



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development
Scopus coverage years: from 2010 to 2017 Publisher:
R.K. Sharma, Institute of Medico-Legal Publications
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:
Public Health, Environmental and Occupational Health
CiteScore 2015-0.02
SJR 2015-0.105
SNIP 2015-0.034



Website:

www.ijphrd.com

Indian Journal of Public Health Research & Development

EXECUTIVE EDITOR

Prof Vidya Surwade

Associate Professor, Dr Baba Saheb Ambedkar, Medical College & Hospital, Rohinee, Delhi

INTERNATIONAL EDITORIAL ADVISORY BOARD

1. **Dr. Abdul Rashid Khan B. Md Jagar Din** (*Associate Professor*)
Department of Public Health Medicine, Penang Medical College, Penang, Malaysia
2. **Dr. V Kumar** (*Consulting Physician*)
Mount View Hospital, Las Vegas, USA
3. **Basheer A. Al-Sum**,
Botany and Microbiology Deptt, College of Science, King Saud University,
Riyadh, Saudi Arabia
4. **Dr. Ch Vijay Kumar** (*Associate Professor*)
Public Health and Community Medicine, University of Buraimi, Oman
5. **Dr. VMC Ramaswamy** (*Senior Lecturer*)
Department of Pathology, International Medical University, Bukit Jalil, Kuala Lumpur
6. **Kartavya J. Vyas** (*Clinical Researcher*)
Department of Deployment Health Research,
Naval Health Research Center, San Diego, CA (USA)
7. **Prof. PK Pokharel** (*Community Medicine*)
BP Koirala Institute of Health Sciences, Nepal

NATIONAL SCIENTIFIC COMMITTEE

1. **Dr. Anju Ade** (*Associate Professor*)
Navodaya Medical College, Raichur, Karnataka
2. **Dr. E. Venkata Rao** (*Associate Professor*) Community Medicine,
Institute of Medical Sciences & SUM Hospital, Bhubaneswar, Orissa.
3. **Dr. Amit K. Singh** (*Associate Professor*) Community Medicine,
VCSG Govt. Medical College, Srinagar – Garhwal, Uttarakhand
4. **Dr. R G Viveki** (*Professor & Head*) Community Medicine,
Belgaum Institute of Medical Sciences, Belgaum, Karnataka
5. **Dr. Santosh Kumar Mulage** (*Assistant Professor*)
Anatomy, Raichur Institute of Medical Sciences Raichur(RIMS), Karnataka
6. **Dr. Gouri Ku. Padhy** (*Associate Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Dr. Ritu Goyal** (*Associate Professor*)
Anaesthesia, Sarswathi Institute of Medical Sciences, Panchsheel Nagar
8. **Dr. Anand Kalaskar** (*Associate Professor*)
Microbiology, Prathima Institute of Medical Sciences, AP
9. **Dr. Md. Amirul Hassan** (*Associate Professor*)
Community Medicine, Government Medical College, Ambedkar Nagar, UP
10. **Dr. N. Girish** (*Associate Professor*) Microbiology, VIMS&RC, Bangalore
11. **Dr. BR Hungund** (*Associate Professor*) Pathology, JNMC, Belgaum.
12. **Dr. Sartaj Ahmad** (*Assistant Professor*),
Medical Sociology, Department of Community Medicine, Swami Vivekananda Subharti
University, Meerut, Uttar Pradesh, India
13. **Dr Sumeeta Soni** (*Associate Professor*)
Microbiology Department, B.J. Medical College, Ahmedabad, Gujarat, India

NATIONAL EDITORIAL ADVISORY BOARD

1. **Prof. Sushanta Kumar Mishra** (*Community Medicine*)
GSL Medical College – Rajahmundry, Karnataka
2. **Prof. D.K. Srivastava** (*Medical Biochemistry*)
Jamia Hamdard Medical College, New Delhi
3. **Prof. M Sriharibabu** (*General Medicine*) GSL Medical College, Rajahmundry,
Andhra Pradesh
4. **Prof. Pankaj Datta** (*Principal & Prosthodontist*)
Indraprastha Dental College, Ghaziabad

