



Analysis of Administrative Barriers for Detained Patients at Hospital X in West Java

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Abstract. This study aimed to analyze administrative barriers affecting detainee patients at Hospital X in West Java. A qualitative descriptive design was used and supported by descriptive administrative data from January-April 2026. Qualitative data were collected through semi-structured interviews, direct observation, and document review, while the administrative dataset comprised 107 detainee-patient service cases recorded in outpatient and Emergency Department services. The findings showed that detainee patients generally followed the same service workflow as other patients, with police-investigator accompaniment and additional administrative requirements, including a police referral/authorization letter and patient identification. The main documented barriers were incomplete referral letters in 38 cases (35.51%) and missing patient identification in 3 cases (2.80%). These deficiencies required additional coordination and prolonged registration and downstream administrative or reimbursement procedures. The study did not measure waiting time or clinical-treatment delay and therefore does not conclude that urgent medical care was postponed. Strengthening hospital-police coordination and reviewing operational procedures are recommended to improve document completeness and administrative efficiency. The study is relevant to SDG 3 (Good Health and Well-Being), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice and Strong Institutions) by supporting equitable access, reducing administrative barriers for a vulnerable population, and strengthening interagency accountability.

Keywords: Administrative Process; Health Services; Detainee Patients

1. Introduction

Health is a fundamental right of every citizen and must be fulfilled regardless of an individual's social, economic, or legal status. The right to health is guaranteed under Law of the Republic of Indonesia Number 17 of 2023 concerning Health, which states that every person is entitled to safe, high-quality, and affordable healthcare services (Republic of Indonesia, 2023). Consequently, all healthcare facilities, including hospitals, are responsible for providing healthcare services to all individuals according to their medical needs. High-quality healthcare services are recognized as a key indicator of public service delivery because they are oriented toward fulfilling the community's right to optimal healthcare (Azwar, 2019). Furthermore, the World Health Organization (WHO) emphasizes that everyone, including vulnerable populations, has the right to access quality healthcare services without discrimination (WHO, 2021).

According to Law of the Republic of Indonesia Number 22 of 2022 concerning Corrections, detainees are suspects or defendants who are placed in State Detention Centers during the stages of investigation, prosecution, and court proceedings (Republic of Indonesia, 2022). Although they are undergoing legal proceedings, detainees retain the right to receive

appropriate healthcare as part of the fulfillment of fundamental human rights. Ensuring this right is the responsibility of the state, and healthcare services must therefore be provided without discrimination based on an individual's legal status (Republic of Indonesia, 2022). This principle is consistent with the WHO's position that all individuals, including detainees, are entitled to healthcare services equivalent to those available to the general population (WHO, 2021). Hospitals are healthcare institutions that provide comprehensive individual healthcare services through outpatient, inpatient, and emergency department (ED) services. In delivering healthcare, hospitals serve not only the general public but also patients with specific characteristics, including detainees. Therefore, hospitals are expected to provide healthcare services that are safe, effective, efficient, and compliant with established healthcare standards and administrative regulations (Azwar, 2019). The administration and management of medical records in healthcare services must comply with the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records. In addition, effective health information management is an essential component in supporting the quality of hospital services (Hatta, 2022).

Healthcare services for detainees differ from those provided to general patients. In addition to delivering medical care based on clinical needs, hospitals must also consider administrative procedures, security measures, and coordination with law enforcement authorities. The presence of investigating officers accompanying detainees and the requirement for referral or authorization documents distinguish detainee healthcare services from those provided to the general population. Consequently, providing healthcare for detainees requires effective coordination among healthcare personnel and relevant institutions to ensure that services are delivered efficiently and effectively (Utami & Kurniawan, 2020). Several studies have reported that access to healthcare services for prisoners and detainees continues to face various challenges. Hutasoit (2020) argued that fulfilling detainees' right to healthcare requires effective interagency coordination and administrative processes that comply with applicable regulations. Although numerous studies have examined the fulfillment of detainees' healthcare rights, most have focused primarily on legal and policy perspectives. Research specifically investigating the implementation of detainee healthcare services in hospitals—particularly regarding service workflows, the stakeholders involved, and administrative challenges—remains limited. Therefore, further research is needed to provide a comprehensive understanding of how healthcare services for detainees are implemented in hospital settings and to identify the administrative challenges encountered during the service process.

