Patient Bump Policy
Effective Date: 08/01/2012

I: Purpose
To improve patient satisfaction and to maximize patient access to appropriate healthcare.

II: Definitions
Block schedule – A specific duration of time, usually 3-4 months, in which the provider’s clinics are scheduled. A block schedule is prepared in advance, usually 3 months prior to the start date of each block.

Bumped appointment – Any patient appointment that is rescheduled or canceled at the request of the provider rather than at the request of the patient or referring physician.

Emergency bump – An emergency bump is any provider bump request that falls within a 48-hour window of the scheduled appointment(s).

Peds Scheduling – Central scheduling pool in the Department of Pediatrics.

III: Policy
1) Once a block schedule has been finalized for a provider, that provider is responsible to arrange any required call or clinic coverage that may be impacted by his or her schedule change.

2) Providers must notify the Pediatrics template team of any and all changes to their schedules. Scheduling change requests must be in writing and should be emailed to peds.scheduling@hsc.utah.edu

3) Providers should avoid bumping patients at any time; however, bumps made less than 60 calendar days out from scheduled appointment will require the following:
   a. If a provider must bump a clinic within 60 days of scheduled appointment(s), he or she must first contact the template team and inform them of the requested bump.
   b. The template team will place any affected slot(s) on hold and inform the provider’s division chief of the request to bump, the number of affected patients, and the next available opening for those patients. The provider will be copied on this email notification.
   c. The division chief will approve/disapprove the request and notify the template team and provider via email of his or her decision. When the division chief is unavailable, the Medical Director of Outpatient Services will be contacted for approval.
   d. If the bump is an “emergency bump,” the schedulers may bump the patient(s) without approval.
4) Rescheduling bumped patients will require the following:
   a. Peds Scheduling will attempt to reschedule bumped patients into any available open
      slot within a 2-week window of the bumped clinic(s). New patients may be scheduled
      with another provider if a slot is available.
   b. If the patients cannot be rescheduled within two weeks of the original appointment(s),
      the provider will work with Scheduling to identify a make-up clinic when space and
      staff are available.
      i. Providers will accommodate patients who cannot attend the make-up clinic by
         overbooking existing slots or as directed by the division chief.
      ii. Providers may not bump one patient for another patient regardless of
          perceived differences in patient acuity or appointment urgency.
   c. If the provider is able to accommodate the bumped patient(s) within his or her
      existing template in the 2-week time period or sooner, the division chief will
      determine whether or not the provider needs to make up the bumped clinic.

5) A monthly bump report will be provided to the division chief.