



## Risk Management of the Maternal Care Telehealth Platform: A Case Study of Hallo Mama Using the ISO 31000:2018 Approach

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### ABSTRACT

The rapid growth of digital maternal care services in Indonesia offers a means of addressing the country's persistently high maternal mortality rate, yet platforms delivering these services operate amid multidimensional risks spanning operational, data security, regulatory, and human resource domains. How such risks should be systematically managed in early-stage maternal telehealth startups remains underexplored, leaving providers exposed to failures that can directly affect maternal and infant safety. This study analyses risk management for Hallo Mama, a doula-based maternal telehealth platform, with the objective of identifying, prioritizing, and mitigating its key risks within a structured framework. Using ISO 31000:2018 through a descriptive case study, risks were identified across six business domains and prioritized with the Risk Priority Number (RPN) method on a 5×5 matrix. A total of 21 risks were identified, of which six were classified as high priority (RPN ≥ 15): service delays, SOP violations, data breaches, staff burnout, privacy violations, and cash flow instability. After targeted mitigation strategies were applied, all residual high-priority risks fell to the medium level (RPN 8–9), with no risk remaining in the high category. The study concludes that an ISO 31000-based approach provides a practical and replicable risk management framework for digital maternal health startups in Indonesia, supporting safer, more reliable, and more sustainable service delivery.

### 1. Introduction

The rapid advancement of digital technology has transformed the healthcare sector worldwide, including in Indonesia, as reflected in the growing adoption of mobile health (mHealth), telemedicine, and online consultation services that improve accessibility beyond the constraints of time and distance. The World Health Organization (WHO, 2021) reported an increase of more than 300% in telehealth adoption following the COVID-19 pandemic, which accelerated regulatory and infrastructure development. In Indonesia, the number of telehealth users rose from 2.7 million in 2019 to 11.6 million in 2022, supported by regulatory frameworks such as Ministry of Health Regulation No. 20 of 2019.

Within this ecosystem, digital maternal care services have emerged as a critical innovation, particularly in addressing Indonesia's persistently high Maternal Mortality Rate of 183 per 100,000

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live births, which remains above the target set by the Sustainable Development Goals (SDGs). Hallo Mama, a doula-based telehealth platform, provides integrated maternal services that include 24/7 consultations, emergency response features, and digital health monitoring. However, such platforms operate amid multidimensional risks spanning operational, technological, regulatory, and human resource domains.

Despite the rapid growth of digital maternal health services, structured and standardized risk management remains underexplored in this emerging sector, leaving startups vulnerable to operational, clinical, and data security failures that can directly affect maternal and infant safety. Addressing this gap is significant because sound risk management is essential to ensuring the safety, reliability, and sustainability of maternal telehealth services. Accordingly, this study applies the ISO 31000:2018 framework to identify, analyze, and prioritize risks using the Risk Priority Number (RPN) method, to develop appropriate mitigation strategies, and to propose a structured risk management framework for digital maternal healthcare startups in Indonesia.

### *1.1 Risk Management and ISO 31000:2018*

ISO 31000:2018 provides a comprehensive framework for managing risk, defining risk as the effect of uncertainty on organizational objectives. The standard emphasizes principles such as integration, a structured approach, adaptability, inclusiveness, and continual improvement (ISO, 2018; Purdy, 2010; Lam, 2014). Risk management entails the systematic identification, analysis, evaluation, and control of risks in order to minimize negative impacts and optimize opportunities (Lubis et al., 2025). Empirical studies have demonstrated that ISO 31000 improves project success, reduces risk exposure, and strengthens regulatory compliance across sectors, including logistics, infrastructure, and digital platforms (Ariyanti et al., 2026; Suryanto et al., 2024; Kurniawan et al., 2025).

### *1.2 Risks in Telehealth Platforms*

Telehealth services present a different risk profile from conventional healthcare, particularly with respect to technology reliability, patient data privacy, the quality of virtual communication between healthcare workers and patients, and still-evolving regulatory readiness (Kruse et al., 2016). Boonstra et al. (2020) concluded that the main barriers and risks in telehealth implementation include user resistance, regulatory uncertainty, and gaps in digital literacy. From a cybersecurity perspective, Coventry and Branley (2018) emphasized that health data is among the most sensitive and high-value categories of data traded on the digital black market.

