

LOS ANGELES GENERAL MEDICAL CENTER POLICY

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| Subject: CARING FOR TRANSGENDER/GENDER DIVERSE PATIENTS | Original Issue Date: 6/13/17 | Policy #: 241 |
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| Departments/Areas Consulted: Nursing Services Physicians Ethics Committee EDIA Committee LGBTQ Committee FIC Ethics Committee | Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer | Approved By: Chief Medical Officer |
| | | Chief Executive Officer |

PURPOSE

The purpose of this policy is to ensure that transgender/gender diverse (TGGD) patients receive the same standard of respect, care and non-discriminatory treatment as any other patient. This policy describes the respective issues and provides guidelines specific to the safe care of the TGGD patient.

POLICY

In accordance with California state law – The Gender Nondiscrimination Act (2012), DHS Policy 322 – Patients’ Bill of Rights, and Los Angeles General Medical Center Patient Rights policy 200, the TGGD patient has the right to nondiscriminatory treatment on the basis of gender identity and/or gender expression. This right is inclusive of privacy and confidentiality during medical treatment or other rendering of care.

The following procedures provide healthcare practitioner guides to safe care:

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

DEFINITION

The definition of transgender transcends the traditional binary gender identity of Male/Man vs. Female/Woman. A transgender or gender diverse person identifies with and/or expresses a gender that differs from the one which corresponds to the person’s assigned sex at birth.

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 and gender they were assigned at birth and their gender identity.

Transgender is an umbrella term for individuals whose current gender differs from the sex they were assigned at birth.

Cisgender refers to individuals whose current gender aligns with the sex they were assigned at birth.

Intersex is a term that is NOT interchangeable with transgender and is also an umbrella term for people born with variations of sex anatomy or development.

Dyadic is a term for people born without such variations, or non-intersex people. Intersex

individuals may or may not be assigned male or female at the time of birth, may or may not be transgender.

Transgender woman/Trans-woman/Trans-female: Assigned *male* at birth and currently identifies as *female*.

Transgender man/Trans-man/Trans-male: Assigned *female* at birth and currently identifies as *male*.

Non-binary/genderqueer: Assigned male or female or neither (intersex) at birth and identifies as not exclusively male or female or outside the gender binary.

Note: transgender/gender diverse people may identify with multiple of the above identities, such as a non-binary transwoman.

PROCEDURES:

Effective Interaction with Transgender/Gender Diverse Patients

When TGGD 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. The correct gender and pronouns should be reflected in the documentation whenever possible. If the patient's family members suggest that the patient is of a gender different from that with which the patient self-identifies, the *patient's* view should be honored.

All patients, including TGGD patient's name/pronouns should be determined as follows:

1. For existing patients in the DHS system, please check the Banner Bar in the patient's Orchid chart 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 Orchid.
2. For new patients to the DHS system, verify the name and pronouns they would like to be 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 Orchid. 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 Orchid, 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

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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).”

5. If the hospital staff member uses the incorrect name and/or pronouns, but is then corrected by the patient, the staff member should then use the name/pronouns associated with the gender identity expressed by the patient.

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
3. That the patient should consult the hospital’s HIPAA policy for details concerning permitted disclosures of patient information.

Transgender/ Gender Diverse Patient Room Assignments

Where room assignments are gender-based, TGGD 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. The hospital Admissions Office shall determine a patient’s self-identified gender prior to assigning the patient a room by reviewing the patient’s admitting/registration record. In the event the patient presents in an incapacitated or unconscious state, inference shall be drawn from the patient’s presentation and the mode of dress and without examination of genitalia unless clinically indicated. TGGD patients shall be assigned to inpatient rooms in the following order of priority:

1. If a TGGD 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 TGGD patient requests a private room and there is one available, it should be made available to the patient.
3. If a TGGD patient does not indicate a rooming preference and a private room is available, the private room should be offered to the TGGD 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 a private room is not available and the TGGD patient does not wish to share a room with a roommate, the TGGD patient should be assigned to an empty double room with the second bed blocked.
5. 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 TGGD patient identifies.
6. If there is no private or empty double room available and a TGGD patient

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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.

7. If there is no private or empty double room available for admission, the TGGD patient refuses to share a room and no other patient can safely be moved to make a private room available, the TGGD patient should be allowed to remain in the Emergency Department or ambulatory clinic area until a private room becomes available if doing so would not compromise the health or safety of the patient.
8. **Psychiatric adolescent TGGD patient** will be assigned a single room and, on a case-by-case basis. Regarding rooming of patient in a female wing or a male wing of psychiatric ward, Psychiatric and nursing leadership will consider and assess the intellectual and emotional safety of the trans youth in question and place the youth in the wing most appropriate. Affirmative consideration must be provided to the patient in order to promote trust, cooperation and a therapeutic milieu.

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.

Should a TGGD patient complain 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 TGGD patient should be moved.

Access to Personal Items that Assist Gender Presentation

Transgender and gender-diverse 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-diverse 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).

Access to Restrooms

All patients of the hospital may use the restroom that matches their gender identity, regardless of whether they are making a gender transition or appear to be gender-nonconforming/ gender diverse. TGGD patients shall not be required to show identifying documentation in order to gain access to the restroom that corresponds to their gender identity.

Access to Hormone Therapy

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The purpose is to ensure that hormone therapy will be provided for TGGD patients in a manner consistent with the prevailing standard of care.

TGGD patients that have been receiving hormone therapy prior to admission should have that therapy continued without interruption pending evaluation by a specialist absent urgent medical reasons to the contrary. Health care providers unfamiliar with this aspect of care will consult with providers who have this expertise as well with the patient's prescribing physician if possible.

Explanation – The use of estrogens in individuals assigned male at birth and androgens in individuals assigned female at birth to induce and maintain the physical and psychological characteristics of the sex that matches the individual's gender identity can be a critical and effective treatment for gender dysphoria. Not all TGGD people require hormone therapy, but if a TGGD patient is admitted to a hospital and is currently taking hormones, that treatment should not stop unless there is a medical indication to do so. Abruptly stopping hormone therapy may result in negative physical and psychological consequences (3).

REFERENCES

1. The Gender Nondiscrimination Act, California State Law (2012).
2. Diagnostic and Statistical Manual of Mental Disorders, 5th Ed., 2013.
3. University of California, San Francisco, Center of Excellence for Transgender Health, Hormone Administration,
<http://www.transhealth.ucsf.edu/trans?page=protocol-hormones>.
4. WPATH World Professional Association for Transgender Health.

REVISION DATES

April 17, 2020, November 10, 2023