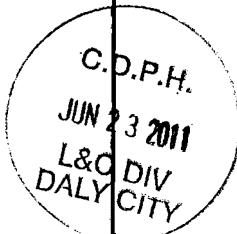
TITLE

(X6) DATE

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	<p>Continued From page 1</p> <p>hospital failed to protect its patients' confidential medical information from unauthorized access when they did not cancel the computer access of a suspended employee of the School of Medicine who had previously been granted computer access to the hospital patients' clinical records.</p> <p>Findings:</p> <p>During a interview on 3/16/10 at 10:00 AM, the Hospital's L &amp; C (Licensure and Certification) Coordinator stated on 12/11/09 the hospital received information that a Fellow in the School of Medicine accessed the patient records of 51 patients after he had been suspended from their care. She stated that on 3/24/09 the Fellow had been given "an intent to terminate" notice by the Graduate Medical Office (GMO). The L &amp; C Coordinator said it was normal practice for the GMO to notify the hospital to delete a doctor's computer access when they were going to be terminated. She stated that because this "intent to terminate" was a new situation the GMO did not notify the hospital.</p> <p>The L &amp; C Coordinator stated that after the Fellow received his notice he accessed computer documentation from 4/09 through 7/09 in order to copy examples of his progress note documentation and comparison examples of other Resident physicians' progress note documentation in order to develop an rebuttal/appeal for his termination from the Nephrology Fellowship Program.</p>		<p>In addition, the Housestaff Information Booklet has been revised and distributed to all Housestaff, program Coordinators and Directors to state that residency and clinical fellowship training program Directors must notify OGME immediately when a trainee is dismissed or put on investigatory leave to ensure all access to confidential information is terminated or suspended as appropriate.</p> <p>With respect to the automated process, the OGME maintains all resident and clinical fellow appointment and demographic information in a database. This database interfaces with the Individual Identity Database (IID) system on a real time basis for trainees who have separated or terminated. IID automatically sends a file to UCSF Medical Center to automatically terminate access to clinical information systems for separated or terminated trainees.</p>	1/24/11



Event ID:05WT11

12/23/2010

11:38:07AM

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	<p>Continued From page 2</p> <p>The L &amp; C Coordinator stated that when the Fellow presented his defense against his termination to the leadership physicians of the Nephrology Fellowship Program, they recognized that the information being presented was obtained after the Fellow's clinical privileges had been suspended. They identified this as a breach of medical information and notified the hospital that the Fellow had been using unauthorized access to the hospital's medical records to compile a defense against his termination.</p> <p>A faxed letter, dated 2/26/10, was received in the California Department of Public Health on 2/26/10. This letter indicated the breached medical information was part of the clinical records for the hospital's patients which were accessed by the unauthorized Fellow.</p> <p>The hospital's failure to deactivate the Fellow's computer access to patient medical records, coupled with the unauthorized use of and access to said records constitutes a violation of Health and Safety Code Section 1280.15 privacy breach and may be subject to Administrative Penalty.</p>		<p>For other UCSF campus and UCSF Medical Center employees and the UCSF Medical Staff, the same automated process is used in which the IID automatically sends a file to UCSF Medical Center to automatically terminate (or suspend if the provider is in a Fair Hearing Process) access to clinical information systems for separated or terminated employees.</p> <p>Monitoring: A sampling of individuals with access to electronic confidential information (such as UCare) will be reviewed monthly for three months to ensure that access has been granted appropriately.</p> <p>Responsible Party: Director of Office of Graduate Medical Education</p>	1/24/11

Event ID: O5WT11

12/23/2010

11:36:07AM

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