APPENDICES

I. DATA SUMMARY

PAGE

II. SUPPORTING INFORMATION ON SUBANG JAYA MEDICAL CENTRE

III. ISO 2000 GUIDELINES

APPENDIX I: DATA SUMMARY

a) The Self Actuation System Diagnostics

SELF ACTUATION SYSTEM DIAGNOSTICS		
CHARACTERISTICS	**EXPLANATION**	**RATING(1-5)**
SELF-INFLUENCING	Circular causality and causal loops, cicular patterns of causation	3
SELF-REGULATING	Maintenance of a particular variable to keep essential variables within limits, via negative feedback and specified limits.	5
SELF-ORGANISING	Self amplification of fluctuations generated in the system as a consequence of perturbations from the environment	3
SELF-SUSTAINING	Operations that are organisationally closed, when all possible states of activity generate or lead to activity within itself. Once an organisationally closed process is started, it is self-sustaining.	2
SELF-PRODUCING	Autopoietic systems that self produce both their components and their boundary	2
SELF-REFERENTIAL	Symbolic reference to self. These systems refer to themselves in terms of themselves, or their components, through image, expressed symbolically.	5
SELF-CONSCIOUS	Able to interact with descriptions of self.	4
GROUP MEAN		**3.4**

b) The Actor Systems Diagnostics – Individual

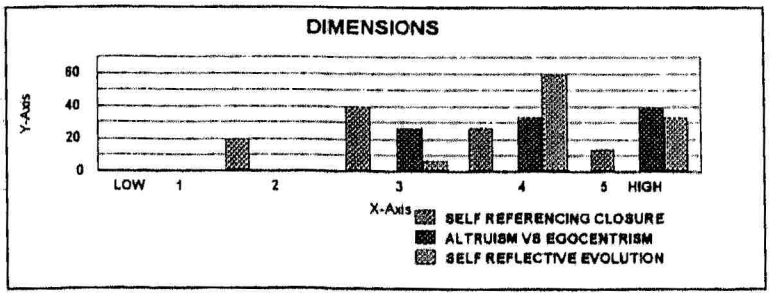
ACTOR SYSTEMS DIAGNOSTICS

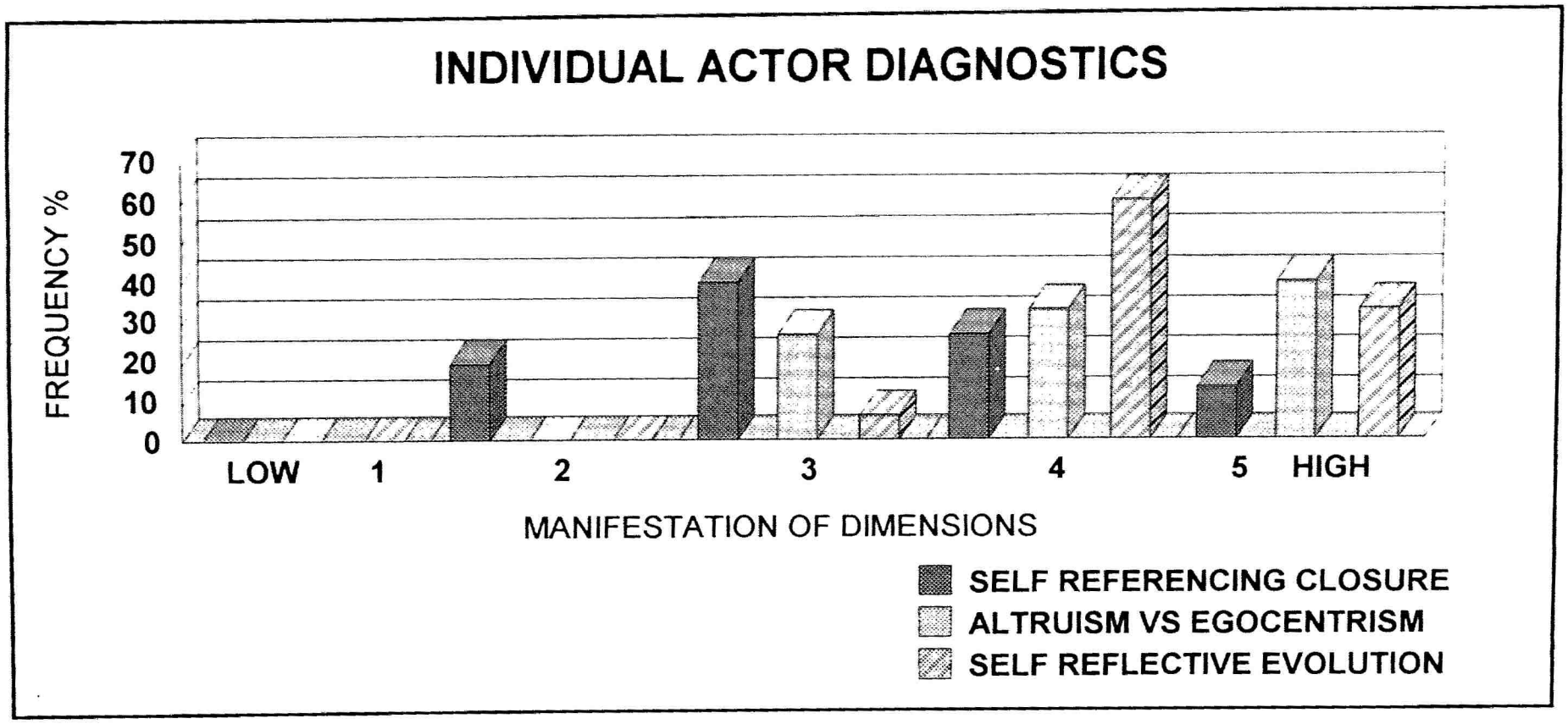
The viability of the Actor System dimension in the individual

NO.	ID CODE	SELF REFERENCING CLOSURE easier if you are a joiner	ALTRUISM VS EGOCENTRISM try to maintain identity against world	SELF REFLECTIVE EVOLUTION org. chge as evolution of identity in relation to world	INDIVIDUAL SCORE
1	D-ED	5	3	4	4
2	C-FS	3	5	4	4
3	T-NS	2	5	4	3 7
4	A-QM	3	4	5	4
5	C-QA	2	5	5	4
6	L-MD	4	3	4	3 7
7	M-SS	2	5	5	4
8	Q-NA	4	4	5	4 3
9	T-CA	3	4	4	3 7
10	B-DA	4	5	3	4
11	R-TE	3	4	4	3 7
12	A-HR	4	3	4	3 7
13	S-FS	3	5	5	4 3
14	N-CS	5	3	4	4
15	G-PA	3	4	4	3 7
	MEAN	3.3	4 1	4 3	3 9

FREQUENCY TABLE : % of respondents in each score level

RATING						TOTAL %
DIMENSIONS	LOW 1	2	3	4	5 HIGH	
SELF REFERENCING CLOSURE	0	20	40	26 7	13 3	100
ALTRUISM VS EGOCENTRISM	0	0	26 7	33 3	40	100
SELF REFLECTIVE EVOLUTION	0	0	6 7	60	33 3	100




INDIVIDUAL ACTOR DIAGNOSTICS
FREQUENCY %
70
60
50
40
30
20
10
0
LOW
1
2
3
4
5
HIGH
MANIFESTATION OF DIMENSIONS
SELF REFERENCING CLOSURE
ALTRUISM VS EGOCENTRISM
SELF REFLECTIVE EVOLUTION

c) The Actor Systems Diagnostics - Group

DIVISIONS

ACTOR SYSTEMS DIAGNOSTICS

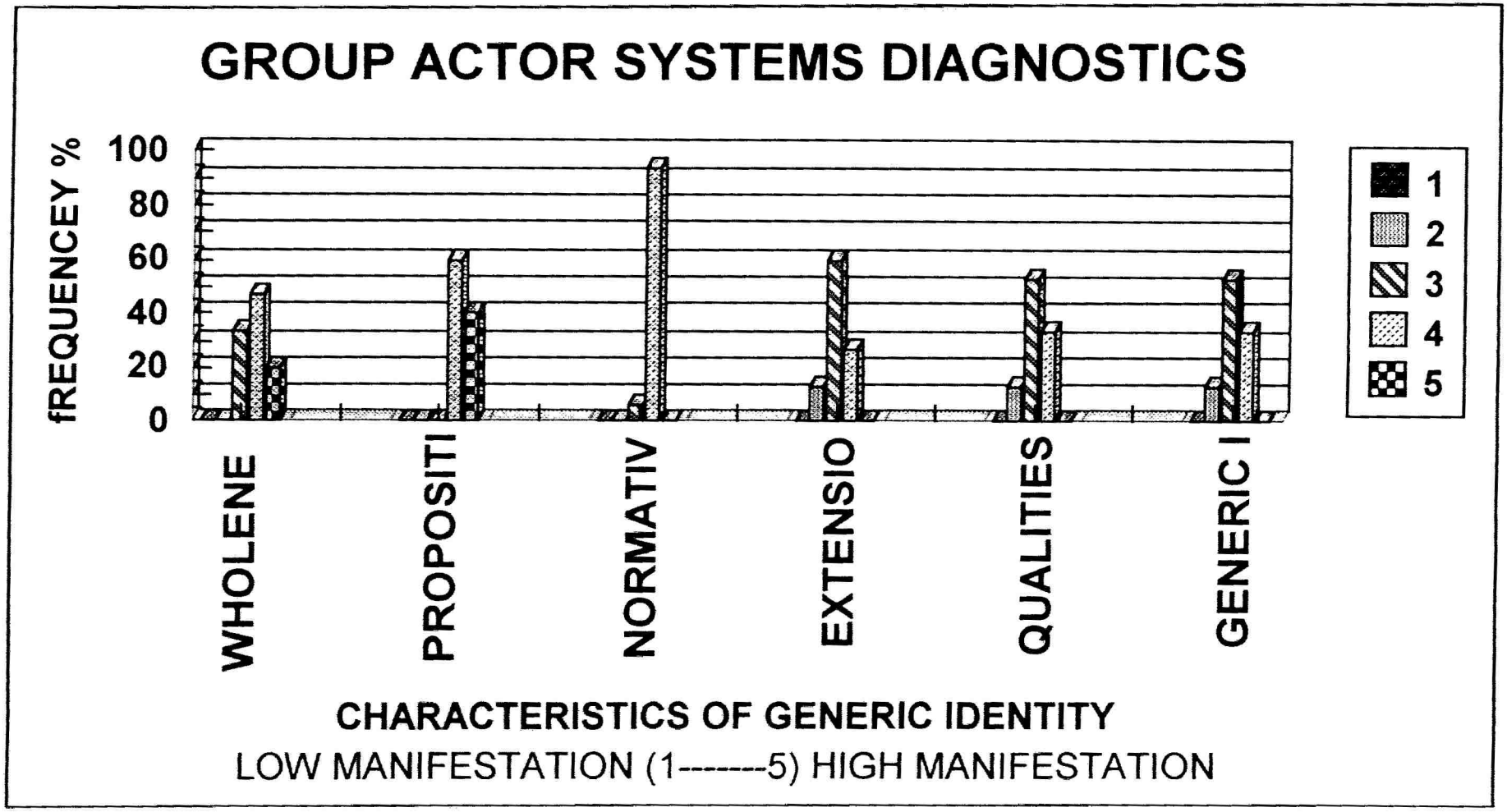
The viability of the Actor System dimensions at the group level

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
ID CODE	D-ED	C-FS	T-NS	A-OM	C-QA	L-MD	M-SS	Q-NA	T-CA	B-DA	R-TE	A-HR	S-FS	N-CS	G-PA	MEAN
GENERIC																
WHOLENESS works as whole in connection with cognitive purpose from metasystem	4	4	4	4	5	3	5	4	5	4	3	3	4	3	3	3 9
PROPOSITIONAL Characteristics of the profile are determined by metasystemic propositions	5	4	4	4	5	4	4	5	5	4	5	4	5	4	4	4 4
NORMATIVE Characteristics are normatively agreed to define distinct classes of behaviour	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	3 9
EXTENSION Characteristics allow room to maneuver between systems, similarity or commensurability	3	3	2	4	3	3	4	3	3	4	3	2	4	3	3	3 1
QUALITIES Evaluation of qualities , pattern distinction between fixed and variable	4	3	2	4	4	3	4	3	3	4	3	2	3	3	3	3 2
GENERIC IDENTITY Strong generaic identity indicate norm coherence within the group	4	4	4	4	5	4	4	5	5	4	5	4	5	4	4	4 3
GROUP MEAN																3 8

FREQUENCY TABLE

GENERIC	SCORE	1	2	3	4	5	TOTAL
	%						%
WHOLENESS works as whole in connection with cognitive purpose from metasystem		0	0	33 3	46 7	20	100
PROPOSITIONAL Characteristics of the profile are determined by metasystemic propositions		0	0	0	60	40	100
NORMATIVE Characteristics are normatively agreed to define distinct classes of behaviour		0	0	6 7	93 3	0	100
EXTENSION Characteristics allow room to maneuver between systems, similarity or commensurability		0	13 3	60	26 7	0	100
QUALITIES Evaluation of qualities , pattern distinction between fixed and variable		0	13 3	53 3	33 3	0	99 9*
GENERIC IDENTITY Strong generaic identity indicate norm coherence within the group		0	0	0	66 7	33 3	100

* differences in decimal point are not significant.


