

The Application of Human Resource Scorecard: A Case Study of Public Hospitals in NTT Province, Indonesia

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Abstract

Together with regional autonomy development, regional performance management becomes one of the most important factors to be considered. Regional public hospital becomes a regional government asset that should manage itself therefore it can prepare transparent performance measurement report for the benefit of the hospital itself and also the society or other interest parties. However, as a service organization, human resource competency becomes key factor in a public hospital that also needs to be improved.

For achieving this aim, then this paper describes human resources performance measurement steps for the hospital particularly regional public hospital which consisted of preparing Activity Value Chain, Job Description, Job Specification, Job Performance Standard, and Job Performance Scorecard. Those steps had been implemented in public hospitals in NTT province, Indonesia. In the end, hopefully it can provide alternative standard for measuring a whole organization performance.

Keywords: Public hospital, performance measurement, Activity Value Chain, Job Description, Job Specification, Job Performance Standard, Job Performance Scorecard, East Nusa Tenggara Province

1. Introduction

The early years of the 21st century are proving to be a period of profound transition business world. This transition is being driven by a number of key trends including: global interdependence; diverse, diffuse, and asymmetrical security threats; rapidly evolving science and technology; dramatic shifts in the age and composition of population; important quality of life issues; the changing nature of our economy; and evolving government structures and concepts. These trends also contribute to a huge, longer-range fiscal and budgetary challenge around the world. Given these trends and long-range fiscal challenges, we are now seeing increased attention to strategic human capital management (U.S. General Accounting Office, 2002).

While human capital is the foundation for creating value in the new economy, human assets are the least understood by business leaders and therefore the least effectively managed. Furthermore, there is exceptional about human resource function, which is that is less prepared than many other functions (such as finance or information system) to quantify its impact on business performance (Yeung & Berman, 1997).

Since the Indonesian government determined regulation about regional autonomy in 2002, there were efforts to arrange specific policies for government owned institution in each Indonesian region. Those specific policies also included performance measurement area that the government institutions in local region can manage their own performance report but still have obligation to report their performance condition to central government. That independent performance management is based on Undang-Undang Republik Indonesia (Indonesian Regulation) no. 17 / 2003 that applies the implementation refers to the activity area of the government institution activity.

Refers to the regional public hospital that also becomes regional government institution, this institution also has obligation to prepare an independent performance report system. In fact, there are not many public hospitals that had implemented performance measurement report system refers to Indonesian generally accepted accounting principle. This caused by the bureaucracy culture in Indonesia that can not be removed easily particularly in government institution environment and lack of skilled human resources that has sufficient knowledge to make a good financial report.

Although there are many problems resulted in preparing an independent public hospital, but it will be better if the public officer that works at Health Department, Regional Government, or Public Hospital begins to take real steps in improving financial system at public hospital. It becomes more important refers to Indonesian bad economic condition after multi dimension crisis so that public hospital should find its own core business rather than depend on government budget (Subanegara, 2005). This condition had been applied at developed countries which have their own business unit, such as laundry facility that are provided for general society with tariff that relatively the same with market price. Moreover, the hospitals also have specific pavilion for sound patient where room price and medical service are based on higher tariff compared with regular class so there is subsidy for the poor patient.

As a public institution, main goal of public hospital is to provide medical service to local patient particularly the poor ones. Therefore, profit is clearly not the main goal of public hospital. With such character, it is not surprising that there are so many public hospitals that complain about their lost in operating activities because of their social responsibility service.

Based on the above factors, we can see the importance of good measurement management system for regional public hospital. Until recently, public hospital only depends on central government or local government funding and management system without tries to find out any efforts to be more independent. This opinion should be changed therefore hospital can produce its own performance measurement report that still can support its social service function which always become its main mission. Refers to this condition, then it is necessary to understand how to arrange a good performance report therefore the hospital knows for sure its own advantages and disadvantages as a foundation to decide strategic action in order to manage better and more professional public hospital financial and non financial aspect. Therefore a performance measurement that is capable to measure not only financial but also non financial aspect will be more supportive.

2. Problem Statement

Although the application of a complete Balanced Scorecard as one of Strategic Management Accounting performance tools had produced enormous studies and practices, but there is still lack of focus on its application at Indonesian public sector. This also occurs especially in an organization which provides service such as medical organizations which have social responsibility and see human resources as the main organization asset. That background inspires author to describe author's experience related with human resource performance measurement at Indonesian public hospitals.