### *1.3 Risk Priority Number (RPN)*

The Risk Priority Number (RPN) is a quantitative instrument used to prioritize risks based on the product of probability (P) and impact (I) values, expressed as  $RPN = P \times I$ . The method was first introduced within Failure Mode and Effects Analysis (FMEA) in manufacturing, but it has since been widely adapted to various business and service risk management contexts (Stamatis, 2003). A higher RPN value indicates a more critical risk that requires more urgent mitigation (Garcia et al., 2019). The RPN method has been applied in numerous startup risk management studies, including material handling rental services (Suryanto et al., 2024), electric vehicle charging stations (Kurniawan et al., 2025), and laundry business models (Ariyanti et al., 2026), confirming its broad applicability to business risk prioritization.

## **2. Methodology**

This study adopts a descriptive case study approach focusing on the Hallo Mama telehealth platform. The data were drawn from internal documents—including the business plan, standard operating procedures (SOPs), and risk register—and from management discussions conducted between January and March 2026, and were analyzed in accordance with ISO 31000:2018. Risk identification was carried out through cross-divisional brainstorming across six business domains, followed by risk analysis using probability and impact scales ranging from 1 to 5. Risk evaluation employed the RPN method ( $P \times I$ ) and a 5×5 risk matrix to classify risks into Low (1–6), Medium (7–14), and High (15–25) categories. Risk treatment focused on high-priority risks ( $RPN \geq 15$ ) using strategies of avoidance, reduction, transfer, or acceptance, with residual risks recalculated after treatment.

## **3. Results**

### *3.1 Risk Management Planning Framework*

To achieve its objectives, Hallo Mama must contend with various forms of uncertainty arising from both internal and external factors. Risk management within the company therefore needs to be conducted in a logical, structured, systematic, and well-documented manner. The company's risk management framework is based on ISO 31000:2018 and encompasses the stages of integration, design, implementation, evaluation, and improvement.

The risk management goals of Hallo Mama are structured across short-, medium-, and long-term horizons to ensure sustainable implementation. In the short term (0–1 year), the focus is on establishing a risk management structure, developing standardized SOPs for telehealth services and escalation, strengthening data security and privacy controls, and compiling an initial risk register. These efforts aim to ensure full SOP compliance among service personnel and to implement basic risk-mapping mechanisms. In the medium term (2–3 years), the objectives emphasize service improvement based on user feedback, the development of a stable and responsive 24/7 monitoring system, the strengthening of partnerships with healthcare facilities for effective referrals, and periodic internal audits to maintain service quality and SOP compliance. In the long term (more than three years), the focus shifts toward building mature risk governance and compliance-based quality standards, obtaining information security certifications, conducting continuous risk evaluations to support service expansion, and reinforcing an organizational risk culture through ongoing training. Collectively, these goals aim to establish a sustainable, secure, and high-quality digital maternal healthcare service.

### *3.2 Risk Management Principles*

Risk management at Hallo Mama follows the principles of ISO 31000:2018, integrated across all business activities, including service operations, technology systems, and stakeholder interactions. The approach is tailored to the telehealth context and to maternal care needs—particularly those of pregnant and postpartum users—while emphasizing safety, 24/7 responsiveness, and regulatory compliance. Continuous stakeholder involvement is ensured through collaboration with internal teams, healthcare partners, and users. The approach is dynamic and data-driven, drawing on system logs, service reports, and user feedback to enable responsive decision-making amid technological and regulatory change. Hallo Mama also attends to human and cultural factors through communication training, emotional support, and a strong safety culture. Continuous improvement is maintained through regular evaluations, system enhancements, SOP updates, and service innovation in order to sustain quality and risk control.

### *3.3 Risk Management Process*

Hallo Mama's risk management process begins with communication and consultation among all stakeholders in order to identify risks comprehensively. Next, the scope, context, and criteria are established, followed by risk assessment and risk treatment. These outputs are then subject to monitoring and review and are documented through recording and reporting, in accordance with ISO 31000:2018.