NATIONAL EDITORIAL ADVISORY BOARD

5. **Prof. Samarendra Mahapatro** (*Pediatrician*)
Hi-Tech Medical College, Bhubaneswar, Orissa
6. **Dr. Abhiruchi Galhotra** (*Additional Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Prof. Deepti Pruthvi** (*Pathologist*) SS Institute of Medical Sciences &
Research Center, Davangere, Karnataka
8. **Prof. G S Meena** (*Director Professor*)
Maulana Azad Medical College, New Delhi
9. **Prof. Pradeep Khanna** (*Community Medicine*)
Post Graduate Institute of Medical Sciences, Rohtak, Haryana
10. **Dr. Sunil Mehra** (*Paediatrician & Executive Director*)
MAMTA Health Institute of Mother & Child, New Delhi
11. **Dr Shailendra Handu**, *Associate Professor*, Phrma, DM (Pharma, PGI
Chandigarh)
12. **Dr. A.C. Dhariwal**: *Directorate of National Vector Borne Disease*
Control Programme, Dte. DGHS, Ministry of Health Services, Govt. of
India, Delhi

Print-ISSN: 0976-0245-Electronic-ISSN: 0976-5506, Frequency: Monthly

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

Website : www.ijphrd.com

©All right reserved. The views and opinions expressed are of the authors and not of the Indian Journal of Public Health Research & Development. The journal does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Published at

Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)



Indian Journal of Public Health Research & Development

www.ijphrd.com

CONTENTS

Volume 9, Number 11

November 2018

1. Is there any Difference between Revised Indian and WHO BMI Classification? A Study on Male Desk Job Workers 01
Akilesh Anand Prakash, B M S Nagraj
2. Dermatophytosis in a Tertiary Care Teaching Hospital of Odisha: A Study of 100 Cases of Superficial Fungal Skin Infection 07
Ajaya Kumar Jena, Rajesh Kumar Lenka, Mahesh Chandra Sahu
3. Evaluation of Deferral Pattern among Blood Donor Population in a Hilly Terrain of Solan Region, North India 12
Sushant Kumar Meinia, Anuj Sharma
4. Evaluating the Impact of HR Practices on Employee Deviant Behavior: An Exploratory Study on Employees of IT Industry 17
Sainath Malisetty, Malathi Narayanan, CH.Bala Nageswara Rao
5. Role of Physical Activity in Management of Musculoskeletal Disorders: An Association with BMI 22
Pooja Sharma, Supriti Aggrawal, Sadhana Meena
6. An Empirical Study on Retail Demand for Store Brand Pickles in Tirunelveli, Tamil Nadu 27
Varadarajan Rangarajan, K Thulasi Krishna
7. Knowledge of Disease Management among Maintenance Hemodialysis Patients in Coastal Karnataka – A Cross Sectional Pilot Study 33
Bryal D'Souza, Rajesh Kamath, Ravindra Prabhu, Unnikrishnan, Sagarika Kamath
8. Study on Global Public Health Threats due to Emerging or Re-Emerging Infectious Diseases and the Strategies to Reduce Threats 38
Manas Kumar Kundu, Tarit Kr Mandal, Malavika Bhattacharya
9. A Study to Compare the Efficacy of Dynamic Soft Tissue Mobilization Vs Self Myofascial Release Techniques for Hamstring Tightness in Healthy Male 44
G Yasmeen Imtiaz, S Prabhakar, V Balachander
10. Estimation of Vitamin D Levels in Children with and without Early Childhood Caries – A Case Control Study 51
Anitha Jayakumar, Deepa Gurunathan, EMG Subramainan

