



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: CARING FOR TRANSGENDER PATIENT**

**Policy No.: B882**

**Supersedes: September 26, 2018**

**Revision Date: August 31, 2022**

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### **PURPOSE:**

The purpose of this policy is to ensure that Rancho staff provide non-discriminatory healthcare to transgender patients in a manner consistent with standard of care and management of all patients. Rancho staff are expected to provide respectful care to all patients that is consistent with its mission to restore health, rebuild life, and revitalize hope for persons with a life changing illness, injury, or disability.

### **POLICY:**

Rancho staff are expected to abide by California state law "The Gender Nondiscrimination Act" (2012), DHS Policy 322 "Patients' Bill of Rights," and Rancho policy B509 "Patient Rights and Responsibilities." Transgender patient has the right to non-discriminatory treatment and confidential care in a welcoming environment.

The following procedures provide healthcare practitioner guidelines to safe and non-discriminatory care of transgender patient:

- Effective interaction with transgender patients
- Patient room assignments
- Access to personal items that assist gender presentation
- Access to restrooms
- Access to hormone therapy

### **DEFINITION**

**Transgender** is an umbrella term for people whose gender identify differs from their assigned sex at birth.

**Cisgender** refers to individuals whose gender identity aligns with their assigned sex at birth.

**Transgender woman/Trans-woman/Trans-female:** people who are assigned male sex at birth but whose gender identity is female.

**Transgender man/Trans-man/Trans-male:** people who are assigned female sex at birth but whose gender identity is male.

**Non-binary or Genderqueer:** people who have a gender identity that does not fit the traditional male-female binary.

**Gender Identity** refers to one's internal sense of being female, male, neither, both or other genders.

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

**Gender dysphoria** is the medical/psychiatric diagnosis (DSM-5) and describes the distress a person experiences as a result of the disparity between the sex they were assigned at birth and their gender identity.

**Lived name** refers to the name a person uses in place of their legal name or name on identification.

**Sex on ID:** the sex that is recorded on the patient's legal identification, which may or may not correlate with a person's gender identity depending on whether they have completed legal paperwork for legal gender marker change.

**Sex assigned at birth:** the classification of people at birth as male, female or intersex usually based on external anatomy.

## **PROCEDURES:**

### **Effective Interaction with Transgender Patients**

Rancho staff are expected to interact with transgender patients with professionalism, courtesy, and respect. When transgender patients present for health care, they will be addressed and referred to on the basis of their self-identified gender, using their pronouns and name in use, regardless of the patient's appearance, surgical history, legal name, or sex assigned at birth.

A transgender patient's pronouns and lived name should be determined as follows:

1. For existing patients in the DHS system, please check the Banner Bar in the patient's electronic medical record for their lived name and pronouns, as applicable, verify with the patient that these are correct. You can ask, "In your chart I see your name as <x> and your pronouns as <y>. Are these the name and pronouns you would like me to use?" or "What name and pronouns would you like me to use? How would you like to be addressed?" If previously recorded name and pronouns have changed or are incorrect, please update the information in the medical record.
2. For patients new to the DHS system, verify the name and pronouns they would like to have used, and this information should be entered in the patient's chart. You can ask, "What name and pronouns would you like me to use?" or "How would you like to be addressed?"
3. For new patients who are unconscious, have altered mental status, or otherwise are unable to answer questions about their lived name and pronouns, the pronouns can be entered as "unknown" and gender identity can be left blank in electronic medical record. The name and sex on ID fields should be populated based on available identification or collateral sources; this information can be used to guide patient care until patient is conscious and able to answer further questions regarding gender identity.
4. To enter or change a patient's lived name and pronouns in the electronic medical record, please open the patient's chart, click on "PM Conversation" in the top toolbar, and select "Providers" or "Nursing" depending on your role. You can then enter/change lived name in the box labeled "Identified Name" at the top of the screen. To enter/change pronouns, click on the

tab labeled "Patient Information" and select pronouns in the drop-down menu in the box labeled "Identifies As (Pronouns)."

Hospital staff will not use language or tone that a reasonable person would consider to demean, question, or invalidate a patient's actual or perceived gender identity or expression.

