

Administrative Policy and Procedure Manual

Support for Transgender Patients and Families
Effective Date: 9/28/2017

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Purpose

The intent of the gender policy is to provide guidance on best practices for the care of transgender and gender expansive patients. As a medical center focused on the respectful delivery of healthcare and serving the needs of children and teens, Lurie Children's goal is to ensure a safe, welcoming, and inclusive space for all patients and families.

I. Definitions

- a. **Sex (Sex Assigned at Birth):** A biological construct that refers to our physical attributes and our genetic makeup. Genes, hormones, and reproductive anatomy are elements that determine sex.
- b. **Gender Identity:** A person's internal, deeply-felt sense of being male, female, or a different gender. Gender identity is not necessarily determined by birth-assigned sex.
- c. **Gender Expression:** An individual's characteristics and behaviors such as appearance, dress, mannerisms, speech patterns, and social interactions that may be perceived as masculine or feminine.
- d. **Gender Nonconformity (gender creative, gender expansive):** Gender expressions that fall outside of societal expectations for one's sex assigned at birth
- e. **Gender diverse/fluid/expansive/creative:** Conveys a wider, more flexible range of gender identity and/or expression. It reinforces the notion that gender is not binary, but a continuum; and that many children and adults express their gender in multiple ways.
- f. **Sexual Orientation:** The gender to which one is romantically, emotionally, and/or sexually attracted
- g. **LGBTQ:** An acronym that stands for Lesbian, Gay, Bisexual, Transgender and Queer. This acronym refers to individuals who are united by having minority gender identities or sexual orientations.
- h. **Transgender or Trans:** Individuals with an affirmed gender identity different than their sex. Transgender can be used as an umbrella term that encompasses diversity of gender identities and expressions.
- i. **Affirming:** The word 'affirm' is used to acknowledge the identity of an individual.
- j. **Intersex:** Intersex individuals are born with reproductive or sexual anatomy and/or chromosome patterns that do not seem to fit typical definitions of male or female. These may be known as people with Difference of Sex Development (DSD).

II. Policy Statements

- a. It is the policy of Children's Hospital of Chicago Medical Center not to discriminate with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, or disability in the treatment of patients and their families. [Patient Rights and Responsibilities](#)

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III. Procedures

- a. Patients will be addressed and referred to according to their affirmed gender, regardless of the patient's appearance, surgical history, legal name, or sex assigned at birth. Staff will use the patient's affirmed name and pronouns at all times, including in public waiting areas. If the patient's family members suggest that the patient is a gender that is different from how the patient self-identifies, the patient's self-identification should be honored. Even if the transgender patient is a minor, the patient's self-identification should be honored in interactions with the patient.
- b. Patient gender identity, sex assigned at birth, and affirmed name will be collected for all patients during initial registration and entered into Epic. If patient sex assigned at birth does not match gender identity then an affirmed pronoun will be asked for and documented in Epic.
- c. Parent/guardians of patients will be documented as the appropriate relationship to the patient. Registration will ask for the parent/guardian name without assuming gender, for example, "What is the child's other parent's name?"
- d. In compliance with HIPAA, confidentiality of a patient's transgender identity must be maintained. It is appropriate to disclose someone's identity only if there is clinical relevance.
- e. Consistent with applicable privacy laws and Ann & Robert H. Lurie Children's Hospital of Chicago's privacy policies, every effort will be made to ensure that transgender patients have privacy when discussing or consulting with their health care providers or others on matters related to their health or care. Transgender patients, like all patients, have the right to refuse to be examined, observed, or treated by medical students, residents or any other facility staff when the primary purpose is educational or informational rather than therapeutic, provided such refusal does not impede the delivery of, or patient's access to, care. [Patient Rights and Responsibilities](#)
- f. Transgender patients may have access to personal items that facilitate gender expression (e.g., clothing, makeup, wigs, and items used for binding, padding and tucking), consistent with standard hospital policies and procedures applied regardless of gender (e.g., infection control).
- g. Transgender patients will have the same rights as all patients to determine who may visit, consistent with the Lurie Children's Patient Visitation policy. [Visiting Regulations](#)

