PERFORMANCE AUDIT REPORT | PAR.CPSU ver. 2022

AUDIT DATE (dd/mr (Specify the last audit day						
FACILITY	ato ii addit - i day)					
(Dept./ Hosp./ Institution	n/ JKN/ Division/ Program)					
TYPE OF AUDIT: (Please ☑ the option)		□ INTERNAL □	EXTERNAL			
KPI: (Please ☑ the option	on)					
☐ CLINICAL SERVI	CE HPIA PPTPA	: Name : Designation :				
PERIOD OF PERFO	ORMANCE: (Please ☑ the				YEAR:	
	•	EPT OCT- DEC				
□ JAN – JUN □	JUL – DEC □ JAN – D	DEC OTHERS: Please specify:				
	o be filled by the Lead Audito ary of the audit activities that		ities have been co	mpleted. Perform	ance Audit	
SUMMARY OF THE	AUDIT RESULTS					
KPI (Key Performance	Number of Applicable/	Number of Audited	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED			
Indicator)	Available Indicators	Indicators	Full Conformance	Partial Conformance	Non- Conformance	
РРТРА						
OTHERS						
TOTAL						
HPIA (Hospital		Number of	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED			
Performance Indicator for Accountability)	Number of Applicable/ Available Indicators	Audited Indicators	Full Conformance	Partial Conformance	Non- Conformance	
Internal Business Process						
Customer Focus						
Employee						
Satisfaction						
Learning &						
Growth Financial & Office						
Management						

Environmental

Support TOTAL

CLINICAL	Number of Applicable/ Available Indicators for	Number of Audited	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED			
SERVICES	Clinical Services	Indicators	Full Conformance	Partial Conformance	Non- Conformance	
Clinical Services						
TOTAL						

OTHER FINDINGS:

General Requirements of the Audit Activities (Please tick ☑ on the option)- to be filled by Lead Auditor	Pre-Audit Meeting was chaired by the top management of the facility	□ Yes □ No	There are liaison officers appointed for the audited KPIs during the audit day	□ Yes □ No	Excellent (ALL YES)	
	ALL auditee(s) of the audited KPI were present on time at the site during the audit activities (Auditee is not necessarily the person incharge of the KPI)	□ Yes □ No	ALL Unit/ Departments representatives are present during the pre-audit and post	□ Yes □ No	Satisfactory (SOME YES)	
	Post-Audit/ Exit Meeting was chaired by the top management of the facility	□ Yes □ No	audit/ exit conference.		Poor (ALL NO)	

LEAD ALIDITOR COMMENT(S) & ACKNOWLEDGEMENT	
LEAD AUDITOR COMMENT(S) & ACKNOWLEDGEMENT	
Comment(s): *Please add attachments if more space is required.	
Lead Auditor	
Lead Additor	
(Name / Cinneture / Designation / Ctemps)	
(Name/ Signature/ Designation/ Stamp) Date:	*Kindly attach the name list of all auditors
7.77	*Kindly attach the name list of all auditors
HEAD OF FACILITY COMMENT(S) & ACKNOWLEDGEMENT	
Comment(s):	
Head of Facility	
(Name/ Signature/ Designation/ Stamp)	
Date:	
Dale:	