

March 27, 2006

BENCHMARKING VHA BIOMEDICAL ENGINEERING OPERATIONS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines VHA policy for the Biomedical Engineering Resources Survey (BERS) benchmarking program.

2. BACKGROUND: The BERS was first developed in the 1970s to analyze cost data and benchmark operations for VHA medical equipment maintenance programs. Survey data is analyzed and reports are prepared by the Department of Veterans Affairs (VA) Center for Engineering and Occupational Safety and Health (CEOSH). BERS has been improved over the years with input from field-based work groups, including VHA Biomedical Engineers and Biomedical Engineering Technicians. Reports compare medical center cost data for services with comparisons available among medical centers with like-size inventories, medical centers within a Veterans Integrated Service Network (VISN), to nationally aggregated results and to contracted-out services. The analysis allows managers to plan for future program requirements and also highlights areas of operations that could benefit from further management review. The BERS has been a valuable tool providing documentation of the cost efficiency of VHA's management of medical equipment maintenance programs.

3. POLICY: It is VHA policy that each VHA facility must submit the data necessary to complete the analysis for the BERS by November 30 of each calendar year with the submitted data reflecting the previous fiscal year of operations.

4. ACTION

a. **Facility Directors.** Facility Directors are responsible for ensuring that:

(1) Data is complete and submitted to CEOSH by November 30 of each year.

(2) The responsibility for data gathering and analysis is assigned to the Supervisory Biomedical Engineer and/or lead Biomedical Engineering Technician.

(3) Data collected includes cost information for the following categories supporting the medical equipment maintenance program:

(a) Inventory acquisition value,

(b) Personnel,

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- (c) Space,
- (d) Test equipment,
- (e) Parts,
- (f) Internal labor costs,
- (g) Non-contracted vendor repairs,
- (h) Contracted vendor repairs, and
- (i) Additional support areas.

b. **Center for Engineering and Occupational Safety and Health (CEOSH)**. CEOSH is responsible for:

- (1) Maintaining and developing enhancements to the survey application.
- (2) Tracking medical facility data submissions necessary to complete analysis.
- (3) Analyzing data to prepare individual medical facility reports and VISN Director summary reports.
- (4) Distributing medical facility reports and VISN Director summary reports by the end of the second quarter of each fiscal year.

c. **VA Central Office Biomedical Engineering**. VA Central Office Biomedical Engineering is responsible for:

- (1) Reviewing the national data for trend analysis and keeping VHA senior management apprised of the cost effectiveness of the medical equipment management program.
- (2) Coordinating field review of BERS and recommending changes as necessary.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITIES: The Director, Safety and Technical Services (10NB), is responsible for the contents of this Directive. Questions may be addressed to the Chief Biomedical Engineer at 202-273-5881.

7. RESCISSIONS: None. This VHA Directive expires on March 31, 2011.

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