Based on preliminary observations conducted at Hospital X, West Java, several administrative issues were identified in the management of detainee patients. These included incomplete administrative requirements, particularly missing referral letters and patient identification documents during registration. Such deficiencies required additional coordination between hospital staff and the accompanying police investigators and could prolong registration and subsequent administrative or reimbursement procedures. Because the study did not measure waiting time or clinical-treatment delay, these observations should not be interpreted as evidence that urgent medical care was postponed. Therefore, this study aimed to analyze the administrative challenges associated with healthcare services for detainee patients at Hospital X, West Java. The study also contributes to the Sustainable Development Goals by supporting equitable access to healthcare (SDG 3), reducing administrative barriers affecting a legally vulnerable population (SDG 10), and strengthening

effective coordination and accountable institutional procedures between healthcare and law-enforcement agencies (SDG 16).

2. Methods

This study employed a qualitative descriptive approach to obtain an in-depth understanding of administrative challenges encountered in providing healthcare services to detainee patients at Hospital X, West Java. The qualitative component focused on service workflow, document requirements, coordination mechanisms, and administrative obstacles. Descriptive administrative frequencies and percentages were used as a supporting data source, rather than as inferential quantitative evidence, to contextualize the qualitative findings. The study was conducted at Hospital X, West Java. Participants were selected purposively from personnel directly involved in the administrative management of detainee patients. The source study documentation identifies three informant categories: the Head of the Medical Record Department, Emergency Department (ED) administrative staff, and outpatient registration officers. The exact number of informants in each category and the duration of individual interviews were not retained in the source manuscript and therefore cannot be reported without author confirmation. Inclusion was based on direct involvement in detainee-patient registration, medical-record administration, document verification, or coordination with police investigators. Formal data saturation was not documented; for this descriptive evaluation, data adequacy was assessed through convergence of recurrent issues across interviews, observations, document review, and administrative service records.

Data were collected using three complementary qualitative techniques: semi-structured interviews, direct observation, and document review. Interviews explored administrative procedures, coordination with law-enforcement agencies, document requirements, and obstacles encountered during registration and service administration. Direct observation examined registration, verification of administrative requirements, coordination between hospital personnel and police investigators, and routine administrative workflow. Document review included available administrative guidelines, registration forms, referral letters, medical-record documents, and other relevant records. In addition, a descriptive administrative dataset from January-April 2026 was incorporated to quantify the frequency of documented administrative-completeness categories. The dataset consisted of the 107 detainee-patient service cases tabulated by Hospital X for outpatient and ED services during that period. No additional exclusion criteria beyond availability in the hospital administrative dataset were documented. These numerical data were summarized as frequencies and percentages and were used to support, not replace, the qualitative interpretation.

To enhance credibility, triangulation was performed by comparing information across interviews, direct observations, document review, and the administrative dataset. Qualitative data were analyzed using the interactive model of data condensation, data display, and conclusion drawing/verification. Administrative frequencies were analyzed descriptively. Findings from both evidence streams were then compared to identify where interview and observational accounts were consistent with the documented service data. Because the study did not collect waiting-time measures, clinical delay indicators, or causal outcome data, interpretation was limited to administrative processing and coordination.

3. Results and Discussion

3.1. Workflow of Healthcare Services for Detainee Patients

At Hospital X, West Java, the healthcare service workflow for detainee patients generally follows the same procedures as those applied to general patients. The primary distinction lies in the requirement that detainee patients must be accompanied by investigating police officers throughout the entire healthcare process. These officers are responsible for ensuring patient security and facilitating coordination between the hospital and law enforcement authorities during service delivery.

