

Trans and Gender-Diverse Patient Safety: Accurate Identification and Use of Sex Assigned at Birth and Gender Identity Information



Keywords: SAAB, transgender health, perioperative safety, pregnancy testing, hormone therapy, patient disclosure, medical care

¹Patient Safety Authority

Disclosure: The author declares that they have no relevant or material financial interests.

Submitted
June 29, 2026

Accepted
July 6, 2026

Published
July 27, 2026

License 

This article is published under the [Creative Commons Attribution-NonCommercial 4.0 \(CC BY-NC\)](https://creativecommons.org/licenses/by-nc/4.0/) license.

Taylor MA. Trans and Gender-Diverse Patient Safety: Accurate Identification and Use of Sex Assigned at Birth and Gender Identity Information. *Patient Safety*. 2026;8(2):164888. doi:10.33940/001c.164888

By **Matthew A. Taylor, PhD¹**

Accurate identification and use of sex assigned at birth (SAAB) and gender identity information are imperative for trans and gender-diverse (TGD) patient safety. Previous studies and literature reveal that miscommunication and/or misidentification of either SAAB or gender identity do occur,¹⁻⁴ and this creates risk of patient harm and erroneous care.^{3,5}

PA-PSRS Reports of Events Involving TGD Patients

We reviewed a sample of event reports submitted to the Pennsylvania Patient Safety Reporting System (PA-PSRS) in which the patients involved were TGD and the event was described as involving inaccurate identification of or inattention to SAAB and/or gender identity information. The following are vignettes from a sample of the event reports:

A 24-year-old transgender male was prepped for elective head and neck surgery. The surgeon's office was aware that the patient was a female at birth; however, this information was not conveyed through the scheduling document that was sent to the clinic. Furthermore, during the preoperative phone call and on the day of the procedure, the patient repeatedly stated that they were a male at birth. Shortly before taking the patient to the operating room, a staff member recognized the patient from a surgery at a different facility. This prompted further questioning of the patient, who then confirmed that their SAAB was actually female. Due to the patient's age and reproductive potential, the staff requested permission to administer a pregnancy test prior to anesthesia.

A 27-year-old transgender female receiving hormone therapy was ordered the wrong testosterone test, which was based on SAAB. The laboratory tech then ran the wrong assay, instead of an assay aligned with the patient's gender identity. Eventually, the issue was recognized, and the correct assay was run.

A 40-year-old transgender female was transferred from a hospital's medical-surgical unit to a skilled nursing facility (SNF). The receiving facility stated that they were not informed of the patient's transgender status by the hospital staff or through the referral. The SNF did not have a private room available for the patient. As a result, the patient chose to leave for their parent's home rather than return to the hospital.

Clinical Implications

For TGD patients, inaccurate identification of or inattention to SAAB or gender identity information creates risk of harm associated with several clinical considerations, including the following:

- **Pregnancy:** Patients with reproductive potential are recommended to receive preoperative pregnancy testing when the result may alter management of care.^{3,6,7}
- **Hormone therapy:** Gender-affirming hormone regimens affect hematocrit, hemoglobin, creatine, and lipid profiles and risk of venous thromboembolism; therefore, choice of hormone assay, dose adjustments of medications, and perioperative planning hinge on knowledge of treatment status and duration.^{3,5,6}
- **Anatomical considerations:** Undocumented prior surgeries, such as laryngoplasty, chondroplasty, phalloplasty, or vaginoplasty, can affect airway management, catheterization, or vascular access.^{3,6}
- **Interactions and exposure to others:** Unnecessary, unwanted, and/or insensitive interactions with staff or other patients could lead to TGD patients feeling unwelcome and reluctant to seek care.^{3,6,8} This may reduce a patient's confidence in care and may hinder the patient's sharing of pertinent information.

Strategies for Improvement

The following strategies are intended to increase the accurate identification and use of SAAB and gender identity information during the care of TGD patients:

- **Two-step method:** Use separate fields for current gender identity and SAAB in patient questionnaires and electronic health records to improve clarity while supporting gender affirmation.^{3,6,9}
- **Standardized screening:** Embed SAAB, hormone use, and gender-affirming surgery questions in medical histories, with confidentiality assurances, to normalize disclosure and help prevent potential safety issues.^{3,9}
- **Document review and reconciliation:** Review and reconcile all primary documents in advance of a procedure to ensure that gender identity and SAAB are recorded and accurate. This is the responsibility of both the procedural provider and the facility where the procedure will be performed.^{10,11}
- **Environmental and privacy practices:** Make every reasonable effort to provide a private room when preferred by the patient.^{3,6,8} During physical examinations, provide a chaperone of the gender requested by the patient.⁶ Ensure that all patient care discussions occur in a private setting where no one outside the care team can overhear.⁶
- **Cultural competency training:** Provide staff education in gender-affirming communication and care to foster trust and support transparent interactions with patients.^{8,12-14}
- **Additional information:** References 3, 6, 8, 9, 13, and 14 can be used to foster enhanced care of TGD patients.