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- h. Staff shall refrain from questioning patients about their transgender identity, physical characteristics, or surgical history except for reasons related to treatment. Staff will reference gender identity only if directly relevant to the provision of care, and shall not attribute medical issues to a patient's gender identity or gender related treatment unless clinically accurate and appropriate.
- i. As with all medications, hormone therapy will be continued without interruption per each patient's established schedule provided it does not interfere with the treatment or health of the patient. Health care providers unfamiliar with hormone therapy should consult with providers in the Gender & Sex Development Program who have this expertise. Patients may use their own hormone supply if approved in accordance with **Lurie Policy: [Patient's Own Medication](#)**
- j. All patients shall have access to and may use the restroom consistent with their gender identity. Transgender and gender-nonconforming patients shall not be asked to show identity documents or otherwise establish their gender in order to gain access to the restroom that is consistent with their gender identity. Harassment of transgender and gender nonconforming patients for using restrooms in accordance with their gender identity will not be tolerated. **[Lurie Children's All Gender Bathrooms](#)**
- k. New and revised patient forms should accommodate a variety of gender identities. (e.g., male, female, transmale, transfemale, other).
 - 1. When patient name is asked in a form or questionnaire there should also be space to ask for affirmed name
 - 2. When sex assigned at birth is required there should be space for gender identity and affirmed pronouns
- l. Salutations for patients/families should be updated to reflect gender inclusive language. For example avoid terms such as sir, madam, mother, father etc. Instead consider using terms such as: patient, child, parent, family, caregiver etc.
- m. If upon admission it is impossible for the patient to inform the staff of their gender because the patient is unconscious or incapacitated, then the patient shall be treated in a manner consistent with their gender expression or based on currently registered demographic information until the patient has capacity to confirm/correct information related to their gender. No investigation of the genitals of the person should be undertaken unless specifically necessary to carry out treatment.

IV. Clinical/Departmental Procedure: N/A

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V. Supplemental Materials:

IV. Cross References/Related Policies

- a. **Muldoon, Patrick. 9/22/2016. UMASS Memorial Medical Center Policy: Care of Patients who are Transgender.**
- b. **Unknown Author, Children's Hospital of Philadelphia. 5/16/2016. Entering a Patient's Affirmed Name.**
- c. **Unknown Author, Children's Hospital of Philadelphia. 5/16/2016. Transgender SmartForm Tip Sheet.**
- d. **Unknown Author, Fenway Health. December 2015. Pronoun Preference Indication.**
- e. **Unknown Author, Illinois Health and Hospital Association. 12/12/2016. Gender Identity Considerations for Hospital Access/Registration Departments.**
- f. **Unknown Author, Lambda Legal. May 2016. Creating Equal Access to Quality Health Care for Transgender Patients.**
- g. **Unknown Author, Oregon Health. November 2014. Document or View Patient Gender Identity & Other Transgender Information.**
- h. **Unknown Author, Rush University Medical Center. Accessed on 1/30/2017. Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Policy Statement for the Rush Community.**

Date Written:

Date Reviewed/Revised:

Date of Approvals **[as applicable]**:

Hospital Operations Committee: 6/21/2017
Medical Board Executive Committee: 9/11/2017
Medical Board: 9/12/2017
HIM Committee: 6/28/2017
APPC: 9/27/2017

Appendix A:

Lurie Children's Position Statement Regarding Transgender and Gender Nonconforming Youth

WHEREAS, gender nonconforming and transgender children are at an increased risk of physical,

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emotional, and sexual abuse; and

WHEREAS, there is a significant emotional impact that stigmatization has on transgender children and families; and

WHEREAS, gender nonconforming children often face psychological trauma and physical violence as they transition from their assigned sex to their affirmed gender identity; and

WHEREAS, according to the National Transgender Discrimination Survey, schools are one of the most unsafe environments for transgender children and adolescents because of the high frequency of bullying that occurs: almost 2/3 of transgender adolescents are verbally harassed and 1/3 subjected to physical harassment; 89.5% of transgender students do not feel safe in their schools; almost 50% of transgender students report regularly skipping school because of safety concerns; 15% of transgender and gender non-conforming students face harassment so severe that they drop out of school; 78% transgender and gender nonconforming youth report facing harassment (physical assault (35%) and sexual violence (12%) in grades K-12); and

WHEREAS, 41% of gender diverse individuals report attempting suicide, which is significantly higher than the national average; and

WHEREAS, 50% of transgender Americans report having to teach their medical providers about transgender care and 19% report being refused care based on their gender identity.

THEREFORE, BE IT RESOLVED: that Ann & Robert H. Lurie Children's Hospital of Chicago supports policy and program initiatives to promote appropriate and inclusive healthcare services to transgender and gender nonconforming youth and families; and

BE IT FURTHER RESOLVED: that Ann & Robert H. Lurie Children's Hospital of Chicago supports policy and program initiatives to protect the civil rights of transgender and gender nonconforming individuals.

Appendix B- FREQUENTLY ASKED QUESTIONS (FAQ)

FREQUENTLY ASKED QUESTIONS (FAQ) REGARDING HEALTH CARE FOR TRANSGENDER PATIENTS AT ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO

1. What is the prevalence of transgender individuals?

The prevalence of transgender individuals is not known in general. This is because of challenges in defining gender identity, the reluctance of individuals to identify themselves to others as transgender, and measures that are narrowly focused. It is for these reasons that the Institute of Medicine issued their report "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding" (March 31, 2011) and called on Health and Human Services (HHS) and other Federal agencies to "implement a research agenda designed to advance knowledge and understanding of Lesbian, Gay, Bisexual, and Transgender (LGBT) health.