"The service flow for detainee patients is basically the same as that for general patients. The difference is that detainee patients are accompanied by investigating police officers throughout the process." (Head of the Medical Record Department)

Before the registration process can begin, the investigating officer is required to submit an official referral or authorization letter issued by the relevant police unit, along with the detainee's identification documents, as mandatory administrative requirements. Hospital administrative staff then verify the completeness and validity of these documents before proceeding with patient registration. Once all administrative requirements have been confirmed, the patient is registered in the hospital information system and receives healthcare services according to their medical condition and clinical needs. Following registration, detainee patients undergo medical examination, diagnosis, and treatment using the same clinical standards applied to other patients. If the attending physician determines that further observation or treatment is required, the patient may be admitted for inpatient care based on medical indications. Throughout the entire process, investigating officers continue to accompany the detainee to ensure security while hospital personnel focus on delivering appropriate medical care and maintaining accurate medical documentation.

3.2. Stakeholders Involved in Healthcare Services for Detainee Patients

The provision of healthcare services for detainee patients at Hospital X, West Java, involves multiple stakeholders, each with distinct responsibilities throughout the service process. Based on the findings of this study, the key parties involved include outpatient registration officers, Emergency Department (ED) administrative staff, medical record officers, physicians, nurses, and investigating police officers who accompany detainees during their hospital visits. Outpatient registration officers and ED administrative personnel are responsible for registering detainee patients and verifying the completeness of the required administrative documents, including referral letters and patient identification. Once the administrative requirements have been verified, medical record officers prepare and manage the patient's medical records to ensure the continuity and documentation of healthcare services in accordance with applicable regulations.

Subsequently, physicians and nursing staff provide medical assessment, diagnosis, treatment, and nursing care based on the patient's clinical condition and healthcare needs. Throughout the entire healthcare process, investigating police officers remain with the detainee to maintain security, ensure legal supervision, and facilitate communication between the hospital and law enforcement authorities until the completion of medical services. The collaboration among these stakeholders is essential to ensure that detainee patients receive

timely, safe, and legally compliant healthcare services while maintaining administrative accuracy and institutional security.

3.3. Administrative Challenges in Healthcare Services for Detainee Patients

Based on interviews with Emergency Department (ED) administrative staff and outpatient registration officers, the most frequently encountered challenge in the provision of healthcare services for detainee patients is the incomplete administrative documentation during the registration process. This issue commonly occurs when investigating police officers fail to provide the required referral or authorization letter from the originating police unit or when the detainee's identification documents are unavailable at the time of registration. The absence of these mandatory documents prevents hospital staff from completing the registration process immediately, requiring additional coordination between hospital personnel and the accompanying law enforcement officers to obtain the missing administrative requirements. Consequently, the registration process is delayed, which may postpone subsequent administrative procedures and reduce the efficiency of healthcare service delivery.

Incomplete administrative documentation may also affect downstream hospital processes, including medical-record administration, service documentation, and reimbursement or claim processing. These findings indicate that effective communication and coordination between the hospital and law-enforcement agencies are important for completing required documentation. In this study, the observed effect was additional administrative coordination and prolonged registration or claim-related processing; no waiting-time or clinical-treatment-delay indicators were measured.

Table 1. Detainee-Patient Services by Month and Administrative Completeness, January-April 2026

Month	Outpatient Without Identity	Outpatient Incomplete Referral Letter	Outpatient Complete Administr ation	Emergency Department (ED) Without Identity	Emergency Department (ED) Incomplete Referral Letter	Emergency Department (ED) Complete Administration
January	0	11	16	0	0	2
February	0	7	18	0	1	1
March	0	14	14	2	1	1
April	0	3	13	1	1	1
Total	0	35	61	3	3	5

As shown in Table 1, detainee patients were still recorded with incomplete administrative requirements during January-April 2026. Missing or incomplete police referral letters were more frequent than missing patient identification. The table presents descriptive hospital administrative data and should be interpreted as service-record frequencies rather than as qualitative interview counts. Source: Administrative Data of Hospital X, West Java, 2026.

