



Los Angeles County Department of Health Services

Policy & Procedure Title:		Caring for the Transgender Patient	
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PURPOSE:

The purpose of this policy is to ensure that the transgender patient receives the same standard of respect, care and non-discriminatory treatment as any other patient and services provided in DHS will be provided in a nondiscriminatory and gender affirming manner. This policy describes the respective issues and provides guidelines specific to the safe care of the transgender patient.

DEFINITION(S):

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 of sex anatomy or development, or non-intersex people. Intersex individuals may or may not be assigned male or female at the time of birth and may or may not be transgender.

Transgender woman/Trans-woman/Trans-female/Trans-feminine: Assigned *male* at birth and whose gender identity is *female*.

Transgender man/Trans-man/Trans-male/Trans-masculine: Assigned *female* at birth and whose gender identity is *male*

The mission of the Los Angeles County Department of Health Services is to advance the health of our patients and our communities by providing extraordinary care.

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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 people may identify with multiple of the above identities, such as a non-binary transwoman

POLICY:

In accordance with California State law – The Gender Nondiscrimination Act (2012), the transgender patient has the right to nondiscriminatory treatment on the basis of gender identity 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 transgender patients
- Appropriate patient room assignments
- Access to personal items that assist gender presentation
- Access to restrooms
- Access to hormone therapy

PROCEDURES:

A. Effective Interaction with Transgender Patients

All patients will be addressed and referred to based on their self-identified gender, using their pronouns and name in use, regardless of the patient's appearance, surgical history, legal name, name registered in the electronic medical record, 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.

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

1. For existing patients in the DHS system, the data field for the preferred name is manually completed by a DHS staff, the lived name appears in parenthesis after the legal name in the banner bar. In addition, 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. 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 should be marked unknown in the data field "Identifies as" and for the clinicians the "What is your current gender identity?" can be left blank in the social history in the registration section. 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 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 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 DHS HIPAA/privacy policy for details concerning permitted disclosures of patient information.

B. Transgender Patient Room Assignments

Where room assignments are gender-based, transgender patients will be assigned to rooms based on their self-identified gender, regardless of whether this self-identified gender accords with how others perceive their physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in hospital records. Bed Control shall determine a patient's self-identified gender prior to assigning the patient a room by reviewing the specific section of the patient's admitting/registration record that asks for a patient's self-identified gender. If the patient has an identified gender that is incorrectly reflected in the medical record, staff will inform the Bed Control and the room assignment will be made accordingly. In the event the patient presents in an incapacitated or unconscious state, information may be gathered from collateral sources.

Transgender patients shall be assigned to inpatient rooms in the following order of priority, note the following priority implementation is subordinate to the clinical demand for hospital beds consequent to force majeure considerations, public health emergencies, and/or hospital staffing exigencies:

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 the patient shall be roomed according to clinical necessity and typical hospital policy (e.g., if the patient would typically be roomed in a shared room with the same gender, the patient shall be offered a shared room with another patient of their identified gender). If a private room is not available and the transgender patient does not wish to share a room with a roommate, the transgender patient shall be assigned an empty double room with the second bed blocked.
4. If there is no private room or empty double room available, the patient shall 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.
6. If there is no private or empty double room available for admission, the transgender patient refuses to share a room, and no other patient can safely be moved to make a private room available, the transgender patient shall be allowed to remain in the Emergency Department or ambulatory clinic area until a private room becomes available.
7. **Psychiatric Units:** a private room will be used only if requested by the patient. Placing patients in single rooms is an action often reserved for patients who are disruptive to the milieu and require "isolation." On the psychiatric units, socialization is important and part of the therapeutic milieu and should not be denied based on gender.

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 safe. Should a transgender patient complain that the patient's roommate is subjecting them to harassment based on the patient's gender identity or expression, a hospital administrator or Patient Relations personnel (preferably trained in cultural competency) shall intervene and relocate the roommate if medically safe. If the roommate cannot be relocated for medical reasons, the transgender patient may be moved.

C. Access to Personal Items that Assist Gender Presentation

Transgender and gender-nonconforming patients shall 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). If an item interferes with delivery of medical care and cannot be used, the team will develop a plan with the patient to understand if gender dysphoria is present without the item and, if so, how the patient's wellbeing can be supported until the item can be used again. In locked units, these items will be allowed when determined to be safe by clinical staff in accordance with the individual DHS facility's protocol and/or policy.

D. Access to Restrooms

All patients of the hospital may use the restroom that matches their gender identity. Transgender and gender-nonconforming patients shall not be required to show identifying documentation in order to gain access to the restroom that corresponds to their gender identity. All single occupancy restrooms shall be designated unisex.

E. Access to Hormone Therapy

The purpose is to ensure that hormone therapy will be provided for transgender patients in a manner consistent with the prevailing standard of care. Transgender patients who have been receiving hormone therapy prior to admission should have that therapy continued without interruption unless medically contraindicated. Health care providers unfamiliar with this aspect of care will consult with providers who have this expertise as well as with the patient's prescribing physician if possible.

CONFIDENTIALITY:

DHS maintains a privacy policy and updates it yearly as applicable.

REFERENCE(S)/AUTHORITY:

- Affirmative Care for Transgender and Gender Non-conforming People. National LGBT Health Center
- The Gender Nondiscrimination Act, California State Law (2012).
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed., 2013.
- University of California, San Francisco, Center of Excellence for Transgender Health, Hormone
- Administration, <http://www.transhealth.ucsf.edu/trans?page=protocol-hormones>.
- DHS Policy 322 – Patients' Bill of Rights