Final Committee Objectives 2024-25

Emergency Medicine Practice Committee

Chair: Richard Kwun, MD, FACEP
Board Liaison: C. Ryan Keay, MD, FACEP
Staff Liaison: Jonathan Fisher, MD, MPH, FACEP

1. Review the following policies per the Policy Sunset Review Process:
   - Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine (and PREP titled "Guidelines for Credentialing and Delineation of Clinical Privileges in Emergency Medicine")
   - Sub-dissociative Dose Ketamine for Analgesia (PREP)
   - Writing Admission and Transition Orders (PREP)
   - Crowding
   - Economic Credentialing
   - EMTALA and On-call Responsibility for Emergency Department Patients
   - Providers of Unsupervised Emergency Department Care
   - Providing Telephone Advice from the Emergency Department
   - Safe Discharge from the Emergency Department
   - The Role of Emergency Physicians in the Completion of Death Certificates

   Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

2. Solicit nominations for the Community Emergency Medicine Award and Innovative Change in Practice Management Award and recommend recipients to the Board of Directors.

3. Identify resources and best practice to address boarding from operational perspective to complement ACEP's advocacy solutions.

4. Develop resources to address the use of alternative sites of care (e.g., waiting room, tents) when space and/or staffing constraints disallow provision of care in traditional patient care spaces (i.e., a bed).

5. Develop a policy statement to address need for hospital to make diagnostic resources (i.e., MRI/US) available on a 24/7 basis to support emergency care.

6. Work with relevant stakeholders such as SEMPA and AAENP to develop best practices to support the Physician Led Team Care.

7. Serve as a resource to the Medical-Legal Committee in their objective to develop the following information papers:
   - Specific considerations for emergency medicine around unionization of physicians, including options for pursuing it, and any potential limitations such as state or local restrictions, EMTALA considerations, etc. Obtain input from the Emergency Medicine Practice Committee and the State Legislative/Regulatory Committee. (Medical-Legal is the lead committee).

   Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed by the Medical-Legal Committee.

8. Review current information papers developed by the Emergency Medicine Practice Committee related to contractual relationships and revise as needed.

9. Complete development of an information paper on the role of telehealth in support of rural emergency medicine practice. Collaborate with representatives from the Emergency Telehealth Section, Rural Emergency Medicine Section, and the Rural Emergency Care Task Force.

   Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed by the Emergency Medicine Practice Committee.

10. Investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high quality care and appropriate supervision in the setting of a physician-led emergency medicine team as directed in Amended Resolution 46(22) Safe Staffing for Nurse Practitioner and Physician Assistant Supervision.

    RESOLVED, That ACEP investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high-quality care and appropriate supervision in the setting of a physician-led emergency medicine team.

11. Work with relevant stakeholders to develop a policy statement on specialty consult time and documentation expectations.

12. Review Referred Resolution 53(22) Law Enforcement and Intoxicated Patients in the ED and work with the Tactical & Law Enforcement Medicine Section to make a recommendation to the Board regarding the advisability of implementing the resolution including potential next steps to address the resolution.

    RESOLVED, That ACEP investigate alternative care models to evaluate patients in police custody, such as telehealth, to determine necessity of an in-person evaluation; and be it further

    RESOLVED, That ACEP encourage law enforcement to stay with any patient they choose to bring to the ED who are intoxicated, altered, agitated, or otherwise pose a risk to the safety of themselves or others until a disposition has been determined or the physician determines their assistance is no longer needed.

13, Review Amended Resolution 58(22) Removing Intrusive Medical Exams and Questionnaires from Employment Contracts and determine if revisions are needed to ACEP's policy statement "Physician Impairment" or whether a separate policy statement or other resources are needed to address the resolution.

    RESOLVED, That ACEP support the cessation of intrusive medical evaluation exams and questionnaires that may unduly and unnecessarily invade the privacy of emergency medicine physicians seeking and continuing employment beyond that necessary to confirm ability to perform duties associated with the individual's role as hired.

14. Work with American Society for Surgery of the Hand and the Clinical Policies Committee to develop hand consult guidelines. (Emergency Medicine Practice is the lead committee.)

15. Develop a policy statement to address Resolution 43(23) Adopt Terminology "Unsupervised Practice of Medicine."

    RESOLVED, That ACEP adopt terminology to refer to the independent practice of medicine by non-physicians as "Unsupervised Practice of Medicine" and continue promotion of the gold standard ideals to have on-site supervision of non-physician practitioners.

16. Work with the Medical-Legal Committee and review Referred Amended Resolution 49(23) Patients Leaving the ED Prior to Completion of Care Against Medical Advice and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution. (Emergency Medicine Practice is the lead committee.)

    RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of care may not have received a complete evaluation, results of all ancillary testing including incidental findings, all indicated therapies, and all indicated consults; and be it further

    RESOLVED, That ACEP work with relevant stakeholders such as the American Hospital Association to create a document or tool outlining responsibilities and systems of communication for the conveyance of information about testing and follow up of patients who leave the emergency department prior to the completion of care; and be it further

    RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of evaluation and treatment bear responsibility for ongoing care and

may not have all medication recommendations and prescriptions, nor a complete list of discharge diagnoses, incidental findings requiring follow up, instructions, and referrals upon departure.

17. Review Referred Amended Resolution 50(23) Metric Shaming and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution.

    RESOLVED, That ACEP develop practices and policies to prevent the public or external publication, transmission, and/or release of unblinded metric related productivity information about individual emergency physician performance to safeguard the welfare of our membership.

18. Revise the "Patient Experience of Care Surveys" policy statement to address the intent of Amended Resolution 51(23) Quality Measures and Patient Experience Scores.

