



# Australasian College for Emergency Medicine

## Statement on Patients' Right to Access Emergency Department Care

### Document review

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<b>Timeframe for review:</b>	Every five years, or earlier if required
<b>Next review to be completed:</b>	April 2031
<b>Content owner:</b>	Emergency Medicine Standards and Advisory Committee
<b>Approval authority:</b>	Council of Advocacy, Practice and Partnerships
<b>Accessibility:</b>	Public (website)

### Revision history

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Version	Date	Pages revised / Brief explanation of revision
V1	Mar-2004	Approved by Council
V2	Nov-2019	Reviewed and approved
V3	April-2026	Added references. Updated the 'ideal patient journey'. Aligned with S881 Statement on Health and Human Rights. Rebranded from a policy to a position statement. Changes to structure and content order.

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# 1. Purpose and Scope

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This statement of the Australasian College for Emergency Medicine (ACEM; the College) outlines the position of the College on patients' right to present to any emergency department (ED) in Australia and Aotearoa New Zealand and be provided with high quality care.

## 1.1 Related ACEM standards

This statement should be read in conjunction with the following ACEM standards:

- [P55 Policy on Emergency Medicine Consultation Standards of Care](#)
- [S881 Position Statement on Health and Human Rights](#)

## 2. ACEM Position

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Any individual who believes 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. EDs will assess all patients who present for care through use of the Australasian Triage Scale (ATS)<sup>1,2</sup> and will not refuse clinically necessary emergency care to any patient. Care may be modified, deferred or delivered via alternative pathways if a patient's behaviour poses a risk of harm. All ED staff are responsible for upholding the rights described in the Australian Charter of Healthcare Rights<sup>3</sup> and the Aotearoa New Zealand Code of Health and Disability Services Consumers' Rights.<sup>4</sup>

ACEM recognises the key role of community-based primary health care to patients' health and wellbeing, and the importance of the continuum of care. EDs will support the continuum of care through timely communication and handover of care as well as active encouragement for patients to engage with general practice and other community providers.

## 3. The Ideal Patient Journey

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The primary role of EDs is to provide timely clinically necessary emergency care for people experiencing acute illness or injury. After care in the ED people may be discharged with advice to seek follow-up care from their general practitioner (GP) or another community provider, referred to an outpatient clinic or specialist service, or admitted to hospital for further treatment.

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 emergency medical assistance 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-based service can provide the required care should be able to access that service directly.

In general, transferring patients from one ED to another for repeated assessment should be avoided to maintain a forward patient journey. Well-developed methods for directing patients to alternative models of care (including virtual consultation, senior decision making, and streamlined admission pathways to surgical and medical assessment units) can preserve scarce ED resources and capacity while respecting a patient's right to timely care.

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<sup>1</sup> Australasian College for Emergency Medicine. Policy of the Australasian Triage Scale (P06). Melbourne: ACEM. 2013

<sup>2</sup> Australasian College for Emergency Medicine. Guidelines on the implementation of the ATS in Emergency Departments (G24). Melbourne: ACEM. 2013

<sup>3</sup> Australian Commission on Safety and Quality in Health Care. Australian Charter of Healthcare Rights. 2020.

<sup>4</sup> Health & Disability Commissioner. Code of Health and Disability Services Consumers' Rights. 1996.