100.	The Analysis of Safety Culture of Welders at Shipyard	544
	<i>Rizky Maharja, Abdul Rohim Tualeka, Tjipto Suwandi</i>	
101.	The Mediation Effect of Emotional Labor between Customer Orientation and Posttraumatic Growth	549
	<i>Eun-Kyung Lee, Jin-Hwa Park</i>	
102.	Control of Hazardous Chemical as an Effort for Compliance Criteria of OHS Management System : A Cross-Sectional Study at PT. X Surabaya, Indonesia	555
	<i>Fransisca Anggiyostiana Sirait, Abdul Rohim Tualeka, Indriati Paskarini, Samsul Arifin</i>	
103.	Balanced Nutrition Menu Intervention for Toddlers in Children Daycare Center	560
	<i>Dhini, Munifa, Ismi Rajiani</i>	
104.	The Effectiveness of Acupressure at LI 4 and SP 6 Point on Uterine Contraction in the First Stage of Labor on Primiparous Women	565
	<i>Christi Kusuma Wardani, Melyana Nurul Widyawati, Suryono Suryono</i>	
105.	Soft Tissue Dental Lasers	571
	<i>Prabhu Manickam Natarajan, Mohamed Said Hamed, Sura Ali Ahmed Fuoad Al-Bayati, Dusan Surdilovic, Pooja Narain Adtani</i>	
106.	The Efficiency of Conducting Pregnancy Session toward Reducing the Level of Anxiety to Deliver Baby	577
	<i>Oktaviani, Heti Ira Ayue</i>	
107.	Determination of the Safe Duration of Benzene Non-Carcinogenic Exposure in Motor Workshop Area	582
	<i>Ramdhoni Zuhro, Abdul Rohim Tualeka, Ratna Ayu Harsetianingrum</i>	
108.	A Short Review about Electrophysiology and Bioimpedance: History and Perspectives	587
	<i>Luigi Santacroce, Donato D'Agostino, Ioannis Alexandros Charitos, Lucrezia Bottalico, Andrea Ballini</i>	
109.	The Use of IUD, Passive Smoker and the Risks of Cervical Cancer: A Cross-Sectional Study at Female Workers in Surabaya City, Indonesia	592
	<i>Abdul Rohim Tualeka, Febi Dwirahmadi, Arief Wibowo, Fransisca Anggiyostiana Sirait</i>	
110.	A Proposed Monitoring and Evaluation Conceptual Framework for the Management of South African Private Sector HIV-AIDS Programmes	597
	<i>Shayhana Ganesh, Renitha Rampersad</i>	
111.	Logistic Management Analysis of Medical Equipment in Padang Port Health Office	602
	<i>Magdalena, Rizanda Machmud, Hardisman</i>	
112.	The Effects of Extract Andaliman Fruit (<i>Zanthoxylum acanthopodium</i> Dc) to CAMP mRNA expression and Bacterial Load in Mice Balb-C after <i>Gardnerella vaginal</i> Infection	607
	<i>Lenny Irmawaty Sirait, Muh Nasrum Massi, Mochammad Hatta, Prihantono</i>	
113.	Effect of Bibliotherapy on Self-Concept in Children with Mental Retardation in SLB	612
	<i>Nursalam Nursalam, Kartika Harsaktiningtyas, Iqlima Dwi Kurnia, Harif Fadhillah, Ferry Efendi</i>	

Logistic Management Analysis of Medical Equipment in Padang Port Health Office

Magdalena¹, Rizanda Machmud², Hardisman²

¹*Pursuing Masters Degree Program in Public Health Andalas University, Indonesia,*

²*Lecturer in Public Health Sciences in Faculty of Medicine in Andalas University, Indonesia*

ABSTRACT

The objective of this study is to know the process of storage, distribution, maintenance and control on logistic management of medical equipment at Padang Port Health Office. This research uses qualitative approach. The result of the study shows that the policy is guided by the Guidelines of Medical Device Management in Health Facilities in 2015 and regulations related to the management of state property but the existing policy has not been socialized to all health equipment managers and has not been downgraded in the form of technical guidelines or standard operating procedures. Human resources are less in terms of quality and quantity. The budgets are still lacking primarily. Infrastructure are still lacking mainly for the storage of medical equipment and warehouses. Implementation of storage, distribution, maintenance and control of health equipment logistic has not been implemented properly. The function test for 357 medical devices obtained 45 units (12,60%) of medical equipment can not be functioned, 3 units (0,84%) of health equipment can not be tested because there is no officer available and 21 units (5,88%) unknown health equipment.

Index Terms— *Analysis, Distribution, Logistic Management, Medical Equipment, Planning, Procurement, Storage.*

INTRODUCTION

World Health Organization (WHO) in 2015, states that more than 50% of health equipment in developing countries is not functioning or cannot be used optimally due to lack of maintenance efforts. WHO also estimates that 95% of medical equipment in developing countries is imported, most of which do not meet the needs of national health services and are not used effectively and efficiently ^{1,2,3}.

