APPENDIX I

RULES AND REGULATIONS

These rules and regulations are incorporated by reference into the Professional Staff Bylaws. They are intended to clarify standards of professional practice and the conditions of appointment to the Professional Staff.

1. **MEETINGS**

   Regular meetings of the Professional Staff will be held quarterly. Each Active Professional Staff Member is encouraged to attend at least two meetings per year.

2. **CRITERIA FOR ADMISSION**

   2.1 Each professional must accept the criteria for admission to the hospital and to each program as approved by the Professional Staff and the Governing Body. These criteria are identified in the hospital's Continuum of Care Plan. Waiver of any of these criteria must be approved by the Medical Director.

   2.2 Admitting psychiatrists or psychologists are responsible for giving such information prior to admission as may be necessary to establish that the patient meets all admission criteria and to promote the safety of the patient and that of other patients in the hospital.

   2.3 The hospital, through the Medical Director or the Administrator, reserves the right to refuse admission or to recommend to the attending psychiatrist or psychologist that a patient be referred to another facility because his needs cannot be met and/or because treatment cannot be adequately provided by this facility.

   2.4 Patients may be admitted to the hospital as part of a study provided that the protocol has been approved by the University of Utah Institutional Review Board.

3. **ADMISSION**

   3.1 Patients may be admitted to the hospital only by those with Professional Staff privileges to do so. All admissions to the hospital must meet the hospital's admission criteria as defined in the hospital's Patient Care Plan.

   3.2 Except in an emergency, no patient shall be admitted to the hospital until a provisional diagnosis has been made and documented by the admitting psychiatrist or psychologist. The diagnosis may be established by the source of the referral or by the clinician performing the pre-admission assessment. In the case of an emergency, the provisional diagnosis shall be stated as soon after admission as possible, not to exceed 24 hours. Diagnoses are to be consistent with the Diagnostic and Statistical Manual of Mental Disorders (current edition). When patients are admitted by a psychologist, admission

orders must specify the attending psychiatrist and provide for examination and physician orders by him or his designee within four hours of admission.

3.3 Each patient admitted to the hospital shall have a psychiatric examination, physical examination and lab work, when indicated.

3.4 The admission History and Physical may be performed by an Institute Clinical Practitioner who is working under the supervision of a licensed physician member of the Professional Staff.

3.5 The physical examination may be performed by the hospital's designated staff internist or by another physician who is a member of the Professional Staff, or by specifically assigned residents in training or medical students. Physical exams performed by residents in training or medical students must be reviewed and countersigned by the attending physician.

3.6 An admission history and physical examination, including preliminary plan of treatment and mental status examination, diagnosis and estimated length of stay, shall be completed and dictated within 24 hours after arrival of the patient on an inpatient unit. The history and physical for patients of residential programs must be completed within seven (7) days of admission. All partial hospital patients will have a physical health screening to determine if a physical exam is necessary. If indicated, the physical exam will be performed by the fifth visit.

3.7 The History and Physical is to be signed within 96 hours after the patient's arrival on the unit

4. CARE AND TREATMENT OF PATIENTS

4.1 The attending physician has the ultimate responsibility for providing each patient's diagnosis, for prescribing medications, directing treatment planning, and for supervising the care of the patient in the hospital. However, in cases where a patient has an attending psychologist, the responsibility for diagnosis and treatment will be equally shared by the attending psychiatrist and attending psychologist.

4.2 Each Professional Staff member agrees to adhere to the design of the hospital's treatment programs and agrees to practice in accordance with the program model. Each will adhere to all written hospital policies, procedures, protocols, and guidelines.

4.3 All patients must be seen within twenty-four (24) hours of admission to an inpatient unit by the attending psychiatrist or his designee. Admissions

requiring emergency care shall be seen as soon as possible. Admissions to residential or partial hospital programs should be seen by the physician within three (3) hospital days.

4.4 Discharge criteria should be specified as soon as possible after admission and discharge planning should begin at that time. Update and changes in discharge criteria and discharge planning should be recorded as appropriate.

4.5 The attending psychiatrist and attending psychologist or their designee will see each of their inpatients no less than five (5) times per week. Residential and partial patients shall be seen no less than once a week.

