
Evaluation of Implementation of Comprehensive Emergency Neonatal Obstetrics Services Program (PONEK)

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ABSTRACT

Background: Contributing factors to maternal and infant mortality rates are caused by delays in decision making, late referral and late handling at health facilities or referral sites. One of the efforts to reduce maternal, infant and under-five mortality rates is the provision of comprehensive emergency neonatal obstetric service facilities (PONEK= Program Pelayanan Obstetri Neonatal Emergensi Komprehensif) in hospitals. The key to the success of PONEK is the availability of appropriate healthcare personnel competence, infrastructure, facilities and reliable management.

Objective: Evaluate the PONEK program at General Hospital PKU Muhammadiyah Yogyakarta City (RSU PKU Muhammadiyah Yogyakarta City)

Methodology: This research used qualitative approach, case study designed at RSU PKU Muhammadiyah Yogyakarta in September 2017. The subjects were 5 employees of PONEK Team and 3 patients, and using Purposive Sampling technique. Data collection by in-depth interviews and observations. Data analysis consisted of the stages of data reduction, data presentation, drawing conclusions and source triangulation.

Result: Input program of PONEK in RSU PKU Yogyakarta is good in terms of quantity of good availability of human resources, funds, and infrastructure facilities. The process of planning, organizing and supervision is good, while in the implementation process has not run well, because one of the activities that support the PONEK of education and training has not been 100% running. Output of PONEK that has not been achieved such as training that cannot be implemented in accordance with a predetermined schedule. The service quality of the PONEK program in terms of patients is quite good and satisfied with the services provided.

Conclusion: The implementation of comprehensive emergency neonatal obstetric service program in PKU Muhammadiyah General Hospital as a whole has been going well even though it is not perfect, because there are some parts that are carried out optimally.

Keywords: *Evaluation, Input, Proses, Output, PONEK*

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1. INTRODUCTION

Health development is an important concern in international commitments, set out in Sustainable Development Goals (SDGs). One of the goals of SDGs that are directly related to the health sector is on the third goal of good health (National Health System), ensuring a healthy life and encouraging welfare for all people of all ages with 18 indicators including neonatal, infant and under-five mortality as well as maternal mortality¹. Associated with indicators of SDGs in the third goal where by 2030 the target to be achieved is to reduce maternal mortality to under 70 / 100,000 live birth (KH=kelahiran hidup), reduce neonatal mortality at least up to 12 / 1,000 KH and mortality rate toddlers 25 / 1,000 KH.

Maternal Mortality Rate (MMR) and Infant Mortality (IMR) in Indonesia from 2012 - 2015 are 359 / 100,000 KH, 190 / 100,000 KH, 214 / 100.000KH, and 305 / 100.000KH, respectively, while the IMR at four last year (2012-2015) respectively 32/1000 KH, 25/1000 KH, 26.6 / 1000 KH, 22.3 / 1000 KH. MMR and IMR in DIY Province from 2012-2015 are 150 / 100.000 KH, 201 / 100.000 KH, 46 / 100.000 KH, and 125,88 / 100,000 KH, respectively. As for the last four years for IMR (2012-2015) respectively 10.95 / 1000 KH, 11.8 / 1000 KH, 14.19 / 1000 KH, 8.31 / 1000 KH².

The three main causes of maternal death are bleeding, preeclampsia / eclampsia, and infection. Other causes such as abortion, prolonged labor or labor get stuck. Newborn deaths can generally be caused by low birth weight (BBLR= berat badan lahir rendah), asphyxia and infection. Contributing factors to high maternal and infant mortality rates are also due to delays in decision making, late referral and late handling at health facilities or referral sites³.