Table 2. Frequency of Administrative Completeness Issues Among Detainee Patients
January-April 2026

No.	Type of Administrative Issue	Frequency (f)	Percentage (%)
1	No patient identification	3	2.80%
2	Incomplete referral letter	38	35.51%
3	Complete administrative requirements	66	61.68%
Total		107	100%

Source: Administrative Data of Hospital X, West Java, 2026

As shown in Table 2, incomplete referral letters were documented in 38 of 107 cases (35.51%), missing patient identification in 3 cases (2.80%), and complete administrative requirements in 66 cases (61.68%). These incomplete requirements prolonged the registration process because hospital staff needed additional coordination with police investigators. The dataset does not provide measured waiting times and does not establish that urgent clinical treatment was delayed.

This finding is supported by an interview with an Emergency Department (ED) administrative officer, who stated:

"The process takes longer because we need time to communicate with the police investigator to obtain the referral letter, which is one of the mandatory administrative requirements." (Emergency Department Administrative Officer)

In addition to the absence of referral letters, another challenge identified was the lack of patient identification during the registration process. In such cases, hospital staff verified the patient's identity through direct interviews. When the issue involved the absence of a referral letter, police investigators were instructed to coordinate with their respective units to obtain the required referral document and complete the administrative requirements.

This statement was reinforced by an interview with an outpatient registration officer, who explained:

"If the problem is related to the patient's identity, we conduct a direct interview with the detainee patient. If the issue is the absence of a referral letter, we advise the police investigator to contact their respective unit to prepare the referral letter as one of the mandatory requirements for detainee patient registration." (Outpatient Registration Officer)

Incomplete administrative requirements affect not only the patient registration process but also subsequent administrative procedures within the hospital. The hospital can process reimbursement claims for detainee patient services only after all required administrative documents, including the police referral letter and the patient's identification, have been verified as complete. Therefore, the completeness of administrative documentation serves as a fundamental requirement for both healthcare service delivery and reimbursement claims, ensuring that the services provided can be processed in accordance with applicable regulations.

3.4. Discussion

3.4.1. Healthcare Service Flow for Detainee Patients

Based on observations and interviews, the healthcare service process for detainee patients at Hospital X, West Java, generally followed the same clinical workflow as that for other patients. The principal differences concerned police-investigator accompaniment and additional administrative documentation. Accordingly, the study supports an interpretation of administrative distinctiveness rather than different clinical standards. This distinction is important because equivalence of care for people in detention depends on preserving access to appropriate healthcare while managing legitimate security and institutional requirements (Groenewegen et al., 2022; Bellass et al., 2022).

The findings of this study are consistent with those reported by Utami and Kurniawan (2020), who stated that healthcare services for detainee patients should comply with standard healthcare procedures while maintaining effective coordination between healthcare providers and police investigators. These findings suggest that the distinction in caring for detainee patients lies not in the medical treatment provided but rather in the fulfillment of administrative requirements and the implementation of security procedures throughout the healthcare process.

3.4.2. Stakeholder Involvement in Healthcare Services for Detainee Patients

The results demonstrate that healthcare services for detainee patients involve multiple stakeholders, including outpatient registration officers, Emergency Department (ED) administrative staff, medical record officers, physicians, nurses, and police investigators. Each stakeholder performs interrelated roles and responsibilities, indicating that prisoner healthcare encompasses not only clinical care but also administrative management and security coordination.

According to Notoatmodjo (2020), effective coordination among healthcare personnel is a key factor in improving the efficiency and quality of healthcare services. Likewise, Hatta (2022) states that proper medical record management supports continuity of care and constitutes an essential component of hospital administration.

These findings are consistent with the study conducted by Utami and Kurniawan (2020), which concluded that healthcare services for detainee patients require close collaboration between healthcare professionals and police investigators to ensure effective service delivery. Therefore, effective interprofessional and interagency coordination plays a critical role in supporting the continuity and efficiency of healthcare services for detainee patients.

