

LEHIGH VALLEY HOSPITAL- HAZLETON

- Non-profit, acute care hospital
- HealthGrades recognition for excellence in:
 - Patient Safety (2008-2012)
 - Pulmonary Care (2012-2014)
- Accredited as:
 - Primary Care Stroke Center
 - Chest Pain Center
 - Bariatric Surgery Center of Excellence

CHALLENGES

- Escalating anesthesia overtime cost
- Unacceptable delays in scheduled procedures
- Dramatic increase in surgery case load
- Ongoing transformation to outcomes-based business model

RESULTS

- 43% reduction in anesthesia overtime hours
- 77% reduction in average billable hours
- \$70,000 savings in CRNA overtime cost
- 2.7% increase in surgery volume
- 100% OR coverage with new staffing model
- Integrated quality improvement program measures, tracks and analyzes performance data

Lehigh Valley Hospital-Hazleton decreases anesthesia overtime hours by forty-three percent while increasing surgery case volume

SITUATION

When a hospital has passed the century mark since opening its doors, you know there have been more than a few changes. Change is a way of life in the healthcare industry. This not-for-profit, 150-bed, community hospital experienced the same challenges as many hospitals that accompany health reform and a recent merger.

Established in 1891, Lehigh Valley Hospital-Hazleton (formerly Hazleton General Hospital) provided medical care to the region's coal miners. In 1996, the hospital became part of the Greater Hazleton Health Alliance (GHHA) and was the first accredited Primary Care Stroke Center in northeast Pennsylvania. In 2014, GHHA merged with long-time clinical partner, Lehigh Valley Health Network.

Health reform's emphasis on outcomes and performance-based results adds pressure to improve efficiency and cost-effectiveness in all areas of healthcare. Before the merger, one of the areas hospital leadership targeted for improvement was anesthesia, where there was an increasing amount of overtime hours and a bottleneck in the operating room (OR), causing heavy surgical delay.

A unique event added to the urgency of the situation. A large influx of endoscopy cases would be moving from an ambulatory surgical center to the hospital. The increase in endoscopy cases would mean doubling the anesthesia staff in the OR. Hospital management agreed to cover the added anesthesia staff costs, provided the anesthesia team kept the overtime hours under control.

For healthcare organizations facing increased demands, pooling resources and specialty expertise is good strategy. This was one reason for the GHHA/ Lehigh Valley Health Network merger. It was also the reason hospital management sought the help of Somnia Anesthesia (Somnia), a national anesthesia management company.

At the time, hospital management resources were committed to transforming a volumes-based business to the health reform-driven outcomes and performance model. For anesthesia, they knew they needed help from an organization solely focused on the complex specialty.

The hospital asked their anesthesia team, Somnia, to help find a solution to their problem. In order to solve the overtime problem, Somnia had to analyze the source of the overtime and devise a plan to reduce extra hours, all while managing the increased volume of endoscopy cases.

ACTION

Somnia began its partnership with the former Hazleton General Hospital by constructing the framework on which to build anesthesia services.

First, Somnia professionals conducted an onsite audit of finances and operations. It became clear rather quickly that the overtime problem started with a disconnection between scheduled surgery times and anesthesia OR coverage.

Excerpt only - for a free copy of the full case study, go to [Somnia Anesthesia Services](#).