

Policies of the University of North Texas Health Science Center	Chapter 14 - UNT Health
14.101 Leave Request Process and Coverage of Clinical Assignments	

Policy Statement.

This policy outlines the process for requesting time off and arranging coverage for absences from clinical responsibility. It defines who has the responsibility to make the request, who is responsible for arranging coverage, and the process for dealing with patients potentially affected. The policy further defines who must grant approval of absences and who has the authority to change existing schedules of patient appointments.

Application of Policy.

This policy pertains to UNTHHealth providers requesting leave from their clinical assignments and the process for the resulting impact to clinical assignments.

Definitions.

Clinical Service Coverage refers to the arrangement for a provider to cover the absence of another provider's scheduled clinical responsibility. The absence may be due to approved leave (e.g., vacation, academic, CME, professional meeting), illness or a personal emergency.

Procedures and Responsibilities.

I. For leave requests received greater than 60 calendar days before an absence

1. All leave requests will be submitted on the HRM-64 Leave Request Form to the Department Chair or designee 60 calendar days prior to the actual leave date. The Department Chair may approve or disapprove the request based on department and institution guidelines for time off. While providers are entitled to time off according to guidelines, they cannot be assured of the exact time requested. The Department Chair has the responsibility to ensure that clinical sites have adequate provider coverage to provide quality patient care during the clinic operating hours for UNTHHealth. As an example, if a clinic with 4 providers has 3 ask for the same time off, the Department Chair must determine the impact to patient care when reviewing the request and will likely need to deny at least one request.
2. If approved, the Department Chair and Executive Director will determine if coverage for the requesting provider's clinical assignment is needed during the time of the approved absence. If the provider works per contract requirements (e.g. JPS Clinic), the Executive Director or their designee will assure that the clinic administrator is notified of the scheduled leave and the expectation for clinical coverage defined.
3. If clinical coverage is needed, the Executive Director or their designee will work with the Department Chair to arrange alternative coverage. Clinical assignments will not be canceled, but further scheduling of patients during the affected time will stop. If coverage is arranged,

the scheduling of patients will resume. If coverage is not arranged prior to 10 work days before the start date of the absence, the Department Chair will be notified by the Executive Director and together they will determine what other alternatives exist for coverage or to cancel the clinical activity.

4. If Clinics are to be canceled, Form: Cancellation 1A will be completed and signed by both the Department Chair and Executive Director and forwarded to the staff responsible for managing the patients affected as outlined in Section III of this policy dealing with patient rescheduling. The Chief Medical Officer of UNTHHealth will be notified in writing of all clinic cancellations related to this policy. The reasons requiring clinic cancellations should be included.
5. If a cancellation of clinic(s) results in no providers at a clinic site, the Executive Director will be responsible for reviewing staffing and determining the staff assignments for staff affected. If the Executive Director feels the clinic site should be closed due to provider clinic cancellation(s), the President and CEO should be consulted for their approval.

II-A. *For leave requests received less than 60 calendar days before an absence **other than emergency leave or unanticipated illness***

1. All leave requests other than emergency leave or unanticipated illness must be submitted to the Department Chair or designee on the HRM-64 Leave Request Form for approval. The Department Chair may approve or disapprove the request based on department and institution guidelines for time off. The Department Chair has the responsibility to ensure that clinical activities are adequately covered to provide quality patient care during the clinic operating hours for UNTHHealth.
2. If the provider works per contract requirements (e.g. JPS Clinic), the Executive Director or their designee will assure that the clinic administrator is notified of the scheduled leave and the expectation for clinical coverage defined.
3. If a request for absence less than 60 days prior to the absence is approved, the individual requesting the time off must arrange for coverage of their clinical assignment. Scheduling of patients will continue as usual. If coverage is arranged, the provider requesting leave will complete Form: Covering Provider and submit it to the Executive Director as soon as possible. If coverage is unable to be arranged, then the request will either be withdrawn or forwarded by the Department Chair to the Chief Medical Officer for consideration. The Chief Medical Officer will have final authority to determine whether clinical activities are to be canceled for requests received less than 60 days before an absence. For providers in clinical service under contract (e.g. JPS Clinic), the provider should recognize that if they are unable to arrange coverage acceptable to the contracting organization, their request may be denied.

