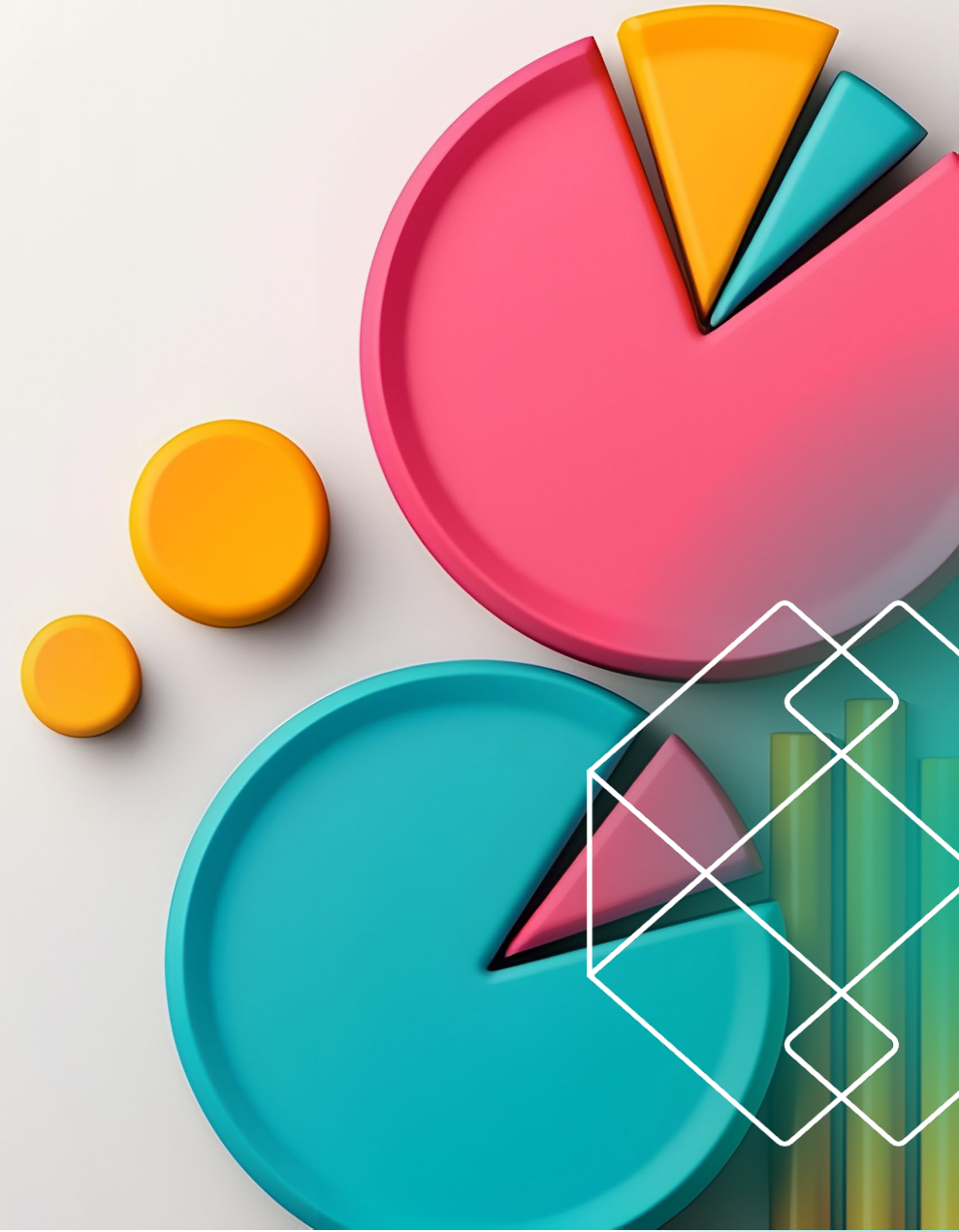


# Staff Utilization How to Track Data and Improve Benchmarks

March 30, 2026



# Today's Speaker:



**Vanessa Sindell, MSN, BSN, RN, CAIP**

*Director, VMG Health | ASC Consulting*

ASC De Novo Development  
ASC Compliance And Operations  
Inventory Management  
Infection Control  
QAPI