GROUP ACTOR SYSTEMS DIAGNOSTICS
fREQUENCEY %
100
80
60
40
20
0
WHOLENE
PROPOSITI
NORMATIV
EXTENSIO
QUALITIES
GENERIC I
1
2
3
4
5
CHARACTERISTICS OF GENERIC IDENTITY
LOW MANIFESTATION (1-------5) HIGH MANIFESTATION

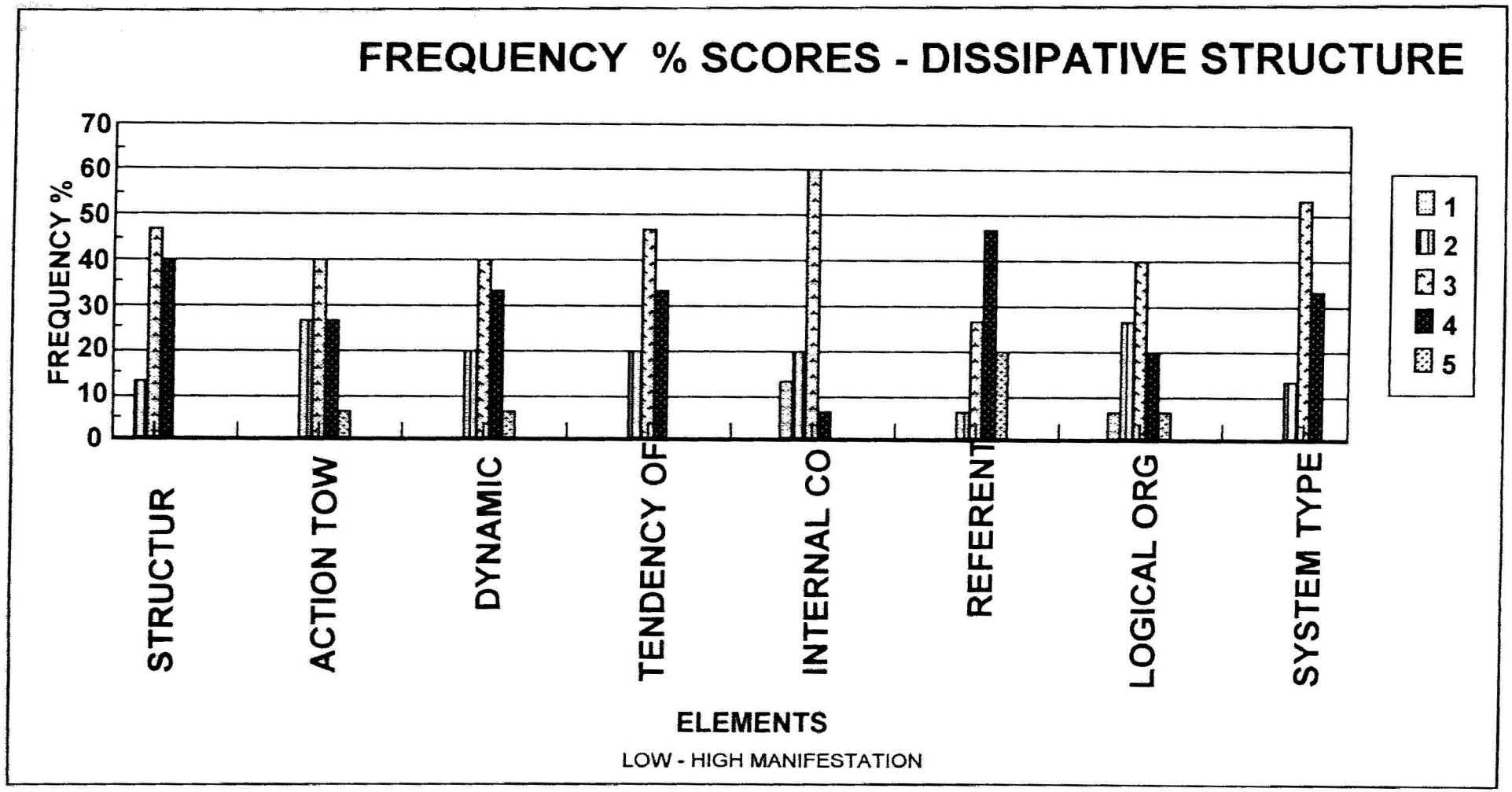
d) Dissipative Structure Systems Diagnostics

DISSIPATIVE STRUCTURE SYSTEMS DIAGNOSTICS		ID No	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
NO	ELEMENTS	CONSERVATIVE score 1 for conservative	D-ED	C-FS	T-NS	A-OM	C-QA	L-MD	M-SS	Q-NA	T-CA	B-DA	R-TE	A-HR	S-FS	N-CS	G-PA	MEAN RATING GROUP	DISSIPATIVE score 5 for Dissipative
			RATINGS																
1	STRUCTURAL ORIEN	Structure preserving	2	3	2	3	4	3	4	4	3	4	3	3	4	3	4	33	Structure Changing
2	ACTION TOWARD DE	Counteracting	2	3	2	3	4	3	5	3	3	4	2	3	4	2	4	31	Amplification
3	DYNAMIC	Near zero energy/steady state in time	3	3	3	4	4	2	5	3	3	4	2	3	4	2	4	33	Far from zero, change with change in time
4	TENDENCY OF FORM	Morphostasis	2	3	3	4	4	3	4	3	3	3	2	3	4	2	4	31	Morphogenesis
5	INTERNAL CONDITIO	Near to steady	1	2	1	3	3	2	3	3	2	3	3	3	4	3	3	26	Far from steady
6	REFERENT	Ref. to steady state	2	4	3	4	5	3	4	4	4	5	3	4	5	3	4	38	Self reference
7	LOGICAL ORGAN SA	Irreversible to steady	1	3	2	4	5	2	4	3	3	3	2	3	4	2	3	29	Cyclical reversible
8	SYSTEM TYPE	open with poss growth	3	4	3	3	4	3	4	3	3	3	2	2	4	3	4	32	open, continuous, balanced energy exchanges
	MEAN FOR INDIVIDUALS		2	31	24	24	41	26	41	33	3	37	24	3	41	25	38	31	

FREQUENCY TABLE % SCORES FOR CONSERVATIVE- DISSIPATIVE RATINGS

NO.	ELEMENTS MANIFESTATION	1 LOW	2	3	4	5 HIGH	TOTAL*
1	STRUCTURAL ORIENTATION	0	13 3	46.7	40	0	100
2	ACTION TOWARDS. DEVIATION	0	26 7	40	26 7	6.7	100 1
3	DYNAMIC	0	20	40	33 3	6 7	100
4	TENDENCY OF FORM	0	20	46 7	33 3	0	100
5	INTERNAL CONDITION	13 3	20	60	6 7	0	100
6	REFERENT	0	6 7	26.7	46 7	20	100 1
7	LOGICAL ORGANISATION	6 7	26 7	40	20	6 7	100 1
8	SYSTEM TYPE	0	13 3	53 3	33 3	0	99 9

* DIFFERENCES IN TOTAL DUE TO ROUNDING OFF


FREQUENCY % SCORES - DISSIPATIVE STRUCTURE
FREQUENCY %
70
60
50
40
30
20
10
0
STRUCTUR
ACTION TOW
DYNAMIC
TENDENCY OF
INTERNAL CO
REFERENT
LOGICAL ORG
SYSTEM TYPE
1
2
3
4
5
ELEMENTS
LOW - HIGH MANIFESTATION

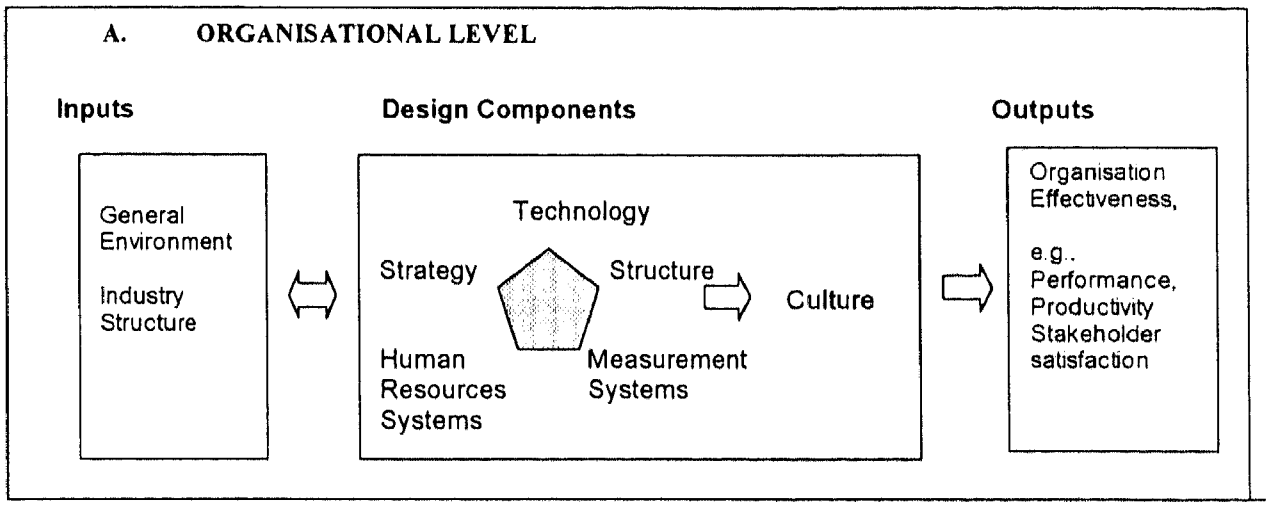
THE CUMMINGS 6-LEVEL DIAGNOSTICS
Subject: Subang Jaya Medical Centre

INTRODUCTION

This approach to organizational diagnostics is developed by Cummings and Worley in the their text on Organisational Change & Development. The approach sections the organization to 3 main levels of organization, group and individual and further sub-divides the levels into sub-systems for purposes of analysis of inputs, outputs and design components.

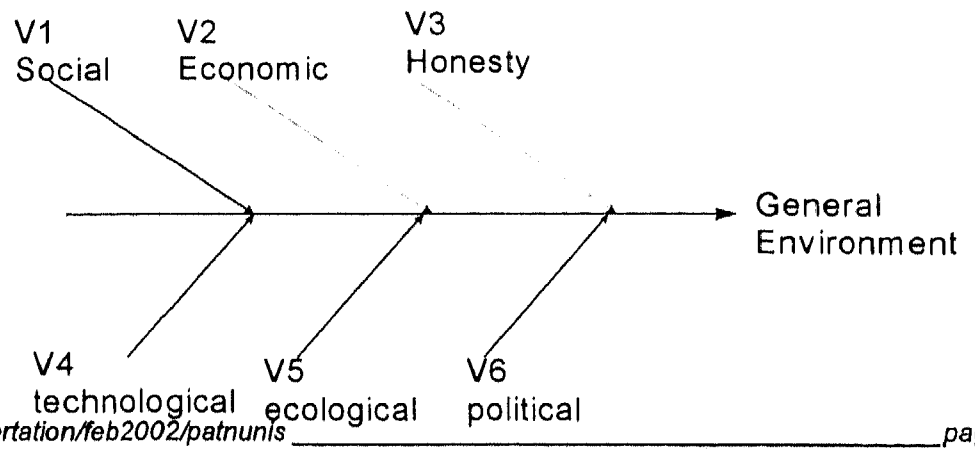
1. THE ORGANISATION LEVEL

In the assessment of the General Environment, the private healthcare industry environment is represented by the following actors, i.e., Subang Jaya Medical Centre (SJMC), Assunta Hospital, Sunway Medical Centre and Pantai Medical Centre.



1.1. Diagnosing the General Environment

Organisation level diagnosis - diagnosing the General Environment



1.1.1 Assessment of the General Environment

Table 1: Comparison scores: General Environment

	V1	V2	V3	V4	V5	V6	
	SOCIAL	ECONOMICS	HONESTY	TECHNOLOGICAL	ECOLOGICAL	POLITICAL	OVERALL MEAN
SJMC	5	4	5	5	5	4	4.6
SUNWAY	3	4	4	5	4	5	4.2
ASSUNTA	5	3	5	4	5	4	4.3
PANTAI	5	4	4	5	4	5	4.5
MEAN	4.5	3.75	4.5	4.75	4.5	4.5	4.4

Table 2: Score Frequency- General Environment

Frequency analysis	Poor 1	Fair 2	Satisfactory 3	Good 4	Excellent 5	TOTAL
Social	0	0	25%	0	75 %	100
Economics	0	0	25 %	75 %	0	100
Honesty	0	0	0	50 %	50 %	100
Technological	0	0	0	25 %	75 %	100
Ecological	0	0	0	50 %	50 %	100
Political	0	0	0	50 %	50 %	100

1.1.2. Definition of Elements and Scoring explanation:

Social - **How socially responsible is the organisation, and how entrenched is it within the community it serves ?**
SJMC, Assunta and Pantai are well entrenched in the communities whilst Sunway Medical Centre is a new facility about 2 years old.