Conclusion

Balancing patient safety with gender-affirming care requires capturing and using SAAB and gender identity in a respectful and systematic manner. Using consistent and comprehensive information-gathering practices, protecting privacy, and training staff to be respectful and informed can help prevent safety issues, improve care, and build patient trust.

Notes

This analysis was exempted from review by the Advarra Institutional Review Board.

Data used in this study cannot be made public due to their confidential nature, as outlined in the Medical Care Availability and Reduction of Error (MCARE) Act (Pennsylvania Act 13 of 2002).¹⁵

Artificial intelligence (Microsoft Copilot, version: 2.20260526.52.0) was used for drafting of text and to improve sentence clarity. The authors take full responsibility for the accuracy and integrity of the manuscript.

References

1. Sequeira GM, Ray KN, Miller E, et al. Transgender Youth's Disclosure of Gender Identity to Providers Outside of Specialized Gender Centers. *J Adolesc Health*. 2020;66(6):691-8. doi:10.1016/j.jadohealth.2019.12.010
2. James S, Herman J, Rankin S, et al. *The Report of the 2015 US Transgender Survey*. National Center for Transgender Equality; 2016.
3. Edwardson S, Flower L, Fawcett E, et al. Peri-operative Care of Transgender and Gender-Diverse Individuals: Guidance for Clinicians and Departments. *Anaesthesia*. 2024;79(10):1102-16. doi:10.1111/anae.16378
4. Sanchez CE, Reynolds CM. Enhancing the Process of Collecting Patient Medical and Surgical History: Navigating Sensitive Topics and Evolving Practices. *Patient Saf*. 2024;6(1). doi:10.33940/001c.123552
5. Mérida FJ, Sánchez-Moreno Montes S, Díaz-Canales D, et al. Impact of the Use of Self-Perceived Gender Identity Versus Biological Gender on the Interpretation of Laboratory Tests: Clinical and Safety Implications in Transgender Individuals. *Crit Public Health*. 2026;36(1):2611213. doi:10.1080/09581596.2025.2611213
6. Tollinche LE, Walters CB, Radix A, et al. The Perioperative Care of the Transgender Patient. *Anesth Analg*. 2018;127(2):359-66. doi:10.1213/ANE.0000000000003371
7. American Society of Anesthesiologists. Statement on Pregnancy Testing Prior to Anesthesia and Surgery. ASAHQ. <https://www.asahq.org/standards-and-practice-parameters/statement-on-pregnancy-testing-prior-to-anesthesia-and-surgery>. Updated October 13, 2021. Accessed June 25, 2026.
8. *Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies*. Lambda Legal, Human Rights Campaign Foundation, Hogan Lovells, New York City Bar; 2016.
9. The Human Rights Campaign Foundation. Patient Identification and Data Collection. HRCF. <https://www.thehrcfoundation.org/professional-resources/patient-self-identification>. Accessed June 25, 2026.
10. Taylor MA, Yonash RA. Risk Factors for Wrong-Site Surgery: A Study of 1,166 Reports of Informed Consent and Schedule Errors. *Patient Saf*. 2024;6(1):117084. doi:10.33940/001c.117084
11. Patient Safety Authority and Department of Health. Final Recommendations to Ensure Correct Surgical Procedures and Correct Nerve Blocks [52 PaB 1716]. PSA website. <https://patientsafety.pa.gov/pst/Documents/Wrong%20Site%20Surgery/PA%20Bulletin,%20Doc.%20No.%2022-448.pdf>. Published March 19, 2022. Accessed November 17, 2023.
12. Reynolds CM. Safe Healthcare for All Patients: Voices of the LGBTQ Community Seeking Safe and Inclusive Care. *Patient Saf*. 2020;2(1):64-71.
13. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People. *Int J Transgend Health*. 2022;23(Sup 1):S1-S259. doi:10.1080/26895269.2022.2100644
14. Thompson J, Hopwood R, deNormand S, et al. *Medical Care of Trans and Gender Diverse Adults*. Fenway Health; 2021.
15. Pennsylvania Department of Health. Medical Care Availability and Reduction of Error (MCARE) Act, Pub. L. No. 154 Stat. 13 (2002). DOH website. <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/laws-and-regulations/Act%2013%20of%202002.pdf>. Published 2002. Accessed November 17, 2023.

About the Author

Matthew A. Taylor (MattTaylor@pa.gov) is a research scientist on the Data Science & Research team at the Patient Safety Authority, where he conducts research, uses data to identify patient safety concerns and trends, and develops solutions to prevent recurrence.

