CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050376	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 10/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAC/HARBOR-UCLA MEDICAL CENTER	1000 W Carson St, Torrance, CA 90502-2004 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
	The following reflects the findings of the Department of Public Health during a complaint/breach event visit: Complaint Intake Number: CA00326686 - Substantiated Representing the Department of Public Health: Surveyor ID # 21262, 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. Health and Safety Code Section 1280.15(a) A clinic, health facility, home health agency, or		***CORRECTIVE ACTIONS*** **A. New/Revised Processes & Procedures –** 1. NA 2. Develop and implement a Medical Records/Health Information Management (HIM) policy that codifies existing and new processes to be used by Medical Records/HIM File Room Supervisors to perform documented supervision audits of the work of Medical Records/HIM File Room staff. Process to include: a. Date stamp: Medical Records/HIM staff date-stamp the back of each piece of document before it is filed in the appropriate patient's medical record. The date shall be for the following business day and reflect the date that the record will be given to File Room staff to file. b. Spot-check audits: The Medical Records/HIM File Room Supervisor randomly selects -- and then photocopies -- a daily sample of documents from each stack of medical records documents – prepared in 10 terminal digit groupings -- that will be distributed the following day to staff to file. Five documents from each terminal digit grouping will be selected, for a total of 50 documents. In the case of a new File Room staffer, the Medical Records/HIM File Room Supervisor will randomly select 10 documents from each terminal digit groupings	NA 3/11/13

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Delvecchio Finley /[illegible] CEO

TITLE: Chief Executive Officer

(X6) DATE: 3/12/13

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	Continued From page 1 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. 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. Title 22, 70707(b)(8)(d) Patients' Rights (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: (8) Confidential treatment of all communications		until the staffer has been fully trained. The File Room Supervisor uses the photocopies to perform documented spot checks of the File Room staff's accuracy, pulling the associated charts and checking to see that each sample document was filed and filed correctly. The File Room Supervisor shall conduct spot-check audits of each File Room Staffer at a minimum weekly. (Note: Implemented 9/10/12.) The File Room Supervisor documents the audit findings and submits the documentation to the HIM Manager, reporting any discrepancies immediately. The HIM Manager aggregates and analyzes data from spot-check audits to identify deficiencies/outliers, and initiates investigation and remediation. c. Productivity Standard Audit: Medical Records/HIM File Room Supervisor prepares and monitors a daily Correspondence Filing Unit Work Sheet for each File Room staffer, documenting the staffer's name, the filing date and the number of inches of medical records documents assigned to the staffer to file.	

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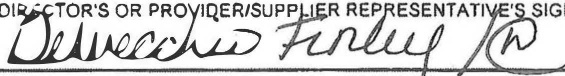

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	Continued From page 2 and records pertaining to the care and the stay in the hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care. (d) All hospital personnel shall observe these patients' rights. The above statute and regulation were NOT MET as evidenced by: Based on interview and review of the medical record and the hospital's P&P (policy and procedure), the hospital failed to protect confidential patient information for 246 patients when the filing staff of the Medical Records Department, who was not properly supervised, inappropriately disposed of 246 patient medical records at the bus terminal trash cans off the hospital campus. Findings: On 10/1/12, a visit was conducted to the hospital to investigate a breach detected on 9/7/12, and reported to the California Department of Public Health on 9/13/12. Review of the county's health services' P&P on breaches of protected health information (PHI) showed protection of privacy and security of PHI remained the policy of the Los Angeles County Department of Health Services (DHS) to which the hospital belonged. Workforce members who violated state or federal patient privacy laws, and/or DHS's P&P would be subjected to appropriate corrective action up to and including discharge.		Daily each File Rooming Staffer submits to the File Room Supervisor a daily Correspondence Filing Unit Work Sheet documenting the time he/she started and finished filing his/her assigned stacks of medical records documents, the terminal digit group of the assigned documents, and the number of inches of documents he/she filed. The File Room Supervisor uses the newly created H.I.M. Supervisor Daily Quality/Productivity Check Report for Filing Correspondence form to document the number of inches of documents by terminal digit grouping assigned to be filed, the name of the File Room staffer assigned to file each specific terminal digit grouping, the time the File Room staffer affirms he/she started and finished filing, the amount of documents the File Room staffer returned as unfiled. The File Room staffer signs the HIM Supervisor Daily Quality/Productivity Check Report form. The File Room Supervisor uses the HIM Supervisor Daily Quality/Productivity Check Report form to perform a documented	