Economics- **Is it an economically viable business concern? How profitable is the business?**

Hospitals are a capital and labour intensive business, and, coupled with their history of providing community support as and when needed, these organisations do not primarily exist to make a profit. Although as private healthcare centres, they do need to more than cover their costs, they traditionally ensure high levels of service and care at the cost sometimes of being purely profit driven. This is reflected in the lower scores in this element. Assunta especially, has a lower than average score due to its historical background of being a missionary hospital, whereas the other facilities, including SJMC were purpose built as private hospital businesses.

In the past few years, since 1997, the economic downturn has affected the private healthcare business in limited ways, in the area of cash flow problems, for those who service corporate clients, and, also in a drop in elective surgeries. However, the major players like SJMC have not had significant cause to worry as patient census remains high.

Honesty Hospitals are required to be places of high ethical behaviour as their work directly impacts human lives. As such scores are high. Sunway Medical

Centre is still building its reputation, whilst Pantai Medical Centre has had some image problems due to medico-legal problems.

Technological This has to do with the level of technological expertise required for the organisation to carry on its daily activities. This will range from technology that is directly patient related to high tech information systems that cover patient records, billing and admissions and discharge, medication and lab test results.

In this instance centres SJMC, Sunway and Pantai are ahead of Assunta, which is less computerised in the administrative set up. However, SJMC has a strong lead in development of Hospital Information Systems, Pharmacy Systems, Laboratory and Materials Management Systems.

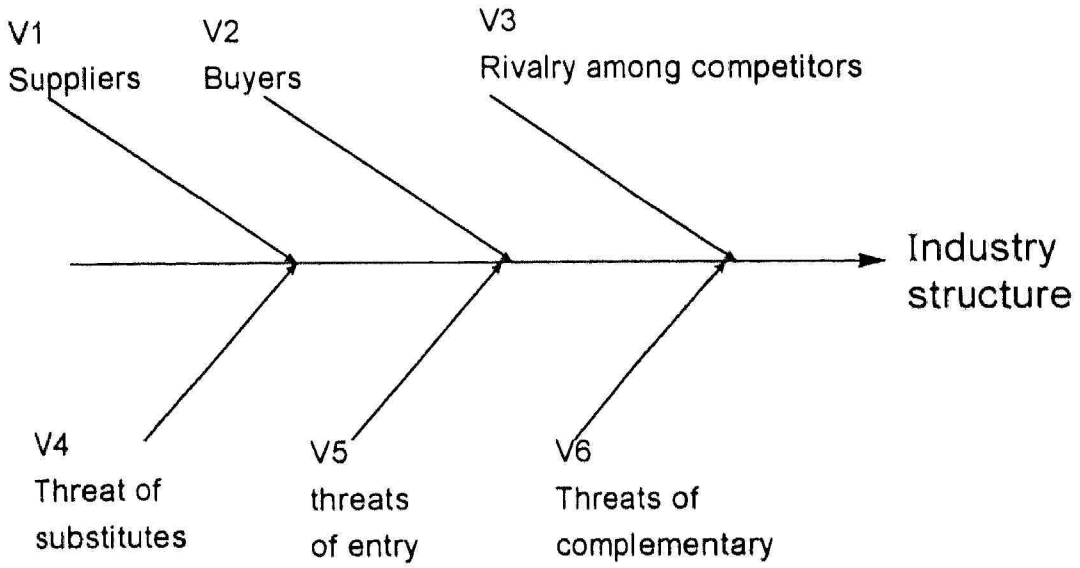
Technology also has to do with the use of information and decision making processes within the organisation. Are they technologically uncertain – do they require detailed one to one handling rather than routine operations? In the case of healthcare, it is clear that each patient encounter has both elements of routine practise as well as specific customised care and treatment. The service provided is of a complex nature. Hence dealings among staff serving the patients will also have a high degree of complexity.

Ecological: **How eco-friendly are the organisations, in terms of waste disposal and overall safety elements for their workers as well as customers and suppliers?.**
Here both SJMC and A have complied with ISO 9002 regulations and OSHA requirements by separating clinical waste from ordinary waste. This is also being done to some degree in Sunway and Pantai

Political : Sunway has strong political backing, as does centre Pantai. Both SJMC and Assunta are less polarised politically due to their non political stance.

1.2. Diagnosing the Industry Structure

Organisation level diagnosis - diagnosing the Industry structure



This diagnosis is done using Porters' 5 forces model as shown above . The ratings are displayed below in the table shown.

1.2.1 Assessment based on Porter's 5 Forces Model

Table 3: Comparison Scores: Porter's 5 Forces Model/ Industry Structure

	V1	V2	V3	V4	V5	V6	
	Suppliers Power	**Buyers Power**	**Rivalry among competi-tors**	**Threat of substi-tutes**	**Threat of entry**	**Threat of compleme n-tary**	**OVERALL MEAN SCORE BY ORGN**
SJMC	4	4	4	5	4	4	4.2
SUNWAY	4	4	5	5	4	4	4.3
ASSUNTA	4	5	5	4	4	4	4.3
PANTAI	4	4	4	4	4	4	4
MEAN	4	4.25	4.5	4.5	4	4	4.2

Table 4: Score Frequency: Porter' 5 Forces / industry structure

Frequency analysis	Poor 1	Fair 2	Satisfactory 3	Good 4	Excellent 5	TOTAL
V1 Suppliers	0	0	0	100 %	0	100
V2 Buyers	0	0	0	75 %	25 %	100
V3 Rivalry among Competitors	0	0	0	50 %	50 %	100
V4 Threat of substitutes	0	0	0	50 %	50 %	100
V5 Threat of entry	0	0	0	100 %	0	100

1.2.1.1 Definition of Elements and Scoring Explanation

Suppliers:

This element is an assessment of the degree of control the suppliers have in the delivery of services by SJMC. Due to a long standing client relationship, SJMC has established vendor partnerships with main medication and pharmaceutical suppliers and thus has established a good downstream relationship that will ensure continuous flow of supplies and ready services. Due to this, the rating is high for SJMC. The other centres do not fair so well as two of them Sunway and Assunta are relatively smaller and thus do not have the volume, and Pantail which formally worked on a different basis, has only just begun considering these issues in year 2001.

However the other supplier element for private healthcare facilities is that of the clinical consultants and specialists who provide the professional services to patients. In this case also, the relationship varies from centre to centre as they have different contractual terms. In some instances, (e.g. Sunway and Pantai), consultants buy shares in the business and are part owners. In the case of SJMC, none of the consultants have ownership in the business despite longstanding working relationships with the organisation. This has often been a source of contention and given rise to substitute services set up by enterprising consultants who are dissatisfied with the terms of the contract. This will be dealt with under "threat of substitutes".
Hence, the power of suppliers in this context is high, as SJMC is dependent to some extent on the products and services which it receives from its suppliers. Both the materials suppliers and the professional suppliers play a key role in facilitating the smooth flow of services. SJMC needs to maintain good supplier contacts, and, especially with the medical professionals, a relationship of trust.

Buyers: For healthcare - buyers are patients and customers. With the exception of Sunway, which is about 2 years old, the other centres range from 15-40 years old. They have established and loyal clientele.

Buyer power however is significantly linked to supplier power as, in the case of healthcare, most patients will follow their doctors and/or the availability of services or necessary facilities and equipment. This is why healthcare is a capital intensive industry.

Rivalry among competitors:

Private healthcare is still a growing industry and whilst there are new entrants in the market, the rivalry is not only to compete for business, but also to ensure that they attract and retain the best trained and efficient personnel. Staff nurses are in high demand especially as in the current economic situation, qualified nurses are very attracted to work overseas for high salaries. A busy facility like SJMC is often faced with the challenge of retaining staff who have an option to leave for less busy facilities which would pay them nearly the same amount for a lower work intensity and stress levels.

In this context, rivalry among competitors for scarce resources to provide effective services is high. This is also one of the entry barriers.

Threat of substitutes:

Some of the consultants working in SJMC broke away to open smaller day care centres of their own which provided a substitute service to patients. Patients would then have a choice of coming to SJMC and paying a premium, or, going to the doctors' own day-care centre, which would charge less for the same treatment. This created a situation for SJMC where substitute services were possible and made accessible to their patients.

Similar situations were possible for consultants from Sunway, Assunta and Pantai Medical Centres, as they had interests in more than one clinic or medical centre. However, such a situation was relatively new to SJMC who for the first 10 years of its existence had a clause in its contract (clause H) prohibiting consultants from opening such substitute services. This clause was renegotiated and changed in 1996.

There is therefore, a real threat of substitutes, as some consultants even divert their SJMC patients to other facilities for their follow-up appointments. As the current patient census in SJMC is very high and more than they can cope with, this issue is known, but has not been addressed effectively at the present time.

Threat of new entrants:

Over the last 3 years, 15 new private healthcare facilities of various sizes have begun operations in the Klang Valley. These have offered alternatives to customers but have not really posed a threat to SJMC, which has consistently maintained its patient census over the years. The larger new facilities like Gleneagles Intan, Ampang Putri and Sunway, will eventually have the bed capacity to rival SJMC. In the long term however, it is difficult to estimate the tide of events, as much will depend on the way the new facilities develop, the service levels they attain and their management expertise.

The threat of new entrants is evident and moderate – but it needs to be monitored.

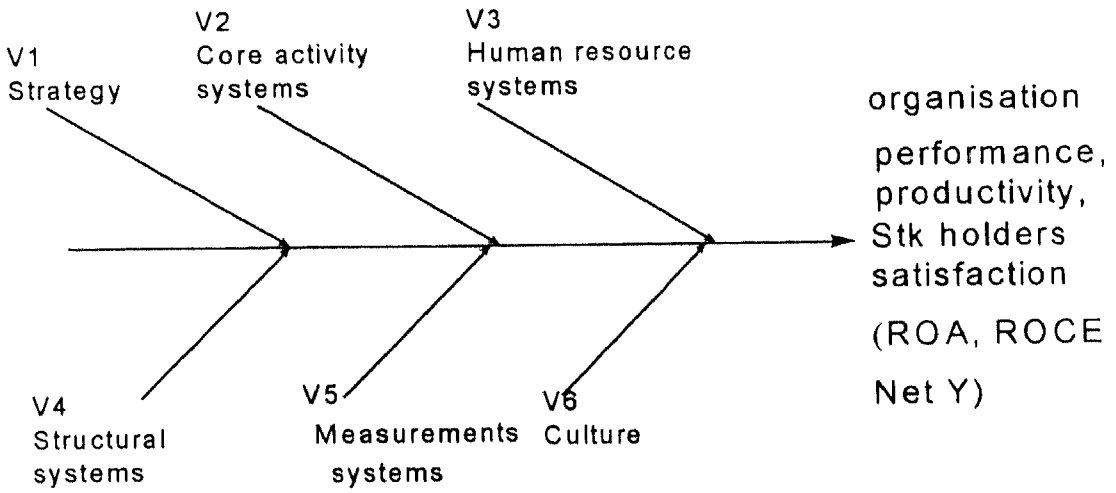
Threat of complementary:

Complementary services like General Practitioners and the use of public health facilities have become more the trend with rising costs and tighter economic situations. Company accounts are also shifting to the HMO or insurers like Aetna Genesis, where SJMC will have to compete against other care providers for their guaranteed bulk billings. Whilst SJMC census figures remain high, over time, it is necessary to maintain the standard of care and services to the patients and corporate clients, if SJMC wants to retain its leadership position.

Complementary threats are relatively high and growing. SJMC will need to be prepared for the years ahead.

1.3 Diagnosing Strategic Orientation

Organisation level diagnosis - diagnosing the strategic orientation



1.3.1 Assessment of Industry Structure

Table 5: Comparison of Scores- Strategic Orientation

	Strategy	Core Activity Systems	Human Resource Systems	Structural Systems	Measurement systems	Culture	OVERALL SCORE BY ORGANISATION
SJMC	4	5	3	4	3	4	3.8
SUNWAY MEDICAL	5	3	3	3	2	3	3.2
ASSUNTA	3	5	3	4	4	5	4
PANTAI	5	4	3	4	3	4	3.8
MEAN	4.25	4.25	3	3.75	3	4	3.7

Table 6: Score Frequency- Strategic Orientation

Frequency analysis	Poor 1	Fair 2	Satisfactory 3	Good 4	Excellent 5	TOTAL
V1- Strategy	0	0	25 %	25 %	50 %	100
V2- Core Activity Systems	0	0	25 %	25 %	50 %	100
V3- Human Resource Systems	0	0	100 %	0	0	100
V4- Structural Systems	0	0	25 %	75 %	0	100
V5- Measurement systems	0	25 %	50 %	25 %	0	100
V6- Culture	0	0	25 %	50 %	25 %	100

1.3.1.1 Definition and Scoring Explanation

Strategy: Strategy has to do with whether the company has a raison d'etr, a mission, and planned business objectives that take into account the capability and long term directions for the business. In this aspect, SJMC lags behind the Sunway and Pantai which belong to larger concerns and have evidenced that they are planning for the future by their willingness to invest in labour as well as capital. The situation with SJMC is slightly different as being the current market leader, a sense of complacency has set in Also, for various reasons, the Group management which is overall in charge of SJMC directions have taken the decision to cut back on costs , consolidate and thin down the labour force.