Padang Port Health Office (PHO) is one of 49 Port Health Office in Indonesia. Padang PHO has been awarded as the best manager of State Property in all of PHO in Indonesia in 2014 and implementing logistics management system especially health equipment in order to achieve excellent service. However in the subsequent execution of whether this system is retained to date in accordance with regulations relating to logistics management ⁴.

Based on preliminary survey results, there are still many health tools that are stacked in some storage

places, even some health equipment stored in the home office. Based on the review of documents from the State Property Report of Padang PHO in 2016 from 357 units of existing health equipment, 311 units (87.11%) of good health equipment, 5 units (1.40%) health equipment in damaged condition lightweight and 41 units (11,48%) health equipment in a state of severely damaged. The amount of equipment that is in a state of damage is closely related to the process of maintaining the tool.

In addition to the accumulation of goods, the problem found in the Padang Port Health Office is still there were health equipment that is not given the code number of goods. According to Decree of the Minister of Finance No. 29 / PMK.06 / 2010 of 2010 concerning the classification and verification of State Property, User of Goods / Proxy of Users of Goods must register and record State Property (BMN) into List User / List of User Power of Attorney according to and goods codification in order to realize the orderly administration and support the orderly management of State Property.

The results of the interviews that researchers conducted in the initial survey with the officer of BMN management on March 07, 2017 revealed that there are several items of medical equipment that has not been known to exist with the total initial value of IDR 4.791.477.250, - (four billion seven hundred ninety one million four hundred seventy seven thousand two hundred and fifty rupiah). The equipment is Blood Chemistry Analysis, Stethoscope, Defibrillator and Pacer Analyzer / tester, Pressure Transducer for NIBD and Filter Compressor. Besides, there is also a mutation of medical equipment without the knowledge of BMN managers.

Based on the above description, we need to conduct research on analysis of logistics management of health equipment at the Port Health Office of Padang.

METHOD

This type of research is qualitative research and data were analyzed with Miles and Huberman model through data reduction, Data Presentation and Verification. This study was conducted from January to December 2017 at Port Health Office of Padang.

Technique of taking informant in this research by purposive sampling that is sampling technique with certain consideration made by researcher based on characteristic or characteristic of population which have been known. Data collection in this research was conducted in several ways such as observation (observation), in-depth interview (Indepth Interview), and document review ⁵.

RESULTS

Policy

The policy for managing medical devices at Padang PHO is carried out based on the rules relating to the management of BMN such as the Regulation of the Minister of Finance of the Republic of Indonesia Number: 181 / PMK.06 / 2016 concerning Administration of State Property, Minister of Finance Decree Number 29 / PMK.06 / 2010 in 2010 concerning classification and codification of State property, Republic of Indonesia Minister of Finance Regulation No. 244 / PMK.06 / 2012 concerning Procedures for Implementation of BMN Supervision & Control, Minister of Home Affairs Regulation No. 17 of 2007 concerning Technical Guidelines for Regional Property Management and Tool

Management Guidelines Health at the Health Facility and the user guide for each tool. Besides that, the manager of medical devices who work in the work area does not get a decree from the Head of the Padang PHO and the task as manager of the medical device is not included in the job description in employee work goals of each management officer.

Resources

The results of the study found that personnel in the implementation of medical logistics management in the Padang PHO in terms of quantity were not enough. Padang PHO should have as many as 6 electromedical personnel while the Padang PHO has only one electromedical staff. Existing electromedical technicians have not been fully involved in the management of medical devices because they are deemed not to understand the equipment available in the PHO and the other reason is that there is no electromedical technical function in the PHO position map. In terms of quality it is still lacking because the officers have never received training or socialization about the management of medical devices in addition to multiple positions.

Tools

Padang PHO does not yet have facilities and infrastructure in accordance with the standards set by the Indonesian Minister of Health as outlined in the Guidelines for Standardization of Human Resources, Facilities and Infrastructure in the Port Health Office Number 1314 / MENKES / SK / IX / 2010 Year 2010. Cabinets and shelves storage is still not good at the main office or in several regional offices.