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This agenda includes appropriate data gathering on sexual orientation and gender identity in public health research tools and electronic health records.

As of January 2017 estimates from Williams Institute show that 150,000 youth ages 13 to 17 identify as transgender in the US. <https://williamsinstitute.law.ucla.edu/research/transgender-issues/new-estimates-show-that-150000-youth-ages-13-to-17-identify-as-transgender-in-the-us/#sthash.RvFl9eQi.dpufEstimates>

- 0.6% of U.S. adults (1.4 million individuals)
- 0.7% of youth ages 13 to 24 (150,000 youth ages 13-17)

2. Is transgender the same as being “gay” or “lesbian?”

No. The term “transgender” refers to gender identity or the sense of oneself as male, female, or any other gender (gender fluid, nonbinary gender, agender etc.). The terms gay and lesbian refer to sexual orientation (to whom you are attracted). Consider: Someone who identifies as gay or lesbian is attracted to someone of the same gender. A transgender individual may identify as heterosexual (straight), gay, lesbian, bisexual (i.e., attracted to both genders), queer, pansexual, asexual, or any other sexual orientation. Gender identity is different from sexual orientation. Knowing someone’s gender identity gives you no information about their sexual orientation. Someone who is transgender may identify as gay/lesbian, straight, bisexual, or something different.

3. What is intersex?

Intersex is a term used by some to describe individuals born with reproductive or sexual anatomy and/or chromosome pattern that do not seem to fit typical definitions of male or female. Another common term, and preferred by some individuals, is difference or disorder of sex development (DSD). People with these conditions are often assigned male or female gender by others at birth (e.g., parents), although the individual may or may not later identify with the assigned gender. Clinicians in [Lurie’s Gender & Sex Development Program](#) support this patient population.

4. Will Lurie Children’s provide feminizing or masculinizing hormone therapy? What about puberty blocking medication?

Yes, if it is consistent with the patient’s wishes (and with parental consent if the patient is under 18), the treatment team’s clinical recommendations, and Lurie Children’s treatment guidance. This treatment is provided by clinicians in the [Gender & Sex Development Program](#).

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5. What constitutes “official documentation” in order for legal name to be changed in Epic?

Patients must complete and submit Name Change or Other Information Correction/Change form along with the court order. The patient’s name and other identifying information must be consistent with the name listed in Epic for billing purposes.

6. What is the correct pronoun to use when speaking with a transgender individual and in documentation of the clinical encounter in a progress note?

Transgender individuals should always be addressed and referred to based on their self-identified gender, in conversation and in documentation in the patient record, irrespective of the individual’s appearance. Official documentation of change in sex is not required for individuals to be identified by their affirmed gender identity or for documentation of affirmed gender in the patient record.

7. How should I address a patient or parent if I am unsure what their gender is?

If the gender identity of a patient is unknown use gender neutral salutations such as patient, child, parent, family, caregiver, etc., and they/them/their pronouns. You may also ask the patient or parent for their affirmed name and pronouns to address them more personally. You may approach a patient by saying, “Hello my name is Dr. Thompson I use he/him pronouns. What name and pronouns would you like for me to use for you?”

8. What should I do if I accidentally misgender someone?

Despite best intentions mistakes can occur. When they do, how you react can either minimize the damage or worsen an already uncomfortable situation. However, it is actually simpler than you may think to handle the situation gracefully. Dwelling on the mistake, long apologies, or attempts to convince the person you just misgendered that you didn’t mean any harm will only add to the discomfort of the situation. Simply correct yourself, give a sincere apology, move on and use the affirmed name and pronoun henceforth.

9. Are patients at Lurie Children’s allowed to use the bathroom of their choice?

Transgender patients at Lurie Children’s are allowed to use the bathroom in accordance with their gender identity and/or where they feel safest. All Lurie patients who require additional privacy have access to the All Gender single use restrooms located throughout the hospital. [Lurie Children’s All Gender Bathrooms](#)

10. Are there any recommended resources for further information?

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- a. World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders, Version 7, 2011. Available from www.WPATH.org
- b. Endocrine Society Guidelines <http://www.endosociety.org/guidelines/final/upload/Endocrine-Treatment-of-Transsexual-Persons.pdf>
- c. Clinical Protocol Guidelines for Transgender Care <http://www.vch.ca/transhealth> or <http://transhealth.vch.ca/resources/careguidelines.html>
- d. The Joint Commission: Advancing Effective Communication, Cultural Competence and Patient-and-Family Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. <http://www.jointcommission.org>
- e. Lurie Children's Gender & Sex Development Program <https://www.luriechildrens.org/en-us/care-services/specialties-services/gender-program/Pages/index.aspx>