

August 12, 2004

BENCHMARKING VHA ENVIRONMENT OF CARE OPERATIONS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines VHA policy on participation in the CAPRES (a contraction of Capital Resources) benchmarking program.

2. BACKGROUND

a. A commitment to continuous quality improvement is an integral part of managing medical centers. Benchmarking is a tool toward operational improvement and serves VHA best with a large statistical base derived from full participation of all VHA facilities.

b. A work group consisting of Facility Managers/Engineers created a cost benchmarking system called CAPRES and made it available for voluntary use by medical centers. The survey and reports have been analyzed and improved each year resulting in a useful benchmarking system for those medical centers participating.

c. The survey is compiled by the Center for Engineering Occupational Safety and Health (CEOSH). Reports compare medical center data concerning the cost of providing a variety of services based on size of facility, overall expenditures of the facility and the number of medical programs provided by the facility.

d. Each comparison is made with the four medical centers most closely similar both above and below the medical center in each comparison. The comparisons allow managers to determine areas of their operations that could benefit from management review.

3. POLICY: It is VHA policy that each VHA facility participate in CAPRES.

4. ACTION: Network Directors are responsible for developing a management system which ensures participation in the CAPRES benchmarking by each VHA health care facility under their supervision.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITIES: The Director, Health Care Engineering (10NB), is responsible for the contents of this Directive. Questions may be directed to 202-273-5880.

7. RESCISSIONS: None. This VHA Directive expires on August 31, 2009.

S/ Arthur S. Hamerschlag for
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Acting Under Secretary for Health

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THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2009