### 3.4 Scope, Context, and Criteria

The implementation of risk management at Hallo Mama covers the company’s core activities: (1) the 24/7 doula and psychologist consultation service; (2) the panic button and emergency referral features; (3) application development and operation; (4) data security and user privacy; (5) health facility partnerships; and (6) quality of service and user experience. An analysis of the internal and external contexts indicates a strong interaction between organizational capabilities and external environmental demands. Internally, the organization has established an adaptive structure—comprising doulas, psychologists, customer service staff, and a technology team—alongside SOPs for standard consultation and emergency escalation. This is further supported by technology infrastructure readiness (servers, databases, and system monitoring) and a culture centered on service quality and data security. These internal capabilities are strategically designed to address external challenges, particularly compliance with legal frameworks such as the Personal Data Protection Law No. 27/2022 and the Electronic System Provider (PSE) policy, as well as the ongoing development of digital health and cybersecurity technologies. Furthermore, to address competition within maternal care services and to meet user expectations regarding service speed, the organization expands its external network through strategic partnerships with hospitals, clinics, and ambulance services. The framework categorizes risk probability into five levels based on score, percentage, and historical frequency. These levels range from Score 1 (“Very Rarely”), where occurrence is deemed almost impossible, to Score 5 (“Almost Certain”), which indicates risks that may occur every year or unexpectedly. The intermediate scores (2, 3, and 4) represent “Seldom,” “Possible,” and “Most Likely” probabilities, corresponding to expected frequencies of once in three years, two years, and one year, respectively. This standardized scale ensures a consistent and objective approach to evaluating potential threat frequencies within the Hallo Mama ecosystem.

**Table 1.** Risk Impact Criteria (Hallo Mama)

Score	Impact Level	Impact on Reputation & Users	Impact on 24/7 Service Operations	Impact on Hallo Mama Targets
1	Insignificant	No significant impact, complaints small, rating remains stable	Minor disruption without stopping service	Service targets are still achieved
2	Minor	There are user complaints but they can be handled quickly	Minor disruption, service still running	Small decrease target (+/- 1-10%)
3	Moderate	Declining user satisfaction, increasing complaints, dropping ratings	Temporary operational disruption (slow/queues)	Moderate decline target (+/- 11-30%)
4	Major	Deteriorating reputation, lots of negative reviews, potential to go viral	Primary services disrupted or critical features fail	Target decreased significantly (+/- 31-50%)
5	Catastrophic	Major loss of trust, legal risks, reputation crisis	Operational stop / panic button fails in critical conditions	Target failed to be achieved (>50%)

### 3.5 Risk Identification

The risk identification process at Hallo Mama yielded 21 risk events grouped into six business domains. The following tables present the risks identified within each domain.

**Table 2.** Risk Identification - Marketing & Growth

Code	Risk Event	Causes of Risk	Impact
HM01	User target not reached	Lack of market education, marketing strategy not yet appropriate	Slow user growth, revenue not achieved
HM02	CAC (cost of acquisition) too high	Unsegmented ads, ineffective promotional channels	Increased cost burden, disrupted cash flow
HM03	Low brand trust	Health services require high trust, minimal testimonials	Users hesitant to use the service
HM04	Competitors offer more comprehensive services	Many maternal & telehealth applications	Users move, retention is low

**Table 3.** Risk Identification - Operational Services (24/7 & Panic Button)

Code	Risk Event	Causes of Risk	Impact
HM05	Slow doula/psychologist response	Suboptimal shift schedule, high demand	User satisfaction drops, complaints increase
HM06	Panic button failed / late	Weak hospital/ambulance partner integration	Maternal & infant safety risks, bad reputation
HM07	Case escalation does not comply with SOP	Service personnel do not comply with SOP / lack of training	Mishandling, medical risks
HM08	Consultation surge (peak hour)	Viral promotion, number of users increases rapidly	Long queues, unstable service

**Table 4.** Risk Identification - Technology & Data Security

Code	Risk Event	Causes of Risk	Impact
HM09	Server down / application cannot be accessed	Traffic overload, bugs, weak servers	Service stopped, lost users
HM10	User data breach	Security system is not strong, human error	UU PDP sanctions, major loss of trust
HM11	Video call / chat error	Network quality, application bugs	Bad user experience
HM12	Account abuse / fraud	Weak verification, fake accounts	Bad reputation, security risks

**Table 5.** Risk Identification - HR (Doula, Psychologist, Customer Service)

Code	Risk Event	Causes of Risk	Impact
HM13	Burnout doula/psychologist	Continuous emotional pressure, long working hours	Service quality declines, high turnover
HM14	High service staff turnover	Low wages, lack of career development	Recruitment costs increase, continuity disrupted
HM15	Internal team conflict	Poor communication, unclear role boundaries	Productivity drops, negative work culture

HM16	CS non-empathetic / slow to respond	Lack of training, high workload	Customer satisfaction drops, negative reviews
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**Table 6.** Risk Identification - Legal & Compliance and Finance