# Benchmarking

## What is it?

Compare your ASC with **internal and external performance measures**

## Why?

Determine if performance improvement initiatives are required

## How often?

You should **regularly participate** in benchmarking



# Where do I get the data?

**Participate in benchmarking studies** offered by industry associations or professional company (OOSS, ASCA, Leapfrog)

- Data may not fit your demographic or specialty
- Study may not include what you want to benchmark
- Fees typically associated

**Compare your data to a few other ASCs**  
OR **use your own (internal) data** over a specific time.

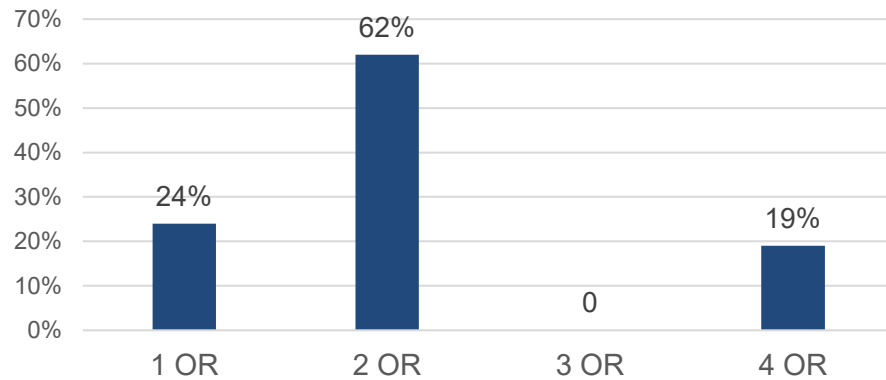


# VMG Health Survey | Staff Utilization

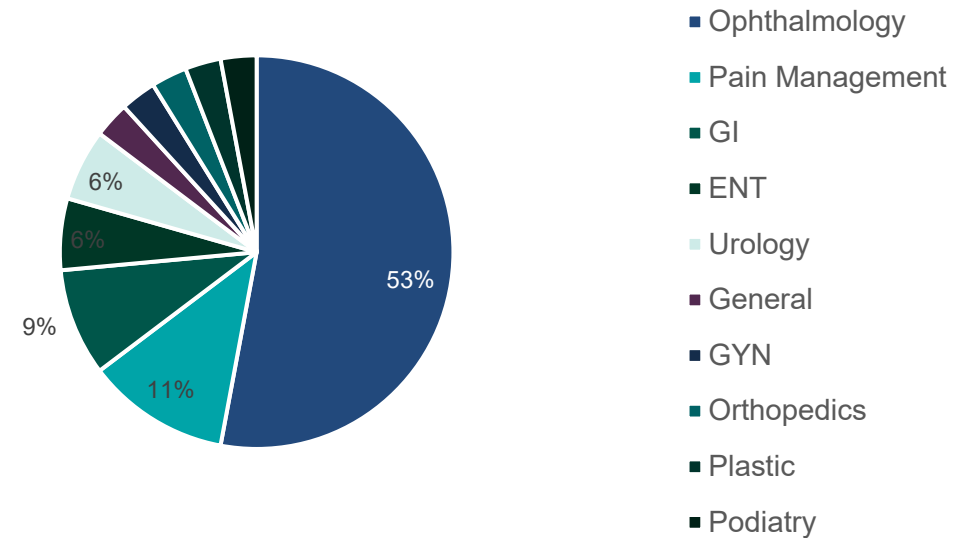
21 total participants

Collected data for the month of October 2025

# of ORs



Specialties



# VMG Health Survey I Staff Utilization

**21 total participants**

Collected data for the month of October 2025

## Notes and Definitions

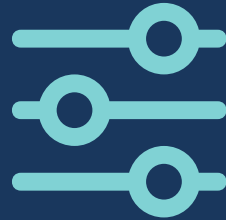