5. MEDICAL RECORDS

5.1 Confidentiality/Release of Information

Information, written, verbal, and/or electronic is released under the direction of the Medical Records Department. Medical record information (except those records concerning substance abuse treatment) is protected and may only be released pursuant to HIPPA. The release of records concerning substance abuse treatment is governed by federal statutes and regulations concerning confidentiality of substance abuse records, 42 U.S.C. Sections 290dd-2 and 42 CFR Part 2.

5.2 Medical Record Access

5.2-1 All medical records are the property of the hospital. Records may be removed from the hospital in accordance with a court order, or pursuant to statutory or other legal authority. Written consent of the patient is required for the release of records to those not otherwise authorized to receive these records.

5.2-2 The release of a medical record that contains any reference to treatment for substance or alcohol abuse shall be in accordance with the stipulations of 42 U.S.C. Sections 290dd-2 and 42 C.F.R. Part 2.

5.2-3 In the case of readmission of a patient, all previous records from The University Neuropsychiatric Institute shall be made available. Records from other facilities may also be requested.

5.2-4 Access to medical records of patients shall be afforded to appointees to the Professional Staff in good standing for bonafide study and research under policies and procedures established by the hospital; such access is also governed by HIPAA.

5.2-5 At the discretion of the Medical Director and in accordance with HIPAA and other governing laws, former members of the Professional Staff may be permitted access to information included in the medical records of their patients for those periods of time during which they attended such patients in this hospital.

5.3 <u>Physician Responsibility for Medical Records</u>

The attending physician is responsible for providing a complete medical record on each patient; dating and legibly documenting orders for medications, medical procedures, consultations, and responses to abnormal laboratory results; and completing all other medical record documentation (dictation and signatures) within 20 days of discharge. In the case that the discharge summary is not completed within 15 days of discharge, the hospital will contact another physician to dictate the discharge summary. The attending physician will be billed for this service and is expected to sign the dictation within 20 days of discharge

Attending physicians and psychologists are similarly responsible for documenting admission information, progress notes reflecting patient progress according to the signed treatment plan, rationale of therapeutic passes, and diagnosis at the time of discharge. All attending physicians and psychologists are to follow the guidelines for medical records documentation distributed by the hospitals Medical Records Department.

5.4 <u>Physician Orders</u>

5.4-1 Order Sets may be formulated and utilized by physician members of the Professional Staff only after approval by the Medical Record Standards / Utilization Review Committee. Such orders will be consistent with policies and procedures established by the hospital and will be applicable to the individual patient and program of treatment to which the patient is admitted as determined by the attending physician or his physician designee.

5.4-2 Orders which are permitted to be written by an Institute Clinical Practitioner are delimited by their hospital utilization plan and may include orders for medication and for the use of seclusion and restraint. Orders which fall outside of the practitioner's hospital utilization plan may be considered as evidence of unprofessional conduct. An attending psychiatrist may not request an Institute Clinical Practitioner to perform any function beyond the delimitations imposed by the practitioner's hospital utilization plan.

5.4-3 The admitting psychiatrists and psychologists or their designee will

issue initial and succeeding orders. Such orders must be in accordance with established general medical standards and in compliance with hospital regulations.

5.4-4 All orders shall be in writing, including date and signature. All orders written by medical students and physician assistants shall be countersigned by the supervising M.D.

Verbal/Telephone orders may be dictated to a licensed registered nurse if the attending psychiatrist or attending psychologist is not available to write the order. All verbal/telephone orders shall be signed by the nurse to whom they are dictated, including the name of the physician or psychologist, date, and time. To ensure accuracy, the nurse should "read back" the order to the physician for verification, and indicate that this did occur on the order itself. All Verbal/Telephone Orders shall be subsequently counter-signed by the psychiatrist or psychologist who initiated the order.

5.4-5 Emergency situations in which verbal orders (regardless of mode of transmission) may be accepted are limited to the following:

(a) admissions (provided the physician is not in the hospital);

(b) patient's condition dictates immediate need for treatment. Examples include: (i) patient behavior is potentially dangerous to self and/or others; (ii) acute anxiety warrants need for medication; (iii) adverse drug reaction; (iv) initiation of pain medication; (v) initiation of antibiotic therapy; (vi) medication is to be sent with the patient on an unplanned therapeutic assignment; (vii) renewal of expired or expiring medication as needed as loss of continuity would be a threat to the patient's well being.