One effort to reduce maternal, infant and under-five mortality rates is the provision of basic emergency neonatal obstetric care (PONED=pelayanan obstetri neonatal emergensi dasar) facilities at community health center (Puskesmas)care and comprehensive emergency neonatal obstetric care (PONEK) in hospitals⁴. The key success of PONEK is the availability of appropriate healthcare personnel competence, infrastructure, facilities and management. There are three things that can be done to reduce maternal mortality and morbidity through improvement of antenatal care that can detect and handle high risk cases adequate, safe and safe delivery, postpartum delivery and birth by skilled nakes, and neonatal emergency obstetric services basic (PONED) and comprehensive (PONEK) that can be reached⁵.

Based on a preliminary study conducted at RSU PKU Muhammadiyah Yogyakarta, the researchers obtained information that the RSU PKU Muhammadiyah Yogyakarta is a private hospital type B which is one of the hospitals able PONEK 24 hours since 2010. The purpose of RS PONEK 24 hours in RSU PKU Muhammadiyah Yogyakarta is improving the quality of maternal and neonatal services in an effort to reduce MMR and IMR in RS PKU Muhammadiyah Yogyakarta. The organizational structure of the PONEK Team RSU PKU Muhammadiyah Yogyakarta is protector, chairman, vice chairman, secretary, treasurer and member. The human resources involved in PONEK Team RSU PKU Muhammadiyah Yogyakarta consists of several teams such as Team IGD, Polyclinics and Laboratories. In terms of supporting facilities, RSU PKU Muh. Yogyakarta already has ambulances, blood banks, oxygen canisters and incubators.

The visited of maternal patients in 2013-2016 were respectively 691 childbirths, 766 childbirths, 656 childbirths and 598 childbirths with maternal mortality (MMR) in 2013-2016, 0 deaths, 2 deaths with causes of septic shock and sle + TB, 2 deaths with septic shock and brain tumor, and 2 deaths with causes of uterine atony and heart disease. Viewed from the causes of maternal deaths in PKU Muhammadiyah hospital, septic shock is the highest cause where septic shock is an overall disorder of the blood vessels caused by the release of toxins with the main cause being gram negative bacterial infections commonly seen in septic abortion, chorioamnionitis and postpartum infections⁶. Poorly trained human resources in handling labor cases became one of the causes in causing septic shock which caused maternal death in RSU PKU Muhammadiyah.

2. METHODOLOGY

The research method used in this study is qualitative research with case study design conducted at General Hospital of PKU Muhammadiyah Yogyakarta which was conducted in September 2017. The subjects of this study are employees who are considered competent in the field of PONEK consisting of supervisors IGD, poly supervision and secretary of PONEK and Treasurer of PONEK and 3 patients who are doing treatment, using purposive sampling technique. The instruments used are interview and check list guidelines which are made based on guidance of 24 hours of PONEK in RS 2012, while the research instrument used is voice recorder, stationery, and digital camera / mobile phone. The data collection method used by interview and observation. This research variable is single variable that is evaluation of program implementation consist of input, process and output variable. Data analysis in this research used Miles and Huberman technique consisting of data reduction phase, data presentation / data analysis after data collection, conclusion and verification phase. The data obtained by the researchers in this study tested its data validity by using triangulation technique. The triangulation technique used by the writer is source triangulation⁷. Triangulation of the source is done by in-depth interviews to the research subjects of the Secretary of the PONEK Team.

3. RESULTS

a. Input

The key informant in this research is the secretary of PONEK. With the number of informants 5 employees and 3 patients. The characteristics of employee informants collected include, type of position, gender, last education, and age. One person among 5 informants is male and 4 others are women with last education DII midwives and Ners profession with age range between 41 years to 44 years. Based on the results of the following interviews, it is known that the human resources involved in the PONEK program are sufficient and follow the standards set by the Hospital. Likewise with the tasks and responsibilities that have been established in accordance with the competence, ability and educational background of their human resources.