4. If it is determined that Clinics are to remain open, the Department Chair may deny the request for leave or determine an alternative plan for coverage.
5. If Clinics are to be canceled, Form: Cancellation 1A will be completed and signed by both the Department Chair and Executive Director and forwarded to the staff responsible for managing the patients affected as outlined in Section III of this policy dealing with patient rescheduling.
6. If a cancellation of clinic(s) results in no providers at a clinic site, the Executive Director will be responsible for reviewing staffing and determining the staff assignments for staff affected. If the Executive Director feels the clinic site should be closed due to provider clinic cancellation(s), the President and CEO should be consulted for their approval

II-B. *For leave requests received less than 60 days before an absence **due to emergency leave or illness.***

1. The Department Chair and Executive Director or their designee must be notified of the absence with the information listed on Form: Leave Request 0-59 as soon as known if due to an unanticipated illness or emergency. The individual receiving the information will complete Form: Leave Request 0-59 in this situation.
2. The Department Chair will determine if coverage for the requesting provider's clinical assignment is needed during the time of Emergency Leave or Illness.
3. If clinical coverage is needed, the Executive Director or their designee will work to arrange alternative coverage. If coverage cannot be arranged the clinical activity will be canceled.
4. If Clinics are to be canceled, Form: Cancellation 1A will be completed and signed by both the Department Chair and Executive Director and forwarded to the staff responsible for managing the patients affected as outlined in Section III of this policy dealing with patient rescheduling.
5. The Chief Medical Officer of UNTHHealth will be notified in writing of all clinic cancellations related to this policy. The reasons requiring clinic cancellations should be included.
6. If a cancellation of clinic(s) results in no providers at a clinic site, the Executive Director will be responsible for reviewing staffing and determining the staff assignments for staff affected. If the Executive Director feels the clinic site should be closed due to provider clinic cancellation(s), the President and CEO must be consulted for their approval

III. *Patient rescheduling for clinic cancellation due to provider leave or absence.*

1. Upon notice of a provider clinic cancellation, the Executive Director and designated staff shall determine whether existing patient appointments are affected.
2. For same day provider clinic cancellations, patients will be contacted when possible and notified of the situation. The patient should be given the option to keep the appointment with another provider on the same day, if available, or rescheduled for a new appointment time. Should a patient have an acute problem that cannot be attended by another provider at the site on the same day, the Executive Director will take responsibility for providing guidance to the patient about other opportunities for care (e.g. another clinic site, and urgent care site, or an emergency room).
3. For cancellations of appointments due to an approved leave request, the Executive Director and staff should determine which appointments are urgent or chronic/preventative.
 - a. Urgent Appointments - Rescheduling of Urgent appointments should be offered according to severity of need and not exceed 5 business days from the original appointment. If necessary, these patients should be offered the first available appointment at the clinic site within this time period even if it's with another provider.
 - b. Chronic/Preventative Appointments – Rescheduling of Chronic or Preventative Appointments should be offered during a time period not to exceed 20 business days. The provider should be provided a list of these patients in order to review the medical record and ensure that lab work, prescriptions or other circumstances (repeat rescheduling) aren't additional factors that may negatively affect the patient's health care. For those patients who will be affected, the provider should work with staff to assist in appropriate scheduling.
4. If a patient must be rescheduled outside of the time frames listed above for reasons other than a patient's choice, the Department Chair and Chief Medical Officer are to be notified of the patient's name, the reason for the appointment, and the reason the patient can't be rescheduled according to this policy.

IV. *Patient rescheduling for clinic cancellations due to weather or other cause.*

1. If clinic cancellation or change in hours is anticipated due to forecasts of inclement weather, the Executive Director will develop a process for each clinic site to assure that patients affected can be notified should cancellation or change in clinic hours occur. Should a cancellation or change in clinic hours at a specific site occur for a reason other than weather, the Executive Director will be responsible to ensure that patients are notified and rescheduled.

2. Rescheduling of patients affected by weather or other causes will occur as outlined in Section III of this policy. If the site is closed due to weather or other cause, it is anticipated that rescheduling efforts will occur on the first day clinical activities resume.

References and Cross-references.

None

Forms and Tools.

- Form: HRM 64 Faculty Leave Request
- Form: Clinic Cancellation 1A
- Form: Covering Provider

Approved: January 22, 2009

Effective: January 22, 2009

Revised: