CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	050089	A. BUILDING _____ B. WING _____	03/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOSPITAL OF SAN BERNARDINO	1805 MEDICAL CENTER DRIVE, SAN BERNARDINO, CA 92411 SAN BERNARDINO COUNTY

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	The following reflects the findings of the Department of Public Health during a Complaint Investigation visit. Complaint Intake Number: CA00179753 - Substantiated Representing the Department of Public Health: [redacted] REGULATION VIOLATION: Title 22 70707 Patient's Rights (a) Hospitals and medical staffs shall adopt a written policy on patient's rights. (7) Full consideration of privacy concerning the medical care program. Case discussion, consultation, examinations and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual. (8) Confidential treatment of all communications 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. Based on interview and record review the facility failed to protect the privacy and confidentiality of patient's medical information when a facility employee accessed 204 patient's computerized medical records without a clinical need for the information. This failure had the potential for unauthorized persons to use the disclosed information in a way not authorized by the patient, such as identity theft or other unauthorized uses.		STATE DEPT OF HEALTH SERVICES 10 JUN -9 AM 10:14 SAN BERNARDINO COUNTY LIC & CERT Following the event, the affected departments and individuals were provided timely education regarding the protection of patient privacy and confidentiality (HIPPAA). This was followed by organization wide education that was completed on April 30, 2009. In addition, a HIPAA refresher course has been initiated and will be completed by November 30, 2009 On April 20, 2009, the ability to access patients through the electronic discharge and admission functions (PCI) was removed from all users to ensure unauthorized access has been minimized and any further access will be strictly role based and individualized.	4/30/20 11/30/20 4/20/09

Event ID: OI8G11 10/22/2009 1:43:28PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Sr. Dir 11/5/09

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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	Continued From page 1 FINDINGS: On 2/27/09 the facility reported to the California Department of Public Health that they had detected unauthorized access of medical information. In an interview with the Risk Manager on 3/25/09 at approximately 9:15 AM, the Risk Manager stated that the unauthorized access to patient's clinical records was discovered on 2/23/09. The manager of the imaging department was called in on a weekend (Sunday, 2/22/09) problems with the computer x-ray system. The manager of the imaging department was trying to fix the computer problem and in the process noticed unusual activity by one employee, a Radiology Technician (RT). The RT was on duty at the time and the manager asked the RT about the unusual activity. The RT had accessed clinical records that had no imaging (x-ray) services. The RT stated that she was accessing the records for her own knowledge. When the manager informed the RT that it was a violation of patient confidentiality, the RT stated that she was aware that it was a violation of confidentiality. The RT further stated that she had lost a baby because she was on drugs and wanted to see records of obstetrics to see what the pregnant mothers did to get help. The facility then recognized a possible unauthorized access to confidential patient clinical records and notified the Department of Public Health of the incident. In an interview with the facility Privacy Officer on 3/20/09 at 10:20 AM, she stated that the RT		In addition, the current audit process was reviewed and revised to ensure early identification of inappropriate access to PHI. The revised audit process addresses visual, auditory, electronic and written monitoring by the Department Directors and Facility Privacy Officer (FPO) to ensure all PHI has the appropriate technical and physical safeguards in place and maintained. On a bimonthly basis, the Facility Privacy Officer (FPO) randomly selects a sample of individuals with access to PHI for auditing. Any breaches will be addressed immediately and reported in accordance with regulations and organizational policies. The results of all monitoring will be reported to the FPO, HIPPAA Team, Executive Management Team and Governing Body.	ongoing