<b>Productive Hours</b>	<p>Hours that staff are actively caring for patients. <b>Working hours less non-working hours</b></p> <p><i>(non-working hours = breaks and lunch, or unexpected down time - case runs over, patient transfer, equipment down, power/EHR outage, etc.)</i></p>
<b>Benchmarks</b>	<p>Benchmarks provided <b>are averages for the “ASC Environment”</b>.</p> <p><i>If your ASC has longer, more complex cases, if you are exceedingly high or low volume, you should refer to your specific specialty KPIs. Acuity level and specialty/procedure specific considerations. Benchmarks are general “ASC” averages from various sources.</i></p>



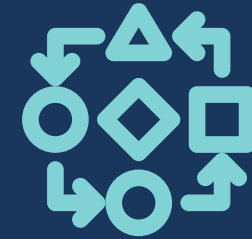
# Why Staff Utilization?



Labor is the ***highest cost*** in an ASC



It's something ***we can control***



Dynamic scheduling demands require ***out of the box approach*** to staffing



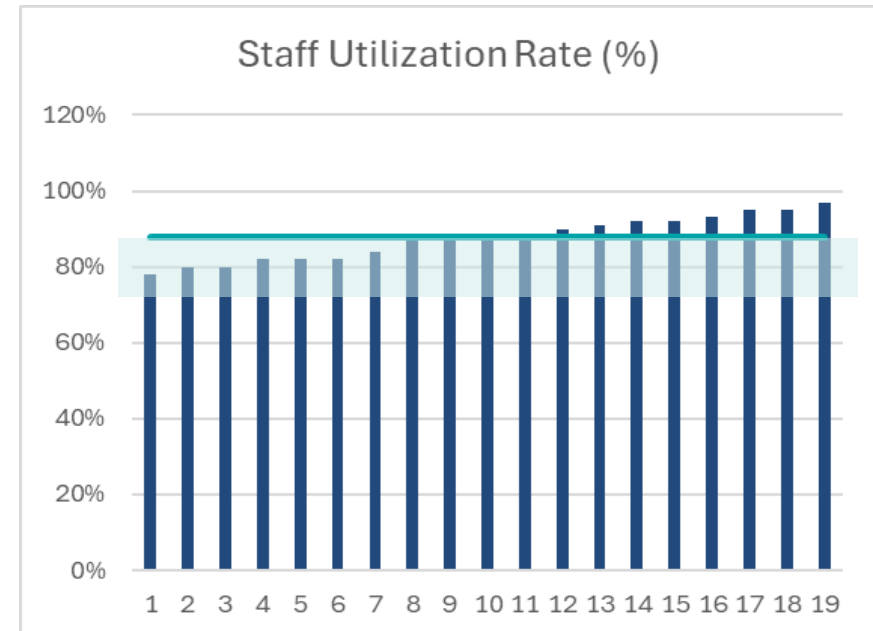
# Overall Utilization

**Calculation:**  $\frac{\text{Productive Hours}}{\text{Paid Hours}} \times 100$

VMG Health Study Median	Benchmark/KPI
88%	75 – 85%

## Action Items:

- Staff to the OR schedule
- Review scheduling habits/protocols
- Stagger staff arrival times



