Dartmouth Health announces staff reductions

Position eliminations were from Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics to improve long-term sustainability

LEBANON, NH – Dartmouth Health (DH) notified 124 employees today that their positions have been eliminated in addition to the cancellation of 303 open positions from Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics Southern Region. Changes include the consolidation and restructuring of executive roles and administrative leadership, as well as the elimination of select programs. Dartmouth Health does not expect these employment actions to negatively impact patients, as they have been carefully planned with patient needs as a top consideration.

Patient revenues continue to be outpaced by escalating operating expenses, which have grown by 12%. Labor, supply and drug costs continue to rise, while insurance companies are paying less and taking longer to pay. While DH has taken many steps to address operations, the current pace of expenses is unsustainable and further adjustments were necessary.

Programs impacted were:

- Tele-ICU and Tele-ED, two services whose costs, at the current scale, without external support, were unsustainable. Leadership is working closely with affected facilities, of which more than half are Dartmouth Health members, to ensure alternative patient care plans are in place. This decision presents an opportunity to review and further understand how to continue to integrate clinically in these areas across Dartmouth Health.
- The New England Alliance for Health (NEAH), established in 2009 to support collaboration among community hospitals, behavioral health centers, and home health agencies in Northern New England, has evolved due to the growth of the health system. As some member organizations have joined Dartmouth Health or other systems, the need for a separate alliance has diminished.
- Lean Six Sigma Yellow Belt and Green Belt employee training program. It's become clear that outside vendors are able to deliver this employee training more cost-effectively.

"The employees affected by these changes have made meaningful contributions to Dartmouth Health, our patients and our communities," said Joanne M. Conroy, MD, CEO and president of Dartmouth Health. "Some have spent many years serving this organization. The decision to eliminate a position or program does not diminish the value of the work these colleagues have done and the contributions they have made."

In April, DH created an Acceleration to Transformation Office (ATO) to quickly identify ways to improve financial health while protecting patient care through a thorough review of every major area of operations. This work included reviewing capital spending, contracts, billing, supplies, programs, workflows, and other operating costs. Changes already implemented include:

- Reduction of travel and conference participation.
- Reduced reliance on Traveler positions.
- Strategic continuation of capital spending and construction work to expand patient capacity to meet demand.

“In an effort to be fully transparent, I shared with our employees in July that the ATO would be reviewing staffing models and today’s eliminations are a result of that informed work,” continued Conroy. “Eliminating positions is among the most difficult decisions any organization can make, given the impact on our colleagues and their families. At times, however, difficult choices are necessary to ensure Dartmouth Health is sustainable and well-positioned for the future, while continuing to fulfill our mission and serve those who depend on us.”

Dartmouth Health is committed to implementing the best-practice financial resiliency program moving forward and to ongoing review of position and program structures to ensure sustainability and successful management of operations.

Impacted employees will be offered resources, transition support and opportunities to pursue other roles within the health system.