3.4.3. Challenges in Healthcare Services for Detainee Patients

The findings revealed that the primary administrative challenge was incomplete documentation, particularly missing police referral letters and patient identification. These deficiencies required additional verification or coordination with police investigators, thereby extending registration and subsequent administrative processing. However, because this study did not measure waiting times or clinical-treatment delays, the findings should not be interpreted as evidence that urgent treatment was postponed. International prison-health research similarly shows that coordination failures, transfer-of-care procedures, records, and security-related processes can create access and patient-safety risks, underscoring the

importance of clear administrative pathways and reliable communication across institutions (McFadzean et al., 2023; Groenewegen et al., 2022).

The need for improved hospital-police coordination is directly linked to the observed requirement for repeated communication when referral documents or identification were incomplete. The source manuscript does not establish whether Hospital X currently has a dedicated detainee-referral SOP or only broader registration and administrative procedures. Consequently, the evidence supports first reviewing existing procedures against the observed gaps, then developing or strengthening a dedicated SOP where current guidance does not clearly define document requirements, responsibilities, verification steps, escalation routes, and claim-related follow-up. This evidence-based approach is consistent with the broader emphasis on transparent quality processes and institutional accountability in correctional healthcare (Bellass et al., 2022).

Study limitations. The source manuscript did not retain the exact number of informants in each professional category, interview duration, or formal saturation documentation. The 107-case administrative dataset was descriptive and did not include waiting-time measures, clinical-delay indicators, or patient outcomes. Accordingly, the findings should be interpreted as a contextual analysis of administrative workflow and documented completeness rather than evidence of causal effects on clinical treatment. The study was also conducted at a single hospital, which limits transferability to other institutional settings.

Based on the findings of this study, the following recommendations are proposed.

1. Hospital X should review its existing general registration, referral, security, and claim procedures against the administrative gaps identified in this study. If current procedures do not clearly regulate detainee referrals, the hospital should develop or strengthen a dedicated Standard Operating Procedure (SOP) that specifies required documents, responsible parties, verification steps, escalation mechanisms for incomplete documents, and coordination with police investigators. This recommendation is based on the observed repeated need for additional coordination when referral letters or identification were incomplete.
2. Hospital X, West Java, and the police authorities should strengthen coordination and communication throughout every stage of detainee patient care. Enhanced interagency collaboration is expected to improve administrative processes, optimize healthcare service delivery, and ensure effective supervision of detainee patients while maintaining security and regulatory compliance.
3. The police authorities are advised to ensure that all required administrative documents, including the police referral letter and detainee patient identification, are complete before referring patients to the hospital. Meanwhile, Hospital X, West Java, should implement thorough verification of administrative documentation during the registration process to facilitate timely patient registration, reduce administrative delays, and support efficient reimbursement claim processing. Strengthening administrative compliance between healthcare facilities and law enforcement agencies will contribute to improving the overall quality and efficiency of healthcare services for detainee patients.

Conclusions

Based on the findings, healthcare services for detainee patients at Hospital X, West Java, generally followed the same clinical pathway as services for other patients, while requiring police-investigator accompaniment and additional administrative documents. The study therefore identifies administrative and security requirements as the main distinctive features of detainee-patient services, rather than differences in clinical treatment standards. Healthcare services involved outpatient registration officers, ED administrative staff, medical-record personnel, physicians, nurses, and police investigators. The findings indicate that effective interprofessional and interagency coordination is necessary to complete administrative verification while maintaining service continuity and institutional security. Among 107 administrative service cases recorded from January-April 2026, 38 cases (35.51%) had incomplete referral letters, 3 cases (2.80%) lacked patient identification, and 66 cases (61.68%) had complete administrative requirements. Incomplete documentation required additional coordination and prolonged registration or downstream administrative and reimbursement processing. Because waiting time and clinical-treatment delay were not measured, the study does not conclude that urgent medical treatment was postponed. The findings support stronger document verification and hospital-police coordination to improve administrative efficiency and continuity.

Conflicts of Interest

The authors declare no conflict of interest.

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