

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2010	
NAME OF PROVIDER OR SUPPLIER Northridge Hospital Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18300 Roscoe Blvd, Northridge, CA 91325-4105 LOS ANGELES 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>2010, Staff C (surgical technician) accessed Patient 2's confidential medical information from the staff's home computer without a legitimate reason to do so.</p> <p>Findings:</p> <p>On November 12, 2010, an unannounced visit was made to the facility to investigate a breach of confidentiality of a medical record involving a facility employee unlawfully accessing a coworker's medical record without authorization.</p> <p>A review of an Operative Record dated August 11, 2010, indicated Patient 2 underwent a surgical procedure at the facility on August 10, 2010.</p> <p>A review of Quarterly Privacy Audit Tool dated September 13, 2010, disclosed that Staff C (surgical technician) accessed Patient 2's (Staff C's coworker) medical record on August 22, 2010 at 7:43 p.m. Staff C accessed the patient's medical record approximately twelve days after the procedure was performed.</p> <p>On November 12, 2010 at 9:50 a.m., Staff B stated that Staff C and Patient 2 were the facility's employees, and they worked closely together. According to Staff B, Staff C accessed the scheduling program from his home which disclosed Patient 2's confidential medical information.</p> <p>A review of the facility's policy and procedure title, "Network Usage Policy" dated April 13, 2009, indicated that the accessing of confidential</p>		<p>Education</p> <p>In an effort to provide hospital-wide training to all employees, NHMC conducts on-going training and provides education for the various areas of the work force to prevent future incidents through understanding of related privacy policies, requirements, and regulations.</p> <p>The educational lessons include:</p> <ul style="list-style-type: none"> • Reviewing the facility's policies and procedures related to patient privacy. • Providing guidelines and tips to staff members to prevent possible issues. • Using scenario based training mechanism to make the information more applicable to the common situations in their daily job duties. <p>In addition, the staff members are reminded of the importance of patient privacy in staff meetings, weekly huddles, and newsletter articles.</p> <p>Policy and Procedure</p> <p>To minimize and prevent unlawful and unauthorized access to Protected Health Information (PHI), Dignity Health Northridge Hospital Medical Center (NHMC) has reviewed their policies after the incident, and subsequently, revised to ensure that they continue to sufficiently provide direction to work force members regarding appropriate access, use, and disclosure of patient records. IN addition, Dignity Health Northridge Hospital Medical Center (NHMC) has adapted the Network Usage Policy of Dignity Health.</p>	<p>Ongoing, the most recent incidence was 1/20/16.</p> <p>Periodic, the most recent update and review was in 2015.</p>

Event ID:WRY811

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	<p>information that was not within the scope of the user's duties was prohibited.</p> <p>A review of a disciplinary form dated September 15, 2010, disclosed Staff C was "curious" and inappropriately accessed the surgery scheduling system and viewed a coworker's protected health information "without a need to know in the line of duty." According to the disciplinary form, Staff C's actions caused a significant safety and security breach of privacy of patient health information.</p> <p>Based on the information submitted by the facility, interviews, and other facts set forth above, the facility's staff accessed the patient's confidential medical information without authorization and without a legitimate reason to do so, and the facility failed to prevent unlawful or unauthorized access of the patient's confidential medical information in violation of Health and Safety Code Section 1280.15(a).</p>		<p>Quality Monitoring:</p> <p>NHMC conducts random and focused audits on an on-going basis to examine/survey if any Protected Health Information (PHI) has been accessed without a need to know. On a quarterly basis at a minimum, six (6) patients are selected for auditing and the designated Technical Owners generate the audit trail and assess the access for appropriateness. If any potential inappropriate access is identified, the NHMC Facility Compliance Professional conducts a full investigation of those employees that appear on the selected patient record to determine their involvement in the care of the patient.</p> <p>Responsibility:</p> <p>Facility Compliance Professional</p>	<p>Ongoing, the most recent audit was on 1/12/16.</p>

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