Patient Bump Policy
Effective Date: 08/01/2012, Revised 6/25/2020

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

II: Definitions
Block Schedule – A specific duration of time, in which the provider’s clinics are scheduled. A Block Schedule is prepared in advance, usually 6 months prior to the start date of each block.
Bump - A bump is 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.
Emergent Bump – An emergent bump is any provider bump request that falls within a 48 hour window of the scheduled appointment(s).
Scheduling – central scheduling pool in the Department of Pediatrics
Bump reschedules – the number of bumped patients rescheduled within a 2 week time frame of the original appointment.

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 always notify the template team of any and all changes to their schedules. Scheduling change requests must be in writing and should be emailed to: peds.template@hsc.utah.edu
3) Providers should avoid bumping patients at any time, however, bump requests made within a certain time frame will require the following levels of approval:
   a. Less than 60 but greater than 30 days will require Division Chief approval
   b. 30 days or less will require Division Chief and Ambulatory Medical Director approval
   c. 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 including reason for bump.
   d. The template team inform the provider’s division chief/medical director of the request to bump, the number of affected patients, and the next available opening (within 2 weeks) for those patients. The provider will be copied on the notification.
   e. The division chief will approve/disapprove the request and notify the template team of his or her decision. When division chief isn’t available, the Ambulatory Medical Director will be contacted for approval.
f. If the bump is “emergent,” the schedulers will bump the patient(s) without approval.
g. A monthly report of provider bumps will be provided to the division chief and chair for analysis. This will include total bumps and bump reschedules segmented out.
h. The bump rate relies on selecting the appropriate cancellation reasons. It will be the joint responsibility of divisions and administration to verify that the bump reasons being selected are appropriate.

4) Rescheduling bumped patients will require the following:
   a. Scheduling will attempt to reschedule bumped patients into any available open slots within a 2-week radius 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 division chief will request the provider 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/her existing template in the 2-week timespan or sooner, the division chief will determine whether or not the provider needs to make up the bumped clinic.