5.4-6 Orders shall be written clearly and legibly and shall be complete. Orders which are illegibly or improperly written will not be carried out until rewritten or understood by the duly authorized person. The use of "renew", "resume", and "continue" without identification of medication, dosage, frequency, and route of administration will not be acceptable.

5.4-7 Orders are required for admission, discharge, medications,

treatments, therapeutic passes, and restrictions of patient rights subject to 5.4-9. Physicians may write all orders. Psychologists are limited to writing orders as specified in section 14.6.

5.4-8 As governed by relevant state and federal law, orders of a physician are required to restrict patient rights to unimpeded, private, and uncensored communication by mail, telephone and visitation, other than programmatic restrictions explained to patients and/or legal guardian prior to admission. These orders must document that the restriction is for therapeutic purposes, to protect the recipient or others from harm, harassment, or intimidation.

5.5 Symbols and Abbreviations

Symbols and abbreviations must be used in accordance with the University of Utah Hospitals and Clinics Terminology Abbreviations Policy.

5.6 Admission Documentation

See Section 3.6

5.7 Progress Notes

5.7-1 Pertinent progress notes related to diagnosis and to treatment plan goals and objectives, sufficient to permit continuity of care shall be recorded at the time of observation. Wherever possible each of the patient's clinical problems should be clearly identified in the progress note and correlated with specific orders, as well as results of tests and treatments, and any changes in condition. A progress note will be entered, dated and signed after each visit by the attending psychiatrist or psychologist. Progress notes entered by medical students shall be countersigned by his supervising physician.

5.7-2 Physicians shall document abnormal laboratory values in a progress note.

5.7-3 Physicians or psychologists shall document therapeutic pass goals and patient's response to passes.

5.7-4 Consultants must make record entries, dated and signed, whenever they see a patient. If they are seeing patients on a regular basis, weekly summaries are required.

5.8 Therapeutic Passes

5.8-1 Therapeutic passes or leaves of absence are defined as times away from the hospital ordered by the physician to provide an opportunity

to work toward therapeutic objectives critically necessary to patient recovery and leading to discharge. They may be used during hospitalization to permit orderly transition from the hospital to a less restricted level of care.

5.8-2 Therapeutic passes shall be integrated into the patient's written treatment plan.

5.8-3 The attending physician shall write an order specifying the date and length of the pass, therapeutic goals and the identity of any person to accompany the patient. The attending physician or his designee will indicate any medication to be taken by the patient during the pass by a specific order.

5.8-4 The staff member who receives the patient back from a pass shall document the therapeutic outcome of each pass in the medical record.

5.9 Discharge Documentation

5.9-1 Patients shall be discharged only on written order of the attending physician. AMA discharges must be written by the attending physician. Patients whose hospital care has been co-managed by a psychiatrist and psychologist shall have documented in the medical record that both approve of the discharge. At the time of discharge, the attending physician shall complete the discharge summary according to the approved guidelines, state final DSM, current edition diagnoses and sign the record.

5.9-2 All discharge summaries and other medical record documentation shall be completed within 20 days following the patient's discharge. Incomplete records exceeding 20 days following discharge will be considered delinquent.

5.9-3 The attending physician is responsible for insuring that the medical record is complete within 20 days of discharge. The medical record is considered complete when the required contents are dictated, assembled and signed.

5.9-4 Subject to the general rules regarding corrective action of physicians and psychologists, the hospital Executive Director is authorized to temporarily suspend privileges of physicians and psychologists, and/or employ a qualified person to dictate late reports:

a. When Professional Staff members do not complete

medical records within the time frame prescribed above;

b. When Professional Staff members do not comply with requests for additional documentation for justification of patient's hospitalization to meet requirements of third-party payers, social and other agencies responsible for payment of hospital bills.

5.9-5 Privileges shall be automatically reinstated when the records have been completed and/or additional documentation is provided.

5.9-6 Payment to the qualified person dictating late reports will be made by UNI. UNI will then bill the delinquent Professional Staff member for this service.

6. MEDICATION USAGE

6.1 The administration of all drugs and medication to patients shall be limited to those listed in the latest editions of the United States Pharmacopoeia, National Formulary, American Hospital Formulary Service or American Medical Association Drug Evaluations. Exceptions are limited to the administration of experimental medications after appropriate review and approval of the University of Utah Institutional Review Board (IRB) and upon execution of their designated informed consent procedures and in compliance with all regulations of the Food and Drug Administration (FDA).

