

Presentations and characteristics of trans and gender diverse patients presenting to an Australian Emergency Department

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The Difference is Research

Background

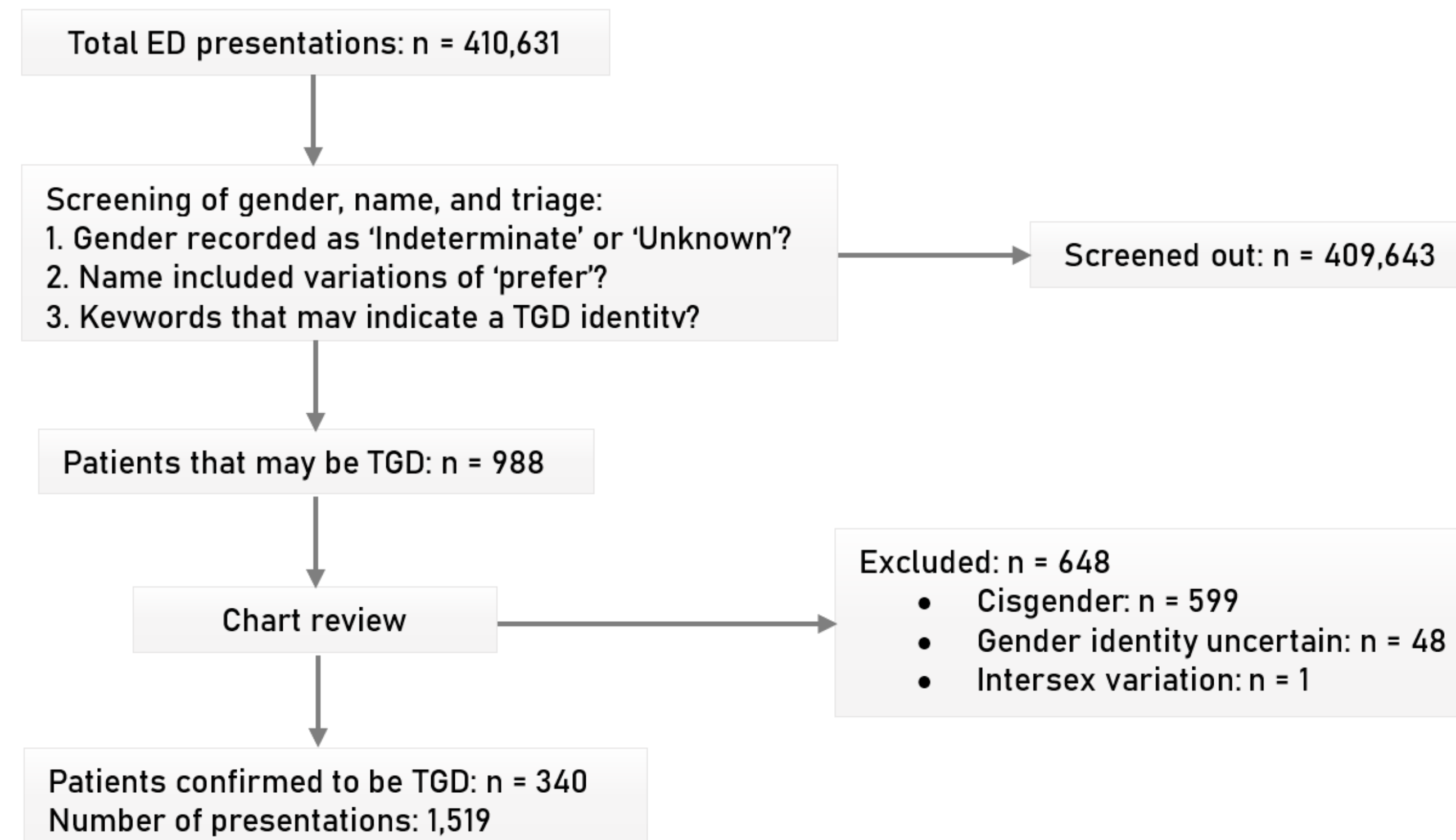
Trans and gender diverse (TGD) people are a minority population with significant health inequalities, including elevated rates of mental and physical ill health¹, and substance use² compared to cisgender people. TGD people also encounter multiple barriers when accessing healthcare and have high rates of negative healthcare experiences³. Research evaluating the care of TGD people attending the emergency department (ED) is sparse and predominantly focuses on the experiences of TGD patients when attending the ED or evaluating the knowledge and training of emergency healthcare workers.

