

**Munson Medical Center  
Traverse City, Mich**

**Bump Policy**

If a surgeon needs to interrupt the operating room schedule with an emergency case, the algorithm will be as follows:

1. Life threatening emergencies go into the first available room, with adjustments made as soon as practical to follow the bump algorithm.
2. If the bumping surgeon has block time at the time of the bump, he will bump himself.
3. If there is an empty, unscheduled operating room for which staff is available, the bump will go into that room to avoid interrupting any other surgery.
4. If conditions 2 and 3 do not exist, the emergency case bumps into the room specified by the Bump Schedule. If the primary bump room is not going to be available when needed for the bump, the secondary bump room is used. If neither primary nor secondary bump rooms are available, the first available room is bumped, and the bumped surgeon moves into the room of the surgeon who should have been bumped as soon as it is available.
5. If a second, concurrent bump case presents, the algorithm is: bump case goes into scheduled secondary bump room. As bump cases finish, reverse process allows secondary bump room to restart before primary bump room.

**Exclusions:**

Heart rooms, ophthalmology, and plastic surgery are not included in scheduled bump rotation. Each is expected to bump themselves whenever that specialty has a bump case.

If the scheduled bump room is one of the downstairs ORs (10, 11, 12) and the emergency case is inappropriate to be done in those ORs (e.g., multiextremity trauma), the case bumps into an upstairs OR by the following priority: (same surgeon)>(empty OR)>secondary bump room>same surgical group>same specialty.

**Evenings and Weekends:**

Evening and weekend emergency cases which need to bump another case *after the primary and secondary bump surgeon have finished their elective cases* will be done with the following priority: (same surgeon)>(empty staffed OR)> EA case by same surgical group> EA cases by same specialty> other EA cases most recently scheduled>least urgent remaining case.

Surgeons who bump into the schedule are expected, out of common courtesy, to discuss the bump with the surgeon whose schedule is interrupted. It is no longer required that this conversation take place prior to the bump being allowed to occur.

The OR Coordinators will maintain a bump log at the OR desk to record bump cases. This log will include the date, the time the OR was notified of the bump case, the name and medical record number of the patient, procedure to be done, the urgency for OR access (e.g., next available room or wait for scheduled bump room), the time the bump case enters the OR, and the time the bumped surgeon is able to resume surgery. *It is incumbent upon the surgeon being bumped check with the OR desk to confirm that the bump case is entered into the log.*

Except in true life threatening emergencies, OR's will not be bumped or held open for bump cases which are not ready to come to the operating room. Both the surgeon and the patient should be fully prepared to enter the OR for the bump to occur.

All **logged** bump cases are subject to retrospective review (appeal) at the request of the OR staff, the bumped surgeon, or any other surgeon or anesthesiologist. The person(s) requesting the review should document, in writing, the circumstances of the bump and the reason for requesting the review.

The Chief of Surgery, with the assistance of others he appoints, will review all bump cases requested to be reviewed, as well as reports of misbehavior related to the bump process.

Suggested penalty for abuse of bump privilege (as determined by Chief of Surgery): surgeon at fault is made first priority bump room next two times in OR.

Revised: **February 2004**