This has caused some dissatisfaction and tension at the management levels as certain key decisions have direct impact on the level of service provision at the operational level – and these will have long term impact on the future. Yet, the "undiscussable issues" are avoided and as a result, this slows down response time and flexibility.

As for Assunta, it has historically taken a low key position but has a steady clientele and workforce. Though not aggressively marketing, its current efforts have resulted in an industry presence to its loyal customers.

Core Activity Systems :

Here, SJMC leads as this is one of its major strengths from the early days of its development. Sunway has some way to go (score of 3) as it is only about 2 years old.
SJMC has well developed core and support systems, as does Assunta and Pantai.

Human Resource Systems:

In this area, due to the pervasive Head Office policies regarding selection and hiring, SJMC's HR systems lag behind the others in responsiveness and flexibility. This is crucial in the growing industry as the skilled workforce (trained SRN nurses, technologists, etc), are a prime asset.

Structural Systems: Here again, although SJMC has a good facility, it is comparable to any of the other large healthcare facilities The one exception among this list would perhaps be Assunta which is a much older facility as compared to the rest.

Apart from its physical structure, SJMC has maintained from its inception, a functional organisational structure that is typical of a healthcare organisation. As it grows and develops, it may be necessary to consider evoving to a more matrix type structure, or

one which will better facilitate a smoother delivery of service. This will need to be determined by the management team in its on-going review.

Measurement Systems:

Though much is said about measurement in SJMC, the new performance management system is still in its prototype stage, whilst Quality measures and QA indicators, etc., are being tracked in a fairly consistent manner. In this it fares not much better than any of the others. Here Assunta has a slight lead due to its long history of being committed to nursing education.

Culture:

Each of the centres have their own distinctive culture. Of the 4, Assunta has the most customer-oriented culture with the staff being very conscious of patient needs and eager to provide the right care and treatment. SJMC has worked to build a customer oriented service culture. In the other centres, the culture component is yet being built.

The SJMC culture places much emphasis on image and maintaining the status quo. Although a mechanism for feedback has been put in place, the unwritten code is that negative feedback is not welcome. When patient feedback is received, the customer support staff are expected to field the questions and as far as possible, settle the problem at the lowest level. Refering problems upwards is the last resort, and often frowned upon when it happens.

Feedback from staff on possible improvements to the system must also be couched in positive terms – as strongly worded comments are often received defensively at the higher levels. Divisions and departments – whilst encouraged to work together within the quality system – have the tendency to slip into a silo mode of functioning, where each department focuses only on its own particular area of service, rather than looking at how interfaces may be smoother for the patients.

Though a system for staff recognition was put into place in 1995, during the period of the study (Jan –August 2001), the system had lost its impact, and remained as a formality required by the quality system requirements. In its early days, the staff recognition system was the vehicle to reward staff for innovative ideas on system improvements or for outstanding service to customers. However, by early 2000, the system was more of a face-saving effort on the part of management to reward those staff who maintained service levels at the targets set by the Customer Support Service Department , in line with management directives.

The overall mean for the 3 levels are as follows:

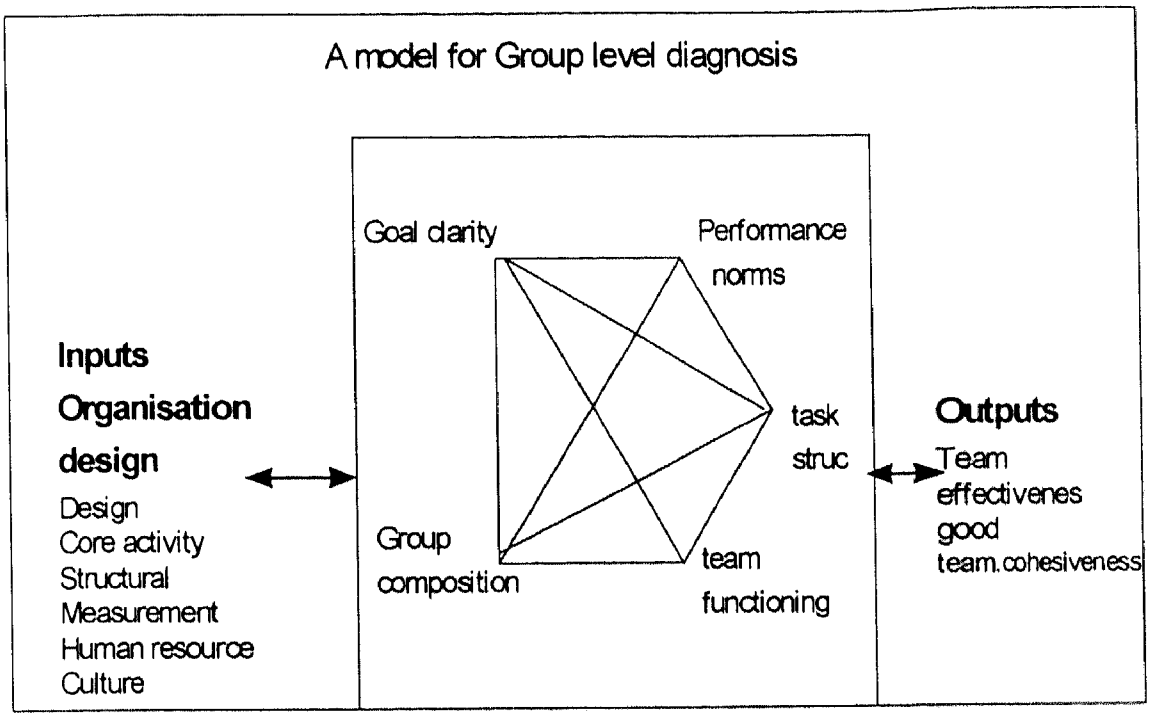
- General Environment: 4.4
- Industry Structure: 4.2
- Strategic Orientation: 3.7
- **OVERALL MEAN** **4.1**

The Mean for Organisational Level would then be 4.1, just above the required mean of 4 to prove the propositions that the organisation has the right balance of elements to be an effective organisation. The low score in strategic orientation will deserve further mention in the main text.

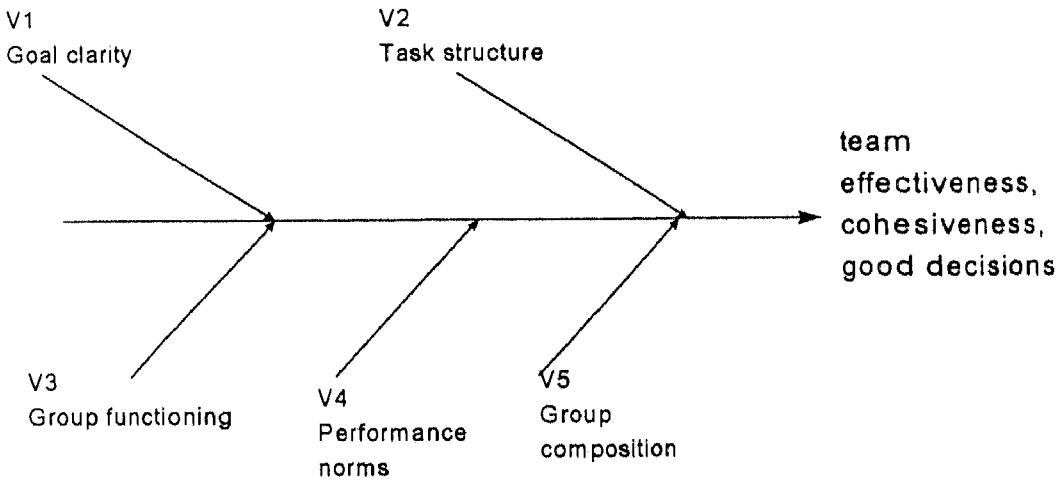
2. THE GROUP LEVEL

At the group level, the elements that need to be assessed are presented in the diagrams below. As is seen, the elements of Organisation design become the inputs to the Group whilst the Group outputs are team effectiveness, good decisions and team cohesiveness. Elements within the Group are:

- Goal Clarity,
- Performance Norms,
- Task Structure,
- Group Composition and
- Team Functioning.

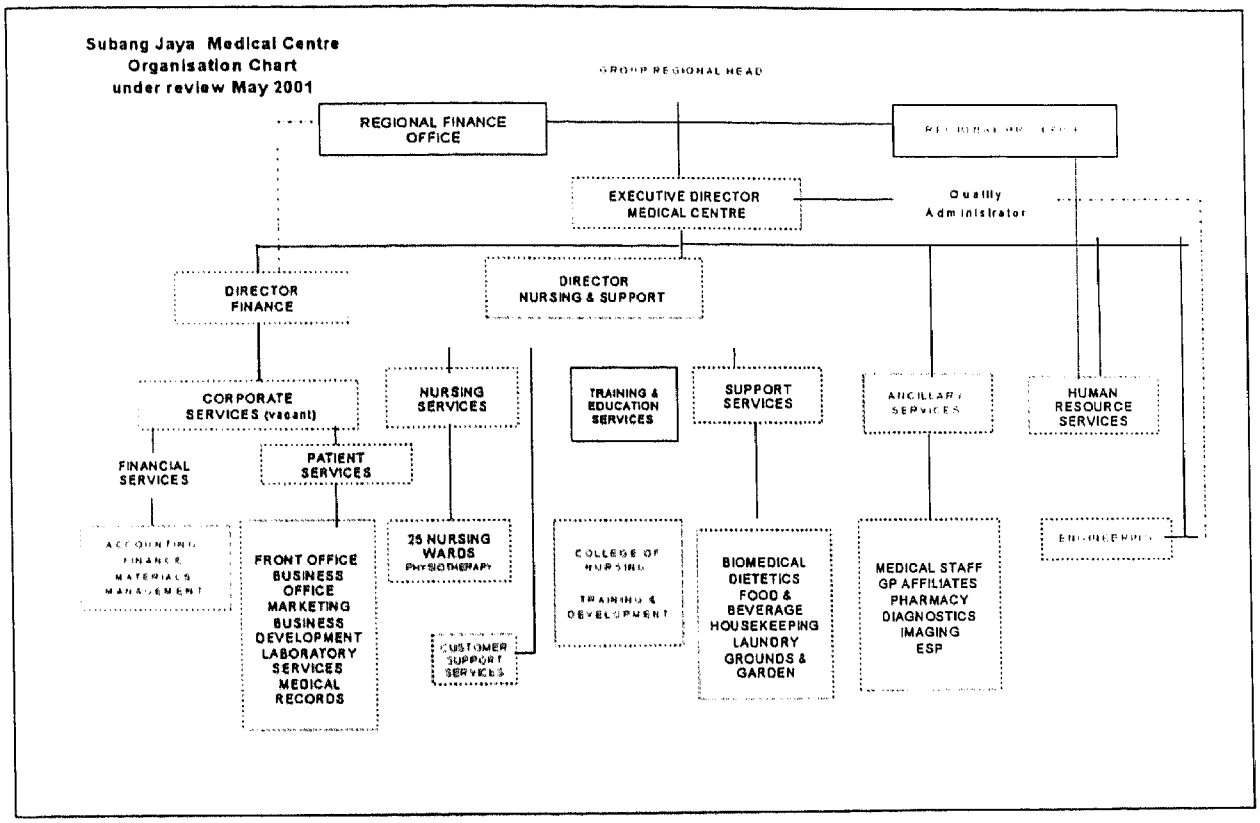


Group level diagnosis



For the purposes of this assessment , the organisational structure shown below differs somewhat from what existed at the end of period of study in August. This is done so as to present the groups in their functional structure, using the chart that was in review in May 2001.

Reference is made to the organization chart of SJMC below:



2.1 Assessment of Group Characteristics

Table 7: Comparison of Scores – Group Level

	Goal Clarity	Task Structure	Group Functioning	Performance Norms	Group Composition	OVERALL SCORE BY DIVISION
CORPORATE	5	4	4	5	4	4.4
NURSING & SUPPORT	4	5	4	4	3	4
ANCILLARY	3	4	3	4	3	3.4
HUMAN RESOURCES	3	3	3	4	3	3.2
MEAN	3.75	4	3.5	4.25	3.25	3.75

Table 8: Score Frequency: Group Level

Frequency analysis	Poor 1	Fair 2	Satisfactory 3	Good 4	Excellent 5	TOTAL
V1- Goal clarity	0	0	50 %	25 %	25 %	100
V2-Task Structure	0	0	25 %	50 %	25 %	100
V3-Group Functioning	0	0	50 %	50 %	0	100
V4- Performance Norms	0	0	0	75 %	25 %	100
V5- Group Composition	0	0	75 %	25 %	0	100

2.1.1. Definition and Scoring Explanation

Goal Clarity: On a mean score of 3.75, HR Services and Ancillary Services scored 3 points as compared to Nursing & Support and Corporate Services that scored 4 and 5 respectively. This is largely due to a lack of effective communication within the two services due to the rather autocratic style of leadership within the service areas with goals being shared on a piecemeal basis. Although towards the end of the time of this study, some significant changes were made within the Ancillary Service areas, these services areas were the weak link in this variable.