Code	Domain	Risk Event	Causes of Risk	Impact
HM17	Legal Compliance	& Non-compliance with PSE/telehealth regulations	Incomplete documents, regulations changed	Legal sanctions, service restricted
HM18	Legal Compliance	& Violation of user privacy/consent	Unclear consent, weak data SOP	Lawsuits, bad reputation
HM19	Finance	Unstable cash flow	High CAC, revenue not stable	Difficult expansion, operations disrupted
HM20	Finance	Operating costs increase	Server costs, high 24/7 HR costs	Margin drops, risk of loss
HM21	Finance	Income does not meet target	Monetization strategy not optimal	Business is difficult to grow

### 3.6 Risk Analysis

After the risks were identified, each was rated for probability (P) and impact (I) on a scale of 1 to 5, and these values were multiplied to produce a Risk Priority Number (RPN = P × I). The results were used to prioritize the risks that must be mitigated first in order to achieve Hallo Mama’s objectives.

**Table 7.** Hallo Mama Risk Analysis (RPN = P x I)

Code	Risk Event	Probability (P)	Impact (I)	RPN
<b>MARKETING &amp; GROWTH</b>				
HM01	User target not reached	3	4	12
HM02	CAC too high	4	3	12
HM03	Low brand trust	3	4	12
HM04	Competitors more advanced	3	3	9
<b>OPERATIONAL SERVICES (24/7 &amp; PANIC BUTTON)</b>				
HM05	Slow doula/psychologist response	4	4	16*
HM06	Panic button fails / delayed	2	5	10
HM07	Case escalation not per SOP	3	5	15*
HM08	Consultation surge (peak hours)	4	3	12
<b>TECHNOLOGY &amp; DATA SECURITY</b>				
HM09	Server down / application error	3	4	12
HM10	User data breach	3	5	15*
HM11	Video call / chat errors	4	3	12
HM12	Account misuse / fraud	3	3	9
<b>HR (DOULA, PSYCHOLOGIST, CUSTOMER SERVICE)</b>				
HM13	Doula/psychologist burnout	4	4	16*
HM14	High service staff turnover	3	4	12
HM15	Internal team conflict	3	3	9

HM16	CS non-empathetic / slow to respond	3	4	12
<b>LEGAL &amp; COMPLIANCE</b>				
HM17	Non-compliance with telehealth/PSE regulations	2	5	10
HM18	User privacy / consent violation	3	5	15*
<b>FINANCE</b>				
HM19	Unstable cash flow	4	4	16*
HM20	Rising operational costs	4	3	12
HM21	Revenue does not meet target	3	4	12

Note: \*High-priority risks (RPN >= 15). RPN 7-14 = Medium. RPN 1-6 = Low.

### 3.7 Risk Evaluation

The risk evaluation results indicate that the 21 identified risks were distributed across several probability and impact categories within the 5x5 risk matrix. Four risks (HM02, HM08, HM11, and HM20) were assessed as having a Likely probability and Moderate impact, while three risks (HM05, HM13, and HM19) were classified as Likely with Major impact. In the Possible probability category, three risks (HM04, HM12, and HM15) were associated with Moderate impact, six risks (HM01, HM03, HM09, HM14, HM16, and HM21) with Major impact, and three risks (HM07, HM10, and HM18) with Catastrophic impact. In addition, two risks (HM06 and HM17) were assessed as Unlikely but Catastrophic in impact. No risks fell within the Insignificant or Minor impact categories. These findings indicate that the majority of risks are concentrated in the moderate-to-high impact range, highlighting the need for targeted mitigation measures, particularly for risks categorized as Major and Catastrophic.

### 3.8 Risk Treatment

After risk evaluation, treatment strategies were designed for the six high-priority risks (RPN ≥ 15). Mitigation strategies were selected from four options: avoid, reduce, transfer, or accept. The residual RPN was recalculated after applying each treatment to verify its effectiveness.

**Table 8.** Hallo Mama Risk Treatment and Residual RPN

Code	Risk Event	Risk Treatment	PIC	Residual RPN	Level
HM05	Slow doula/psychologist response	Reduce: add peak-hour shift staff, automated queuing system, SLA response time, real-time monitoring dashboard	COO / Head of Service	9	Medium
HM07	Case escalation not per SOP	Reduce: strict escalation SOP, mandatory monthly training, weekly clinical review supervision, digital escalation checklist	Head of Doula / Clinical Supervisor	8	Medium
HM10	User data breach	Reduce + Transfer: end-to-end encryption, regular security audits, role-based access, penetration testing, ISO 27001-certified cloud, incident response plan	CTO	8	Medium
HM13	Doula/psychologist burnout	Reduce: healthy shift rotation, maximum working hours limit, wellbeing program, regular debriefing sessions, gradual HR addition	COO / HR	9	Medium
HM18	User privacy/consent violation	Reduce: improve digital consent flow, clear privacy policy, internal training, regular compliance audit	CTO / Legal & Compliance	8	Medium
HM19	Unstable cash flow	Reduce: strict cost control, ROI-based feature prioritization, phased monetization	CFO / CEO	9	Medium