Aim

This study aims to be the first to evaluate the patient and presentation characteristics of TGD people attending the ED, and potential contributors to negative healthcare experiences.

Methods

This was a retrospective case series that evaluated TGD people of all ages presenting to a tertiary, inner city ED in Sydney, New South Wales (NSW) over a 5-year period (Nov 2018–Oct 2023). TGD people were identified as illustrated below. Patient and presentation characteristics were extracted through chart review by a primary extractor (ES) and double-checked by two independent extractors (ND, TH). Conflicts were resolved through discussion with a third extractor (RB). Descriptive statistics and Chi-square analysis were performed.



Extracted variables

Patient characteristics

Age, housing, employment, mental health or neurodevelopmental diagnoses, substance use, injecting drug use (IDU), substance dependence, and ED frequent presenter⁴ status

ED presentation characteristics

Australasian Triage Scale (ATS) category, presenting problem, ED diagnosis, disposition.

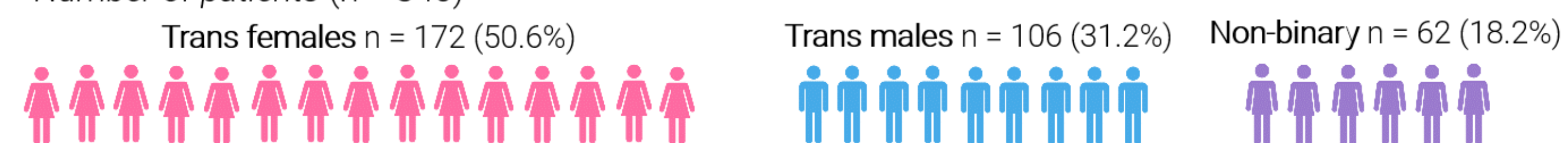
Contributors to negative healthcare experiences

Mismatch of gender and/or name registered in the electronic medical record (eMR) and extracted through chart review; misgendering and/or deadnaming on discharge letters.

Results and discussion

All patients

Number of patients (n = 340)

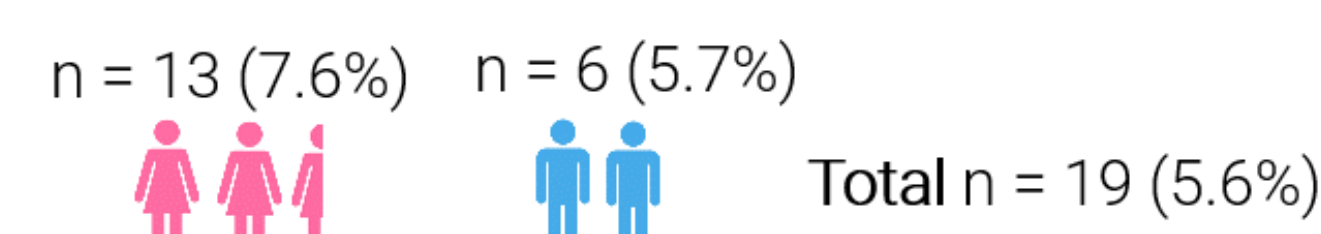


Number of ED presentations (n = 1,519)