Task Structure: Task structures in all areas are relatively well defined due to the nature of the industry. As the organisation is ISO 9002 certified, all job positions have been documented with descriptions and authority levels. However, the variations shown in the rating reflect the different practical norms in each division where the clinical services, due to their more mature development in the organisation, work in clearly defined job functions and structures, and the HR administrative function, which is relatively younger in terms of development, is concerned about meeting the daily and short term needs with less focus being put on establishing clear task structures for their executives and clerical staff.

Group Functioning:

We rate HR and the Ancillary Services below the normal point of 3.5 with a score of 3. Most of the senior functional positions in these service areas are staffed by individuals who have been working for at least 5 years in the organisation, and, who are well aware of the needs and expectations of management. The weak link is that of the HR Administrator and the Assistant Administrator in charge of Diagnostic Ancillary, who both are relatively new to the organisation, and have particular working styles and characteristics.

This has led to some slow down in response time to HR matters as well as some inconsistent approaches to handling staff issues. Operational services at the ancillary areas have also suffered due to the lack of strong leadership.

These weaknesses in the structure led to key staff in each division taking the decision to move to greener pastures where there were better opportunities for growth. In January 2001, B-DA was appointed Administrator and given the task of re-building the department.

Performance Norms The performance norms for the other divisions which are purely service and operational are specified by the Operational Directors of the organisation without much influence from Head Office. The Operational Directors cover Nursing and Support Services and the Corporate Services. It is noted that both HR and the Ancillary Services (in the absence of an Ancillary Director) report to the Executive Director. It was an accepted fact that these areas were often left to fend for themselves when dealing with operational or service issues, as there was limited access to the Executive Director. This was the situation between January to June of 2001.

In the month of July, there were changes made in the organisational structure which took the ancillary departments out from the purview of the Executive Director and split them under the 2 Divisional Directors of Corporate Services and Nursing & Support Services (as shown in the main text on page 46.)

The reason provided for this was that it was done in order to free the Executive Director from day to day operational matters, and provide better working links between all operational units.

Group Composition

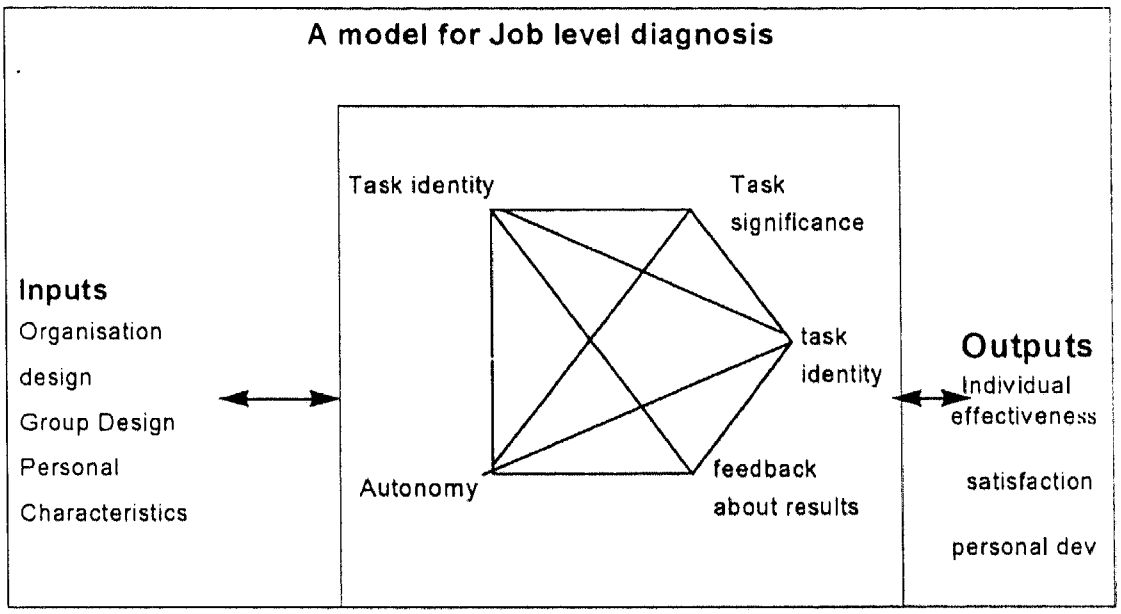
The management team comprises 15 individuals of varying years of experience as well as, familiarity with the organisation. Each of them have skills and abilities which are particular to their field of expertise, and each have been given the responsibility to lead a core section of hospital services. The interplay of relationship and dialogue among group members have a deep effect on the success or failure of quality initiatives and projects within the organisation.

The dynamics of interpersonal relationships will be explored in the next section on the individual level.

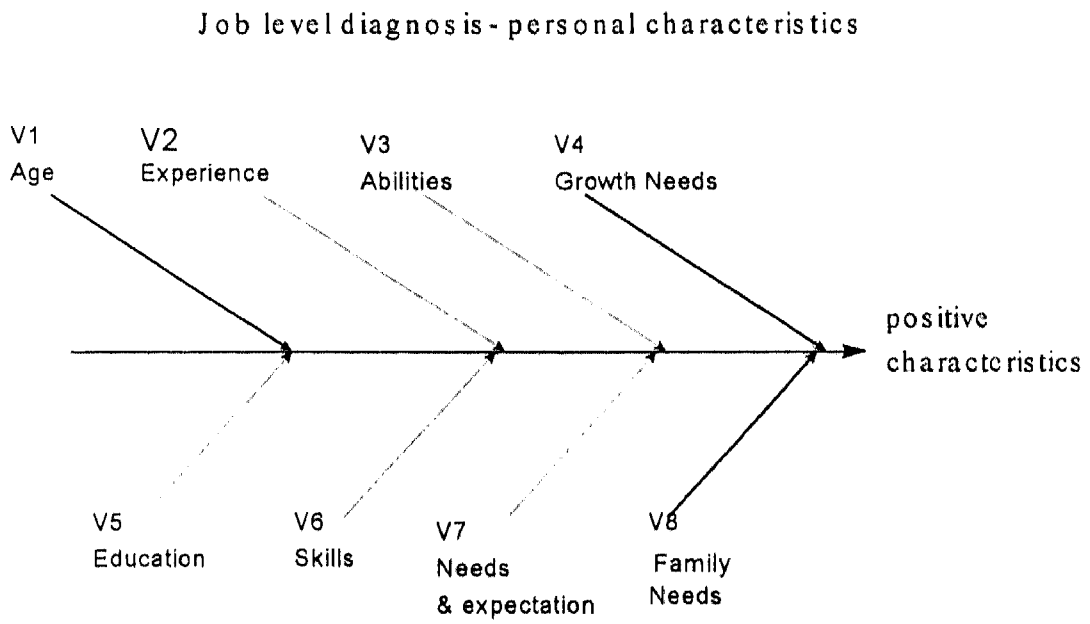
The overall group mean is 3.75, below the expected score of 4. Thus this disproves the proposition that group functions effectively as a team. The alternative proposition should therefore be re-stated.

3. THE INDIVIDUAL LEVEL

This section will study the individual working within the system that has been moulded by both the organisational and group design, as seen in the model below:



3.1 Personal Characteristics



3.1.1 Assessment of Personal Characteristics

This assessment will be conducted on the administrative heads of the divisions who form the core of the senior management team.

Table 9: Comparison of Scores: Individual Level

		V1	V2	V3	V4	V5	V6	V7	V8	V3-V8
NO.	Identity Code	Age Yrs	Related in-co. Exp. in years	Abilities	Growth Need	Educat-ion	Skills	Needs & expectat-ions	Family Needs	Overall Mean Score by Individual
1	D-ED	53	15	3	2	4	4	3	3	3.3
2	C-FS	44	15	4	4	4	5	4	4	4.3
3	T-NS	50	10	3	4	4	4	4	2	3.5
4	A-OM	53	13	4	5	4	5	4	3	4.1
5	C-QA	45	15	5	5	4	5	5	3	4.5
6	L-MD	50	12	3	4	5	4	5	4	4.3
7	M-SS	44	13	5	4	5	5	4	4	4.3
8	Q-NA	40	10	4	5	5	5	4	4	4.5
9	T-CA	46	8	4	4	4	5	5	3	4.1
10	B-DA	51	13	5	3	3	5	3	2	3.5
11	R-TE	59	5	5	2	4	5	3	2	4.3
12	A-HR	37	5	3	3	3	4	4	4	3.5
13	S-FS	36	7	4	4	4	5	4	4	4.1
14	N-CS	53	15	3	3	3	4	4	3	3.1
15	G-PA	38	10	4	5	3	4	4	4	4
MEAN	**GROUP**	**46.6**	**11**	**3.9**	**3.9**	**3.9**	**4.6**	**4**	**3.3**	**3.9**

Table 10: Score Frequency: Individual Level

Frequency analysis	Poor - 1	Fair – 2	Satisfactory – 3	Good - 4	Excellent 5	TOTAL
Age	Not rated					-
Years of Exp	Not rated					-
Abilities			33%	40%	27%	100
Growth Need		13%	20%	27%	40%	100
Education			27%	53%	20%	100
Skills				40%	60%	100
Needs & Expectations			20%	60%	20%	100
Family Needs		20%	33%	47%		100

3.1.1.1 Definition & Scoring Explanation

As noted, there is a range of differences in age, experience, abilities and all the elements listed.

Age: The age element for this group is significant with an age span of 23 years, the youngest individual being 36 years and the eldest 59 with a mean age of 46.6 years. Only 3 of the 15 members are in their 30s, 5 are in their 40s and 7 are in their 50s. The effect of this is that there is a slight tendency to group think among the older members, and a clear tendency towards maintaining of the status quo, especially among those who are nearing the retirement age of 55. Individual D-ED who holds a key position, is also susceptible to this view, as are L-MD, R-TE and N-CS. R-TE, at 59 is the oldest member of the group, being employed on a contractual basis to run the College of Nursing and, from January 2001, to overall head the Training & Education function.

Related In-company Experience in years:

The mean number of years of experience in the company is 11 years with the lowest being 5 years for R-TE and A-HR. 4 individuals, D-ED, C-FS, C-QA, and N-CS have 15 years of experience each and are pioneers who were with the company since its inception. 7 other members have 10 –13 years of experience each. The impact of this span of experience has built a confident team which is highly self-referential.

Abilities: The mean for abilities is 3.9 with a minimum of 3 and a maximum of 5. The frequency pattern indicates that 40% of the team scored 4 points, and 27% scored 5 points, thus verifying that the team has a fair share of skilled professionals. Those scoring below 4 (33%) are D-ED, T-NS, L-MD, A-HR and N-CS.

D-ED is the Executive Director, and, whilst being a skilled medical professional, has had no prior experience heading a company. He lacks the ability to show decisive leadership in the face of new demands, and prefers to maintain the existing system. He is uncomfortable about being the Executive Director and has often expressed the opinion that he is not suitably qualified for the post. Prior to being given the Executive Director position in 1998, he headed the Medical Staff Services Department where he was the main liaison person between the medical staff and the management – a position that he fulfilled well due to his excellent people skills. However, he has not had sufficient exposure to the business aspects of the organisation, and relies strongly on C-FS, the Director of Finance to run this aspect of the organisation for him.

T-NS is also a healthcare professional who heads the Nursing & Support Services Division. She has had no prior experience at corporate level, prior to being appointed to this position due to reasons of seniority and

influence. Whilst she has competent skills to head the clinical aspects of Nursing and the Support Services like F&B, Housekeeping , Biomedical, etc., she has not developed the wide span of vision necessary to those who lead growing organisations. Her world view is very much dominated by the comfortable and familiar patterns of behaviour – rather than being open to accepting changes and innovation as part of growth and development. Her strong personality and decisive manner impacts the highest level , i.e. the team of D-ED, C-FS and herself who comprise the top management of the organisation. As C-FS does not have a clinical background, she does not involve herself much in daily operations that impact clinical service delivery. This leaves such issues to D-ED and T-NS to decide, and in most cases, it is T-NS that has the deciding vote.

L-MD heads the Medical Staff Services and more recently, since July 2001, the Corporate Marketing function as well. He is also a medical professional who has, within the past 5 years, moved into the management team. He is conservative in opinions, and, although ambitious, is unwilling to take risks or break away from his comfort zone. L-MD has hopes of moving into the senior management team when D-ED reaches retirement age – though this seems highly unlikely given the influence of the Group Headquarters in such choices.

A-HR has been with the company since 1997, and prior to that has had no experience in healthcare. She has a human resource background and her prior experience has been with a German manufacturing /marketing technology firm. As such, she has had some difficulty adjusting to the mode of working in SJMC. However, she has good links with Sime Darby HQ which strengthen her position, and provide her support.