6.2 The authority to prescribe medications is reserved to physicians, dentists and podiatrists and Institute Clinical Practitioners admitted to membership in the Professional Staff who have been granted that privilege.

6.3 The Pharmacy & Therapeutics Committee shall have the responsibility for designing, recommending and monitoring the usage of medication across the Institute and its programs. (See Section VI: Professional Staff Bylaws and the Medical Usage Plan)

7. SECLUSION AND/OR RESTRAINT

The use of Seclusion and/or Restrain is permissible for purposes of medical management or behavioral control when it is employed in a manner consistent with the hospital's approved plan for seclusion and/or restraint. This plan is designed to conform to applicable laws of the State of Utah, state and federal regulations and reviewing authorities. It is reviewed no less than biennially. Each member of the Professional Staff is expected to review the plan and to limit the use of seclusion and/or restraint within the

constraints that are imposed.

8. **RESTRICTIONS**
A patient placed on a behavior modification program as part of his treatment plan may be restricted but not physically confined to a given area or room for a reasonable period of time and such restriction shall not constitute seclusion. The approved hospital guidelines must be followed in the use of this procedure and/or any other restrictions.

9. **ELECTROCONVULSIVE THERAPY (ECT)**

9.1 Electroconvulsive Therapy is performed in the hospital only by those members of the medical staff who are specifically privileged to administer anesthesia for ECT and to administer ECT treatments.

9.2 The medical record is to clearly reflect the clinical reasoning behind the decision to prescribe ECT.

9.3 The use of ECT requires the informed consent of patient and/or family member or guardian prior to initiation of treatments. The informed consent form must conform to hospital policy and procedure and must allow the patient to withdraw consent.

9.4 Pretreatment evaluation procedures and procedures for the administration of ECT are outlined in hospital policy and procedure. These procedures provide for patient safety, equipment maintenance and checks, documentation, staffing for ECT procedures, and observation and release of patient from ECT room.

9.5 ECTs are not administered to children or adolescents under the age of 18 except on unanimous agreement of the attending physician, UNI Youth Services Medical Director and UNI Medical Director. In addition, one board-eligible or board-certified child psychiatrist not primarily involved in the patient's treatment, will examine the patient, consult with the psychiatrist responsible for the individual, and document in the individual's record their concurrence with the decision to administer ECT.

10. **MEDICAL ALTERNATE**

10.1 When the attending physician or psychologist is out of town, he will notify the hospital of an alternate member of the Professional Staff who has agreed to provide care for his patients during his absence. An Institute Clinical Practitioner is NOT an acceptable medical alternate for an attending physician. A psychologist may not utilize an Institute Clinical Practitioner instead of an attending psychiatrist.

10.2 In an emergency when the attending physician or psychologist or their designee is unavailable, the Medical Director must be contacted and shall have the authority to make provisions for caring for the patient.

11. ON-CALL

11.1 The Administrator and the Medical Director shall be administratively responsible for maintaining the hospital's on-call roster.

11.2 Each attending physician or psychologist is responsible for arranging adequate coverage in his absence (see Section 10.1 above).

12. CONSULTATIONS

12.1 Consultations must be requested by the attending physician or attending psychologist. Consultations to medical specialists must be requested by the attending physician or his designee. In the rare event that a consultation must be performed by a physician who is not an appointee of the Professional Staff, temporary consulting privileges must be granted pursuant to Article VII, Section III in the Professional Staff Bylaws.

12.2 Progress notes must indicate the reason for the consultation. Requests are by written order, specifying reason for consultation request.

12.3 Emergency consultations must be requested by the attending physician or psychologist directly to the consultant. A verbal order may be dictated in the case of an emergency.

12.4 Initiation of a request for consultation by the patient or, if the patient is incompetent, by next of kin, must be accompanied by an order. The Medical Director may initiate a requested consultation in the absence of the attending Professional Staff member.

12.5 Psychiatric consultations are encouraged in cases in which:

(a) the patient's diagnosis is obscure;
(b) there is doubt as to the best therapeutic measures to be utilized;
(c) there are substantial or unusual treatment risks for the patient;
(d) the case has been determined by the Utilization Review Committee to require consultation;
(e) ethical or legal conflicts arise in the course of providing the best clinical care.