Storage

The storage process begins with the acceptance stage carried out by electromedical personnel, BMN users and managers. The acceptance process is carried out through three stages, namely physical examination, function test and tool testing. Then the recording of the tool is done with the Application for BMN and tool labeling. Then the tool is submitted to the head of the section (user) using the Handover Minutes. Tools received by the user are then stored or distributed to the work area office. Tool storage is carried out according to the function of the tool. Tools that function to diagnose diseases are stored in polyclinics or blood chemistry laboratories. Tools for vector control and sanitation are stored in

vector laboratories and sanitation and warehouses for equipment and pesticides. Small tools are placed on the floor and large tools are placed on shelves or on the floor. Similar items but various sizes are grouped together by sorting from the smallest to the largest size.

Distribution

The process of distributing of medical devices in Padang PHO is carried out according to BMN rules, namely Minister of Home Affairs Regulation No. 17/2007 concerning Technical Guidelines for Regional Property Management and Guidelines for Management of Medical Devices in Health Facilities. The activity begins with a request for medical devices to the head section, after being approved for a physical examination, a functional test and a tool test. Transportation facilities for shipping medical devices and drivers are available. The process of physical expenditure of goods, transportation processes and demolition processes is pursued as best as possible to avoid damage during the shipping process. Some things that are not yet in line are the Minutes of Examination of distributed Goods and reports on the realization of medical devices distributed to working area is not been found yet. This happens because technical instructions and standard operating procedures on how to distribute medical devices at PHO are not yet available. Besides, medical officers have never received training or socialization.

Maintenance

The process of maintaining medical devices in Padang PHO has not been carried out in accordance with the Guidelines for Management of Medical Devices in Health Facilities because preventive maintenance and inspection activities have not been carried out. Maintenance activities carried out in the form of corrective maintenance carried out by each section without involving electromedical personnel except for maintenance of ambulance cars. There is no record book of corrective actions including the length of time for repairs and no reports of maintenance, in addition to the number of uncalibrated ales.

Control

The process of controlling medical devices at the Class II Padang Health Office has not been fully in accordance with Minister of Home Affairs Regulation No. 17 of 2007 concerning Technical Guidelines for

Management of Regional Property. Control is carried out by the section head through bookkeeping / records checking.

DISCUSSION

Policy

According to the researchers' assumptions, seeing the many problems related to this policy indicate that health equipment management activities have not been a priority either by the Director General of Disease Prevention and Control of the Ministry of Health of the Republic of Indonesia the Padang Port Health Office. Whereas in carrying out medical device management activities at the Padang PHO, the first and fundamental step that must be carried out is to make the operational policies themselves from activities in real terms. This operational policy will move the organization to meet the management needs of medical devices in Padang PHO. Although nationally there are guidelines and regulations related to BMN as a reference, but in its implementation at the Padang PHO, technical guidelines and standard operating procedures need to be made in accordance with the characteristics of the Padang PHO so that implementation of standardized medical equipment management activities can be evaluated. Implementers of policies should be given a decree so that in carrying out their duties they have a legal basis for all actions that are used as legal aspects to determine or maintain something that is decided. It is recommended that the Head of the Padang PHO make a standard operating procedures for the management of medical devices so that the medical administrators in implementing management activities become more clear, systematic and standardized so that they can implement them appropriately.⁷

Resources

The quality of human resources involves two aspects as well, namely physical aspects, and non-physical aspects that involve the ability to work, think, and other skills. Therefore, efforts to improve the quality of human resources can also be directed to both aspects. To improve physical quality can be pursued through health and nutrition programs. Whereas to improve the quality or non-physical abilities, education and training efforts are the most needed.⁸

The implementation of logistic management of medical devices can run well should electromedical

personnel be added to 6 people in accordance with the Joint Regulation of the Minister of Health and Head of State Personnel Agency Number 46 of 2014 and Number 23 of 2014 concerning Implementation Guidelines for the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 28 of 2013 concerning the Functional Position of Electromedical Technical and Credit Numbers states that the number of electromedical personnel in the Class II Port Health Office environment is electromedical personnel of 6 people, consisting of; skilled 4 (four) people and experts 2 (two) people. In order for each work area to have one electromedical staff to manage medical devices that are available throughout the work area of the Padang PHO, the technical officers are more focused on working on their activities. Besides that, the electromedical personnel available are given roles according to their educational background. It is recommended that the Director General of Disease Prevention and Control as the main unit of the PHO add electromedical functional positions to the PHO position map.