A patient should not be asked about transgender status, sex assigned at birth, or transition-related procedures unless such information is directly relevant to the patient's care. If it is necessary to the patient's care for a health care provider to inquire about such information, the provider should explain to the patient:

1. Why the requested information is relevant to the patient's care.
2. That the information will be kept confidential, but some disclosures of the information may be permitted or required.

### **Transgender Patient Room Assignments**

Whereas applicable, and prior to patient's admission to Rancho, CARO or surgical admission staff will obtain information about a transgender patient's self-identified gender from the patient or from the transferring facility and will communicate this information to bed control and the admitting unit.

Transgender patients will be assigned to rooms based on their self-identified gender, regardless of whether this self-identified gender accords with their physical appearance, surgical history, genitalia, legal sex, sex assigned at birth or name and sex as it appears in hospital records.

In the event the patient presents in an incapacitated or unconscious state, information may be gathered from collateral sources. If collateral sources are unavailable, sex on ID can be used to determine patient rooming without examination of genitalia unless clinically indicated.

Transgender patients shall be assigned to inpatient rooms in the following order of priority:

1. If a transgender patient requests to be assigned to a room with a roommate of the patient's same gender identity and such a room is available, the request should be honored.
2. If a transgender patient requests a private room and there is one available, it should be made available to the patient.
3. If a transgender patient does not indicate a rooming preference and a private room is available, the private room should be offered to the transgender patient. The offer should be explained to the patient as optional and for the purpose of ensuring the patient's privacy, safety and comfort.
4. If there is no private room or empty double room available, the patient should be assigned to a room with a patient of the gender with which the transgender patient identifies.
5. If there is no private or empty double room available and a transgender patient does not wish to share a room, other patients may be moved to make a private room available if doing so would not compromise the health or safety of the patient(s) being moved.

Complaints from another patient related to a roommate's gender identity or expression do not constitute grounds for an exception to this room assignment protocol, as would be the case for other patients protected by nondiscrimination policy, standards and/or law. Should hospital staff receive

such complaints, they should remedy the situation by using curtains or other room dividers to increase the privacy of both patients. A patient making ongoing complaints should be moved to another room as long as relocating the patient would be medically appropriate and safe.

If a transgender patient complains that the patient's roommate is subjecting him or her to harassment based on the patient's gender identity or expression, a hospital administrator or Patient Relations personnel (preferably trained in cultural competency) should intervene and relocate the roommate if medically safe and appropriate. If the roommate cannot be relocated, the transgender patient should be moved and informed that the move is for their comfort and safety.

### **Access to Personal Items that Assist Gender Presentation**

Transgender and gender-nonconforming patients may have access to personal items that facilitate gender expression (e.g., clothing, makeup) to the same extent that other patients have access to these items, regardless of gender. In addition, transgender and gender-nonconforming patients may also have access to other personal items that assist in their gender presentation, such as those used in binding, padding and tucking (these accessories may be brought from home if not available through hospital supply).

Note: Rancho is not responsible for any personal items brought by patients to the hospital.

### **Access to Restrooms**

All patients of the hospital may use the restroom that matches their gender identity, regardless of their appearance. Transgender and gender-diverse patients shall not be asked to show identity documents in order to gain access to the restroom that is consistent with their gender identity.

### **Access to Hormone Therapy**

Transgender patients that have been receiving hormone therapy prior to admission should have that therapy continued without interruption.

Personal medication may be used by a patient while in the hospital if the following criteria are met:

1. A Physician enters an order for the medication.
2. The medication is not available in inpatient pharmacy.
3. The medication cannot be substituted with an available formulary medication.
4. The patient's own medication has been reviewed by a pharmacist or a physician for any contraindication.

### **REFERENCES**

1. The Gender Nondiscrimination Act, California State Law (2012).
2. University of California, San Francisco, Center of Excellence for Transgender Health, Hormone Administration, <http://www.transhealth.ucsf.edu/trans?page=protocol-hormones>.
3. Human Rights Campaign "Creating Equal Access to Quality HealthCare for Transgender Patients" <http://www.hrc.org/resources/transgender-affirming-hospital-policies>
4. Rancho Inpatient Pharmacy Services Policy 3.15.0 "Medication/Medication Containers Brought into Facility by Patient."