3. Theoretical Background

3.1. Performance Measurement

Performance can be considered as a “relative and culture-specific concept”, one of those “suitcase words in which everyone places the concepts that suit them, letting the context take care of the definition”(Lebas, Euske, 2002). We could use the same words to describe performance measurement. Different people give different meanings to performance measurement. Adams, Kennerley and Neely defined performance measurement as “the process of quantifying the efficiency and effectiveness of past action” (Neely, Adams, Kennerley, 2002). The author considers this definition clear and meaningful. We can argue that quantifying only the efficiency and the effectiveness dimensions of the action could be too limiting. We can argue that performance measurement doesn't mean only quantifying but also comparing to a reference. But we should agree that the definition they gave sounds quite linear, appropriate, reasonable and useful. As it happens with other processes, the purpose of performance measurement is not univocal. Performance measurement is a sort of primary process: it can be considered as a basic element of larger and different processes like:

- internal performance evaluation
- external performance assessment
- performance management

So the aims of performance measurement could be quite different.

In the past decade performance measurement has been a topic that has received growing attention in the Public Sector. To encourage a performance-driven culture, a lot of public organizations have adopted a performance measurement system to measure, assess, report their performance and compare it with the performance of other organizations (performance evaluation and benchmarking). Just few of them have adopted it to manage their performance (performance management). For the author the difference between the two approaches is a fundamental issue to point out. In the former, measures are used to evaluate ex-post, at the end of a period of time, what has been done during the period and whether the desired outcomes have been achieved at the end. Here the purpose of measuring is to help to make a judgment about the performance of the organization at the end of a period.

In the latter, measures are used to manage the performance within the period, identify issues and problems before correction becomes difficult or impossible and support decision-making processes in order to really achieve the desired outcomes at the end of the period. The purpose of measuring is to help people, accountable for performance, to make the right decisions within the period of time used as the reference.

Both in the Private and Public Sector, using performance measurement just for evaluation is “one of the main barriers that people need to overcome if the organization wants to move from measurement set to judge to measurement consciously adopted to support decision making process”(Bocci 2004). If we talk about performance measurement just in terms of reviewing and assessing, we can not inspire people and align them with the strategy and the overall goals of the organization. People will not understand the needs of measuring their performance and will consider measures used to find fault and punish someone (Kaydos, 1998): any performance measurement system we try to implement will be boycotted in some way.

Performance evaluation is important but it does not tell us the true and complete story. That is why organizations should focus on adopting performance management systems. If organizations continue to use measurement just for assessing their performance, they can not achieve the consensus that allows them to effectively manage their performance.

3.2. The Balanced Scorecard Application in Public Sector

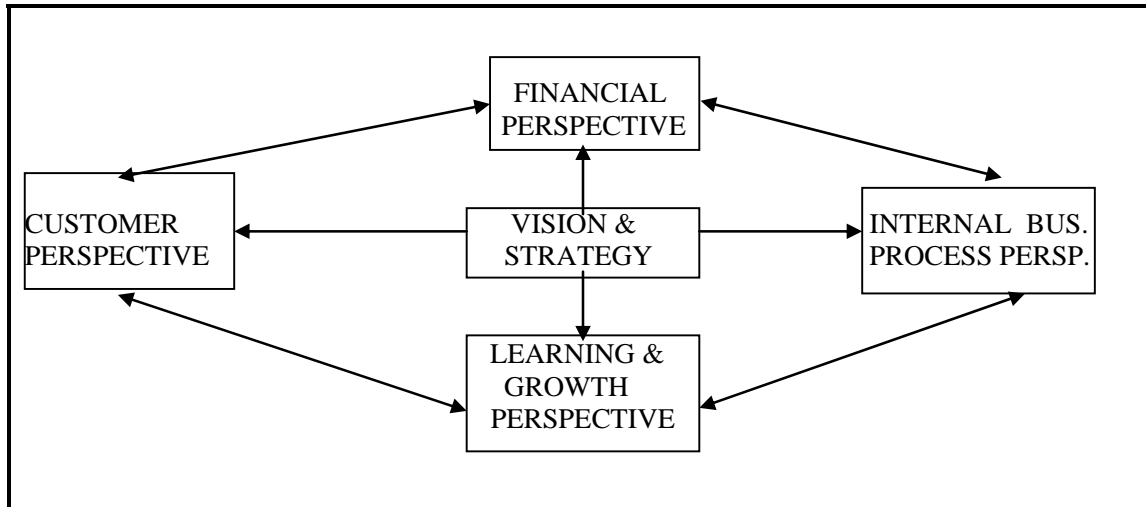
The Balanced Scorecard method (Kaplan & Norton, 1992) forms a conceptual measurement model for assessing an organization's performance. This model complements financial measures of past performance with measures of drivers of future performance (Gaspersz, 2002). Unlike other accounting

models, the Balanced Scorecard incorporates valuation of organization' intangible and intellectual assets such as (Walker & MacDonald, 2001):