# Turnover (Annual)

**Calculation:** 
$$\frac{\text{\# of Departures}}{\text{Average \# of Employees}} \times 100$$

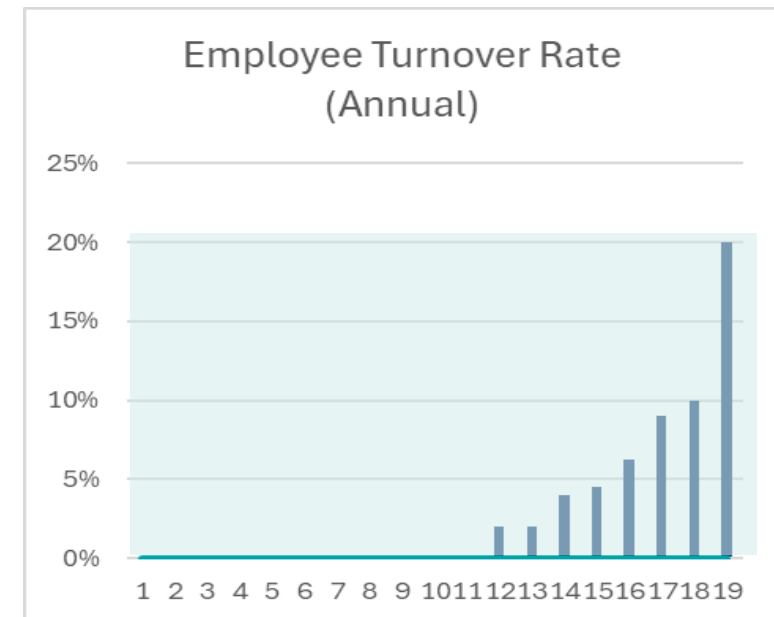
VMG Health Study Median	Benchmark/KPI
7%	<20%

**Above Benchmark:** burnout, poor workplace environment

**Below Benchmark:** too comfortable, not advancing staff

**For high turnover, look at these key indicators:**

- Culture
- Overtime
- Labor ratio - understaffed



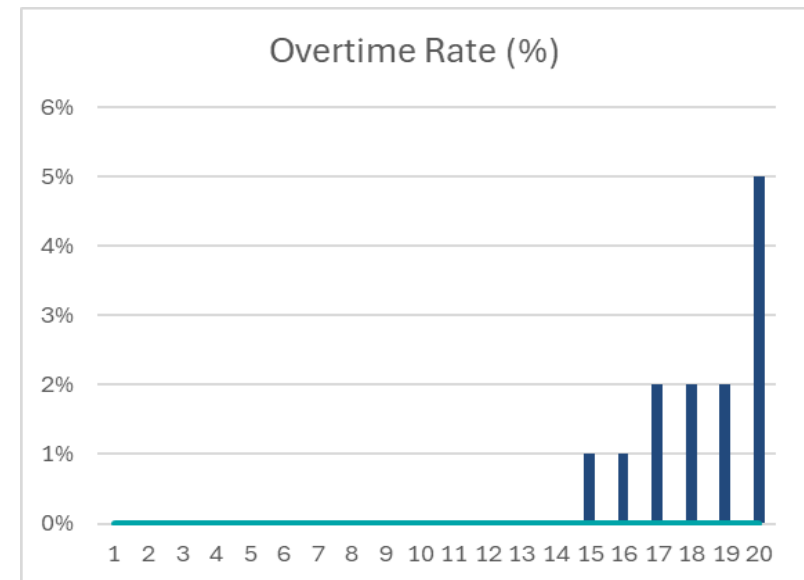
# Overtime

**Calculation:**  $\frac{\text{Overtime Hours}}{\text{Total Worked Hours}} \times 100$

VMG Health Study Median	Benchmark/KPI
0%	<3%

**Above Benchmark:** Scheduling protocols, Using per diems

**Below Benchmark:** Are you tracking correctly?



# Labor KPIs

Track these metrics monthly, share dashboard with ownership quarterly

METRIC	Calculation	Value	Min	Mean	Max	Median	Benchmark/KPI
<b>Staff Cost per Case</b>	<i>Total Labor Cost / Total Surgical Cases</i>	#	\$122	\$263	\$547	\$260	\$300 - \$600*
<b>Labor Cost as a % of Net Revenue</b>	<i>Total Labor Cost / Net Revenue x 100</i>	%	10%	31%	94%	27%	20 - 30%
<b>Cases per FTE</b>	<i>Total # of Cases / Total FTE</i>	#	3	27	72	26	38 - 50**

## What impacts these metrics?

- Staffing costs include benefits/taxes – consider if this is raising your staffing cost per case
- Labor Ratio is a formula based off collections – is everything going well in the RCM department?



