

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2010
NAME OF PROVIDER OR SUPPLIER REDLANDS COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Terracina Blvd, Redlands, CA 92373-4850 SAN BERNARDINO COUNTY		
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	<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>Based on interview and record review, the facility failed to maintain the privacy and confidentiality of three patients (Patient 1, 2, and 3) medical records, when three employees inappropriately accessed the patients' electronic medical records without authorization.</p> <p>FINDINGS: On May 04, 2010, a self reported facility incident was investigated regarding three employees at the hospital breaching the electronic medical records of Patient 1, 2, and 3.</p> <p>According to a facility letter to the Department dated April 07, 2010, the facility conducted a routine privacy audit on April 01, 2010, and discovered that three employees had inappropriately accessed the electronic medical records of Patient 1, Patient 2, and Patient 3, who are also employees of the hospital.</p> <p>During an interview with Employee A on May 04, 2010 at 9:40 AM, he stated that he conducted the</p>		<p>Staff A signed the Code of Ethical Conduct.</p> <p>Staff A attended employee general orientation.</p> <p>Every year between 2007 and 2009, Staff A completed the G.R.E.E.N. book assessment. Staff A attended compliance education every two years.</p> <p>It was discovered during a routine audit that Staff A had accessed the electronic health record of Patient 1 without Patient 1's authorization.</p> <p>Per RCH policy, appropriate disciplinary corrective action was taken by the nurse manager and director of Medical/Surgical Services.</p>	<p>2/23/07</p> <p>3/12/07</p> <p>4/1/10</p> <p>4/6/10</p>

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	<p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p>		<p>Staff B signed the Code of Ethical Conduct.</p> <p>Staff B attended employee general orientation. E</p> <p>Every year between 2008 and 2014, Staff B completed the G.R.E.E.N. book assessment.</p> <p>Every two years between 2008 and 2014, Staff B attended compliance education.</p> <p>It was discovered during a routine audit that Staff B had accessed the electronic health record of Patient 2 without Patient 2's authorization.</p> <p>Per RCH policy, appropriate disciplinary corrective action was taken by the nurse manager and director of Telemetry.</p>	<p>2/29/08</p> <p>3/10/08</p> <p>4/1/14</p> <p>4/5/10</p>	

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	<p>Privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p>		<p>Staff C signed the Code of Ethical Conduct.</p> <p>Staff C attended employee general orientation.</p> <p>Every year between 2006 and 2014, Staff C completed the G.R.E.E.N. book assessment.</p> <p>Every two years between 2006 and 2014, Staff C attended compliance education.</p> <p>It was discovered during a routine audit that Staff C had accessed the electronic health record of Patient 3 without Patient 3's authorization.</p> <p>Per RCH policy, appropriate disciplinary corrective action was taken by the nurse manager and director of Medical/Surgical Services.</p> <p>To date, additional breaches of patient confidentiality have not been detected for Staff B or Staff C. Staff A is no longer employed at the facility.</p> <p>B. Title/position of person responsible for correction: Vice President, Patient Care Services Director, Medical/Surgical Services Director, Telemetry Vice President Human Resources HIPAA Privacy Officer HIPAA Security Officer</p>	<p>6/30/06</p> <p>7/10/06</p> <p>4/1/10</p> <p>4/2/10</p>			

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	<p>privacy audit on April 01, 2010. He stated that:</p> <p>Patient 1's medical record was accessed on March 25, 2010 and March 26, 2010, without authorization "for no reason" by Staff A. Patient 1's spouse gave permission to release information to staff, but this breach occurred prior to this permission.</p> <p>Patient 2's medical record was accessed on March 27, 2010, without authorization by Staff B, who is a friend of Patient 2.</p> <p>Patient 3's medical record was accessed on March 24, 2010, without authorization by Staff C who "was curious".</p> <p>Employee A also stated that the facility does routine audits when an employee is hospitalized. "We tell staff that we audit and they know they can be tracked whose chart they access."</p> <p>The facility failed to prevent access to confidential medical record information and safeguard Patient 1, 2, and 3's medical record against use by unauthorized individuals.</p>		<p>C. Monitoring process to prevent recurrence of deficiency:</p> <p>Monitoring Process: RCH processes are structured to self-detect unauthorized access to protected patient health information and patient identifiable information. The deficiency was discovered by the facility during a process whereby routine audits are performed of access to the electronic health record system. Responsible: HIPAA Privacy Officer and HIPAA Security Officer.</p> <p>The auditor reported the findings to the hospital Privacy Officer who conducted an investigation with the assistance of the hospital Compliance Officer, Vice President of Human Resources, and the nurse directors who managed Staff A, B, and C. Responsible: HIPAA Privacy Officer and HIPAA Security Officer.</p> <p>Within five calendar days, disciplinary action was taken against Staff A, B, and C.</p> <p>The facility self-reported to CDPH.</p> <p>The facility continues to self-monitor its compliance with federal and state requirements and facility privacy and security policies by conducting both quarterly audits and random audits. This process is in fact is what led to the facilities discovery and good faith self-disclosure. To date, these self-audits have revealed no further occurrences of unauthorized staff access to patient health information. Responsible: HIPAA Privacy Officer and HIPAA Security Officer.</p>	<p>4/1/10</p> <p>4/1/10</p> <p>4/6/10</p> <p>4/7/10</p>

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