- High – quality products and services
- Motivated and skilled employees
- Responsive internal processes
- Innovation & productivity

The original Balanced Scorecard model developed by Kaplan and Norton can be seen at the following figure.

Figure 3.1: Balanced Scorecard



(Source: Niven, 2005)

As mentioned above, Kaplan and Norton introduced 4 perspectives from a company activities that can be evaluated by management as follows :

1. Financial Perspective : how we can satisfy stakeholder?
2. Customer Perspective : how we can satisfy customer?
3. Internal Business Perspective : what processes that we should offer in order to achieve company success?
4. Learning and Growth Perspective : how we can maintain ability to face company changes?

The BSC concept is not only applicable to private sector but also public sector including public health sector. Indonesian economic system that experiences disaster recently is mostly caused by government system mismanagement that usually known as KKN (Corruption, Collusion, and Nepotism). Therefore it needs a performance measurement tool for its public organization to improve economic system condition. Based on the different character between private sector and public sector, we can compare the 4 perspectives of Balanced Scorecard as follows.

Figure 3.2: Balanced Scorecard Perspectives: A Comparison Between Private Sector and Public Sector

Perspective	Private Sector	Public Sector
Financial/Operational Efficiency	How we can give value to the stakeholder?	How we can give value to the society and tax payer?
Customer	How customer will evaluate our performance?	How public service user evaluate our performance?
Learning and Growth	Can we continue to improve and create value to the customer, stakeholder, employee, management and organization?	Can we continue to improve and create value to the society/tax payer, public officer, public organization, and stakeholder?
Internal Process and Product	What should we proposed from our process and product?	Does the implemented development program can bring results refers to the expectation?

(Source: Gasperz, 2002)

Those differences in balanced scorecard perspectives between private sector and public sector encourages us to modify the implementation of balanced scorecard at public sector. This modification is necessary because of the following reasons:

1. Main focus of public sector is the society and certain interest groups while main focus of private sector is customer and stakeholder.
2. Main goal of public sector is not to maximize financial result but the balanced budget responsibility through service to stakeholder refers to its vision and mission.
3. Defining indicators and target in customer perspective needs high concern as consequence of public sector role and needs clear definition and strategic result.

3.3. Human Resources Scorecard

The Human Resource Scorecard approach used slightly modifies the initial Balanced Scorecard model, which at the time was most commonly used at the corporate level. However, the approach remains focused on long-term strategies and clear connections to business outcomes.

The Human Resource Balanced Scorecard can be classified into four perspectives (Walker & MacDonald, 2001):

- a. Strategic Perspective
This perspective measures company success in achieving 5 strategic thrusts (talent, leadership, customer service and support, organizational integration, and Human Resource Capability).
- b. Operations Perspective
This perspective measures Human Resource success in operational excellence. The focus here is primarily in three areas: staffing, technology, and Human Resource processes and transactions.
- c. Customer Perspective
This perspective measures how Human Resource is viewed by company key customer segment. Survey results are used to track customer perception of service as well as assessing overall employee engagement, competitive capability, and links to productivity.
- d. Financial Perspective
This perspective measures how Human Resource adds measurable financial value to the organization, including measures of ROI in training, technology, staffing, risk management, and cost of service delivery.

Many leading organizations use their performance management systems as a key tool for aligning institutional, unit, and employee performance; achieving results; accelerating change; managing the organization on a day-to-day basis; and facilitating communication throughout the year so that discussion about individual and organizational performance are integrated and ongoing (U.S. General Accounting Office, 2000). We also can see some examples of previous research studies in Human Resource in the following table:

Table 3.1: Summary of Major Research Studies in HR – Organizational Performance Relationships