# Labor KPIs

## How to move this needle:

- Evaluate benefits annually
- Staff wages reviewed annually
- Staff to the schedule
- Scheduling Protocols
- Stagger start times
- Investigate RCM – collection ratio

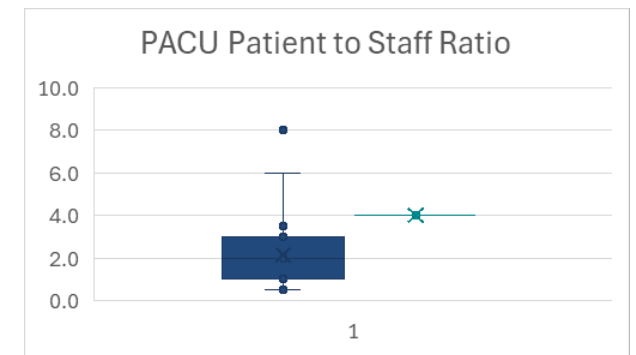
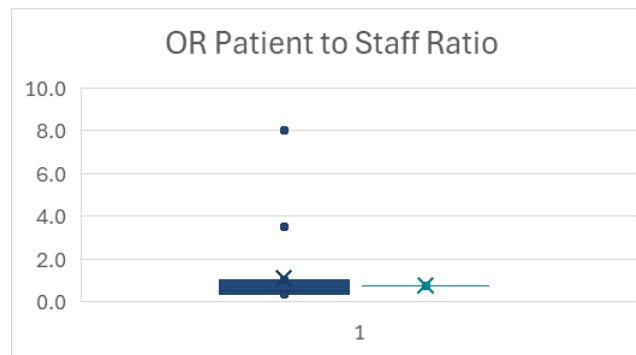
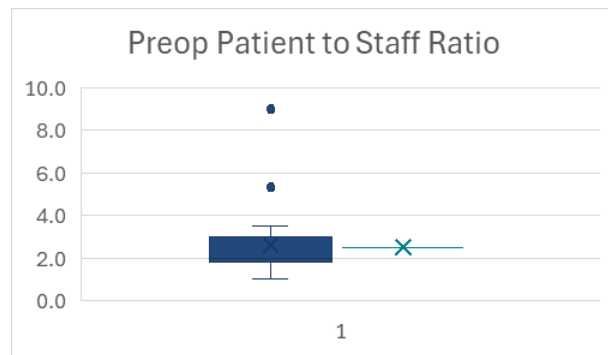


# Patient to Staff Ratios

In general, how many of each type of staff member are present for total patients at any given time through the course of a surgery day.

For example, a 5:1 patient-to-nurse ratio means 1 nurse is taking care of 5 patients and a 2:1 ratio means 1 nurse is caring for 2 patients.

METRIC	Calculation	Value	Min	Mean	Max	Median
<b>Preop Patient-to-Staff Ratio</b>	<i>Total Patients in Preop / # of Clinical Staff</i>	#:1	1	2.6	9	2
<b>OR Patient-to-Staff Ratio</b>	<i>Total Patients in OR / # of Clinical Staff</i>	#:1	0.3	1.1	8	0.5
<b>PACU Patient-to-Staff Ratio</b>	<i>Total Patients in PACU / # of Clinical Staff</i>	#:1	0.5	2.1	8	2

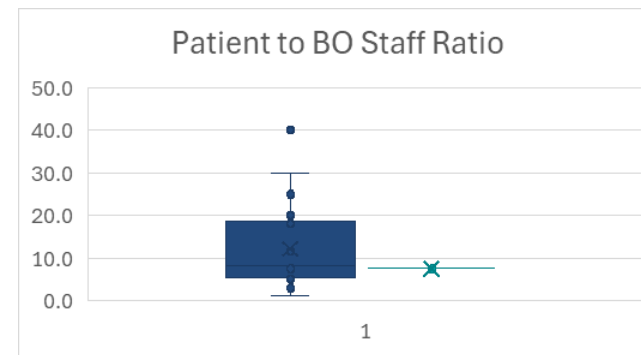
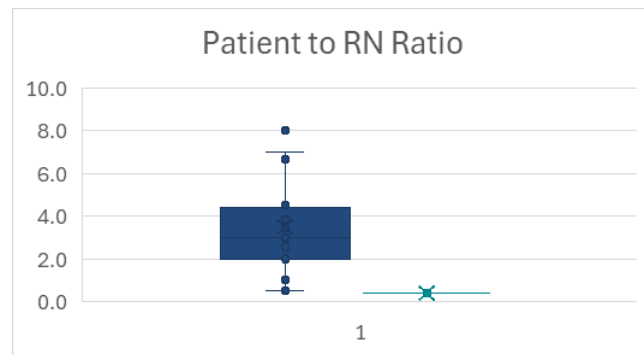


