CAPITAL RESOURCE SURVEY (CAPRES) BENCHMARKING OF ENVIRONMENT OF CARE

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines VHA policy on participation in the Capital Resource Survey (CAPRES) Benchmarking Program.

2. BACKGROUND

   a. A commitment to continuous quality improvement is an integral part of managing medical centers. Benchmarking is an operational improvement tool that is valuable through full participation of VHA.

   b. A work group consisting of facility managers or facility engineers created a cost benchmarking system called CAPRES and made it available for 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, complexity, overall expenditures of the facility, and the number of medical programs provided by the facility.

   d. One comparison is made with the four medical centers most closely similar both above and below the medical center in each comparison. Another comparison allows medical centers to choose up to ten medical centers for unique comparisons to a variety of medical centers. These comparisons allow managers to determine areas of their operations that could benefit from management review.

3. POLICY: It is VHA policy that each Medical Center participate in the CAPRES Benchmarking Program.

4. ACTION: Each Veterans Integrated Service Network (VISN) Director is responsible for developing a management system which ensures participation in the CAPRES benchmarking by each VHA health care facility.

5. REFERENCES: None.

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 31, 2014
6. FOLLOW-UP RESPONSIBILITIES: The Director, Health Care Engineering (10NE), is responsible for the contents of this Directive. Questions may be directed to 202-266-4616.


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