



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# POLICY STATEMENT

Approved June 2014

## *Deferral of Care After Medical Screening of Emergency Department Patients*

Revised June 2014 with  
current title, January 2007

Originally approved  
April 2006 titled “Medical  
Screening of Emergency  
Department Patients”

The American College of Emergency Physicians (ACEP) believes that every patient who seeks care in the emergency department (ED) should receive appropriate and necessary medical care. While this care should ideally be provided in the ED, ACEP recognizes that in limited circumstances, deferral of care from the ED may be warranted, but that strict safeguards are necessary to protect such patients and ensure that deferral of care is appropriate and safe for the patient.

In situations in which it is determined that a patient has no emergency medical condition and that their care can be safely deferred, very specific and concrete standards must be adopted by the hospital to ensure patient access to an alternative setting and timely, appropriate treatment.

Minimum steps prior to any deferral of care should include:

- A standardized process to ensure that all patients presenting for medical care receive an appropriate medical screening examination (MSE) by a qualified medical provider as identified in the hospital by-laws or in the rules and regulations governing the medical staff following governing body approval; and
- Appropriate medical treatment for emergency medical conditions, as is required by the Emergency Medical Treatment and Labor Act (EMTALA); and
- The determination that the MSE identifies no emergency medical condition requiring immediate treatment in the ED, and that deferral of care is not likely to result in a significant deterioration in the patient’s medical condition or the unreasonable exposure of the patient’s family or members of the community to a communicable disease; and
- The determination by the hospital, in advance of any deferral of care, that at least one appropriate alternative setting and provider is available such that the patient can obtain timely evaluation and treatment, whether or not the patient has health insurance coverage; and

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- The determination by the hospital, in advance of deferral of care, that the patient will be able to make and receive a timely appointment in this alternative setting with a qualified provider.

Deferral of care from the ED can have significant risks to patients and providers. ACEP strongly opposes deferral of care for patients presenting to the ED without the aforementioned safeguards.

Emergency departments using deferral of care processes should have active emergency physician involvement in the development of the processes to ensure safe patient care and appropriate disposition.

Emergency physicians should not be compelled to participate in deferral of care strategies unless the safeguards for safe deferral as detailed in this policy are followed.

Emergency physicians are responsible for the care of patients they are treating in the ED after a physician-patient relationship has been established; they must have the opportunity to further evaluate and complete their patients' care if they believe it is appropriate, even if no emergency medical condition exists.