N-CS is a pioneer with the company, moving to SJMC from a public organisation where she held a senior nursing position. In SJMC, she has moved from operations to management and, at the time of the study, she headed the Customer Support Services & Community Liaison Department, which was responsible for monitoring the Customer Feedback programme, complaints handling and community projects. Although very equipped with the necessary people skills, N-CS lacks exposure and experience in the new methods of customer feedback monitoring – and has not been able to move the department beyond the methods established in the early 90s, i.e. a standard survey form which is collected, collated and results distributed for review. At the time of the survey, the management team was looking for ways of improving customer services based on the feedback – and also, to review the feedback methods being used and their validity and reliability.

Growth Needs:

Growth Needs are fairly high with some key exceptions that will be discussed. Scores are generally in the higher range of 4-5 with significant grouping in the average or 3 range. 4 individuals, making up 33% of the

team scored below 4 in growth needs. These are D-ED and R-TE, (score: 2), and B-DA, A-HR and N-CS (score of 3).

D-ED is known to be quite contented with maintaining the status quo until he retires in 2 years time. He does not seem to be interested in developing his abilities further, perhaps, reluctant to admit his weaknesses in certain core skill areas.

R-TE is a dedicated professional – but has no interest in further development either as she has already achieved the highest position due to her qualification as a Nurse Tutor. As the principal of the College of Nursing, she leads the college effectively. The new appointment to head the Training & Education function was given to her in order to facilitate the movement of the corporate training function from the Executive Director's office to the office of T-NS, the operational head. This management decision was taken in January 2001, as part of a management re-shuffle.

B-DA heads the Diagnostic Ancillary function and, although having been with the company for 13 years as a middle manager, was only appointed to the administrative position in January 2001, as part of the move to provide greater management support to the Ancillary areas. She is efficient and effective, and also, does not have further ambitions, apart from fulfilling her current job function well. In both career and personal needs, she has reached a comfortable plateau.

A-HR, although one of the youngest of the team at age 37, is quite contented in her position, as she is more focused on building the HR department and, also, on the needs of her relatively young family. She is also heavily involved in her husband's external concerns, and devotes most of her energy on these matters rather than focusing on her own growth needs.

N-CS is close to retirement and also more focused on her family and personal needs rather than work related issues. She was disappointed in January 2001, when the management re-shuffle did not provide her with a promotion. However, she is unable to take on more than her current work load,

Education: 73% of the team have a Master's degree or equivalent, or a professional healthcare qualification, and scored 4 and above. The individuals who scored 3 are B-DA, A-HR, N-CS and G-PA.

B-DA is a trained medical laboratory technologist, but this has little bearing on her current position in administration. However, she is a self-taught manager and confident of her own abilities and effective organisational skills.

A-HR has a degree in Hotel Management, but has moved into the HR function by virtue of her first position of employment. SJMC is her second place of employment after graduation. Although young and influential,

she is not interested in further education opportunities for herself, and uninterested in other forms of self-development.

N-CS is a trained nurse. She has also recently obtained a Diploma in Public Relations. She is conscious of her lack of exposure, and very willing to learn – but does face personal as well as family constraints.

G-PA does have a bachelor's degree, but has no further interest in improving her educational level. Her job function does not really require more than this as she is basically a front desk manager, overseeing operations at admissions and discharges.

Skills: At the skills level, the mean is 4.6 with 33% scoring 4 and 67% scoring 5 points. This is to be expected as this is the administrative group of the organisation.

Needs & Expectations:

The mean score is 4 with a minimum score of 3 and a maximum of 5. The 3 individuals who scored 3 are D-ED, B-DA and R-TE.

D-ED has already established that he does not have any further expectations to be met from the company. He is contented in his position, and if possible, would prefer not to have further changes or demands placed upon him.

B-DA is also satisfied with her current position, and in fact, has more than she can handle with the new move to head the ancillary departments. She realises that this will be her final posting before retirement, and is quite content with it.

R-TE does not expect anything further from the company – having already taken on a new function in early 2001. She expects to complete her contractual term when she is 60 in 2002, and her future employment would then be at the pleasure of the management. She has plans to leave and set up a counselling office when she finally retires.

Family Needs:

The mean for this element is 3.3 with a minimum score of 2 and a maximum of 4. 53% scored 3 and below, whilst 47% scored 4.

This is not unexpected as the older members of the team have fulfilled much of their family needs. It is the younger group, the 40s and below who still need to consider their family needs in terms of time for the family, funding and priorities. This is adequately reflected in their scoring.

The overall mean score is 3.9 for the group, indicating that as a team they are slightly below the expected 4 points. As such, the proposition at the individual level, is that the management team does not show strong characteristics of an effective team.

3.2 The Job Level Diagnosis

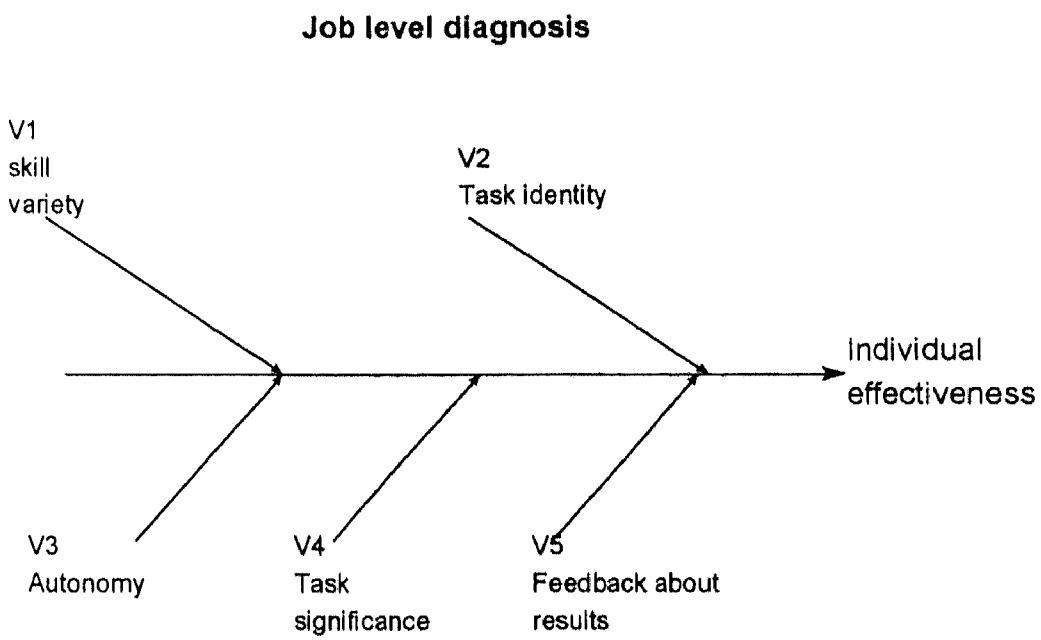


Table 11: Comparison of Scores: Job level

NO.	IIDENTITY CODE	V1 Skill Variety	V2 Task Identity	V3 Autonomy	V4 Task Significance	V5 Feedback about results	Overall Score by Individual
1	D-ED	3	4	3	3	3	3.2
2	C-FS	4	4	5	5	3	4.2
3	T-NS	3	4	5	4	3	3.8
4	A-OM	4	4	5	5	4	4.4
5	C-QA	5	4	4	5	4	4.4
6	L-MD	3	4	4	4	3	3.6
7	M-SS	4	4	5	4	5	4.4
8	Q-NA	4	5	4	4	4	4.2
9	T-CA	4	5	5	5	4	4.6
10	B-DA	4	4	4	5	5	4.4
11	R-TE	4	4	4	4	3	3.8
12	A-HR	3	4	4	4	3	3.6
13	S-FS	5	5	4	5	4	4.6
14	N-CS	3	4	3	4	3	3.4
15	G-PA	4	4	4	4	3	3.8
		3.8	4.2	4.2	4.3	3.6	4.02

Table 12: Score Frequency: Job Level

Frequency analysis	Poor 1	Fair 2	Satisfactory 3	Good 4	Excellent 5	TOTAL %
Skill Variety	0	0	33.3	53.3	3.3	100
Task Identity	0	0	0	80	20	100
Autonomy	0	0	13.3	53.3	33.3	100
Task Significance	0	0	6.7	53.3	40	100
Feedback about results	0	0	53.3	33.3	13.3	100

% score brought to the nearest whole figure.

3.2.1 Definition & Scoring Explanation

Skill Variety: For this element, 33.3% scored 3 whilst the remaining 56.6% scored 4 and above. Those who scored 3 were D-ED, T-NS, L-MD, A-HR and N-CS. These individuals basically lacked in skill variety by choice rather than by circumstance. They preferred to remain within their comfort zones rather than develop new skills.

Task Identity: 80% scored 4 for this element and 20% scored 5. As a management team, the individuals needed to have clear task identity to function in the group.;

Autonomy: Only 2 individuals scored 3 for this element, D-ED and N-CS. As senior managers, most of the team had a good sense of autonomy and functioned well. D-ED was affected by his position where he needed to gain consensus from his immediate senior team, T-NS and C-FS, as well as, the CEO based in Sime Darby HQ. As a result he often expressed a sense of helplessness in decision- making, as he tended to want to please all parties concerned.

Task Significance: The only individual who scored 3 in this element was D-ED with the others all scoring 4 and above. Again D-ED was badly affected by his sense of inadequacy in filling the position of Executive Director, and as such, this affected the significance of his functioning in the position. He de facto had abdicated – and often the decisive moves were taken by T-NS, or, when possible, by C-NA, the Quality Administrator who sometimes took an opposing stance to T-NS.

Feedback about results:

The mean for this element was 3.6 with 53.3% scoring 3 points. This is probably due to the culture of SJMC that frowns on anyone giving negative feedback, as it is seen as "not playing the game". Feedback needs to be couched in acceptable terms and not made in such a way as to damage the image of any one of the administrative group. Particularly sensitive individuals are T-NS, and A-HR. T-NS holds a lot of power as she heads more than half of the organisation. This deters anyone from voicing comments about processes and actions that impact on her area.

Despite the lower scores in Feedback and Skill Variety, the Job Level mean is 4.2 indicating a clear perception of job requirements at this level. This is to be expected for the management team. The area of concern however, is the reception of feedback and the occasional low scores of individuals like D-ED and T-NS who hold core positions in the management team.

4. Summary Of 6-Level Diagnostics

A summary of the mean scores for the 6 levels are shown below in the table provided. It is also noted if the scores confirm the propositions made in the main text..

Table 13: Comparison of Means & Confirmation of Propositions

NO.	LEVEL.	MEAN	PROPOSTION CONFIRMED?	
	ORGANISATION			
1	General Environment	4.4	YES	NO
2	Industry Structure	4.2	YES	NO
3	Strategic Orientation	3.7	NO	YES
	GROUP			
4	Group Design	3.75	NO	YES
	INDIVIDUAL			
5	Personal Characteristics	3.9	NO	YES
6	Job Level	4.02	YES	NO
	OVERALL MEAN	3.995	YES	

From the overall mean value of 3.995, it is seen that in actuality, SJMC is on the borderline, as the required mean for confirmation of the initial proposition of being an effective organisation is 4. Since the sample size is small, and we have taken the decision to round off the final figures to the nearest whole number, the final accepted mean is 4 and we have confirmed the proposition.

This assessment will continue in the main text.

APPENDIX II

a) Profile of Subang Jaya Medical Centre

1. BACKGROUND INFORMATION

SJMC (Subang Jaya Medical Centre) is entering its 16th year and is a bustling private medical centre located in the heart of the Klang Valley. It has a daily inpatient census of about 220 patients with a 326-bed capacity. Outpatients census hovers around 1000 patients a day. The centre provides all the regular medical and surgical services with emphasis on cardiac surgery, and maternity. It has won the Prime Minister's Quality Award, the National Productivity Council, Quality Management Excellence Award and is ISO 9002 certified. The centre prides itself on being the leading private medical healthcare facility in the country.

The current staff force comprises of 1100 staff with over 500 nursing staff and the rest distributed among the different clinical and support functions. (see table below)

TABLE 1: STAFF COMPOSITION IN SJMC AS AT DEC 2000

CATEGORIES	NO. OF STAFF
Top Management	3
Middle Management /Technologists/ Clinical & other Professionals	176
Supervisors/Technicians/ SRNs	531
Secretarial and Support Staff	173
Hospital Aides	217
Total No. Of Employees	**1,100**

2. ORGANISATION STRUCTURE

The organisation chart delineates 4 main functions, namely , Corporate Services, Ancillary Services, Nursing & Support Services and HR Services as shown in the organisation chart These functional areas have recently been re-assigned to 2 main divisions, i.e., the Corporate Services Division and the Nursing & Support Services Divisions. The revised organization chart as of July 2001 shows the assignment of the different departments under the 2 Divisional Directors. This change was partly due to the fact that the Ancillary Services

Director position had been vacant for some time, and no suitable replacement could be found. A decision was taken to re-assign the departments until such time a new Ancillary Head was located.

