

**§2503. Hospital duties**

The governing body of every licensed hospital shall assure that: [PL 1977, c. 492, §3 (NEW).]

**1. Organization of medical staff.** Its medical staff is organized pursuant to written bylaws that have been approved by the governing body;  
[PL 1977, c. 492, §3 (NEW).]

**2. Provider privileges.** Provider privileges extended or subsequently renewed to any physician are in accordance with those recommended by the medical staff as being consistent with that physician's training, experience and professional competence;  
[PL 1977, c. 492, §3 (NEW).]

**3. Program for identification and prevention of medical injury.** It has a program for the identification and prevention of medical injury which shall include at least the following:

A. One or more professional competence committees with responsibility effectively to review the professional services rendered in the facility for the purpose of insuring quality of medical care of patients therein. Such responsibility shall include a review of the quality and necessity of medical care provided and the preventability of medical complications and deaths; [PL 1977, c. 492, §3 (NEW).]

B. A grievance or complaint mechanism designed to process and resolve as promptly and effectively as possible grievances by patients or their representatives related to incidents, billing, inadequacies in treatment and other factors known to influence malpractice claims and suits; [PL 1977, c. 492, §3 (NEW).]

C. A system for the continuous collection of data with respect to the provider's experience with negative health care outcomes and incidents injurious to patients, whether or not they give rise to claims, patient grievances, claims, suits, professional liability premiums, settlements, awards, allocated and administrative costs of claims handling, costs of patient injury prevention and safety engineering activities, and other relevant statistics and information; and [PL 1977, c. 492, §3 (NEW).]

D. Education programs for the provider's staff personnel engaged in patient care activities dealing with patient safety, medical injury prevention, the legal aspects of patient care, problems of communication and rapport with patients and other relevant factors known to influence malpractice claims and suits; and [PL 1977, c. 492, §3 (NEW).]

[PL 1977, c. 492, §3 (NEW).]

**4. External professional competence committee.** Where the nature, size or location of the health care provider makes it advisable, the provider may, upon recommendation of its medical staff, utilize the services of an external professional competence committee or one formed jointly by 2 or more providers.

[PL 1977, c. 492, §3 (NEW).]

**SECTION HISTORY**

PL 1977, c. 492, §3 (NEW).

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