Tools

Means are tools to facilitate and facilitate work. In the business world to achieve better results, besides human beings who are experts in their fields, materials / materials are needed as a means because material and means cannot be separated. Support for facilities such as workplaces, tools, transportation and funds is important for smooth work. The facilities used for logistics management of medical devices include cabinets, shelves and operational vehicles. Facilities that are available at this time should be maintained both in terms of quality and quantity because the facilities are very important to support the implementation of good health equipment management activities. It is expected that the Padang PHO can budget funds for the purchase of shelves or cabinets for the main office or regional office.⁹

Storage

Storage can be interpreted as an activity and business to carry out management, organization and arrangement of inventory items in the storage room. The process of storing medical devices in the Padang PHO is carried out based on BMN rules and Guidelines for the Management of Medical Devices in Health Facilities.¹⁰

DISTRIBUTION

The logistics distribution activity is basically

a continuation of the process of storing or storing logistics or empirically is one part of the logistics warehousing activity itself. It is better if the manager of the medical device makes a Minutes of Examination of the Distributed Goods and reports on the realization of medical devices that are distributed to working are. In addition, officers need to be given training or outreach on ways of distributing good medical devices..

Maintenance

Maintenance of health equipment is a series of preventive and corrective activities carried out to maintain quality medical equipment, safe and usable). It is better if the manager of the medical device keeps a schedule of preventive inspections and maintenance and records corrective actions including the length of time for repairs. Electromedical power is involved in the maintenance of medical devices. For this reason, all medical personnel management is given training in maintaining good medical devices.

Control

In the control process, the delivery of the minutes of the results of the inspection to the manager of medical devices is very important to do as feedback from control activities. The delivery of this minutes will be a correction for managers to improve the process of managing medical devices at the next Padang PHO. The results of this examination need to be submitted to the Head of Padang PHO to be a note for policy makers in determining the steps to improve the management of logistic equipment in Padang PHO.

It is hoped that these control activities will be carried out by all section heads to all work areas. The results of the examination are poured into the Minutes of Examination Results. The event news is sent to the manager of medical devices and sent to the Head of Padang PHO. Training and outreach should be given to implementers of logistical control equipment in Padang PHO.

CONCLUSION

The logistics management policy for medical devices at the Port Health Office in Padang is guided by regulations relating to the management of State Property and Guidelines for Health Equipment Management in Health Facilities of the Directorate General of Health Efforts of the Ministry of Health, but the policies have

not been disseminated to all medical administrators and have not been revealed in the form of Technical Guidelines and Standard Operating Procedures that are specific to Padang Port Health Office. Managing staff in logistics equipment management activities at the Padang Port Health Office in terms of quantity and quality are still lacking. Funds and facilities for logistics equipment management activities are still lacking. The implementation of logistics equipment management activities at the Padang Port Health Office has not been implemented properly so that not all available medical devices are available in ready-to-use conditions.

Ethical Clearance: Not required.

Source of Funding: Ministry of Health Scholarship.

Conflict of Interest: Nil.

REFERENCES

1. Ministry of Health RI. Ministry of Health's Strategic Plan Year 2015-2019. Jakarta; 2015.
2. Ministry of Health RI. Indonesia Health Profile 2014. Jakarta; 2015.
3. WHO. Regional Office for the Eastern Mediterranean, Technical discussions; Medical devices in contemporary health care systems and services, <http://apps.who.int/medicinedocs/documents/s17667en/s17667en.pdf> [accessed 25 June 2017].
4. Padang City Health Office. Health Profile of Padang City Health Office 2015. Padang; 2015.
5. Sugiyono. Quantitative Research Methods, Qualitative and R & D. Bandung: Alfabeta; 2014.
6. Agustino L. Fundamentals of Public Policy. Bandung: Revised Edition, Alfabeta; 2016.
7. Winarno D. Public Policy Theory, Process, and Case Studies. Yogyakarta: CAPS; 2012
8. Notoatmodjo S. Health Promotion and Behavioral Science. Jakarta: Rineka Cipta; 2007.
9. Ayuningtyas D. Health Policy Principles and Practices. Jakarta: Rajawali Pers; 2014
10. Bustami. Quality Assurance of Health Service & Acceptability. Padang: Erlangga Press; 2011.