

Australasian College
for Emergency Medicine

Patients' rights to access emergency department care

Policy P31

Document Review

Timeframe for review: Every three years, or earlier if required.
Document authorisation: Council of Advocacy, Practice and Partnerships
Document implementation: Council of Advocacy, Practice and Partnerships
Document maintenance: Department of Policy and Strategic Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	March 2004	Approved by Council
V2	November 2019	Reviewed and approved

1. Purpose and scope

This policy relates to patients' rights to obtain access to care in an emergency department (ED).

The Policy is applicable to EDs in Australia and New Zealand.

2. The ideal patient journey

While attending to the particular health care needs of patients presenting to the ED demands both pragmatism and sensitivity, with consideration of specific life circumstances, ACEM supports the basic principle that only patients requiring the specialist care that an ED can provide should be managed in an ED.

ACEM also supports the principle that patients who do not require medical assessment or resuscitation, but do require hospital admission for further care, should not be admitted via the ED. Similarly, patients for whom another community or hospital service can provide the required care should access that service directly. In general, transferring patients from one ED to another for repeated assessment should be avoided.

3. Policy

Any individual with symptoms that lead them to believe that they have an injury or illness that could place their health in jeopardy, or lead to an impairment of their quality of life has the right to attend an ED.

For the homeless and disadvantaged, the ED may be the only point through which they can access healthcare after hours.

The Australasian Triage Scale^{1,2} (used in the ED) rates the urgency of the patient's presenting symptoms, in relation to a targeted, case-specific waiting time goal for medical intervention.

The Australasian Triage Scale is not a validated tool for triage to alternative care providers outside of the ED.

ACEM recognises the key role of community-based primary health care to patient health and wellbeing, and the importance of the continuum of care.

ACEM believes that, if a health service for local reasons decides to use an ED to provide non-ED services, this should be explicit in service agreements and the resourcing of that ED.

4. Actions

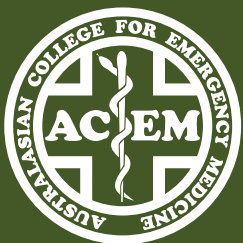
Care will not be declined nor will patients actively be referred out of any ED solely on the basis of an Australasian Triage Scale rating.

Emergency departments will assess all patients who present for care, and will not refuse clinically necessary care to any patient.

Emergency departments will support the continuum of care, and actively encourage patients to make the best choices in selection of appropriate health care providers.

1. Australasian College for Emergency Medicine. *P06 Policy on the Australasian Triage Scale*. ACEM, Melbourne, 2013.

2. Australasian College for Emergency Medicine. *G24 Guidelines on the Implementation of the ATS in Emergency Departments*. ACEM, Melbourne, 2016



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