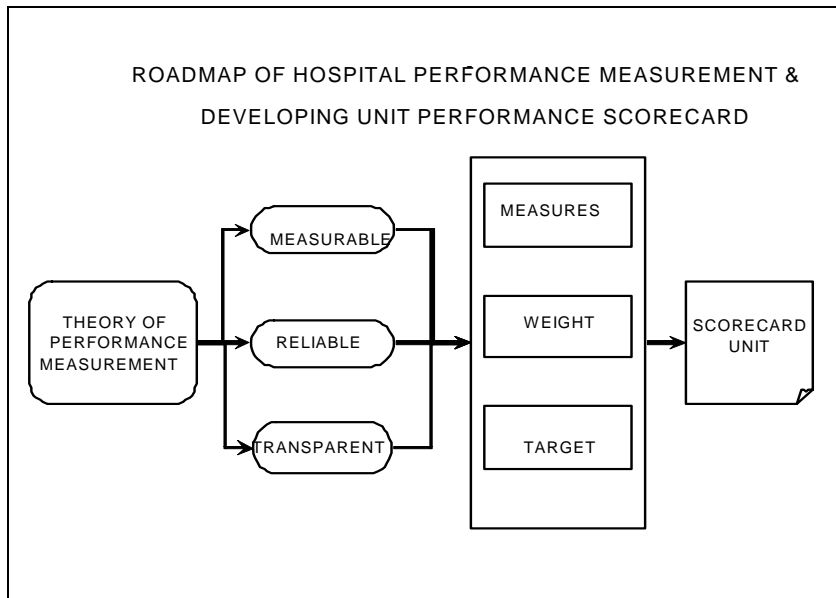
Research Studies	Methodology	Key Findings
MacDuffie & Krafcik (1992)	Studied 70 automotive assembly plants representing 24 companies and 17 countries worldwide	<ul style="list-style-type: none"> Manufacturing facilities with “lean production systems” are much higher in both productivity and quality than those with “mass production systems” (Productivity: 22 hours vs. 30 hours in producing a car; Quality 0.5 defects vs. 0.8 defects per 100 vehicles). While the HR strategy of a mass production system is used to create a highly specialized and deskilled work-force that supports a large-scale production process, the HR strategy of a lean production system aims to create a skilled, motivated, and flexible workforce that can continuously solve problems. The success of a “lean production system” critically depends on such “high-commitment” human resource policies as the decentralization of production responsibilities, broad job classification, multiskilling practices, profit/gain sharing, a reciprocal psychological commitment between firm and employees, employment security, and a reduction of status barrier.
U.S. Department of Labor (1993)	Summarized all major research studies regarding the HR-firm performance relationship	<p>Studies that demonstrate business impact by adopting the following high-performance work practices are summarized:</p> <ul style="list-style-type: none"> Employee involvement in decision making. Compensation (profit/gain sharing) Training programs Constellation of high-performance work practices
Pfeffer (1994)	Identified the five top-performing firms (based on percentage of stock returns) between 1972 and 1992 and assessed their common	<ul style="list-style-type: none"> Contradictory to traditional strategy literature, these five companies are neither in the right industry (based on Porter’s industry structure analysis) nor are they market leaders in these industries (based on Boston Consulting Group’s learning curve). Instead, these companies share a set of high commitment work practices such as employment security, selectivity in recruiting, high wages, incentive pay, employee ownership, information sharing, participation and empowerment, teams and job redesign, cross-training, etc.
Arthur (1994)	Conducted a survey research from 30 U.S. steel minimills	<ul style="list-style-type: none"> Empirically identified two distinct HR configurations: control and commitment systems. Control systems aim to reduce direct labor costs, or improve efficiency by enforcing employee compliance with specified rules and procedures and basing employee rewards on some measurable output criteria. Commitment systems aim to shape desired employee behaviors and attitudes by forging psychological links between organizational and employee goals. The mills with commitment systems had higher productivity, lower scrap rates, and lower employee turnover than those with control systems.
Huselid (1995)	Utilized both survey research and financial data of 968 firms	<ul style="list-style-type: none"> Based on his sample, Huselid found that if firms increase their high-performance work practices by one standard deviation (SD), their turnover would be reduced by 7.05%, productivity increased by 16%. In terms of financial impact, a one-SD increase in high-performance work practices leads to a \$27,044 increase in sales, an \$18,641 increase in market value, and a \$3,814 increase in profit.
Ostroff (1995)	Conducted a survey research jointly sponsored by Society of Human Resource Management and CCH Incorporated	<ul style="list-style-type: none"> Developed an overall HR Quality Index based on the aggregate ratings of all HR activities adopted by a firm. Based on the HR Quality Index, firms are grouped into four categories based on their percentile (i.e., bottom 25%, second 25%, third 25%, and top 25%). Firms that score higher in the HR Quality Index consistently outperform firms with a lower index in four financial measures: market/book value ratio, productivity (i.e., sales/employees), market value, and sales.