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	Continued From page 3 Review of the hospital's P&P titled Medical Records Services - Filing Correspondence showed the Correspondence Filing Unit was responsible for filing incoming correspondence. Each member of the Unit was assigned to a specific section which contained specific number of terminals. Each individual piece of correspondence was to be processed in a timely and accurate manner to ensure that these documents were incorporated in the correct medical record as soon as possible. The procedure noted that the worst thing that could happen was to file correspondence in the wrong patient's chart. On 10/2/12 at 1145 hours, interview with the Assistant Hospital Administrators 1 and 2 showed a contracted janitor of the Metropolitan Transit Authority (MTA) called the hospital on 9/7/12, and reported that he had discovered 3-4 inch stacks of medical documents bounded by rubber bands in two trash cans at Artesia Transit Center, an MTA bus terminal. The medical documents were identified as belonging to the hospital. Staff from the hospital's Health Information Management (HIM) and Facilities Management was dispatched to retrieve the medical documents. Some of the medical documents contained patient names, medical record numbers, addresses, telephone numbers, dates of birth, social security numbers, courses of treatments, and diagnoses. On that same day, the terminal digit numbers of the documents were identified and the involved Medical Records Staff 1 was reassigned to an area where there was no contact with patient or any other		productivity standard audit to determine if the amount of documents that each Filing Room staffer self-reports to have filed and the self-reported time that filing took are consistent – or inconsistent - with the HIM/Medical Records File Room standard of 1 inch/45 minutes. (Note: This entire process was implemented 9/10/2012; then augmented/revised 2/28/2013.) The File Room Supervisor reports any discrepancies to the HIM Manage immediately. The HIM Manager aggregates and analyzes data from spot-check audits to identify deficiencies/outliers, and initiates investigation and remediation. Actual date of completion:10/9/2012 B. **Personnel Training/Notification** 1. In-service all Medical Records/HIM File Room staff on "Compliance Awareness Update: Privacy and Confidentiality Training". Actual date of completion: 10/9/2012.) 2. In-service all Medical Records HIM File Room Supervisors on: a. Their requirement/responsibility to monitor staffer productivity reports	 3/11/13 3/11/13

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	Continued From page 4 confidential information. Review of the hospital's documents showed HIM's inventory had identified 246 patients who were affected by the incident. On 10/3/12 at 0830 hours, interview with the police detective agent assigned to the case showed the involved Medical Records Staff 1 was identified by the documents' terminal digit number and coincided to the staff's bus route as the main mean of transportation to work. The Medical Records Staff 1 had no previous criminal record. "Mainly laziness" was the rationale why the patients' medical documents were disposed of inappropriately. On 10/3/12 at 0950 hours, during an interview of the Medical Records Manager, she stated the involved Medical Records Staff 1 was a transfer from another county hospital and had been working in the Medical Records Department for one month. She further stated the Medical Records Staff 1's normal filing production was an inch of correspondence in 45 minutes. The Medical Records Staff 1 was filing 3 inches in an hour. However, the Medical Records Manager said it never crossed her mind that the Medical Records Staff 1 was not doing her job. The investigation led to finding more patient medical documents hidden in the employee's working area.		to ensure the number of documents filed is in line with the department's productivity standard. Actual date of completion: 9/10/2012. b. The new policy that codifies existing and new processes to be used by Medical Records/Health Information Managers (HIM) supervision to perform documented quality assurance/performance improvement audits of the work of Medical Records/HIM File Room staff. Actual date of completion: 9/10/2012 **C. Other – Human Resources** 1. Initiate investigation of the actions of Medical Records Staff 1 and implement appropriate corrective actions. Actual date of completion: 9/7/2012.	 3/11/13

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QUALITY IMPROVEMENT

A. Planning

Monitor as part of documented Medical Records/HIM QI activities for:

1. Performance by Medical Records/HIM Fie Room Supervisors of required spot-check audits of the filing accuracy of each File Room staffer assigned to file documents.
2. Occurrence of inaccurately filed or unfiled documents as identified by Medical Records/HIM File Room Supervisor during spot-check audits.
3. Performance by Medical Records/HIM supervisors of required monitoring of the daily productivity reports of each File Room filing staffer to determine whether the amount of documents the staffer self-reports as having filed and the amount of time it took to complete that filing is consistent with – or an outlier from – the Medical Records/HIM File Room productivity standard.
4. Occurrence of Medical Records/HIM File Room staffer self-reports of the amount of documents filed/ and filing time that are outliers from the Medical Records/HIM chart filing productivity standard.

B. Monitoring

Medical Records/HIM to conduct monthly audit to assess:

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1. Compliance with performance by Medical Records/HIM File Room Supervisors of required requirement spot-check audits of the filing accuracy of each File Room staffer assigned to file documents.
2. Occurrence of inaccurately filed or unfiled documents as identified by Medical Records/HIM File Room Supervisor during spot-check audits.
3. Compliance with performance by Medical Records/HIM File Room Supervisors of required monitoring of the daily productivity reports of each File Room staffer to determine whether the amount of documents the staffer self-reports as having filed and the self-reported time it took to complete that filing are consistent with – or an outlier from – the Medical Records/HIM File Room productivity standard.
4. Occurrence of Medical Records/HIM File Room staffer self-reports of the amount of documents filed and filing time that are outliers from the Medical Records/HIM File Room productivity standard.

Aggregate and analyze data monthly. Report results quarterly to Health Care Information Committee, Executive Performance Improvement Committee, Executive Leadership Council, and Governing Body.

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