No	Availability of Human Resources at RSU PKU Muhammadiyah Yogyakarta	Standard Kemenker RI, 2012	Description
1	2 obstetricians	2 obstetricians	Appropriate
2	1 pediatrician	2 pediatrician	Less
3	2 doctors (IGD)	2 doctors (IGD)	Appropriate
4	1 anesthetic doctor	1 anesthetic doctor	Appropriate
5	1 anesthetic nurse	1 anesthetic nurse	Appropriate
6	11 midwives	9 midwives	More
7	20 nurses	12 nurses	More
8	2 laboratory personnel	1 laboratory personnel	More
9	2 radiology officers	1 radiology officers	More
10	1 health worker	1 health worker	Appropriate
11	1 administrative officer	1 administrative officer	Appropriate
12	3 lactation counselors	1 lactation counselors	More
13	1 electromedic energy	1 electromedic energy	Appropriate

The funding sources for the activities of the PONEK program are from hospitals, health offices and self-funding which can be obtained from the PONEK cash, donor funds and doctors' personal funds. The funds received are usually used for education and training and equipment procurement. This can be proven through in-depth interviews with informants.

"The budget is mainly funded for education and training itself. Next to the procurement of tools in every room that it supports the PONEK, because it included in the respective room, so the charge is the responsible person of the room. Yesterday, I budgeted the ventilator, it entered my unit budget (baby room). The pure budget is only education and training "(SA)

Based on the observation result, it can be concluded that the existing facilities and supporting the implementation of PONEK program in RS PKU Muhammadiyah is good enough, both in delivery room, nursery, IGD and Polyclinic. For unmet facilities such as ventilators, milk pasteurization tools and NICU are in the process of realization. The availability of internet services and support programs such as computers, printers and services in the data processing program PONEK in the form of reports and data collection of patients in the form of SIM RS, in accordance with the following informant statement:

"We have a SIM RS, SIM RS is running, we are used to make a report and then sent via email and fax, so the name of the hardcopy that we have started to leave. So the form of efficiency may be meeting through WA (WhatsApp) and we are talking through the WA group. The second form of the report and inform the Team is usually via email "(RA)

The method of implementation of the PONEK program activities is the way used for the management and availability of procedures on the implementation process of the PONEK program in RS PKU Muhammadiyah Yogyakarta in the form of guidelines and SOP. The PONEK program referred to the guidelines of DEPKES while for SOPs, each unit / part that played a role in the PONEK program has its own SOP, as some informants say:

"The guidelines we refer to DEPKES (Department of Health). The guidance is from DEPKES but the hospital meyesuaikan "(DA)

"Our SOPs are complete and come from the hospital, the SOP of the PONEK team is overwhelming, there are all the actions that the team has also available for postpartum join there alone, if for the postpartum the most important thing is the postpartum care, then for the care of the baby, it has its SOP "(DA)

The target of the PONEK program is a patient consisting of mother and baby who needed comprehensive treatment. Based on the results of the interview can be seen that the target of the PONEK PKU Muhammadiyah hospitals are mother and infant who were treated at the hospital, both mother and infant referral and babies born in RSU PKU Muhammadiyah. The target time of PONEK RSU PKU Muhammadiyah program activity is education and training activity, where PONEK program has been scheduled at the time of planning but in the implementation of education and training activities not yet in accordance with the scheduled time.

b. Process

Planning in the activities of PONEK is done by exploiting the available resources with attention to all the limitations in order to achieve the goals efficiently and effectively. The process of planning the activities of PONEK RSU PKU Muhammadiyah is done once every 1 year at the end of the year with the human resources involved in the planning process that is responsible for every unit / room involved in the PONEK program. In the planning process, the things that are discussed in this planning process is about the program done for next year along with the budget cost and also the needs of room facilities that support the implementation of the PONEK program.

The division of labor in the implementation process of PONEK is the division of tasks to the people involved in organizational activities in accordance with the competence of officers, as well as conducted by the PONEK team which can be proved by the following interviews:

"The duties in accordance with their respective competencies are in accordance with their respective competencies" (RA).

