

AUDIT DATE (dd/mm/yyyy)							
FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)							
KPI: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name _____ : Designation :							
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT– DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify:			YEAR: <table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table>				
INDICATOR							

NOTE: This form is to be filled by the Auditor during the audit activity. Performance that has been stated in the respected Performance Verification Form (PVF) and any other related written/ document should be audited. **Specific clinical processes are NOT part of this performance audit activity.**

AUDIT COMPONENTS	CONFORMANCE STATUS (For each components)
<ul style="list-style-type: none"> ❖ Audit activity should be carried out using specific components (i.e. A, B, C, D & E). ❖ Audit activity must refer to the latest PVF form of the audited indicator. 	<p>Full Conformance : YES for ALL items Partial Conformance: YES for only some items Non-Conformance : NO for ALL items</p>

A. Understanding of the auditees	Indicator and the technical specification: Auditee able to show and explain the technical specification (definition of terms, criteria, standards, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIQ: Auditee able to explain necessary actions to be taken if there is any SIQ.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Conformance	<input type="checkbox"/>
	Data collection process: Auditee able to explain on data collection and calculation.	<input type="checkbox"/> Yes <input type="checkbox"/> No			Partial Conformance	<input type="checkbox"/>
					Non-Conformance	<input type="checkbox"/>

B. Filing system of the audited indicator	Presence of filing system (proper filing system to keep the relevant KPI documents).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Conformance	<input type="checkbox"/>	
	PVFs are being kept for at least 1 year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partial Conformance	<input type="checkbox"/>	
				Non-Conformance	<input type="checkbox"/>

C. Data validity (Numerator/Denominator) - Refer to the current PVF	Primary Data is shown, traceable and SIMILAR to the reported performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Data is shown and SIMILAR to the primary source.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Conformance	<input type="checkbox"/>
	Performance Verification Form (PVF) produced by CPSU is being used and shown (available).			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Performance Verification - PVF must have the name, signature, designation and stamp of the accountable person. Date of verification must also be available.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Partial Conformance	<input type="checkbox"/>
					Non-Conformance	<input type="checkbox"/>

D. Administrative and surveillance activities in the facility	Person in-charge of the KPI appointed (appointment letter available).	<input type="checkbox"/> Yes <input type="checkbox"/> No	This indicator performance has been discussed and documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Full Conformance	<input type="checkbox"/>
	If SIQ: action has been taken for improvement and able to show evidence.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	There is evidence of previous external/internal audit activity being conducted within 12 months (copy of PAF).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					Partial Conformance	<input type="checkbox"/>
				Non-Conformance	<input type="checkbox"/>	<input type="checkbox"/>

AUDITEE COMMENT(S) & ACKNOWLEDGEMENT

Comment(s) (if any):

Auditee

(Name/ Signature/ Designation/ Stamp)

Date:

AUDIT RESULT:

- FULL CONFORMANCE
- PARTIAL CONFORMANCE
- NON- CONFORMANCE