strategy, minimum 3-month cash reserve,  
CAC optimization

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Following the implementation of the proposed treatment measures, all previously high-priority risks were successfully reduced to the medium-risk category, with residual RPN values ranging from 8 to 9. The post-treatment distribution shows that five risks (HM05, HM13, HM19, HM01, and HM02) were categorized as Possible with Moderate impact. Eleven risks (HM08, HM11, HM20, HM03, HM04, HM09, HM12, HM14, HM15, HM16, and HM21) were assessed as Unlikely with Moderate impact, while five risks (HM07, HM10, HM18, HM06, and HM17) remained in the Unlikely probability category with Major impact. No residual risks were classified as High after treatment. These results demonstrate that the proposed mitigation strategies effectively reduced both the likelihood and the potential impact of the identified risks, producing a more acceptable overall risk profile for Hallo Mama.

### *3.9 Communication and Consultation*

In line with ISO 31000:2018, communication and consultation aim to ensure a shared understanding of risk management among stakeholders. At Hallo Mama, this process supports aligned decision-making, risk transparency, and organizational risk ownership, and is implemented through regular operational meetings, cross-functional coordination, and feedback from users and healthcare partners.

### *3.10 Monitoring and Review*

Monitoring and review are conducted to ensure the effectiveness and continued relevance of risk management. At Hallo Mama, these activities focus on service and system performance, including application uptime, response time for 24/7 consultations, panic button functionality, and user satisfaction. The results inform the continuous improvement of SOPs, the enhancement of service personnel quality, and the strengthening of data security controls.

### *3.11 Recording and Reporting*

Recording and reporting are used to document the entire risk management process, from identification to mitigation. Hallo Mama records risks in a risk register and prepares periodic reports on priority risks, mitigation status, and residual risks after treatment. Reports are provided to management at least semiannually as a basis for evaluation and decision-making.

### *3.12 Discussion of Key Risk Findings*

The findings indicate that Hallo Mama operates within a complex and interrelated risk landscape spanning operational, technological, human resource, legal, and financial domains, with six of the 21 risks classified as high priority (RPN  $\geq$  15). This pattern is consistent with prior studies that identify operational and data security risks as dominant in the telehealth and digital service sectors (Kruse et al., 2016; Iskandriani et al., 2024; Lubis et al., 2025; Suryanto et al., 2024; Kurniawan et al., 2025; Ariyanti et al., 2026). Notably, staff burnout (HM13; RPN 16) reflects the demands of continuous 24/7 maternal care services; mitigation through shift management and wellbeing programs effectively reduced the residual risk (RPN 9), consistent with human resource risk findings in service startups. Data breach (HM10) and privacy risks (HM18) underscore the importance of safeguarding sensitive maternal data, where integrated security measures and regulatory compliance reduced the risks to acceptable levels (RPN 8). Similarly, escalation non-compliance (HM07) represents a clinically critical risk that was mitigated through structured SOP enforcement and supervision. From a financial perspective, cash flow instability (HM19; RPN 16) reflects typical startup constraints; mitigation through revenue diversification and cost control reduced the residual risk (RPN 9),

consistent with prior studies emphasizing financial resilience in service-based startups. Overall, these findings reinforce the need for integrated, context-specific risk management strategies in digital maternal healthcare platforms.

## 5. Conclusions

This study develops a comprehensive risk management framework for Hallo Mama based on ISO 31000:2018, identifying 21 risks across six domains and prioritizing them using the RPN method and a 5×5 risk matrix. Six high-priority risks (RPN ≥ 15) were identified across operational, technological, human resource, legal, and financial aspects, and targeted mitigation strategies successfully reduced all residual risks to medium levels (RPN 8–9). The framework rests on three key pillars: (1) operational and clinical readiness through standardized SOPs, continuous training, and real-time monitoring; (2) robust data security and regulatory compliance aligned with the Personal Data Protection Law; and (3) human resource welfare, particularly for doulas and psychologists, to sustain service quality. Future research should focus on longitudinal validation and on incorporating user perspectives into risk assessment.