12.6 Requests for psychiatric consultation may be made by the attending physician or the Medical Director.

13. **PSYCHIATRY RESIDENTS IN TRAINING**

13.1 Upon the recommendation of the Credentials Committee, the Executive Committee and the Governing Board, a resident in training in psychiatry may be approved to conduct a restricted practice at The University of Utah Neuropsychiatric Institute.

13.2 Duties performed in this capacity shall all be under the supervision of the attending psychiatrist.

13.3 Privileges granted to such residents in training shall be limited to the following:
-General Adult Psychiatry (ages 17 through 64)
-Adult Addictive Diseases
-Geriatric Psychiatry (ages 64 and over)
-Adult Eating Disorders
-General Adolescent Psychiatry (ages 12 through 18)
-Adolescent Addictive Disease
-Adolescent Eating Disorders
-General Child Psychiatry (ages 4 through 12)
-Consultation
-PsychopharmacologicTreatment
-History and Physical Examination
-Detoxification

14. **ATTENDING PSYCHOLOGISTS**

14.1 Upon the recommendation of the Credentials Committee, Executive Committee and the Governing Board, a person holding a doctorate in psychology who is licensed in the State of Utah may be approved to conduct an inpatient and/or partial hospitalization practice at The University of Utah Neuropsychiatric Institute. An attending psychologist is permitted to provide patient care services within the scope permitted by law, by his license, by individually granted privileges and by the Institute's Bylaws and Professional Staff Rules and Regulations.

14.2 Such practice must be conducted in conjunction with a duly privileged and credentialed attending psychiatrist. In no case shall this be a physician in training.

14.3 A psychologist must demonstrate experience and competence in the care of hospitalized patients beyond educational training requirements in order to obtain such inpatient privileges. A newly credentialed psychologist will be provided a six-month mentorship period by an attending psychologist.

14.4 A privileged attending psychologist may write an order for admission to the hospital. Such order shall specify the attending psychiatrist and assumes that the attending psychiatrist has been notified and agrees to function in this capacity. The attending psychiatrist or his designee shall examine the patient within twenty-four hours of routine admission to the inpatient units, and within three (3) hospital days of admission to partial or residential treatment, and as soon as possible, when the patient's condition warrants.

14.5 A privileged attending psychologist may write orders which provide for:

(a) the program to which the patient is to be admitted
(b) the admission diagnosis
(c) the activity and privilege level
(d) psychological and/or behavioral components of the treatment
(e) psychological testing
(f) consultations from any psychological, marriage and family, or social work specialist
(g) restriction of patient rights subject to Section 5.4-8.

14.6 The attending psychologist may not and the attending psychiatrist must write orders for:

(a) vital signs
(b) laboratory work
(c) medications
(d) any medical treatment
(e) consultations from any medical specialist
(f) diet
(g) recreation/occupational therapy
(h) therapeutic passes
(i) seclusion and restraint as provided for in Section 7
(j) history and physical examinations performed by on-call residents.

14.7 The attending psychologist and the attending psychiatrist shall contribute to and sign the multi disciplinary treatment plan and subsequent reviews.

14.8 The attending psychologist and attending psychiatrist shall both approve the order for discharge from the hospital, and this will be documented in the orders or progress notes of the medical record.

14.9 Neither attending psychiatrists nor attending psychologists may write an order countermanding an order of the other without consultation or unless medically indicated.

14.10 An attending psychologist and attending psychiatrist who work together co-treating an inpatient shall carry malpractice insurance with identical limits of coverage, unless specific written authorization to the contrary is received from the Medical Director and Risk Management.

14.11 A dispute arising between the attending psychologist and the attending psychiatrist shall be arbitrated:

(a) by the Medical Director on an emergency basis where immediate quality of patient care is at stake. The Medical Director is empowered to direct the treatment in such cases.

(b) by an ad hoc arbitration committee on a non-emergent basis where immediate quality of care issues are not at stake. Such a committee may also be requested to review the decisions of the Medical Director made in emergency cases. The committee shall consist of four members, two appointed by the Medical Director, and two appointed by the Director of Psychology. The committee shall be charged with arbitrating a harmonious settlement to any such dispute and to making recommendations for policy and/or Bylaw changes to the Executive Committee.

15. PRIVILEGE DELINEATION AND CRITERIA

Privileges granted to the various categories of professionals, the criteria necessary to acquire and maintain such privileges, and the required supervision shall be as outlined in Appendix III.