(Source: Yeung and Berman, 1997)

4. The Case Study

Application of Balanced Scorecard is a new progress in Indonesia particularly in public sector as there is no standard for measuring public sector performance until recently. Moreover as a fact, most of Indonesian public hospital administration and financial activities has not applied generally accepted accounting principle which is main accounting system (Alkatiri&Setiyono, 2001). Therefore author's experience in building a performance measurement system in 3 (three) Nusa Tenggara Province public hospitals will be described at the following case study. In general, road map for measuring the performance is:

Figure 4.1: Roadmap for Performance Measurement



(Source: Ferdinand, 2003)

Figure 4.1 above shows that theory of performance measurement such as Balanced Scorecard (BSC) provides 3 standards in making indicators, which are measurable, reliable, and transparent. Measurable means the indicators should be a matter of quantitative, not abstract. Reliable means the indicators can be trusted. Transparent means the indicators should be socialized to all parties. Then after determining the indicators, we should pay attention to the measures (indicators), weight of each indicators, and target that should be achieved. In the end, it will produce scorecard for each hospital unit. Detail steps of producing this scorecard can be followed at the following sections.

4.1. Preparing Activity Value Chain

The initial step in making performance measurement standard should begin from preparing activity chain for each staff. In order to make it, we should know our Achievement Generating Factor which is the main task of a job position. In order to make clear description, the example of activity value chain can be seen on the Appendix-Figure 1 for Head of Medical Committee.

The activity details that belong to the Activity Value Chain are all activities that are done regularly. For example, routine activity for a lecturer is teaching a class. But the lecturer also has supporting activity such as giving suggestion to his/her students if they are experiencing problems in their study. This different type of activity should be clearly understand in defining activity value chain as a first step before move further to other steps.

4.2. Preparing Job Description

After determining routine activities in value chain, the following step is making job description. Job description is a description of a job that should be completed by a person in certain position. The example for this Job Description can be seen on the Appendix-Figure 2. In order to formulate good job description, we should pay attention to these factors:

1. Job assignment should be detail and concrete.
2. State the assignment in information type so it can be implemented and evaluated. The presented information can be input information or output information.
3. Determine Information Source that we use to state information type of a conducted assignment. This information source can be officer with whom we cooperate, and what form we use to state the information.
4. Determine the time frame and the person who should implement the informed assignment.
5. Decide how information distribution is implemented. Information distribution can be done by assigning person / department that receives the information and time schedule when the information should be delivered.
6. We also need to determine success measurement criteria for implemented task.
7. It is our obligation to determine development requirement to be completed by the implementer person so they can do their job competently.
8. It is also suggested that we determine responsibility person for fixed asset whether in unit or monetary form so all staffs feel responsible.

Job Description can be implemented if the people who sit on certain position fulfill the required specification. Therefore a job description will be more meaningful if continued by job specification for potential candidate of a position.

4.3. Preparing Job Specification

Job specification is a criteria or requirement for a certain position. There are 2 main classification in Job Specification which are: (See Appendix-Figure 3)

- a. Initial Requirement
It is organization demand to the position holder candidate.
- b. Development Support
After someone fulfills the requirement to sit on a position, then it becomes organization responsibility to develop this position holder. The development support can be in the form of training and education therefore the position holder can be developed and succeed in doing his/her job now or in the future.

4.4. Preparing Job Performance Standard

The previous Job Description will be more meaningful if management has certain scoring tool that can be used as performance measurement for a position holder. In order to have that scoring tool, then it needs to develop a standard which called Job Performance Standard. In making Job Performance Standard, we will determine performance score criteria. The common score standard is as follows:

Performance Criteria	Code	Score
Very Good	VG	5
Good	G	4
Average	A	3
Bad	B	2
Very Bad	VB	1

Job Performance Standard consists of: (See Appendix-Figure 4)

- a. Performance Criteria Scorecard

- b. Job Description
- c. Performance Indicator
- d. Performance Criteria
- e. Target Description

By having Job Performance Standard, then it will decrease job evaluator subjectivity so that the evaluated staff and the evaluator person have the same guidance in understanding the performance.

