



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved April 2021

Transition of Care for Emergency Department Patients

Revised April 2021 with current title, June 2014 titled “Deferral of Care After Medical Screening of Emergency Department Patients”, 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 some circumstances, completion of care or definitive care may appropriately be transitioned and provided in a less acute alternative setting. Hospitals that choose to employ transitions of care from the ED must ensure that there are strict safeguards to protect such patients and ensure that transition of care is appropriate and safe.

Transition of care should, at a minimum, include the following:

- The patient must receive an appropriate medical screening examination (MSE) by physician or qualified medical personnel approved by the hospital governing body in accordance with the Emergency Medical Treatment and Labor Act (EMTALA).
- The physician or qualified medical personnel must determine that completion of care can be safely, transitioned to an alternate setting in accordance with standards adopted by the hospital, for timely and appropriate treatment.
- It is determined within reasonable medical certainty that transition of care is not likely to result in significant deterioration of the patient’s medical condition or increased risk to the community.
- Determination by the hospital, in advance of any transition of care, that:
 1. At least one appropriate alternative setting with a physician, physician assistant or nurse practitioner are available such that the patient can obtain timely, continued evaluation and treatment, regardless of the patient’s ability to pay.
 2. The patient will be able to directly transition and/or receive a timely appointment in the defined alternative setting.
- Transition of care from the ED has significant risks for patients and physicians. ACEP strongly opposes transition of care for patients presenting to the ED unless absolutely necessary.

Emergency departments using transition of care processes should have emergency physicians involved in the development of the process to ensure safe

patient care and appropriate disposition. Emergency physicians should not be compelled to participate in transition of care unless the safeguards, detailed in this policy are followed.

Hospitals must acknowledge emergency physicians' responsibility for the care of patients in the ED created by the physician-patient relationship and must honor their autonomy to determine appropriate care to address the patient's emergency as defined by the prudent layperson standard.