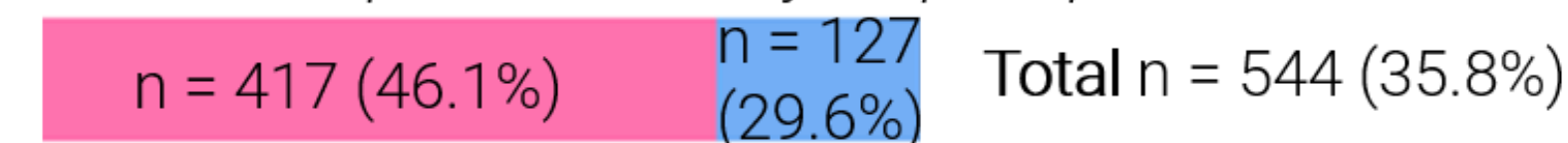


Frequent presenters (≥ 10 presentations in any 12-month period)⁴

Number of frequent presenters



Number of ED presentations by frequent presenters

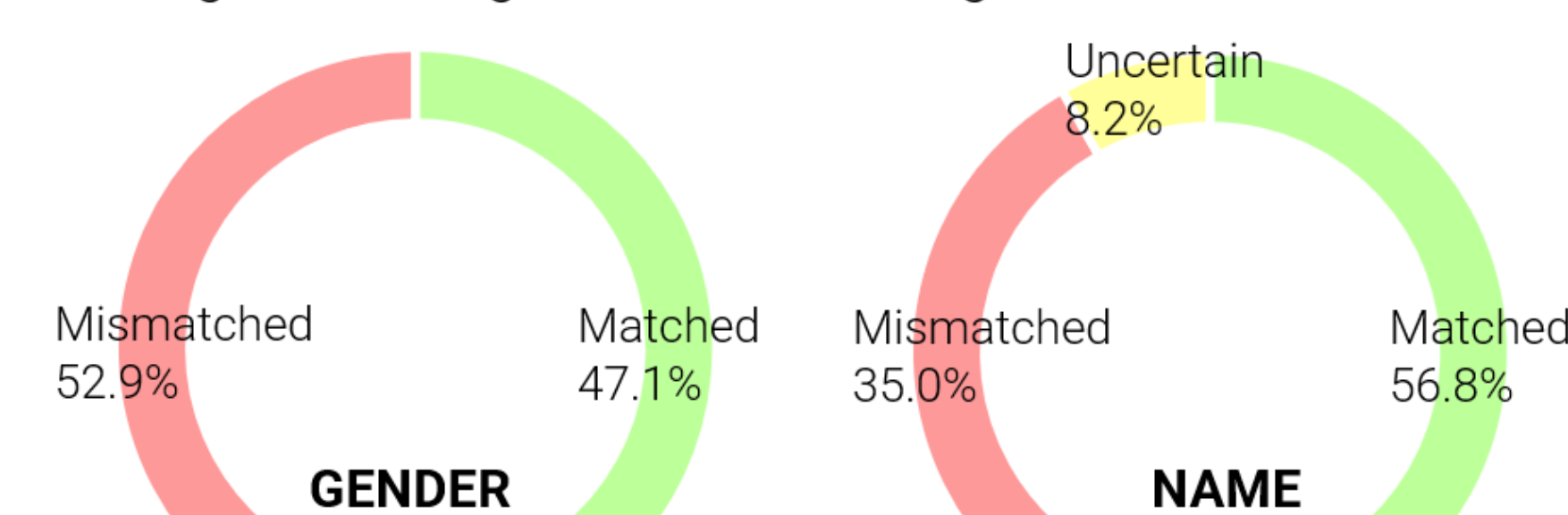


Patient characteristics

- 76.5% Lifetime history of any mental health problem
- 27.9% Previous suicide attempt
- 60.6% Drank alcohol in the past 12-months
- 37.6% Smoked cigarettes and/or vaped nicotine in the past 12-months
- 43.8% Used any illicit substance in the past 12-months
- 17.9% Lifetime history of substance dependence
- 10.9% Recreational injecting drug use in one's lifetime
- 9.1% Unstably housed
- 32.9% Unemployed