Performance Indicator or Performance Measures aims to determine success criteria of a job that being implemented by a position holder. This Performance Indicator/Measures can be measured from 2 aspects which are *Lagging Indicator* and *Leading Indicator*.

- a. **LAG Performance** Indicator is a Final Result Indicator of an activity. For example, Lag Performance Indicator for a Salesman activity: *recording sales to achieve target* is recording accuracy and timeliness.
- b. **LEAD Performance** Indicator or Process Performance Indicator is indicator for supposed-to-be-done activity. If this activity can be done, then the Lag Indicator tends to be achieved. As an example for the salesman above, in order to make recording sales activity run well, then it needs some activities such as: (1) Checking data and report completeness and (2) Preparing supporting facility and information to make report.

4.5. Preparing Job Performance Scorecard

Job Performance Scorecard is an achieved performance result of a staff in certain period. From Job Description, Job Specification and Job Performance Standard, then it can produce Design of Management Performance Scorecard that can be used as a tool to measure organization managerial performance. Therefore the organization has a measurement tool that can be used as a guidance to measure overall organization performance. The scorecard can be seen at the Appendix-Figure 5.

As a performance report, this Job Performance Scorecard should be published regularly as a complement of hospital financial report. This report can be foundation for management to make decision on what they should do related to their staff performance. Therefore this scorecard should be applied to all management levels from operational level until strategic level so it might run well.

5. Conclusion

It is not surprising that Indonesian public hospital still provide minimum medical service with minimum funding support from the government. However, Public Hospital as a public service institution needs a conducive human resource performance measurement system to determine its worker effectiveness and efficiency weaknesses so it can achieve good corporate governance in the future.

Balanced Scorecard has provided a foundation for both private and public sector to measure both sector performances. This foundation can be used by Indonesian public sector particularly regional hospital to improve its performance so in the end it might produce scorecard report regularly that is reliable. All steps from making Activity Value Chain, Job Description, Job Specification, Job Performance Standard, and Job Performance Scorecard can be easily followed as a standard for implementing the BSC into the public health sector. However, this paper is only limited on success story at three Indonesian public hospitals in Nusa Tenggara Province. Therefore future research should be more generalized to other public hospitals or other public sectors in Indonesia.

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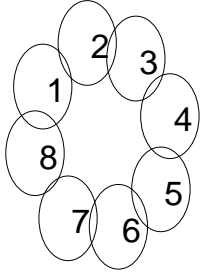
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Appendix

Figure 1: Activity Value Chain

Name of Position : **HEAD OF MEDICAL COMMITTEE**

Main Goal of Position : Achieve optimum Medical Service Coordination in accordance with medical science and technology and medical profession ethic.

VALUE CHAIN DIAGRAM	ACTIVITY DETAIL	JOB CHARACTERISTIC
<p data-bbox="326 537 513 594">Head of Medical Committee</p> 	<ol style="list-style-type: none"> <li data-bbox="591 516 1024 548">1. Make Medical Committee plan <li data-bbox="591 552 1049 653">2. Make Committee and Team, and ascertain duty implementation of Committee and Team <li data-bbox="591 657 1117 758">3. Ascertain duty implementation of SMF (Functional Medical Staff) refers to service standard <li data-bbox="591 762 1024 829">4. Coordinate SMF education and training <li data-bbox="591 833 1105 900">5. Coordinate research and development for SMF medical area <li data-bbox="591 905 1073 972">6. Approve Credit Proposal and make DP3 for Head of SMF <li data-bbox="591 976 1122 1043">7. Make report and conduct evaluation on Medical Committee activities 	<p data-bbox="1247 516 1292 548">AT</p> <p data-bbox="1247 552 1292 583">AT</p> <p data-bbox="1247 657 1292 688">AT</p> <p data-bbox="1247 762 1292 793">AT</p> <p data-bbox="1247 833 1292 865">AT</p> <p data-bbox="1247 905 1292 936">AT</p> <p data-bbox="1247 976 1292 1008">AT</p>