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	Continued From page 2 (Radiology Technician) had access to the PCI (patient care information) part of the facility's computer charting system and that PCI is where everything is documented, such as patient social security number, address, phone number, diagnosis, nurse's notes, and PCI is considered PHI. The Privacy Officer further stated that when she contacted the information services department, they told her that they did not know of a way to block or limit access to information in the PCI once access is granted to an employee. In an interview with the Senior Director of Quality/Care Management on 3/24/09 at 2:45 PM, when asked what safeguards had been in place to prevent unauthorized access to clinical records, the Director stated that they (the facility) decided to randomly audit the following patient records to see who had accessed them: 1. The very important people (VIP) patients (patients that were related to employees or were well-known in the community). 2. Patients with unusual diagnoses. 3. Random no information patients (patients that had requested not to be on the public facility roster or patients in behavioral health). The Director further stated that there was a "pop-up" screen when an employee signed onto the computer to warn them that they were accessing restricted information and that improper use of the information may result in disciplinary action. The Director stated that the measures they had in place would not have discovered what the RT had been		The Network Usage Policy was reviewed and revised to codify the audit process and ensure prevention of unauthorized electronic access to patient information on April 30, 2009. Education related to the policy was initiated organization-wide and will be completed on May 30, 2009.	4/30/0 5/30/0

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	Continued From page 3 doing. In a second interview with the Privacy Officer on 3/20/09 at 11:15 AM, she stated that she started doing computer audits (a process to see where a person looks in the computer) in June of last year and that she had not set up a regular schedule of audits. In an interview with the Director of Clinical Informatics on 3/26/09 at 9:15 AM, he stated that the computer did not have a system to alert anyone to inappropriate or unusual access to clinical records. The Director of Informatics also stated that he had not talked with the Meditech (computer system) support team regarding patient confidentiality, safeguards for records and tracking of unusual activity by users. Review on 3/25/09 of the computer audits done on the clinical records the RT had accessed in January 2009 through February 23, 2009 revealed the following: The RT accessed the assessment notes and patient care notes of obstetrics patients that had already been discharged from the hospital, one ICU (intensive care unit) patient, one home health patient, and one nursery patient. On 1/10/09 the RT accessed 20 patient records with no clinical reason to do so. On 1/11/09 the RT accessed 55 patient records with no clinical reason to do so, and in addition		In addition, the current audit process was reviewed and revised to ensure early identification of inappropriate access to PHI. The revised audit process addresses visual, auditory, electronic and written monitoring by Department Directors and Facility Privacy Officer (FPO) to ensure all PHI has the appropriate preventative technical and physical safeguards in place and maintained. On a bimonthly basis, the Facility Privacy Officer (FPO) randomly selects a sample of individuals with access to PHI for auditing. Any breaches will be addressed immediately and reported in accordance with regulations and organizational policies. The results of all monitoring will be reported to the FPO, HIPPAA Team, Executive Management Team and Governing Body.	

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	Continued From page 4 eight of the records were duplicates, indicating the patient record had been accessed previously. On 1/25/09 the RT accessed 33 patient records with no clinical reason to do so. In addition, 10 records were duplicates. On 2/4/09 the RT accessed 1 patient record with no clinical reason to do so. On 2/8/09 the RT accessed 23 patient records with no clinical reason to do so. On 2/17/09 the RT accessed 1 patient record with no clinical reason to do so. On 2/21/09 the RT accessed 61 patient records with no clinical reason to do so, and in addition seven of the records were duplicates. On 2/22/09 the RT accessed 9 patient records with no clinical reason to do so. In addition one of the records was a duplicate. The total number of patients whose records the RT accessed from 1/1/09 through 2/22/09 was 204. Review on 3/24/09 of a facility policy and procedure with an effective date of 4/14/03 and titled "Minimum Necessary Standards for the Use and Disclosure of Protected Health Information" under the procedure section revealed the following: "Identify classes of personnel requiring access to PHI (protected health information), the level of access required and any conditions appropriate to			

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	Continued From page 5 such access... Reasonable efforts will be made to limit PHI Use and Disclosure..." Review of a policy and procedure titled "Network Usage Policy" with an effective date of 10/1/02 under the section Monitoring of User Content reveals, "While (the facility) does not assume any obligation to regularly monitor and log a user's network activity, it may access, monitor, log, review and disclose, as it deems necessary..." The facility policy and procedure did not address prevention of unauthorized electronic (computer) access to patient information.			

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