16. UTILIZATION REVIEW

The attending physician or psychologist is required to document the need for admission and for continued hospitalization. Utilization reviews are scheduled on a systematic basis. Willful or continued failure to furnish such required documentation is cause for a request to the Executive Committee for corrective action and can be initiated by the Utilization Review Committee.

17. PEER REVIEW

The quality of services provided by members of the Professional Staff is an integral part of the overall mission of UNI. All members of the active Professional Staff will participate fully in performance improvement efforts. This includes, but is not limited to, participation in the peer review process defined in the UNI Physician, Psychologist, and Associate Peer Review Plans. The Plans will be reviewed no less than biennially for elements of consistency, timeliness, balance, utility and continuity.

18. PATIENT REQUEST TO CHANGE PHYSICIAN OR PSYCHOLOGIST

A patient may request to change attending physician or psychologist. In the event of controversy, the Medical Director should be contacted to investigate and, if appropriate, to

facilitate the change.

19 HOSPITAL EMERGENCY MANAGEMENT PLAN

19.1 Professional Staff Emergency Management Assignments

Physicians and psychologists shall be assigned to posts in the hospital and will perform duties specifically assigned. The Medical Director and the Executive Director of the hospital will work as a team to coordinate activities and directions. In cases of evacuation of patients from one section of the hospital premises, the Executive Director, or his designee, will authorize the movement of patients. All policies concerning patient care will be a joint responsibility of the Medical Director and the Executive Director.

19.2 All members of the Professional Staff of the hospital specifically agree to relinquish direction of the professional care of their patients to the Medical Director in cases of emergency.

20. PATIENT DEATH AND AUTOPSY

In the event of a patient's death, the deceased shall be pronounced dead and the family notified by the attending physician or her/his designee. Completion of death certificates shall be governed by the applicable state regulations and reporting requirements. It shall be the duty of the attending physician to attempt to secure an autopsy on any patient who dies within the hospital. A provisional anatomic diagnosis shall be recorded in the medical record within 72 hours, and the complete protocol is made a part of the record within 90 days. All autopsies shall be performed by a licensed pathologist or her/his designee, and with written consent signed in accordance with state law.

21. EMERGENCY MEDICAL SERVICES

21.1 Emergency medical treatment on a 24 hour basis shall be provided through the University of Utah Hospitals and Clinics Emergency Department unless service is unavailable, then the patient will be transferred to a facility that provides the service.

21.2 As dictated by EMTALA and other relevant laws, University of Utah Neuropsychiatric Institute will provide appropriate equipment, staff and training so that patients, staff and visitors requiring emergency medical services can receive basic life-saving care (CPR) and stabilization before transfer to another facility for medical/surgical care unavailable at UNI.

21.3 In the case of a life-threatening status including cardiac or respiratory arrest, the staff shall be ready and able to respond effectively until the local emergency service (EMS) arrives and assumes command. Anyone discovering such an emergency will be responsible to initiate basic life saving care and to summon additional help as needed. The charge nurse will

be responsible to notify the physician and to continue such care as directed and necessary to stabilize the patient. Immediate emergency care shall be directed by the nearest physician and nurse.

21.4 The process of rendering emergency care and transfer must be adequately documented by the responsible physician following acceptable community standards, and as prescribed by law.

21.5 The patient is transferred only if UNI is unable to provide adequate care and only after appropriate life saving care (CPR) and adequate stabilization to avoid deterioration during transfer have been completed. Patients are never transferred to another hospital for emergency care based on ability to pay, the amount of time required for treatment, prognosis, immigration status, sex, race, creed, national origin, or any other protected status, or criminal status.

21.6 Patient's family will be notified by a UNI clinical staff member of the need for emergency treatment as soon as possible. Communication between UNI and the family will be ongoing.

21.7 Transportation to the receiving facility will be provided by UNI clinical staff, by ambulance service, or by Rescue Squad (911). The nurse or physician in charge will make this decision based on the acuity of the patient as to whether Advanced Life Support (ACLS), Basic Life Support (BLS), or no active life support is needed. UNI staff will be responsible until control of the patient is taken by EMS and by the receiving ER staff.

22. REVIEW AND APPROVAL

These Bylaws, Rules and Regulations shall be reviewed at least biennially and approved by a two-thirds majority of the Professional Staff. Final approval rests with the Institute's Governing Board.