Note: AT = Routine Accountability

Figure 2: Job Description

Division : Medical Committee
Position : Head of Medical Committee

Main Activity	Job Characteristic	Information Type	Information Source		Job Implementer	Time	Result Distribution		Success Criteria
			Person	Format			Person	Time	
Make Medical Committee plan	AT	<i>Input :</i> Director SK PHO IDI <i>ouput :</i> POA of Medical Committee	<ul style="list-style-type: none"> • Director • Minister of Health • IDI/ Professional Organisation Relevant person	<ul style="list-style-type: none"> • Letter • Book • Book Book 	Head of Medical Committee	Annually	<ul style="list-style-type: none"> • Director • Head of SMF 	On December	<ul style="list-style-type: none"> • Plan finishing time accuracy (POA) • Plan content completeness (POA)
Make Committee and Team, and ascertain duty implementation of Committee and Team	AT	<i>Input :</i> POA of Medical Committee <i>Output :</i> <ul style="list-style-type: none"> • Committee SK • Committee Activity Report 	Director Relevant Person	Letter Letter Book	Head of Medical Committee	Annually	<ul style="list-style-type: none"> • Director • Head of SMF 	On December	<ul style="list-style-type: none"> • Activity report time accuracy
Ascertain duty implementation of SMF (Functional Medical Staff) refers to service standard	AT	<i>Input :</i> POA of Medical Committee <i>Output :</i> Service Standard Compliance Report	Director Relevant Person	Book Form	Head of Medical Committee	Annually	<ul style="list-style-type: none"> • Director • Head of SMF 	End of January at following year	<ul style="list-style-type: none"> • Reporting time accuracy
Coordinate SMF education and training	AT	<i>Input :</i> POA of Medical Committee <i>Output :</i> Activity report of SMF Education and training	Director Relevant Person	Book Form	Head of Medical Committee	Annually	<ul style="list-style-type: none"> • Director • Head of SMF 	End of January at following year	<ul style="list-style-type: none"> • Activity report time accuracy
Coordinate research and development for SMF medical area	AT	<i>Input :</i> POA of Medical Committee <i>Output :</i> Activity report of SMF Research and Development	Director Relevant Person	Book Form	Head of Medical Committee	Annually	<ul style="list-style-type: none"> • Director • Head of SMF 	End of January at following year	<ul style="list-style-type: none"> • Activity report time accuracy
Approve Credit Proposal and make DP3 for Head of SMF	AT	<i>Input :</i> <ul style="list-style-type: none"> • Keppres (President Desicion) • SK of Menpan <i>Output :</i> <ul style="list-style-type: none"> • DP3 of SMF Head • Promotion proposal 	President Menpan Relevant Person	Letter Document	Head of Medical Committee	Semi annually	<ul style="list-style-type: none"> • Director 	1 month ahead	<ul style="list-style-type: none"> • Arrangement time accuracy
Make report and conduct evaluation on Medical Committee activities	AT	<i>Input :</i> <ul style="list-style-type: none"> • SK Director • POA Committee Medis <i>Output :</i> <ul style="list-style-type: none"> • Activity report and evaluation of Medical Committee 	<ul style="list-style-type: none"> • Director • Director Relevant Person Head of SMF	<ul style="list-style-type: none"> • Letter • Book Form 	Head of Medical Committee	Annually	<ul style="list-style-type: none"> • Director 	1 month ahead	<ul style="list-style-type: none"> • Reporting time accuracy

Figure 3: Job Specification

Position : Head Of Medical Committee

Job Description	Initial Requirement	Technical Competency	Managerial Competency	Development Support
<ol style="list-style-type: none"> 1. Make Medical Committee plan 2. Make Committee and Team, and ascertain duty implementation of Committee and Team 3. Ascertain duty implementation of SMF (Staf Medis Fungsional/Functional Medical Staff) refers to service standard 4. Coordinate SMF education and training 5. Coordinate research and development for SMF medical area 6. Approve Credit Proposal and make job performance measurement for Head of SMF 7. Make report and conduct evaluation on Medical Committee activities 	<ol style="list-style-type: none"> 1. S1/General Practitioner 2. Has 2 years experience at the relevant area 	<ol style="list-style-type: none"> 1. Medical basic skill 2. Ability to supervise medical committee task 3. Ability to make decision 	<ol style="list-style-type: none"> 1. Ability to lead medical committee 2. Ability to make plan and policy in regards with medical committee task 3. Ability to make report and evaluation 	<ol style="list-style-type: none"> 1. Advance study S2/Specialist 2. Training of hospital operational management 3. Training of arranging job performance measurement

