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Mentoring Preparation of KPIs to Strengthen the Managerial Capacity of PKU Sekapuk Hospital Staff

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Abstract

The limited managerial competency of 80% of the Human Resources (HR) staff with clinical backgrounds at PKU Sekapuk Hospital, Lamongan, has resulted in poor performance appraisal standards. Daily internal evaluations, relying on spot inspections, have been shown to trigger highly subjective bias, role ambiguity, and a culture of fear that hinders innovation in healthcare services. This Community Empowerment Program (CEP) aims to strengthen managerial capacity and staff accountability through a paradigm shift from a reactive spot inspection model to a transparent, written target system. The methods implemented include participatory workshops, self-design assistance, and assessment instrument simulations with 25 core management elements and ward heads. The program results demonstrated a highly cooperative organizational psychological response. Management and leaders welcomed the elimination of the conventional spot inspection system. This activity succeeded in drafting written Key Performance Indicators (KPIs) regulations based on the S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time-bound) principles, covering the pillars of clinical quality, operational efficiency, and financial compliance. Effective KPIs implementation cuts through cross-unit sectoral egos, provides role clarity, and builds a work culture that is aware of performance data.

Keywords: *Accountability; Change Management; Reactive Spot Inspection; Transparent Written Target System.*

INTRODUCTION

Accelerating public accountability requires healthcare institutions to shift their internal governance paradigm from conventional models to data-driven performance measurement systems. Amidst the intense competition among healthcare facilities in Lamongan Regency, hospitals can no longer rely on subjective assessments to gauge the productivity of their human resources. Transparency in governance and standardization of operational quality targets are key pillars for regional private hospitals to maintain patient loyalty. Failure to formulate objective performance parameters impedes management's ability to adapt strategies quickly to address market penetration from modern competitors in regional healthcare facilities.

KPIs in the realm of hospital organizational behavior, designed based on the S.M.A.R.T. principle, act as strategic instruments to align the institution's macro

objectives with the daily micro activities of staff. Establishing measurable indicators can eliminate role ambiguity, which often triggers workforce burnout among healthcare workers.[1] Unlike conventional evaluations, S.M.A.R.T.-based KPIs provide regular, transparent, and fair feedback. By standardizing quality achievement metrics, management can precisely detect workload imbalances between units, while simultaneously motivating staff to shift from a reactive work pattern to a proactive work culture oriented towards continuous quality improvement.[2]

The portrait of human resource governance at PKU Sekapuk Hospital reflects significant challenges. Eighty percent of workers and healthcare personnel are graduates of nursing, midwifery, health, economics, and hospital administration who lack strong managerial competencies. Prior to this community service intervention program, management and ward heads evaluated staff performance solely through unannounced inspections. Scientifically, unannounced inspection-based supervision creates a fatal evaluation bias because it only captures momentary performance snapshots without valid data trends, often fueling a fear-based work culture that is counterproductive to service innovation.[3] The absence of mutually agreed written indicators causes assessment standards to be highly subjective, triggers a long accumulation of administrative files, and slows down bureaucratic coordination across hospital service functions.

When the CEP team introduced the urgency of shifting from conventional spot-check control methods to a system of self-accountability targets through written KPIs, the ward heads and staff welcomed the program. The positive response from the staff reflected a critical awareness within the hospital, which had long desired clear performance indicators and fairness in the distribution of daily operational workloads. The warm welcome from management minimized resistance to change, which is typically a major obstacle in the restructuring process of private hospitals. The implementation method for these improvement activities was divided into systematic stages that adopted the main pillars of the Clinical Governance concept to ensure quality service without compromising patient safety.[4] The psychological condition of a cooperative organization becomes a very strong social capital to accelerate the transformation of internal governance of health facilities.

To capitalize on the positive response from the hospital, this CEP intervention was urgently implemented to restructure the draft institutional performance benchmarks. This mentoring program adopted the Workforce Optimization pillar, derived from the Asian Tiger Healthcare Camp materials and practical competency guidance from the *Ikatan Konsultan Kesehatan Indonesia* (Ikkesindo). Through collaborative assistance, the CEP team assisted the heads of departments in learning to formulate draft KPIs for their respective units independently. Strengthening managerial capacity through the development of accountable performance instruments is a crucial foundation for PKU Sekapuk Hospital to reduce internal bureaucratic inefficiencies and re-establish its competitive advantage in Lamongan Regency.

