

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

*POC - acceptable
3/4/16 BR*

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
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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
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The following reflects the findings of the Department of Public Health during a complaint/breach event visit:

Complaint Intake Number:
CA00246430 - Substantiated

Representing the Department of Public Health:
Surveyor ID # 27811, HFEN

The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.

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.

Based on record reviews and interview, the facility failed to prevent unlawful or unauthorized access to

Action

Upon notification of this privacy breach concern, the Facility Privacy Officer, Nursing Leadership, and Human Resources immediately investigated this allegation. The results of this investigation were reported to the Department of Public health on September 27, 2010. As noted in the notification letter, Staff A who violated hospital policy and/or state regulation was given a final warning and received HIPAA education.

HEALTH FACILITIES
INSPECTION DIVISION
ADMINISTRATION

2016 FEB - 2 PM 3:24
RECEIVED

9/27/2010

Event ID:Q4SL11

1/21/2016

4:49:43PM

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

Elche H. Salo

TITLE

president

(X6) DATE

1/29/16

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s). 1 thru 3

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.

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	<p>Patient 1's medical information. On August 29, 2010, Staff A (registered nurse) accessed Patient 1'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 a Procedure Note dated August 29, 2010 at 11:16 a.m., indicated Patient 1 (a surgeon in the surgery department) underwent a surgical procedure at the facility.</p> <p>A review of a Quarterly Privacy Audit Tool dated September 16, 2010, indicated that Staff A (registered nurse) accessed Patient 1's medical record on August 29, 2010 at 5:06 p.m. Staff A accessed the patient's medical record approximately six hours after the surgical procedure was performed.</p> <p>On November 12, 2010 at 9:55 a.m., when interviewed, Staff B (privacy officer) stated that Staff A had access to the facility's network from home to prepare for future surgical procedures. Staff B stated Patient 1's medical record was accessed by Staff A from a remote location (Staff A's home computer). Staff B stated that Staff A was not part of Patient 1's surgical team and was not involved in</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>Ongoing, the most recent incidence was 1/20/16.</p>

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the patient's care.

A review of a Privacy and Data Security Training Acknowledgement signed by Staff A and dated June 17, 2010, indicated Staff A agreed to abide by the facility's privacy and data security policies.

A review of a disciplinary form dated September 28, 2010, disclosed Staff A inappropriately accessed and viewed a coworker's surgery information without a "business need to know." According to the disciplinary form, Staff A's actions caused a significant safety and security breach of privacy of patient health information.

A review of the facility's policy and procedure title, "Network Usage Policy" dated April 13, 2009, indicated that the accessing of confidential information that was not within the scope of the user's duties was prohibited.

Based on the information submitted by the facility, interviews, and other facts set forth above, the facility's staff accessed 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).

Policy and Procedure

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.

Quality Monitoring:

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.

Responsibility:
Facility Compliance Professional

Periodic, the most recent update and review was completed in 2015.

Ongoing, the most recent audit was completed on 1/12/16.

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