"... on the basis of the profession can also according to the need, according to the standards in the Team must be there, for example there must be a doctor SpOG, SpO doctors, doctors such anastesi, yes we meet based on educational background, profession, which is adapted to the standards in Service that must be met "(SA).

Based on the informant's statement above, it can be concluded that the communication / coordination that occurred in the team PONEK already running well but, still there are obstacles in communication. The constraints themselves are from the consciousness and the spirit of the workers themselves who sometimes begin to weaken and need a person who can become a motivator and encouragement for workers.

Supervision and controlling through supervision are planned activities of a manager through guidance, direction, observation, motivation and evaluation to the staff in performing daily tasks. Supervision is carried out by the direct director for supervision of reports made by the responsible person of the PONEK Team. This can be proven through the following interview quotes:

"Our supervisory form there is a monthly report to the director, who then the director gave us what is the weak from us" (DA)

"Yes, in every activity we made a report of activities, so every activity we made a report to the director, PONEK made what activities, what the results of what activities, evaluation how, what follow-up action, it must get to the director" (RA)

"The report is a report of activities such as after MONEV from the Office for example any activity, document surveys, field documents, later input like what. If the report of the visit so if the report for his visit is like a report of service visit and report MONEV "(RA)

c. Output

A program can be said to be successful if the goals and targets to be achieved have been achieved in accordance with the time specified, as well as the PONEK program in RSU PKU Muhammadiyah which also set the targets as criteria for the success of its programs. This can be evidenced by the following interview quotes:

"The criteria of success depends on what we target" (DA) "Yes, we see the target in the written report target. The criteria of success when we can met the goals of each of our programs. So, for example the IMD program is 80% target, I think that the criteria of success of PONEK if the PONEK program is in accordance with existing targets. That's a success. The benchmark is targeted "(SA)

The quality service of a hospital program is one of the determinants whether the program is successful or not. The quality service can be said to be qualified if patients who got service felt satisfied with the existing service. The following interview quotes are the opinions of patients who get the services of the PONEK Team

"The nursing room is neat, clean, because it is cleaned every time, it is comfortable, the waiting room if you want to breastfeed also clean, comfortable, and men are also forbidden "(PATIENT 1)

"For the baby care room is neat, but if I am in TPI less clean "(PATIENTS 2)

Based on the informant's statement, the cleanliness and comfort of the treatment room, waiting room and baby care are clean enough, while for the mother room (TPI) room is less clean. In addition to the cleanliness and comfort of the room, patient satisfaction is also assessed based on the timeliness and attitudes of the providers of services ranging from nurses, midwives, doctors to administrative officers at registration.

4. DISCUSSION

1. Input

The human resources are a major factor in the handling of gynecological obstetric cases. The limited number of human resources is very influential on the continuity of service which resulted in the absence of acceptance of gynecological obstetric referral well. The principal execution of gynecological obstetrics is obstetrics and gynecologists⁸.

The funds are one of the elements that can not be ignored. Money is a medium of exchange and a measure of value. Budget allocation is a resource aspect that strongly supported the smooth implementation of a policy, because without budget allocation, policy implementation can not run effectively⁹. If the budget allocations are available, then the PONEK services that should be provided to the public are also available, and vice versa. Therefore, the budget requirement of PONEK can influence the successful implementation of the PONEK policy. The availability of budgets can make the disposition of policy implementers to increase¹⁰.

The facilities are a facility that is used directly for the success of the program. Facility is a form of facilities and infrastructure used to operationalize a policy implementation that facilitates in providing services in the implementation of policy¹¹. If the implementation of the PONEK policy is supported by adequate and competent staff, but is not supported by facilities in the form of suggestions and infrastructure, the implementation of the PONEK policy must be inhibited and not run effectively¹².