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MENTORING IMPLEMENTATION METHODS

Intervention Design and Mentoring Participants

This CEP uses a participatory training design and structured mentoring (participatory action mentoring) to overhaul the traditional work evaluation system. The activity took place for three months (April–June 2025) at PKU Sekapuk Hospital, Lamongan. Active participants in this program were 25 core managers, including the Board of Directors, the Head of Administration and Finance, and all Heads of Rooms/Heads of Service Units (Outpatient, Inpatient, Emergency Department [ER], and Pharmacy Department). The full involvement of the heads of rooms was a crucial factor because they acted as agents of change who had previously implemented a conventional surprise inspection evaluation system in their respective units.

KPI Development Mentoring Stages

In the era of information transparency in Lamongan Regency, patients have complete freedom to choose a competing healthcare facility if they feel the quality of administrative services is slow. The restructuring of the conventional service system in the field is carried out sequentially through modifications to the four quadrants of the PDSA (Plan-Do-Study-Act) cycle of Operational Excellence standards to optimize responsiveness and efficiency of hospital service wait times.[5] The implementation method is divided into four systematic stages that adopt a workforce optimization framework.

Stage 1: socialization and unfreezing (Month 1). Based on change management,[6] the initial step focuses on psychological conditioning the organization to shift staff fear of the old surprise inspection method into a positive acceptance of target transparency. At this stage, essential material on Building An Efficient & Scalable Healthcare System standards from Asian Tiger Healthcare Camp and Ikkesindo is presented to align managerial perceptions.

Stage 2, classical workshop (Month 1). Participants are intensively trained to understand how to extract the main tasks and functions (tupoksi) of the unit into quantitative metrics. Emphasis is placed on formulas for creating specific and measurable targets to avoid subjective assessments.

Stage 3, assistance and independent design (Month 2). Each room head independently designs a written draft of the KPI form for their respective units. The CEP team acts as a facilitator (consultant) who validates to ensure that the designed indicators do not overlap between service divisions.

Stage 4, reflection and finalization (Month 3). A trial assessment simulation of the KPI form that had been completed was carried out to ensure that the instrument was adaptive and easy to implement by room heads without adding new administrative burdens.

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KPI Design Instrument

The main instrument used in the mentoring is a KPI design matrix worksheet that integrates the S.M.A.R.T. principles.[7] Each indicator proposed by the ward head must pass a five-dimensional feasibility test. First, the specific dimension. Indicators must focus clearly on a specific service output area, not an abstract concept. Second, the measurable dimension. Achievement targets must be mathematically quantifiable (e.g., percentage, minutes, or number of files). Third, the achievable dimension. Target figures are adjusted to the actual capacity of facilities and 80% of the current clinical staff's basic competencies to avoid triggering excessive work stress. Fourth, the relevant dimension. Unit indicators must directly support the hospital's strategic vision of reducing queues and increasing patient visits in Lamongan. Fifth, the time-bound dimension. Achievement evaluation deadlines are set periodically (monthly and quarterly) to replace the irregular pattern of surprise inspections. Each unit KPI form produced must summarize three main indicator groups: clinical/service quality indicators; operational efficiency indicators; and administrative compliance indicators.

RESULTS AND DISCUSSION

KPI Plan Matrix

Through a series of workshops and collaborative assistance processes, the CEP team successfully facilitated the formulation of draft KPIs for 25 unit heads and managers at PKU Sekapuk Hospital. The drafting process included the formulation of indicators tailored to resource capacity and competitive challenges in the Lamongan region. The resulting indicator matrix was classified into three main pillars and standardized using the S.M.A.R.T. principle, as shown in the following table.

Table 1. KPI Category Matrix of PKU Sekapuk Hospital Service Units

KPI category pillars	Indicator target	Hospital problem solving focus area
Quality of service and clinical.	- Waiting time for non-compound prescription services (Target: ≤ 15 minutes). - Completeness of electronic medical records (Target: 100%). - Patient satisfaction score (≥ 85%).	Unblocking the pharmacy depot and stopping the habit of manual file verification.
Operational efficiency.	- Percentage of delays in reporting daily doctor visits (Target: 0%). - Speed of emergency room response time (Target: ≤ 5 minutes). - Accuracy of pharmaceutical and medical equipment logistics data recording in the Hospital Information System (SIMS).	Suppressing reactive work culture (clinician-manager dilemma) and optimizing integrated queuing assets/systems.