Figure 4: Job Performance Standard

Position : Head of Medical Committee

LAGGING Performance Indicator

Key Performance Indicator (KPI)	Very Good Score = 5	Good Score = 4	Average Score = 3	Bad Score = 2	Very Bad Score = 1
1. Medical Committee working plan availability	100% complete	90 – 99%	80-90%	70-79%	<70%
2. Frequency of duty supervision for Committee and Team	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
3. Frequency of duty supervision for Head of SMF	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
4. Frequency of SMF education and training	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
5. Frequency of research and development for SMF medical area	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
6. Percentage of approved Credit Score and DP3 for Head of SMF	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
7. Report completeness	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target

LEADING Performance Indicator

Key Performance Indicator (KPI)	Very Good Score = 5	Good Score = 4	Average Score = 3	Bad Score = 2	Very Bad Score = 1
1. Activity document completeness	100% complete	90 – 99%	80-90%	70-79%	<70%
2. Frequency of routine meeting between Committee and Team	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
3. Supervision schedule availability	Always Available	-	Sometimes unavailable	-	N/A
4. SMF Education and Training schedule completeness	100% complete	90 – 99%	80-90%	70-79%	<70%
5. SMF Education and Training plan completeness	100% complete	90 – 99%	80-90%	70-79%	<70%
6. Frequency of science seminar provided by Medical Committee (SMF)	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
7. R&D agenda completeness	100% complete	90 – 99%	80-90%	70-79%	<70%
8. Frequency of medical research result seminar	100% from target	90 – 99% from target	80 – 90% from target	75 – 80% target	<75% target
9. Timeliness of Credit Proposal and DP3 for Head of SMF	100% complete	90 – 99%	80-90%	70-79%	<70%
10. Report delivery time	Date 5 of the following month	Date 6-9 of the following month	Date 10 of the following month	Date 11-15 of the following month	More than date 15

**Figure 5: Job Performance Scorecard
“HEAD OF MEDICAL COMMITTEE”**

Month :.....

LAGGING Performance Indicator

Key Performance Indicator (KPI)	Weight	Actual Performance	Performance Index	Top Performance	GAP
(1)	(2)	(3)	(4) = (2) x (3)	(5) = (2) x value of 5	(6) = (4) - (5)/(5) * 100
1. Medical Committee working plan availability	20			100	
2. Frequency of duty supervision for Committee and Team	15			75	
3. Frequency of duty supervision for Head of SMF	15			75	
4. Frequency of SMF education and training	10			50	
5. Frequency of research and development for SMF medical area	10			50	
6. Percentage of approved Credit Score and DP3 for Head of SMF	10			50	
7. Report completeness	20			100	
TOTAL	100			500	

DOCS = Degree of Compliance to Standard

LEADING Performance Indicator

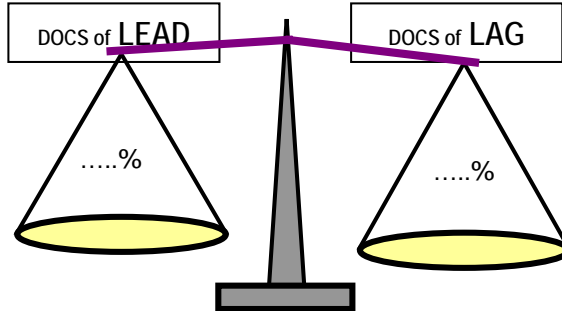
Key Performance Indicator (KPI)	Weight	Actual Performance	Performance Index	Top Performance	GAP
(1)	(2)	(3)	(4) = (2) x (3)	(5) = (2) x value of 5	(6) = (4) - (5)/(5) * 100
1. Activity document completeness	10			50	
2. Frequency of routine meeting between Committee and Team	10			50	
3. Supervision schedule availability	10			50	
4. SMF Education and Training schedule completeness	5			25	
5. SMF Education and Training plan completeness	10			50	
6. Frequency of science seminar provided by Medical Committee (SMF)	15			75	
7. R&D agenda completeness	5			25	
8. Frequency of medical research result seminar	10			50	
9. Timeliness of Credit Proposal and DP3 for Head of SMF	5			25	
10. Report delivery time	20			100	
TOTAL	100			500	

DOCS = Degree of Compliance to Standard

PERFORMANCE SCORECARD

Position : **HEAD OF MEDICAL COMMITTEE**

Month :



CONCLUSION

LAGGING Performance Indicator =.....%

LEADING Performance Indicator) =.....%

Note: Developed Performance Criteria is as follows:

Value of DOCS (in %)	Performance Criteria
85 – 100	Very Good
69 – 84	Good
53 – 68	Average
37 – 52	Bad
1 - 36	Very Bad

DOCS = Degree of Compliance to Standard