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METRIC	Calculation	Value	Min	Mean	Max	Median
Patient-to-RN Ratio	Total Patients / # of RNs	#:1	0.5	3.3	8	3
Patient-to-BO Staff Ratio	Total Patients / # of BO Staff	#:1	1	12.3	40	7.5



# Now what? Document as a benchmarking study

Keep it simple...  
A benchmarking study  
**IS** a QI Study.  
Use the same format.



# Benchmarking Study Steps

<b>1</b>	<b>State the Problem/Purpose/Definition</b>
<b>2</b>	<b>Set the Standard/Performance Goal</b>
<b>3</b>	<b>Collect the Data</b>
<b>4</b>	<b>Analyze the Data</b>
<b>5</b>	<b>Compare Current Performance to Goal</b>
<b>6</b>	<b>Define &amp; Implement Corrective Action</b>
<b>7</b>	<b>Re-Measure/Follow Up</b>
<b>8</b>	<b>Establish Reporting Structure</b>



# 1 State the Problem/ Purpose/ Definition

ABC Surgery Center is comparing labor costs and utilization to other facilities that participated in the VMG Health Staff utilization benchmarking survey.



# 2 Set the Standard/ Performance Goal

ABC Surgery Center labor ratio will fall within the benchmark of Staff Utilization Study.

***NOTE:*** Goal should be attainable.  
You will have to continue benchmarking and documenting re-studies until you reach this goal.



# 3 Collect the Data

Participate in VMG Health benchmarking survey and compare results to our ASC data.



# 4 Analyze the Data

METRIC	Calculation	Value	Min	Mean	Max	Median	ABC SC	Benchmark
<b>Labor Cost as a % of Net Revenue</b>	<i>Total Labor Cost / Net Revenue x 100</i>	%	10%	31%	94%	27%	<b>31%</b>	20 - 30%



# 5 Compare Current Performance to Goal

ABC Surgery Center labor ratio is 31% compared to the benchmark of 27%.

**This does not meet our goal of meeting the benchmark level of all reporting ASCs.**



# 6 Define & Implement Corrective Action

- 1. Evaluate benefits and PTO**  
Confirm we are not overpaying and we are following our facility's handbook for practices
- 2. Review RCM**  
What is the collections ratio?  
Does that fall within the healthy benchmark?
- 3. Review block schedule**  
Compress schedules  
Implement scheduling protocols.
- 4. Staff to schedule**



# 7 Re-measure Follow Up

A re-study will be conducted next quarter.



# 8 Establish Reporting Structure

- This study will be reviewed with the facility staff at the monthly staff meeting.
- This study will be reported to QAPI committee and the Governing Body at the next quarterly meeting.



# Key Takeaways

- Participate in benchmarking regularly to determine if and what performance initiatives are required.
- Benchmarking doesn't need to be fancy or expensive.
- Labor is the highest cost in an ASC, and something we can control.
- Track staff utilization metrics in a dashboard monthly, present to leadership quarterly.
- Document benchmarking studies like a QI study, keep it simple.



