

Clinical Practice Statement:

Emergency Physicians Dual Coverage in Emergency Department and on Inpatient Floors (11/8/10)

Reviewed and approved by the AAEM Clinical Practice Committee.

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The American Academy of Emergency Medicine is aware that some emergency physicians (EPs) are being compelled to provide dual *simultaneous* coverage for both the ED and the inpatient hospitalist services. This dual-coverage requires EPs to leave the emergency department (ED) to manage routine and non-urgent medical problems of hospitalized patients. Emergency physicians should not provide care outside of the ED contemporaneously with their ED coverage.

In recent years, EPs have faced increasing patient volumes and increasing acuities in fewer EDs¹. Overcrowding, lack of inpatient beds and boarding of ICU patients in the ED have threatened the general function of EDs and more importantly patient safety.^{2, 3} Requiring EPs to cover inpatient settings while also working in the ED is detrimental to providing safe and effective emergency department care. Dual-coverage responsibilities for EPs leave those ED patients with life-threatening emergencies and time-sensitive conditions without a doctor.

The American Academy of Emergency Medicine believes that dual coverage responsibilities for EPs place an undue risk on the ED patients. Emergent patients in critical condition have the right to be seen immediately upon arrival in the ED. Dual simultaneous coverage is not consistent with appropriate physician coverage for the ED or for the care that should be the right of our patients who arrive in extremis.⁴⁻⁸ Hospitals need to provide for a dedicated qualified healthcare provider to care for hospitalized patients independent of the Emergency physician.