

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2009
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NAME OF PROVIDER OR SUPPLIER SHARP CHULA VISTA MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 751 MEDICAL CENTER COURT, CHULA VISTA, CA 92010 SAN DIEGO COUNTY
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	<p>Continued From page 2</p> <p>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>70707(b)(8). Patients' Rights.</p> <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 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 interviews and record review, the facility failed to ensure that Patient 1's protected health care information (PHI) remained confidential and accessed only by authorized staff. As a result, 20 staff, which included licensed nurses, physicians, a social worker, a radiology technician, and clerical staff, either accessed Patient 1's PHI without authorization, or allowed unauthorized access to be obtained, by not following multiple facility policies and procedures pertaining to patient confidentiality of health information. In addition, 2 laboratory staff verbally disclosed Patient 1's PHI to another patient and that patient's family member.</p>		<p>a). Patient and family notified about the health information privacy breach. Investigation completed and corrective action implemented for employees that accessed health care information inappropriately.</p> <p>b). Hospital and Medical staff re-educated about importance of following California privacy laws during staff and medical committees meetings. Hospital staff have completed the following education modules: introduction to HIPPA, California privacy module, certificate of understanding related to new changes in California privacy laws, and commitment to principles in training.</p> <p>c). Several emails, faxed and blog education were sent to staff as well as physicians to reinforce education. Posters containing privacy information were placed in strategic areas of the hospital as part of a massive educational campaign. Staff and physicians were re-educated about potential consequences of not adhering to hospital policies and</p>	
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Event ID: JQ5311

11/30/2010

1:38:28PM

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

TITLE

(X6) DATE

Christine Basler

CNO

12/15/2010

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	<p>Continued From page 3</p> <p>Findings:</p> <p>Patient 1 was admitted to the facility on [REDACTED]/09 with diagnoses that included acute myocardial infarction (heart attack) per the History and Physical.</p> <p>An interview with the Director of Emergency Department/Critical Care/Cardiology Services was conducted on 4/30/09 at 3:00 P.M. She stated that the facility conducted an investigation after Patient 1's wife informed them that she had a concern that some facility staff, who were not involved with the patient's care, may have accessed the patient's health care information. The Director of Emergency Department/Critical Care/Cardiology Services stated that Patient 1 was a physician at the facility. She stated that the administration discovered a number of facility staff who were not part of the patient's care team that accessed the patient's health care information. A list of the facility staff who obtained direct unauthorized access to the patient's PHI was requested from the Director of Emergency Department/Critical Care/Cardiology Services.</p> <p>An interview with a social worker (SW), whose name was included on the list, was conducted on 4/30/09 at 3:45 P.M. When asked why her name showed up as one of the staff who accessed Patient 1's health care information, the SW stated that she heard "Code Blue" being announced overhead. The SW stated that she was not familiar with the area where the "Code Blue" was called. The SW explained that she looked in the computer to familiarize herself with the area. When asked</p>		<p>California Laws that may include disciplinary action up to termination. Staff was re-educated to log out of the computer after use and privacy settings were loaded on computers to time after 10 minutes of inactivity. Cerner is being implemented at the facility 4/3/2010 and requires a reason for access to be documented in the electronic record prior to use.</p> <p>d). Random computer surveillance every six months to ensure that staff is accessing only patient information that they need to provide assigned patient care. Report compliance to Quality and Patient Safety Counsel.</p> <p>e). 6/30/2009 and 4/3/2010 for the Cerner application.</p>	

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CNO

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	<p>Continued From page 4</p> <p>what she would have found in the computer to help her get familiar with the area, the SW was not able to provide an answer. A review of the SW's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 3/25/09.</p> <p>An interview with a case manager (CM), whose name was included on the list, was conducted on 4/30/09 at 4:00 P.M. The CM stated that he did not access Patient 1's health care information. The CM stated that he was working on the computer but decided to check on a patient and left the computer area while the computer was still "logged-on" under his user code. The CM further stated that while he was at another patient's room, another staff probably used the computer and accessed Patient 1's health care information while the computer was still "logged-on" under his user code. The CM acknowledged that he should have "logged-off" before he left the computer area. A review of the CM's employee file indicated that he had completed the "Compliance Education 2008 - Information Security" training provided by the facility on 12/17/08 and the "Compliance Education 2008 - Privacy Education" provided by the facility on 12/15/08.</p> <p>An interview with licensed nurse (LN) 1, whose name was included on the list, was conducted on 4/30/09 at 4:15 P.M. LN 1 stated that she worked in the intensive care unit (ICU) but was not involved in Patient 1's care. LN 1 stated that she did not access the patient's health care information. LN 1 stated that she probably forgot to "log-off" the</p>			
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	<p>Continued From page 8</p> <p>because she wanted to know where the patient was. She also stated that she wanted to know some information before she visited the patient. Physician 2 stated that she was not part of the patient's care team. A review of Physician 1's employee file revealed a signed document of "Acknowledgement and Agreement" regarding maintaining the confidentiality of patient information dated 3/30/09.</p> <p>An interview with unit clerk 1 was conducted on 5/28/09 at 2:20 P.M. Unit clerk 1 stated that she worked on 4 east oncology unit. She stated that she did not know that her name was included on the list of staff being investigated for privacy violation. She stated that she thinks she forgot to "log-off" the computer and that somebody else accessed Patient 1's information under her "log-on" user code. She acknowledged that she should "log-off" before leaving the computer area. A review of unit clerk 1's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 4/17/09.</p> <p>An interview with unit clerk 2 was conducted on 5/28/09 at 3:05 P.M. Unit clerk 2 stated that she did not know what happened. She stated that she thinks she forgot to "log-off" the computer and that somebody else accessed Patient 1's information under her "log-on" user code. She acknowledged that she should "log-off" before leaving the computer area. A review of unit clerk 2's employee file indicated that she had completed the "2009 California Privacy Laws Module" provided by the facility on 4/19/09.</p>			
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Continued From page 15

allowed unauthorized access to be obtained, by not following multiple facility policies and procedures pertaining to patient confidentiality of health information. In addition, two laboratory staff disclosed Patient 1's PHI to another patient and that patient's family member for a total of 22 staff who were not providing care and treatment to Patient 1 or did not require information for payment or billing purposes, accessed or disclosed Patient 1's PHI without authorization and in violation of facility policy and HIPPA (PHI) laws.

The events which led to the unauthorized access of patient records; and the actual unauthorized access of patient records constituted a violation of H & S 1280.15. On 6/26/09 at 4:00 P.M., an interview was conducted with the director of patient relations regarding the above incident in which the director was informed that the above failures may result in an administrative penalty.

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