3. LEADERSHIP

The organisation was founded in 1985, and headed by an American management team that set up its systems and maintained them under a management contract that lasted until early 1997. After the financial meltdown, the owners, Sime Darby, decided to terminate the contract with the American management team and appoint a local Executive Director, from the existing senior management team of the hospital. Dr Jacob Thomas, the Executive Director selected, had been with the hospital since its inception, firstly as a medical officer, and later as the Administrator of Medical Staff Services. He was the most able candidate at the time, even though he did not have much exposure to the corporate and business levels. The owners retained control of the hospital by appointing a Chief Executive Officer from Group Headquarters, who had the final word on all business decisions relating to the hospital.

4. OPERATIONS

Currently SJMC has 326 beds, though some wings are closed due to lack of nursing staff. There are 14 operating theatres that are equipped to handle a multiplicity of surgical procedures ranging from open heart to minimally invasive surgery. The Outpatient Centre consists of 80 specialist suites. It provides a one-stop outpatient specialist service ably supported by radiology, diagnostic, and clinical laboratory services. SJMC has 110 consultants on its medical staff in the various disciplines.

In 1996, SJMC launched a fully equipped Heart Centre and is now setting up an Oncology Centre. There is also a 24-hour emergency service, manned by doctors and staff trained in emergency medicine and backed by specialists on call.

Other services include a 24-hour Pharmacy, Blood Bank Services, Clinical Laboratory, Cardiac Catherisation, Diagnostic Services, Diet counseling, Health Screening, Day Care Surgery Unit, Physiotherapy and College of Nursing.

The centre has had many firsts and won a number of awards in quality and management excellence. The company motto "*We Care, We Serve*" has been used to build a sense of commitment among staff to maintain a high standard of care to patients and visitors. SJMC is dedicated to serving its customers and the community. The motto, the Mission Statement and Quality Policy reflect SJMC's primary commitment to its patients.

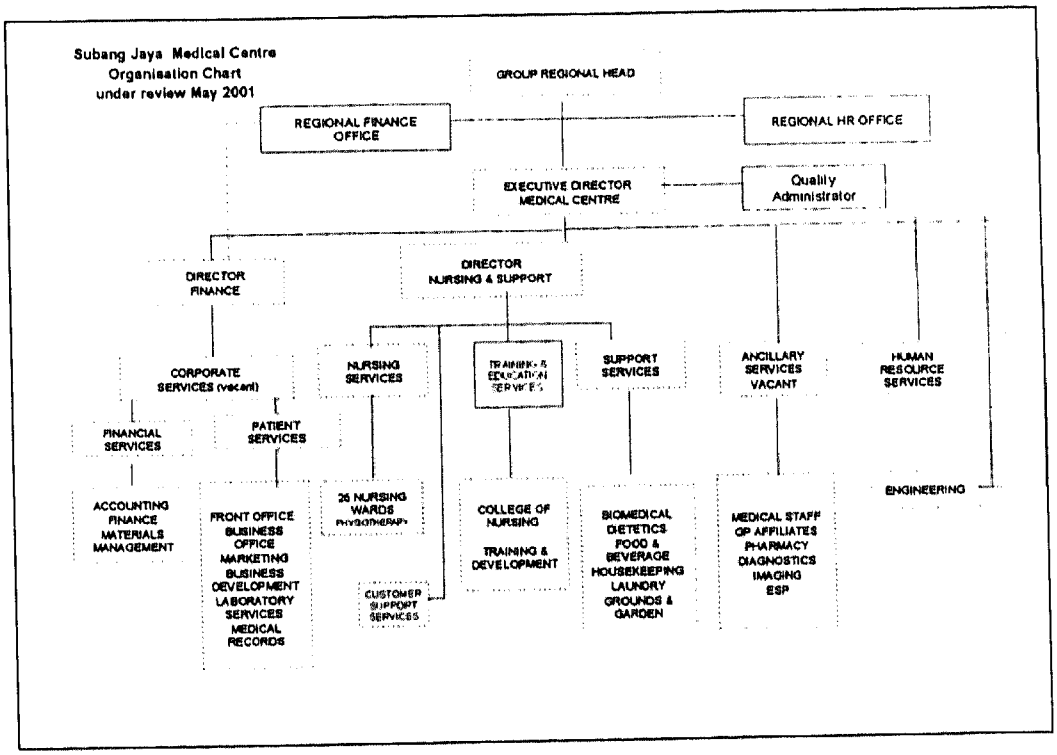
SJMC was certified to MS ISO 9002:1994 Quality Systems Standard in 1997. Since then, it has won several national awards, and an Asia Pacific Quality Award. It strives to continuously improve with customers, staff, community and stakeholders in mind.

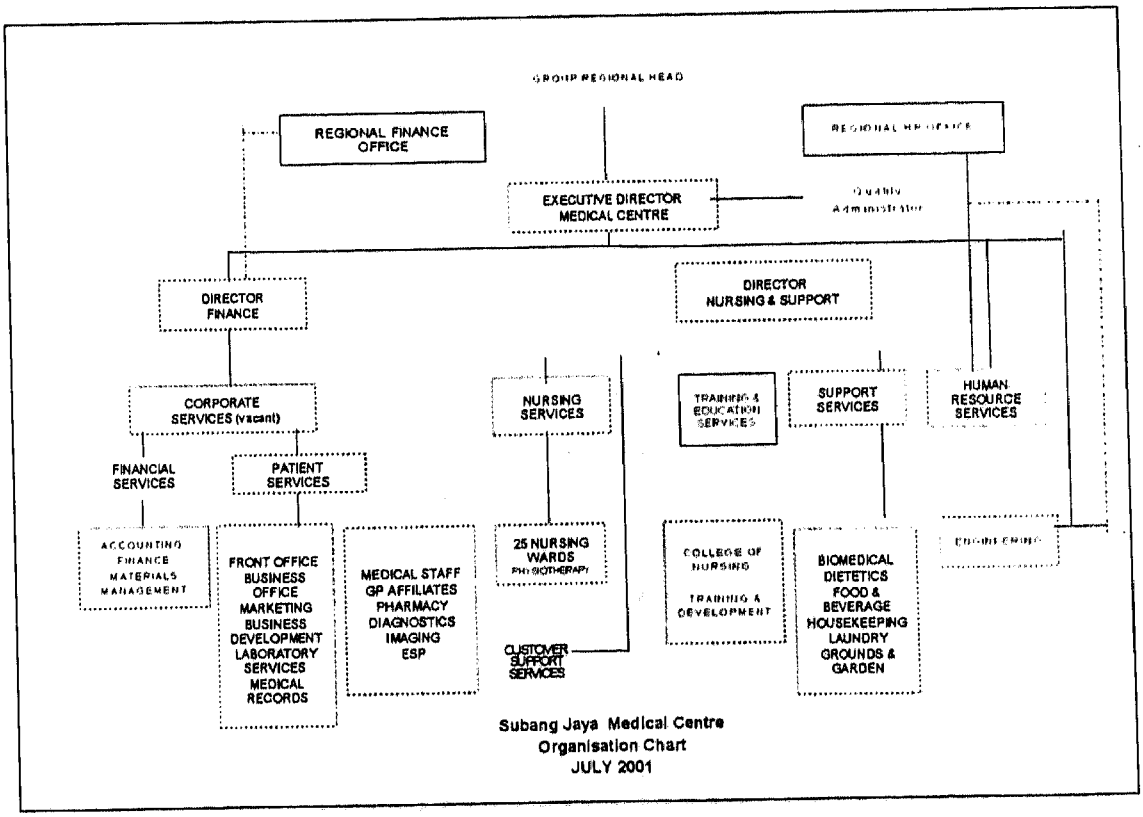
(adapted from SJMC Quality Manual, September 2000)

b) **List of Awards achieved by SJMC**

YEAR	ACHIEVEMENTS
2000	Malaysian Representative in the International Asia Pacific Quality Award, 1999/2000 Recognised for Outstanding Quality Achievement, International Asia Pacific Quality Award, 1999/2000
2000	Institute of Quality Management (QM) Quality Award 1999/2000
1999	Selangor State Quality Management Excellence Award, 1999
1999	Special Recognition in the National Productivity Award 1998/1999
1998	Prime Minister's Quality Award, 1998 Quality Management Excellence Award, 1998
1997	Certified to MS ISO 9002:1994 in November, 1997 Scope of registration: *Provision of healthcare facilities and services including inpatient and outpatient services, critical care, ambulatory care, operating room services, and all of the ancillary and support services.*
1996	Merit Certificate, Quality Management Excellence Award, 1996
1995	Merit Certificate, Quality Management Excellence Award, 1995

c) Organisation Charts of SJMC for May and July 2001





d) LIST OF PRIVATE HOSPITALS IN THE KLANG VALLEY: SELANGOR & FEDERAL TERRITORY OF KUALA LUMPUR – FEB 2002

http://www.hospitals-malaysia.org/html/index.htm on 2 Feb 2002

Selangor

No	Name and Address	Tel	Fax	No of Beds
1	**Assunta Hospital** Lot 68 Jalan Templer 46990 Petaling Jaya, Selangor www.assunta.com.my	03-77823433	03-77841749	344
2	**Pantai Klang Specialist Centre** 42 Persiaran Raja Muda Musa 41100 Kelang, Selangor www.pantai.com.my	03-33725222 03-33725553 03-33725010	03-33715705	70
3	**Klinik Puravi & Maternity Home** 42 Jalan Nanas 41400 Kelang, Selango	03-3423206 03-2423217	03-3438855	16
4	**Tun Hussein Onn National Eye Hospital** P.O.Box 514, Jalan Sultan P.O. 46760 Petaling Jaya, Selangor http://get.to/thoneh	03-79561511 03-79561741	03-79576128	46
5	**Klinik Damo & Pusat Bersalin** Lot 26326/26327 Persiaran Raja Muda Musa, Jalan Telok Gadang 41200 Kelang, Selangor	03-33726333	03-33732360	20
6	**Subang Jaya Medical Centre** 1 Jalan SS12/1A, 47500 Subang Jaya, Selangor www.simenet.com/simc	03-56341212	03-56335910	326 *
7	**Ampang Puteri Specialist Hospital** 1 Jalan Mamanda 9 Taman Dato Ahmad Razali 68000 Ampang, Selangor www.ampangputeri.com.my	03-42702500	03-42702443	168
8	**Damansara Specialist Hospital** 119 Jalan SS20/10 Damansara Utama 47400 Petaling Jaya, Selangor www.dsh-kpj.com.my	03-77222692 03-77922962 03-77222598	03-77222617	139
9	**Selangor Medical Centre** Lot 1, Jalan Singa 20/1 Section 20, 40300 Shah Alam, Selangor	03-55431111	03-55431722	252
10	**QHC Medical Centre** 11A Jalan USJ 10/1A 47620 UEP Subang Jaya, Selangor	03-56317730 03-56317760	03-56316342	12
11	**Klinik Pakar Wanita Sheela dan Rumah Bersalin** Lot 36,38 & 40, Jln Batau Laut 3 Kaw.16 Taman Intan Off Jalan Batu 3 Lama 41300 Klang, Selangor	03-33414500 03-33412834	03-33436926	25
12	**Lam Surgery & Maternity Home Sdn Bhd**	03-33425807	03-33425809	8

	8 Jalan Batu Tiga 41300 Kelang, Selangor			
13	**Kajang Specialist Maternity & Surgery Sdn Bhd** Lot 119, Jalan Bukit 43000 Kajang, Selangor	03-87333644 03-87366503	03-87363053	15
14	**Sri Kota Medical Centre** Jalan Mohet 41000 Klang, Selangor	03-33733636	03-33736888	73
15	**Arunamari Specialist Medical Center** 168 Jalan Batu Unjur 1 Bayu Perdana 41200 Klang, Selangor	03-33243288	03-33243288	29
16	**Sunway Medical Centre** No.5, Jalan Lagoon Selatan Bandar Sunway, 46150 Petaling Jaya, Selangor www.sunmed.com.my	03-74919191	03-74918181	90
17	**Kelana Jaya Medical Centre** 1 FAS Business Avenue Jalan Perbandaran SS7 47301 Kelana Jaya Petaling Jaya	03-7052111	03-7063505	23

Wilayah Persekutuan - Kuala Lumpur

No	Name and Address	Tel	Fax	No of Beds
1	**Sentosa Medical Centre S/Bhd** 36 Jalan Chemur Damai Complex 50400 Kuala Lumpur www.sentosa.com.my	03-40437166	03-40437761	203
2	**Tung Shin Hospital** 102 Jalan Pudu 55100 Kuala Lumpur www.tungshinhospital.com	03-2324367 03-2321655	03-2300345	282
3	**Pantai Medical Centre** 8 Jalan Bukit Pantai 59100 Kuala Lumpur www.pantai.com.my	03-22825077	03-22821557	231
4	**Lourdes Medical Centre** 244 Jalan Ipoh 51200 Kuala Lumpur	03-40425335	03-40420479	35
5	**Dato' Dr. Harnam ENT Clinic** 142 Jalan Ipoh 51200 Kuala Lumpur	03-40410092	03-40426970	16
6	**Sambhi Clinic & Nursing Home** 19 Medan Tuanku Ab. Rahman 50100 Kuala Lumpur	03-26924594	03-26929245	33
7	**Damai Service Hospital** 115-119, Jalan Ipoh 51200 Kuala Lumpur www.dsh.com.my	03-40434900	03-40435399	60
8	**Samuel Clinic & Specialist Maternity & Clinic for Women** 313 Jalan Tun Razak 50400 Kuala Lumpur	03-9618736	03-9810395	15

