



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  050228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/16/2012
NAME OF PROVIDER OR SUPPLIER  San Francisco General Hospital			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Potrero Ave, San Francisco, CA 94110-3518 SAN FRANCISCO COUNTY		
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	<p>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>T22 DIV5 CH1 ART7-70751(b) Medical Record Availability</p> <p>(b) The medical record, including X-ray films, is the property of the hospital and is maintained for the benefit of the patient, the medical staff and the hospital. The hospital shall safeguard the information in the record against loss, defacement, tampering or use by unauthorized persons.</p> <p>This RULE: is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain privacy and confidentiality of Patient 1's medical record when Health Worker 2(HW-2) inappropriately accessed the patient's Life Care Record (LCR) electronic medical record so she could obtain the address of Patient 1 for the purpose of serving some kind of court papers in a child custody case. This breach of medical information represents an intentional and malicious</p>		<p><u>T22 DIV5 CH1 ART7-70751(b) Medical Record Availability</u></p> <p><b>Action(s):</b> Before and after this 2012 privacy breach incident, hospital leadership has engaged in ongoing efforts via memos, emails, staff trainings, and employee annual update training to ensure that hospital staff are educated and knowledgeable about hospital and SFDPH privacy and security policies.</p> <p>The SFGH multidisciplinary <i>Privacy Committee</i>, composed of the SFGH Privacy Officer and staff from the SFGH Privacy Office, the SFGH Chief Medical Officer, the SFGH Chief Communications Officer, representatives from the SFGH Legal Affairs, Regulatory Affairs, Health Information Systems departments, as well as representatives from</p>	Ongoing	Initiated July 12, 2011 and ongoing

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9/25/2014

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DEPARTMENT OF PUBLIC HEALTH

SEP 25 2014

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	<p>breach of protected health information by a health care worker.</p> <p>Record review of a 5/7/12 User Confidentiality, Security and Electronic Signature Agreement, signed by HW-2, indicates: "I will only access, discuss or divulge confidential protected health information as required for the performance of your job duties."</p> <p>Record review of a LCR Chart audit, dated 8/28/12 at 9:00 A.M. indicates HW-2 viewed Patient 1's reports and notes (Name and address), medications, lab values and HIV(AIDS) disclosure status.</p> <p>In an interview on 11/16/12 at 11:00 A.M., the Facility Privacy Officer (FPO) made the following statements:</p> <p>"On 9/10/12 I was notified that Patient 1 had a complaint alleging that an employee (HW-2) of the Family Health Center Clinic (FHC) had inappropriately accessed her PHI (protected health information-name, address, lab values, medical diagnosis, medications) so she could fill out court papers."</p> <p>"Patient 1 reported she received an envelope addressed in her name but to the address of her boy friend. The envelope had a return address of the 5M Women's Health Clinic. The address is listed in LCR but Patient 1 stated it is not her address. Patient 1 stated she recognized the hand writing on the envelope as HW-2's and that she knows HW-2</p>		<p>both the SFGH and UCSF Risk Management and Information Systems Departments, meets monthly to review, discuss, and recommend policy involving privacy compliance issues.</p> <p>As reported in the 2567, HW-2 involved in this privacy breach had been oriented to their responsibility to protect the confidentiality of patient protected health information (PHI) and to medical information privacy requirements as evidenced by user confidentiality agreements. We believe the employee's actions constitute reckless behavior.</p> <p>The SFGH Privacy Officer and the SFGH Privacy Analyst conduct "Privacy Rounds" within the hospital and publish an educational flyer quarterly called <i>Privacy Pulse</i> to educate hospital staff about privacy security and awareness, to validate staff knowledge regarding privacy security and awareness, as well as to identify issues requiring corrective action by managers. Findings are reported to the Privacy Committee.</p> <p>MH-2 was placed on paid administrative leave pending further investigation from Human Resource services.</p>	<p>May 7, 2012</p> <p>Initiated June 2012 and ongoing</p> <p>September 12, 2012</p>	