    RESOLVED, That ACEP advocate for alignment with current ACEP policy and previous recommendations that patient experience surveys be extended to all appropriate categories of emergency department patients to attempt to improve validity; and be it further

    RESOLVED, That ACEP oppose reimbursement metrics and employment decisions correlated with or dependent on patient experience surveys; and be it further

    RESOLVED, That ACEP work with relevant stakeholders to decrease or eliminate the role of patient experience surveys in reimbursement decisions.

19. Develop policy statements to address Amended Resolution 53(23) Treating Physician Determines Patient Stability.

    RESOLVED, That ACEP enact policy that the treating emergency physician at the patient's bedside is best qualified to determine a patient's stability for transfer and their decision should not be overruled by a physician or a non-physician practitioner who has not personally evaluated the patient; and be it further

    RESOLVED, That ACEP develop an additional policy statement that speaks to the implications of coercion or threats of financial penalties to the emergency physician who has not personally evaluated the patient to coerce or threaten financial penalties to force the treating emergency physician to transfer a patient when the treating physician believes that the patient is unstable and such a transfer may compromise patient safety.

20. Create talking points to assist physicians in lobbying hospital administrators to use board certifications such as ABEM to validate training, core competencies, and scope of care in response to Resolution 54(23) Opposition to The Joint Commission Credentialing Requirements for Individual Emergency Conditions.

    RESOLVED, That ACEP engage with The Joint Commission to oppose credentialing policies that require new language or changes to delineation of clinical privileges for the diagnosis and treatment of individual emergency conditions.

21. Develop an information paper or other resources to address Amended Resolution 55(23) Uncompensated Required Training.

    RESOLVED, That ACEP convene a working group to evaluate fair market compensation for required training, accurate estimates of the time to completion, and appropriate protected time allowances for training without requiring completion during off hours; and be it further

    RESOLVED, That ACEP explore opportunities to partner with other like-minded organizations to reduce unnecessary or redundant annual or onboarding training for physician Employment.

Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed by the Emergency Medicine Practice Committee.

22. Work with Geriatric ED Accreditation Board of Governors, Geriatric Emergency Medicine Section, AMDA – The Society for Post-Acute and Long-Term Care Medicine, and other stakeholders to create a best practice to help both nursing homes and EDs/hospitals understand the capabilities of both entities; to provide optimal care to older adults.

23. Complete revisions to the policy statement "Safer Working Conditions for Emergency Department Staff." Include any revisions needed to address Amended Resolution 41(20) Personal Protection Equipment such as: whistleblower protections for emergency physicians who raise concerns regarding patient safety/clinical issues; the safe "environment" of the emergency department; and the responsibility of the hospital to provide/allow appropriate personal protection equipment and collaborate with the Medical-Legal Committee. Review other current policy statements related to personal protection equipment to determine if revisions are needed.

24. Provide input to the Medical-Legal Committee in their work to complete revisions to the "Use of Nurse Implemented Order Sets" policy statement. (Medical-Legal is the lead committee.)

25. Collaborate with the EMS Committee and the Medical-Legal Committee to develop a policy statement on the utilization of non-ambulance means for interfacility transport. (EMS is the lead committee).[added January 2025 as requested by the EMS Committee]

26. Collaborate with the Freestanding Emergency Centers Section to review the "Freestanding Emergency Departments" policy statement and provide recommendations to the Board of Directors regarding potential revisions in response to Substitute Resolution 29(24) Minimum Standards for Freestanding Emergency Departments. [added February 2025]

    RESOLVED, That ACEP promote the maintenance of more specific minimum standards for freestanding emergency departments (FSEDs) pertaining to appropriate staffing, lab, security, service availability, and imaging capabilities, and update the FSED policy statement accordingly.

27. Collaborate with the Palliative Care Section to develop a strategy to address Amended Resolution 50(24) Communication to Established Patients Being Referred to the Emergency Department. [added February 2025]

    RESOLVED, That ACEP work with other stakeholders to develop a strategy to address the problem of patients with terminal or end stage diseases being referred to the ED for education and disposition of expected prognosis and disease progression of which they and their families were not educated by the physicians responsible for doing so.

28. Work with the Emergency Telehealth Section to review the "Emergency Medicine Telehealth" policy statement and provide a recommendation to the Board on the advisability of revising the policy statement to address Referred Amended Resolution 40(24) Telehealth Emergency Physician Standards. [added February 2025]

    RESOLVED, That ACEP affirm that physicians providing telehealth emergency medicine be board certified or board eligible in emergency medicine, in congruence with existing ACEP policy on telehealth.

29. Review the "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department" policy statement and provide a recommendation to the Board on the advisability of revising the policy statement to address Referred Resolution 52(24) Delegation of Critical Care to Non-Physician Practitioners. [added February 2025]

    RESOLVED, That ACEP revise the "Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department"[6] policy statement to include that:

    1. Emergency physicians should retain primary responsibility for performing critical care activities within emergency departments to ensure that practitioners possess the requisite knowledge, skills, and experience to manage critical care scenarios effectively; and
    2. Credentialing processes must prioritize patient safety and quality of care, ensuring that physicians and non-physician practitioners are granted privileges to manage patients commensurate with their training; and

3. The scope of practice for nurse practitioners and physician assistants in emergency departments should be clearly defined, focusing on roles where their training and expertise can complement but not substitute for the specialized skills of emergency physicians in critical care.

30. Collaborate with the Public Health Committee and the Medical-Legal Committee to address Substitute Resolution 56(24) Patient and Visitor Code of Conduct. (Public Health is the lead committee.) [added February 2025]

RESOLVED, That ACEP create and implement a concise, universal code of patient and visitor conduct for emergency departments, featuring prominently displayed signage that clearly defines acceptable behavior and states that non-medical aggression may result in immediate removal.