9	**Pusat Rawatan Islam Sdn.Bhd.** 132-138 Wisma Baitulmal Jalan Ipoh 51200 Kuala Lumpur www.pusrawi.com.my	03-40414922	03-40414884	111
10	**Roopi Medical Centre** 88 Jalan Dato Haji Eusoff Damai Complex 50400 Kuala Lumpur	03-40423766	03-40425644	38
11	**Pusat Pakar Tawakal Sdn. Bhd.** 202A Jalan Pahang 53000 Kuala Lumpur www.tawakal.com.my	03-40233599	03-40228063	158
12	**City Specialist Centre Sdn. Bhd.** 413-425 Jalan Pudu 55100 Kuala Lumpur	03-2211255 03-2217788	03-222043	74
13	**Chinese Maternity Hospital** 106 Jalan Pudu 55100 Kuala Lumpur	03-2382055	03-2325250	90
14	**Pantai Cheras Medical Centre** 1 Jalan 1/96A Taman Cheras Makmur 56100 Kuala Lumpur www.pantai.com.my	03-91322022	03-91320687	118
15	**Taman Desa Medical Centre** 45 Jalan Desa, Taman Desa Off Jalan Kelang Lama 58100 Kuala Lumpur	03-79826500 03-79820703	03-79820705	128
16	**Gleneagles Intan Medical Centre** 282-286 Jalan Ampang 50450 Kuala Lumpur www.gleneaglesintan.com.my	03-42571300	03-42579233	136
17	**Cheras Geriatric Centre** 4th Floor, No.1 Jalan 1/96A Taman Cheras Makmur 56100 Kuala Lumpur www.emascare.com.my	03-91325223	03-91324435	70
18	**Institut Jantung Negara Sdn Bhd** 145 Jalan Tun Razak 50400 Kuala Lumpur www.ijn.com.my/ijn	03-26981333	03-26982824	211
19	**Qualitas Medical Centre** 97 Jalan Aminuddin Baki Taman Tun Dr Ismail 60000 Kuala Lumpur	03-77266911	03-77279991	13

* 326 beds are the total capacity of SJMC but some wings are closed for renovation and /or due to unavailability of trained nursing staff to open services. A minimum of 10 nurses are needed to provide 24-hour services to a wing of 20 rooms.

e) Sample of Customer Feedback Data

SJMC CUSTOMER FEEDBACK PROGRAMME

Baseline and Targets for Fortnightly Survey Reports

INPATIENT AREAS

NO.	UNIT / DEPARTMENTS	FY 2000 Baseline %	FY 2001 Target 5% increase	FY 2001 Target 10% increase
	GENERAL			
1	Overall score / Impression	80	-	82
2	Response Rate	35	-	42
3	Would you recommend - Yes	73	-	76
4	Overall Service & Staff Courtesy	74	-	77
5	Poor' Room Facilities	No		No
	Total (TV working,	24	-	19
	Remote control working,			20% increase
	Air con working,			
	Lights working,			
	Room facilities	72	73	-
	Room &Toilet Cleanliness	73	74	-
	Staff Courtesy only			
	Overall Nursing Staff	81	82	-
1	Paediatric	80	81	-
2	Surgical (ST)	79	80	-
3	Medical	80	81	-
4	CCU	-	-	-
5	Cardiac	86	87	-
6	ICU	-	-	-
7	Ante-Natal (ENT)	83	84	-
8	Post-Natal	79	80	-
9	Surgical (NT)	82	83	-
10	Surgical B (NT)	83	84	-
11	Day Care Surgery	78	79	-
12	Admission	67	69	-
13	Discharge	72	73	-
14	F&B	75	76	-
15	Housekeeping	75	76	-
16	Maintenance / Engineering	74	75	-
17	Laboratory	76	77	-
18	Imaging	76	77	-
19	Diagnostic	78	79	-
20	Physiotherapy	80	81	-
21	Emergency Room	75	76	-
22	Operator	76	77	-
23	Endoscopy	89	84	-

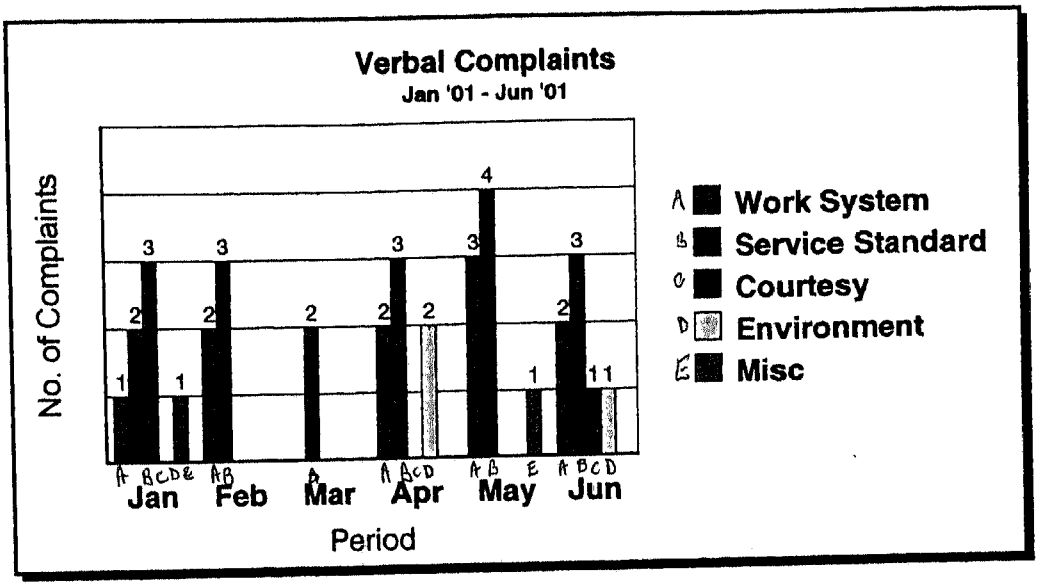
OUTPATIENT AREAS

NO.	UNIT / DEPARTMENTS	FY 2000 Baseline %	FY 2001 Target 5% increase	FY 2001 Target 10% increase
	GENERAL			
1	Overall score / Impression	57	59	
2	Response Rate	0.3	5	
3	Overall Service & Staff Courtesy	65	67	
		Staff Courtesy Only		
1	Main Lobby Reception	72	73	-
2	Clinic Floor Reception	71	72	-
3	Doctor's Clinic Reception	71	72	-
4	Cashier	62	64	-
5	Pharmacy	61	63	-
6	Laboratory	63	65	-
7	Medical Records	69	71	-
8	Imaging	67	69	-
9	Diagnostic	56	-	60
10	Executive Screening	80	81	-
11	Day Care (Endoscopy)	60	62	-
12	Haemodialysis	72	-	75
13	Physiotherapy	58	60	-
14	Emergency Room	58	60	-
15	Primary Care	36	39	-
16	Concierge	64	66	-
17	Coffee Shop	76	77	-

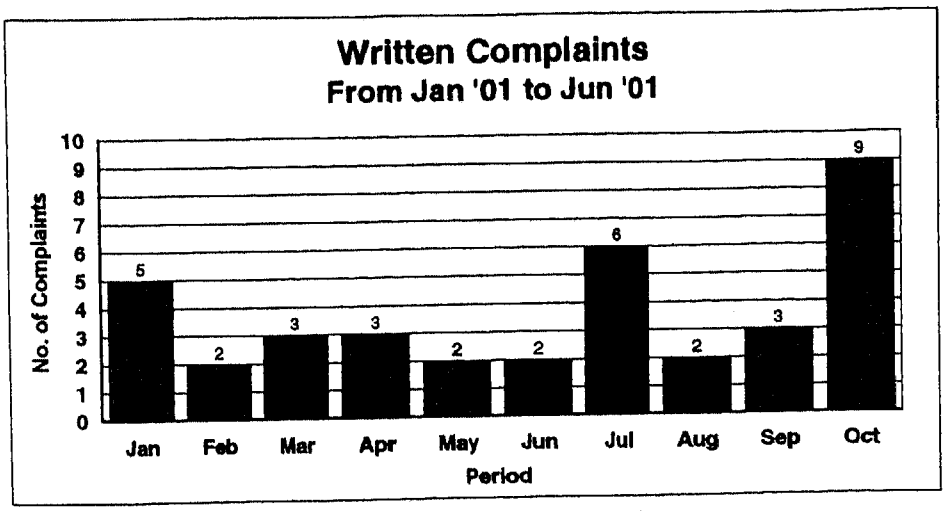
Sample of baseline and target measures set for courtesy across departments in SJMC.
Note that the data is gathered from customer feedback forms which are distributed to patients and collected on a daily basis.

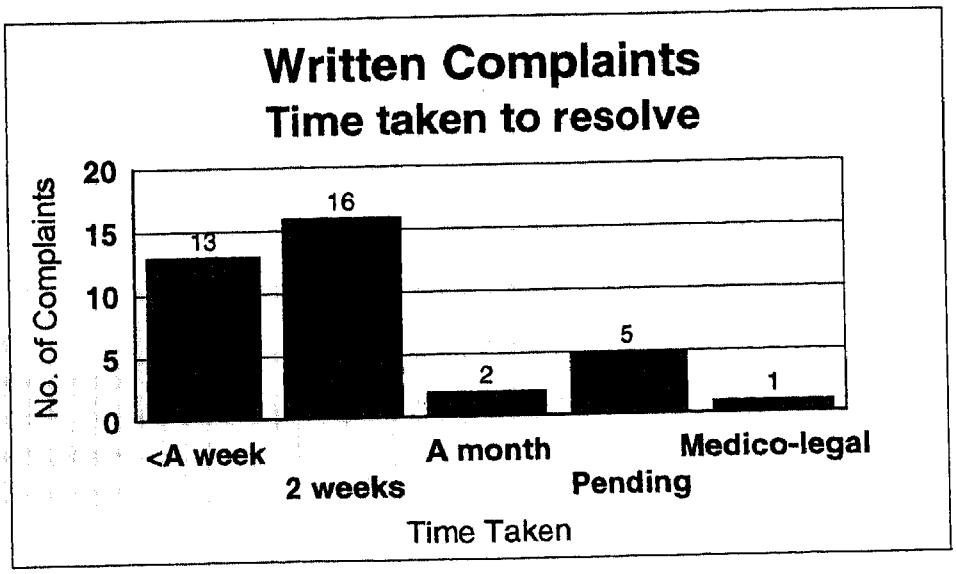
The data collected is graphed and presented for viewing to management level. Statistics are used descriptively rather than prescriptively.

CUSTOMER OPERATIONS REVIEW MEETING
FEEDBACK ON PATIENTS' COMPLAINTS
FROM JAN '01 TO JUN '01



Total number of complaints = 36





Note: Pending cases are mostly due to the delay in obtaining the reports from the Medical Staff.

APPENDIX III: ISO 2000 GUIDELINES

Table B.2 — Correspondence between ISO 9001:2000 and ISO 9001:1994

ISO 9001:2000	ISO 9001:1994
Scope	1
.1 General	
.2 Application	
Normative reference	2
Terms and definitions	3
Quality management system [title only]	
.1 General requirements	4.2.1
.2 Documentation requirements [title only]	
.2.1 General	4.2.2
.2.2 Quality manual	4.2.1
.2.3 Control of documents	4.5.1 + 4.5.2 + 4.5.3
.2.4 Control of records	4.16
5 Management responsibility [title only]	
5.1 Management commitment	4.1.1
5.2 Customer focus	4.3.2
5.3 Quality policy	4.1.1
5.4 Planning [title only]	
5.4.1 Quality objectives	4.1.1
5.4.2 Quality management system planning	4.2.3
5.5 Responsibility, authority and communication [title only]	
5.5.1 Responsibility and authority	4.1.2.1
5.5.2 Management representative	4.1.2.3
5.5.3 Internal communication	
5.6 Management review [title only]	
5.6.1 General	4.1.3
5.6.2 Review input	
5.6.3 Review output	
6 Resource management [title only]	
6.1 Provision of resources	4.1.2.2
6.2 Human resources [title only]	
6.2.1 General	4.1.2.2
6.2.2 Competence, awareness and training	4.18
6.3 Infrastructure	4.9
6.4 Work environment	4.9
7 Product realization [title only]	
7.1 Planning of product realization	4.2.3 + 4.10.1
7.2 Customer-related processes [title only]	
7.2.1 Determination of requirements related to the product	4.3.2 + 4.4.4
7.2.2 Review of requirements related to the product	4.3.2 + 4.3.3 + 4.3.4
7.2.3 Customer communication	4.3.2
7.3 Design and development [title only]	
7.3.1 Design and development planning	4.4.2 + 4.4.3
7.3.2 Design and development inputs	4.4.4