

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>050228  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>01/18/2011  |
|---|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>SAN FRANCISCO GENERAL HOSPITAL</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1001 POTRERO AVENUE, SAN FRANCISCO, CA 94110 SAN FRANCISCO COUNTY</b> |   |   |
| (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 complain/breach event visit:</p> <p>Complaint Intake Number:<br/>CA00255005 - Substantiated</p> <p>Representing the Department of Public Health:<br/>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>1280.15(a) Health &amp; Safety Code 1280<br/>(a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250,</p> |   | <p style="text-align: center;"><b>C.D.P.H.</b></p> <p style="text-align: center;"><b>MAR 2 3 2011</b></p> <p style="text-align: center;"><b>L&amp;C DIV</b><br/><b>DALY CITY</b></p> <p><u>Health &amp; Safety Code 1280.15 (a) and Title 22 70707 (a) (b) (8) Patients Rights Action:</u><br/>Following notification of this incident, the University of California, San Francisco (UCSF) Department of Anesthesia at San Francisco General Hospital (SFGH) notified the Critical Care Medical Group (CCMG) leadership that a privacy breach had occurred. Their review of the processes used by the Critical Care Attending Physicians and covering Attending Physicians to submit progress notes determined that the two missing voice recorders were the only two non-secure devices in use.</p> <p>Until encrypted, password protected voice recorders could be obtained to replace the missing voice recorders, the UCSF Department of Anesthesia at SFGH contacted each Critical Care Attending Physician and covering Attending Physician</p> | <p>January 4, 2011</p> <p>January 4, 2011</p> |

Event ID: IV7511

3/4/2011

10:49:43AM

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

TITLE

(X6) DATE

*Susan A. Curran*

*CEO*

*3/23/11*

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*Yoshida*  
*3/23/11*

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|   | <p><b>Continued From page 1</b></p> <p>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. For purposes of the investigation, the department shall consider the clinic's, health facility's, agency's, or hospice's history of compliance with 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>Title 22</p> <p>70707(a)(b)(8) Patients' Rights</p> <p>(a) Hospitals and medical staffs shall adopt a written policy on patients' rights.</p> <p>(b) A list of these patients' rights shall be posted in both Spanish and English in appropriate places</p> |  | <p>to personally discuss the three secure options available to dictate their progress notes:</p> <p>*use of encrypted, password protected Dictaphones provided by the Department of Surgery;</p> <p>*use of secure direct dictation to the Department of Anesthesia transcriber (Windrix) over a land line;</p> <p>*use of secure email to the billing team to send typed notes</p> <p>The UCSF Department of Surgery at SFGH had locks installed on the doors of the mailroom of the locked 3A office suite where the voice recorders went missing from (see Attachment 1).</p> <p>The SFGH Privacy Officer sent letters to the patients whose protected health information (PHI) was contained on the missing voice recorders, translated into their primary language, notifying them of the potential breach of protected health information (PHI) (see Attachment 2, 2A, 2B, 2C)</p> <p>The UCSF Risk Manager at SFGH issued an email to the UCSF business managers on the SFGH campus notifying them of the incident, reminding them of previous privacy trainings and communications, and requesting them to ensure that portable devices used by their faculty or residents to</p> | <p>C.D.P.H.<br/>MAR 23 2011<br/>L&amp;C DIV<br/>DALY CITY</p> <p>January 7, 2011</p> <p>January 7, 2011</p> <p>January 13, 2011</p> |

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|  | <p><b>Continued From page 3</b></p> <p>During this interview the PO and RM stated the voice recorders used by the surgical and anesthesia teams are password protected and encrypted. The PO said the Administrator for the CCU had not verified that the equipment, including the voice recorders, in the CCU had been password protected and encrypted. The PO and the RM stated the MD used the CCU voice recorders since he was covering this unit over the holiday weekend.</p> <p>During this interview the PO and the RM said that normally the voice recorders would have been retrieved for downloading on 12/27/10 but the staff member who usually performed this task was on vacation and the replacement staff member was not informed of this duty until 1/3/11. They stated the Surgical Office Suite had a keypad-protected entry door accessible to all the surgical and anesthesia physicians as well as administrative, secretarial, and janitorial staff.</p> <p>During this interview the RM stated nineteen patients had medical information on the voice recorders. The RM said fourteen were notified of the breach of their medical information on 1/10/11. Due to the necessity of providing translations of the documents into Russian, Chinese, and Spanish one patient was notified by a hand delivered letter on 1/12/11 and four patients were notified by letter on 1/14/11.</p> <p>The PO and the RM provided documents containing the names and medical record numbers of the nineteen patients. They also provided copies of the letters sent to the patients in all four languages.</p> |  | <p>Audit results will be reported quarterly to the UCSF and to the SFGH Privacy Officers.</p> <p>The SFGH Privacy Officer and the SFGH Information Systems Operations Manager present an annual report regarding privacy issues to the SFGH Hospital Quality Council. They report any incidents of non-compliance with DPH and SFGH privacy policies that occur during the year at the next scheduled SFGH Hospital Quality Council meeting.</p> <p><b>Responsible Person(s):</b><br/>Operations Manager for the UCSF School of Medicine Dean's Office at SFGH</p> <p>SFGH Assistant Administrator, Materials Management</p> <p>SFGH Privacy Officer</p> <p>SFGH Information Systems Operation Manager</p> <p style="text-align: center;"><b>C.D.P.H.</b><br/><b>MAR 23 2011</b><br/><b>L&amp;C DIV</b><br/><b>DALY CITY</b></p> | <p>Initiated March 2011 and ongoing</p> <p>Ongoing</p> |

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|   | <p><b>Continued From page 4</b></p> <p>Record review of the letters on 1/18/11 indicated the information on the voice recorders included the name, medical record number, date of birth, and a brief summary of current medical condition for each of the nineteen patients.</p> <p>Record review of the facility's policy titled "Notice of Privacy Practices", undated, stated that health care workers at the facility will "make sure that health information that could be used to identify you is kept private."</p> <p>Record review of the facility's policy and procedure "Portable Computer and PDA Security Policy", dated 10/1/03, indicated that the voice recorders were included in the portable-specific requirements to have "installed and/or enabled security measures such as password controlled activation, encrypted data storage or encrypted transmission of data."</p> <p>The facility's Business Associate (BA) that provided the MD services to the facility also had policies requiring password protection and encryption of portable devices.</p> <p>Record review of the BA's policy "Mobile Computing, Device and PDA Security", dated 11/6/07, stated "Always password-protect portable equipment..."</p> <p>Record review of the BA's policy "System Access Controls Procedures", dated 1/3/06, stated "Encryption technologies may be used to make sure that confidential information are not accessible by entities that are nor authorized to use it."</p> |   |   |  |

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|  | <p>Continued From page 5</p> <p>The facility failed to ensure the two voice recorders used in the CCU had these security measures prior to their theft or loss. This failure to protect patient's medical information resulted in the possible access to the personal medical information for nineteen patients by unauthorized individuals, and is in violation of Health and Safety Code 1280.15.</p> |  |   |                    |  |

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