Administrative and financial compliance.	- *Badan Penyelenggara Jaminan Sosial* (BPJS) claim file discrepancies/return claims (Target: ≤ 5%). - Staff and healthcare worker morning roll call compliance (Target: ≥ 90%). - Preparation of monthly unit performance evaluation reports (On-time: 100%).	Prevent revenue leakage due to refusal to verify insurance claims.

The successful formulation of the indicators in Table 1 has become a milestone for the institution. Each room head now has written control over the parameters to be achieved and evaluated at the end of each month.

Analysis of Transformation and Staff Dynamics towards Change

The abrupt transition from conventional surprise inspection evaluation methods to S.M.A.R.T KPI target-based assessments, as evidenced by organizational theory, does not always proceed smoothly. Implementation at PKU Sekapuk Hospital demonstrated adaptive and cooperative psychological dynamics. Three significant findings emerged regarding changes in staff mindset and performance after the mentoring program.

First, reducing resistance through active involvement (empowerment). Resistance to the new KPI system in the workforce optimization curriculum typically arises because targets are perceived as unilaterally burdensome and unrealistic.[8] The classic workshop strategy, which frees room heads and staff to formulate their own KPI targets, has been proven to effectively reduce resistance. Participants feel heard and recognized for their managerial capacity, so that the resulting indicator form is very applicable and adapted to the reality of workload in the field.[9]

Second, a cultural shift from fear to accountability. Before the CEP intervention, the operational organizational culture was heavily influenced by fear of surprise management inspections. Service innovation within a culture of fear was stifled because staff were more focused on avoiding punishment than improving quality. Monthly periodic evaluations using measurable KPI instruments drastically changed the culture of fear. Unit heads and nurses now have clear guidelines regarding the performance target limits that must be met, shifting staff energy to being proactive, oriented toward achieving targets, and focused on patient satisfaction.

Increasing Awareness of Cross-Divisional Problem Solving

Developing S.M.A.R.T.-based KPIs requires data transparency, particularly regarding administrative and financial compliance indicators. Early in the assistance process, there was a shift in sectoral egos between units (e.g., between the medical committee, the cashier, and the BPJS claims administrator). Through cross-validation methodology in Phase 3 of the assistance, the unit head recognized the causal link between tasks. For example, the completeness of clinical diagnoses by doctors in the

inpatient ward determines the speed and success of claims in the finance department. This understanding resulted in much more fluid and organic bureaucratic coordination, while simultaneously reducing the inefficiencies previously frequently complained about by the PKU Sekapuk Hospital board of directors.

CONCLUSION

The CEP, which focused on strengthening managerial capacity through the development of S,M.A.R.T-based Key Performance Indicators (KPIs), successfully facilitated the transformation of human resource governance at PKU Sekapuk Hospital, Lamongan. The collaborative intervention successfully reduced the traditional supervision pattern based on surprise inspections, which had previously fueled a work culture of fear and subjective bias in performance assessments.

The active involvement of 25 core management elements in the CEP program resulted in standardized written KPI drafts for the medical/nursing, administration/finance, and logistics/pharmacy service units. The mentoring results demonstrated a highly cooperative and adaptive organizational psychological response. Ward heads and staff welcomed the change because it provided clarity of roles and transparency of work indicators. The implementation of S.M.A.R.T-based KPIs proved effective in reducing sectoral egos; encouraging more fluid cross-functional bureaucratic coordination; and shifting the work behavior of 80% of clinical staff from a reactive daily approach to a proactive approach oriented toward accountability for hospital service quality data.

PROGRAM SUSTAINABILITY RECOMMENDATIONS

To ensure the sustainability of the CEP, the CEP team, along with the board of directors of PKU Sekapuk Hospital, established a roadmap for further interventions. First, they utilized the clinical quality indicators agreed upon in the KPI (particularly the target waiting time for non-compounded prescription services of ≤ 15 minutes) as a baseline for implementing the physical restructuring program, and; implemented the Lean Healthcare Framework through the PDSA cycle to effectively reduce outpatient queue bottlenecks in the field. Second, they advised the board of directors to integrate written KPI forms into employee remuneration and periodic reward policies. This step is crucial for maintaining consistent staff motivation and ensuring a culture of data accountability remains sustainable in the long term amidst the intense competition among healthcare facilities in Lamongan.

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