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DEPARTMENT OF PUBLIC HEALTH

OCT 10 2014

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH DIVISION OF REGULATORY AFFAIRS HEALTH CARE SERVICES LICENSING AND REGULATION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>050228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2012</b>	
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	<p>because the boyfriend is the father of HW-2's child."</p> <p>"Patient 1 presented the envelope, still sealed, to a staff member on 5M. The staff member verified it was not sent by the 5M clinic. Patient 1 stated she was afraid to see the contents and asked the staff member to open it. The staff member discovered the contents were copies of court papers from HW-2 not paperwork related to medical care."</p> <p>"Patient 1 stated that HW-2 must have accessed her PHI to know that she is a patient of 5M."</p> <p>"I ran an audit report on the LCR access of Patient 1's PHI and the results indicated that on 8/28/12 HW-2 accessed and viewed the following PHI from Patient 1's record: Reports, Medications, lab values and HIV(AIDS) status."</p> <p>"On the date in question, HW-2 had been temporarily assigned to unit 4B, an inpatient care unit, and her duties would not have required her to access Patient 1's medical record that day"</p> <p>"HW-2 remains on paid administrative leave pending a disciplinary hearing by Human Resources."</p> <p>Health Worker 2's (HW-2) action to access Patient 1's Life Care Record (LCR) without justification represents an intentional and malicious breach of protected health information and a violation of the Health and Safety Code 1280.15(a), and is</p>		<p>A disciplinary hearing was held at which time HW-2 resigned their position with the city a county of San Francisco. Their services were deemed unsatisfactory and a permanent restriction was placed on their ability to secure future employment at San Francisco General Hospital and Trauma Center.</p> <p>The SFGH Privacy Officer conducted a specific privacy round for Family Health Center to reinforce privacy protection compliance measures and strategies.</p> <p>HW-2 was reported to their professional licensing board.</p> <p>The Family Health Center Nurse Manager posted SFGH Privacy and Security Tips informational guide throughout Family Health Center to reinforce staff awareness of privacy protection compliance.</p> <p>Additionally, the Family Health Center Medical Director issued a memorandum to staff and providers emphasizing the importance of maintaining patient privacy as well as implications of allowing a breach.</p>	<p>November 26, 2012</p> <p>November 28, 2012</p> <p>December 14, 2012</p> <p>December 15, 2012</p> <p>December 17, 2012</p>

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DEPARTMENT OF PUBLIC HEALTH

OCT 10 2012

LICENSING DIVISION  
SAN FRANCISCO OFFICE

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

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	<p>therefore subject to the applicable Administrative Penalty.</p> <p>Health and Safety Code 1280.15 (b)(2) " A clinic, health facility, agency, or hospice shall also report any unlawful or unauthorized access to, or use or disclosure of, a patient's medical information to the affected patient or the patient's representative at the last known address, no later than five business days after the unlawful or unauthorized access, use, or disclosure has been detected by the clinic, health facility, agency, or hospice."</p> <p>The CDPH verified that the facility informed the affected patient(s) or the patient's representative(s) of the unlawful or unauthorized access, use or disclosure of the patient's medical information.</p> <p>The breach was detected on 9/10/12. The facility notified the CDPH L &amp; C District Office of the breach on 9/14/12.</p>		<p>The FHC leadership, in collaboration with the SFGH Privacy Officer, conducted a case review with the FHC provider and nursing staff to reinforce employee legal responsibility to protect the confidentiality of patient protected health information (PHI).</p> <p>The <i>SFGH Privacy Committee</i> reports privacy related issues e.g., privacy breaches and staff education around privacy to hospital leadership at hospital Quality Council.</p> <p><b>Monitoring:</b> The SFGH Privacy Officer and the SFGH Privacy Analyst routinely conduct monthly audits of the <i>Lifetime Clinical Record (LCR)</i> of all employees of the City &amp; County of San Francisco Department of Public Health (CCSF DPH) and of all employees of the University of California, San Francisco (UCSF) who received care as patients at the hospital (emergency department, clinics, acute care, skilled nursing) to verify if the LCR access was appropriate.</p> <p>The SFGH Privacy Officer and the SFGH Privacy Analyst routinely conduct monthly audits of the <i>Lifetime Clinical Record (LCR)</i> of any patient as requested by managers to verify of the LCR access was appropriate</p>	<p>August 28, 2014</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

SEP 10 2014

LABORATORY  
S.L. H. HARRIS

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LSC DIVISION  
SAN FRANCISCO

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