# POLL

## What should we benchmark together next?








Additional questions?  
Would you like to learn more?  
**Let's dive deeper. Contact us today!**



CONTACT US:

 (800)-832-0609

 [Vanessa.Sindell@vmghealth.com](mailto:Vanessa.Sindell@vmghealth.com)

# Thank you





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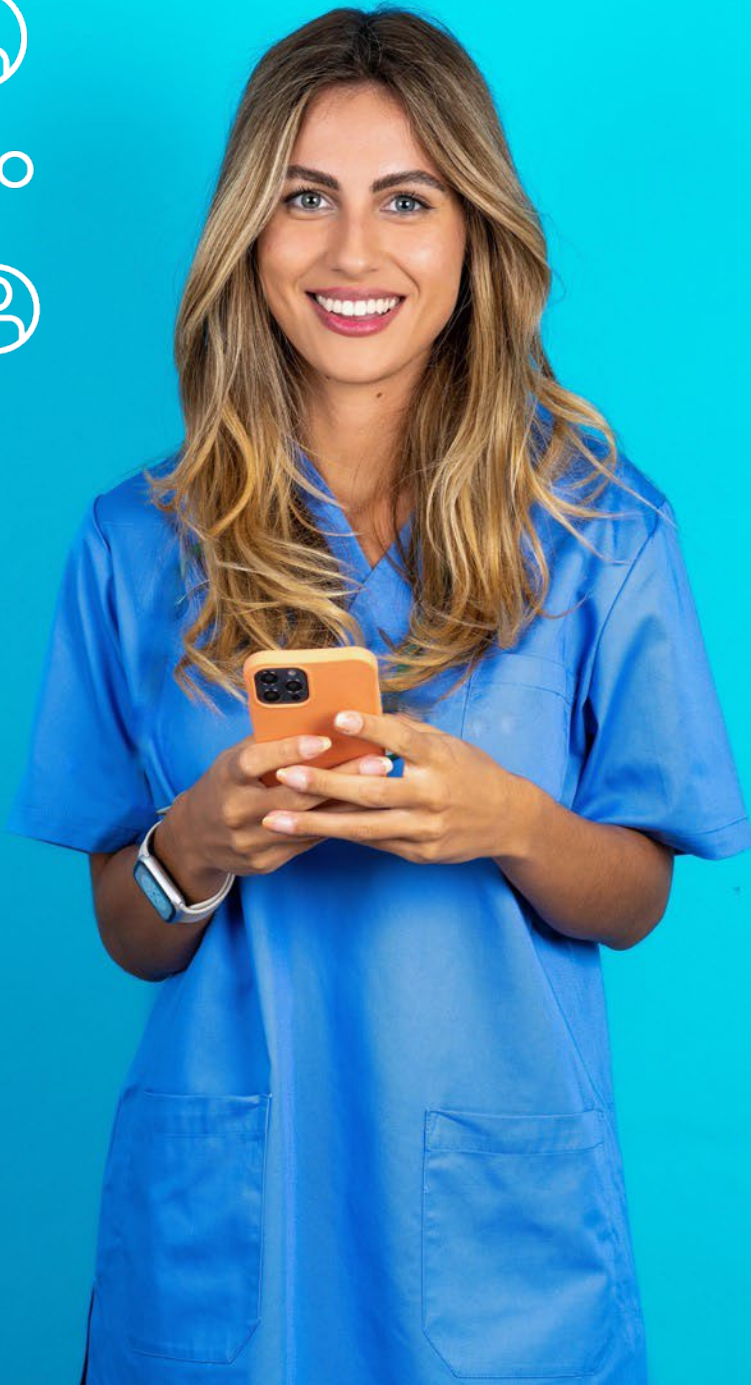
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# Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
APRIL			<b>No webinar ASC Nurse Leadership Conference.</b>	
MAY 18	20		<b>Making QAPI Manageable: Document What You're Already Doing</b>	<b>Crissy Benze</b> MSN, BSN, RN <i>VMG Health</i>
JUNE 26	60	RN, CASC CAIP	<b>Turnover to Terminal: Housekeeping Done Right</b>	<b>Apryl McElheny</b> MBA, MSN, RN, CASC, CIC <i>VMG Health</i>
JULY 27	20		<b>AI in ASC Revenue Cycle Turning Denials and Claims Data into Automation</b>	<b>Hanes Singh</b> <i>CEO, DocVocate</i>