The data processing and information infrastructure facilities in data processing information is one important factor. Infrastructure facilities in the information system in the form of good data, stationery (paper, pen, ruler, etc.) and computers. Based on the results of research, it can be concluded that, data processing system and information PONEK team itself is good, this is due to the availability of RS SIM which is usually used for data processing patients with good internet service. In addition to data processing results of monthly meetings have been done by the secretary who reported to the director.

The method of implementation of the PONEK program is the guideline used for the implementation of the PONEK program, in this case the guidelines for the implementation of 24 RS PONEK and standard operational procedures. One of the important structural aspects of any organization is the existence of SOPs that serve as guidelines for every implementor acting and fragmentation that requires coordination¹³. Based on the result of the research, it can be concluded that PONEK RS PKU Muhammadiyah already have guidance which refers guidance of 24 hour PONEK implementation at RS which made by DEPKES in 2012 which adjusted to hospital requirement, while for SOP used every unit that is SOP issued by own hospital.

The policy objectives are the goals that policy implementers must achieve. But in this context, the policy objectives are the people who are targeted or focused on receiving the benefits of the PONEK policy in accordance with the objective of MISS: to decrease MMR and IMR¹⁴. The target of PONEK is one of the programs aimed at reducing maternal and infant mortality, so that the main target of this program is mother and baby, both referral and non referral patients.

The target of the implementation of the work program and the achievement of the objective of a planned PONEK program has been denied during the planning process. Each program / activity has a different target time. Based on the research result, PONEK team of RSU PKU Muhammadiyah already have schedule for planned program, but in its implementation not yet according to schedule, for example education and training program whose implementation time has not been in accordance with scheduled time, this is due to constraints on resource persons who become filler education and training activities.

2. Process

The health sector planning can be defined as a process for formulating health problems in the community, determining the needs and available resources, establishing steps to achieve the stated objectives, in activities that are routine rather than programs. The planning process of an activity that involved the empowerment of human resources is done by planning who is involved in the activity that is through the organizational structure with the number of staff and job description, the procedure done in this case is the implementation procedure of PONEK program¹⁵.

One of the decisive factors in the success of organizational planning is the number of staff owned by the hospital itself as well as the clarity of the individual staff duties. In determining the staff performing their duties required qualifications of expertise in the field and extensive knowledge.

The results of the research in the hospital, the staff in charge of the PONEK program are staffed with education background and skills that are in accordance with the field of PONEK consisted of general practitioner, ER doctor, anesthesia doctor, radiology doctor, laboratory, then especially SpOG, child specialist, midwife, nursery nurse and toca nurse, then from analysis, laboratory and blood bank.

The principles of organization aimed for an organization to run well or in order to form a good organization. In an organization, the division of labor is an absolute necessity, without the division of labor possible overlap, the division of labor ultimately results in departments and job descriptions, from each element to the smallest units in the organization. In the division of labor can be set as well as organizational structure. The division of labor not only need to be seen from the benefits derived from the specialization of the specialization, but also in order to realize the right person placement in the right position and in order to facilitate supervision by superiors¹⁶.

The educational background and experience in the field of PONEK for PONEK officer is the main requirement of PONEK officer in providing special health services of PONEK, because both of these conditions are the basic capital of PONEK officer in serving maternal and neonatal patients, thus supporting the quality of PONEK program in hospital. As the result of the research where all the PONEK officers of the hospital appointed to be PONEK Team based on SK director of hospital have experience in the field of PONEK with background in health such as doctor, midwife and nurse¹⁷. In relation to that, the presence of PONEK officers who have normal delivery skills (APN= asuhan persalinan normal), will also ease the head of the room to place them in various areas of service on the PONEK program, because the APN-capable officers can serve cases of maternal patients in the hospital.