## References

1. Ariyanti, A. I., Indradewa, R., Abadi, F., & Ramadhan, Y. (2026). Risk Management Application Based on ISO 31000:2018 - A Case Study of Hypoallergenic Laundry Laboratory (LALABO). *Dialektika: Jurnal Ekonomi dan Ilmu Sosial*, 11(1), 44-56.  
<https://doi.org/10.36636/dialektika.v11i1.8346>
2. Association of Indonesian Internet Service Providers. (2023). Indonesian Internet Penetration Survey Report 2023. APJII.
3. Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7(7), CD003766. <https://doi.org/10.1002/14651858.CD003766.pub6>
4. Boonstra, A., Versluis, A., & Vos, J. F. J. (2020). Implementing electronic health records in hospitals: A systematic literature review. *BMC Health Services Research*, 14(1), 370.  
<https://doi.org/10.1186/1472-6963-14-370>
5. Coventry, L., & Branley, D. (2018). Cybersecurity in healthcare: A narrative review of trends, threats and ways forward. *Maturitas*, 113, 48-52.  
<https://doi.org/10.1016/j.maturitas.2018.04.008>
6. Garcia, P. A., Olivares, A. S., & Torres, M. R. (2019). Critical analysis of Risk Priority Number in failure mode and effects analysis. *Quality Engineering*, 31(1), 15-24.  
<https://doi.org/10.1080/08982112.2018.1468826>
7. Iskandriani, A., Syah, T. Y. R., Suwanto, & Indradewa, R. (2024). The Role of Risk Management in Addressing External Factors in Business Planning Projects. *Jurnal Pendidikan Tambusai*, 8(1), 10327-10335.

8. ISO. (2018). ISO 31000:2018 Risk management - Guidelines. International Organization for Standardization.
9. Kruse, C. S., Krowski, N., Rodriguez, B., Tran, L., Vela, J., & Brooks, M. (2016). Telehealth and patient satisfaction: A systematic review and narrative analysis. *BMJ Open*, 7(8), e016242. <https://doi.org/10.1136/bmjopen-2017-016242>
10. Kurniawan, Indradewa, R., Iskandar, M. D., & Negoro, D. A. (2025). Risk Management voltwave Networks ev-Station (Electric Vehicle Charging Station). *Syntax Literate: Jurnal Ilmiah Indonesia*, 10(10), 8654-8667.
11. Lam, J. (2014). *Enterprise Risk Management: From Incentives to Controls* (2nd ed.). John Wiley & Sons.
12. Lau, Y., Htun, T. P., Kwek, E., Ho-Lim, S. T., Klainin-Yobas, P., & Yen, P. K. (2020). Technologies for the assessment, diagnosis and treatment of symptoms of depression in perinatal women. *Journal of Medical Internet Research*, 22(4), e16613. <https://doi.org/10.2196/16613>
13. Lubis, R. O., Indradewa, R., Abadi, F., & Kustiawan, U. (2025). Risk Management Implementation to Enhance the Sustainability of Consignment Service Platforms in Indonesia. *Dialektika: Jurnal Ekonomi dan Ilmu Sosial*, 10(1), 215-223. <https://doi.org/10.36636/dialektika.v10i1.5930>
14. Ministry of Health of the Republic of Indonesia. (2023). *Report on Telehealth Service Development in Indonesia 2022*. Ministry of Health RI.
15. Purdy, G. (2010). ISO 31000:2009 - Setting a new standard for risk management. *Risk Analysis*, 30(6), 881-886. <https://doi.org/10.1111/j.1539-6924.2010.01442.x>
16. Ries, E. (2011). *The Lean Startup: How Today's Entrepreneurs Use Continuous Innovation to Create Radically Successful Businesses*. Crown Business.
17. Stamatis, D. H. (2003). *Failure Mode and Effect Analysis: FMEA from Theory to Execution* (2nd ed.). ASQ Quality Press.
18. Suryanto, S., Indradewa, R., Hamdi, E., & Sunaryanto, K. (2024). Risk Management Strategy Implementation for Business Plan at Material Handling Rental Services Startup logisme. *Jurnal Ekonomi Manajemen Sistem Informasi (JEMSI)*, 6(1), 341-349. <https://doi.org/10.38035/jemsi.v6i1>
19. World Health Organization. (2021). *Global Strategy on Digital Health 2020-2025*. WHO Press.