

AAEM Position Statement

Emergency Patient Access to Specialty Consultation in the Rural and Critical Access Emergency Department.

Rural Medicine Interest Group (RMIG)

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Critical access and rural hospitals serve as a lifeline for the communities that they serve. Emergency departments in rural areas are often the only place that patients can receive acute and emergency care. Due to the ongoing crisis of overcrowding, patients are increasingly boarding at facilities without the capacity to care for them.

- ED patient boarding is directly linked to quality and patient safety issues as well as clinician burnout. This is of critical importance to rural settings where resources and highly trained clinical staff are a limited resource.
- Patients should receive the same quality of care regardless of location. Emergency physicians do not have admitting privileges. Therefore, they should have access to formally consult hospitalists and specialists for the purpose of managing patients who require admission to an inpatient service following emergency department stabilization of presenting illness or injury as required by EMTALA. This should include specialty consultation outside of their health system if needed.

AAEM calls upon hospitals and healthcare systems to ensure that emergency physicians have access to consultation with hospitalists and specialists for all patients under their care.