The process of implementing the PONEK program is the culmination of all types of process activities, which at this stage can be seen the realization of the planning and organizing process. Based on the results of the study concluded that the implementation of the PONEK program in RSU PKU is good enough and in its implementation also has followed the existing guidance of the guidelines of the RS that refers to the guidelines of the DEPKES. In addition to guidance, the implementation of the PONEK program is also influenced by communication / coordination among the members of the Team involved. The PONEK team is a solid team that always communicates well, but there are still obstacles in communication. The constraints themselves are from the consciousness and

the spirit of the workers themselves who sometimes begin to weaken and need a person who can become a motivator and encouragement for workers.

The successful implementation of a program can not be separated from the existence of human resources who have good skills and in accordance with the field. Skills can be obtained from education and training programs held by the hospital. Education and training activities that support the PONEK Team RSU PKU Muhammadiyah already exist but in the implementation not in accordance with the planned. This is due to the time and availability of resource persons.

As one of the essential elements for improving employee performance, training is a mean to create an environment in which employees can acquire or study attitudes, skills of specific knowledge and behaviors related to their work. This is in line with the results of research stating that training and development have a positive effect on nurse performance. This means that the more frequently held training and development conducted by hospital managers, the performance of nurses is increasing¹⁸. The training aimed to increase and improve knowledge / skills and change attitudes / behavior of employees in a productive direction.

The results concluded that education and training have an effect on performance, with education and training programs that have been implemented proved able to improve the performance of nurses in RSUD Siak District¹⁹. The results showed that education and training have a significant effect on performance and conclude that education and training have a significant contribution or proportion of contribution to the variation (ups and downs) of employee performance²⁰.

Supervision and control (controlling) is done through supervision of a manager's planned activities through guidance, direction, observation, motivation and evaluation of his staff in carrying out daily tasks, carried out by the responsible person of PONEK. The activity of supervisory and control function is aimed at efficient use of resources can be more developed and the effectiveness of staff duties to achieve program objectives can be more guaranteed¹⁵. The means of supervising through personal review is by personally reviewing it so that it can be seen by themselves the implementation of work, the second supervision through the oral report is by collecting facts through oral reports given directly by subordinates, the third supervision through a written report that is an accountability to superiors regarding work performed in accordance with instructions and duties assigned by superiors to him¹⁶. Based on the results of the research, the supervisory form conducted by PONEK RSU PKU Muhammadiyah Yogyakarta is in the form of a monthly report submitted directly to the director for review. In addition to reporting to the director, the PONEK Team also submitted a report to the Health Office when necessary, for example after MONEV.

3. Output

A program can be said to succeed if the goals and targets to be achieved have been achieved in accordance with the time specified, as well as the PONEK program in RSU PKU Muhammadiyah. Based on the results of research also set targets as criteria for the success of its programs. The measurements of the success of the PONEK program are the achievement of targets that have been determined at the time of planning, in addition, good communication and coordination is also one of the determinants to achieve these targets. For unachieved targets, evaluations are usually held on why these targets can not be achieved and further efforts are made to achieve the targets for the next period.

5. CONCLUSION

The quality of service is one of the success criteria of a program. Quality of service can be said well, if patients who get service felt satisfied with the services provided. PONEK RSU PKU Muhammadiyah has been trying to provide the best service to the patients who come, so that patients can choose RSU PKU Muhammadiyah again if they want to check their health, weather it for PONEK or other services provided by the hospital. Patients will be satisfied if the room where the treatment is clean and comfortable, the speed and timeliness and attitude of officers who give the service. Based on the results of the study of cleanliness and comfort of the treatment room, waiting room and baby care is clean enough, while for TPI room (waiting

room of mother whose baby is treated in RS) less clean. In addition to the cleanliness and comfort of the room, patient satisfaction is also assessed based on the timeliness and attitudes of the providers of services ranging from nurses, midwives, doctors to administrative officers when the patient is satisfied with the services provided by the team PONEK started during rapid enrollment until the patient gets the process from doctors, midwives or nurses on duty, where nurses, midwives and doctors when providing services are friendly and polite and provide a sense of comfort to the patients being served

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