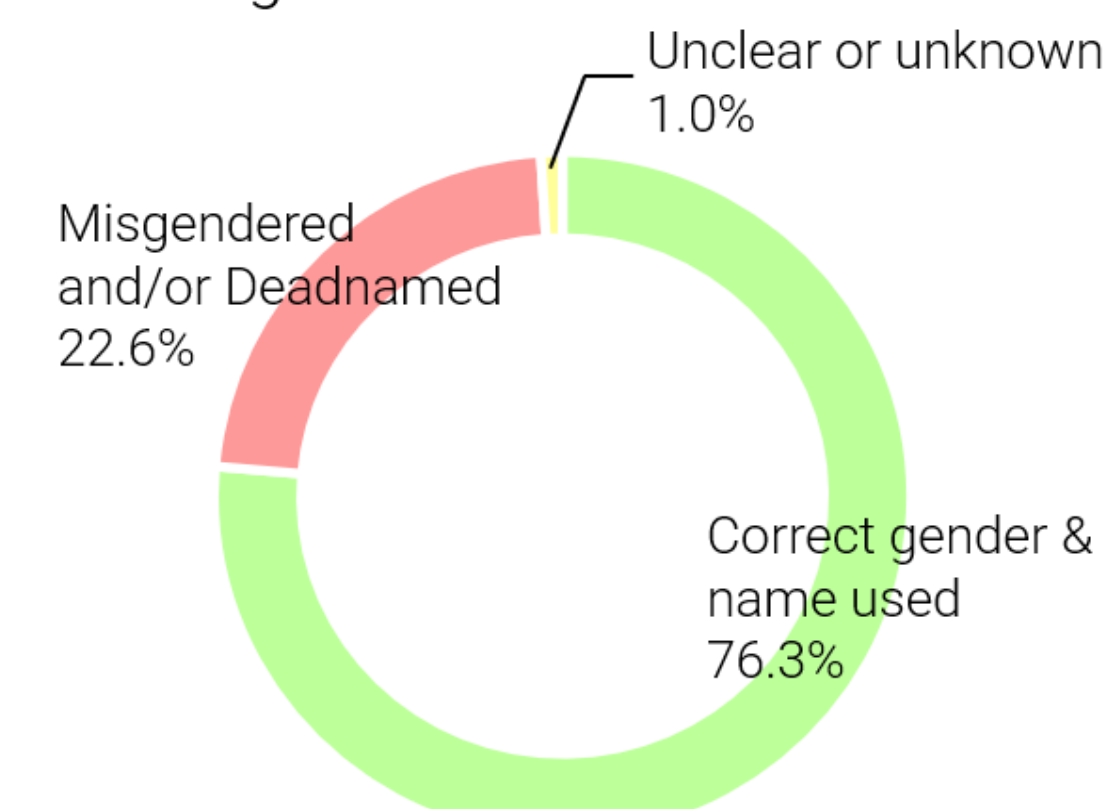
Contributors to negative healthcare experiences

Incongruence of gender or name registered in the eMR



- ❖ Misgendering: referring to someone by their former gender / pronouns
- ❖ Deadnaming: referring to someone by their former name

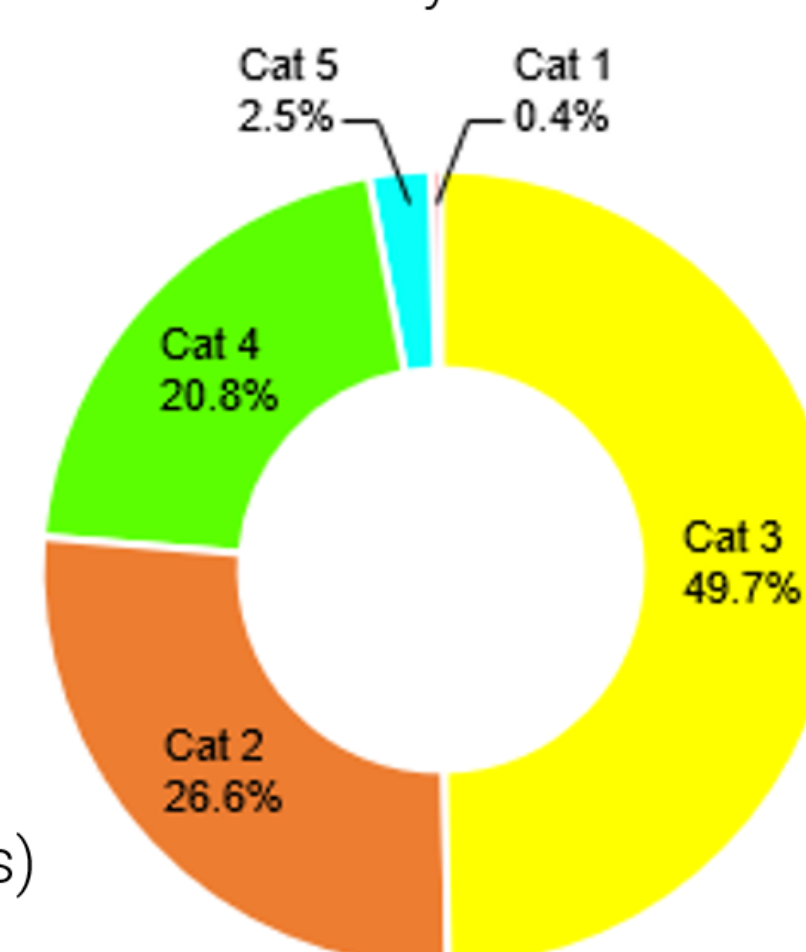
Misgendered and/or deadnamed on discharge letter



ED presentation characteristics

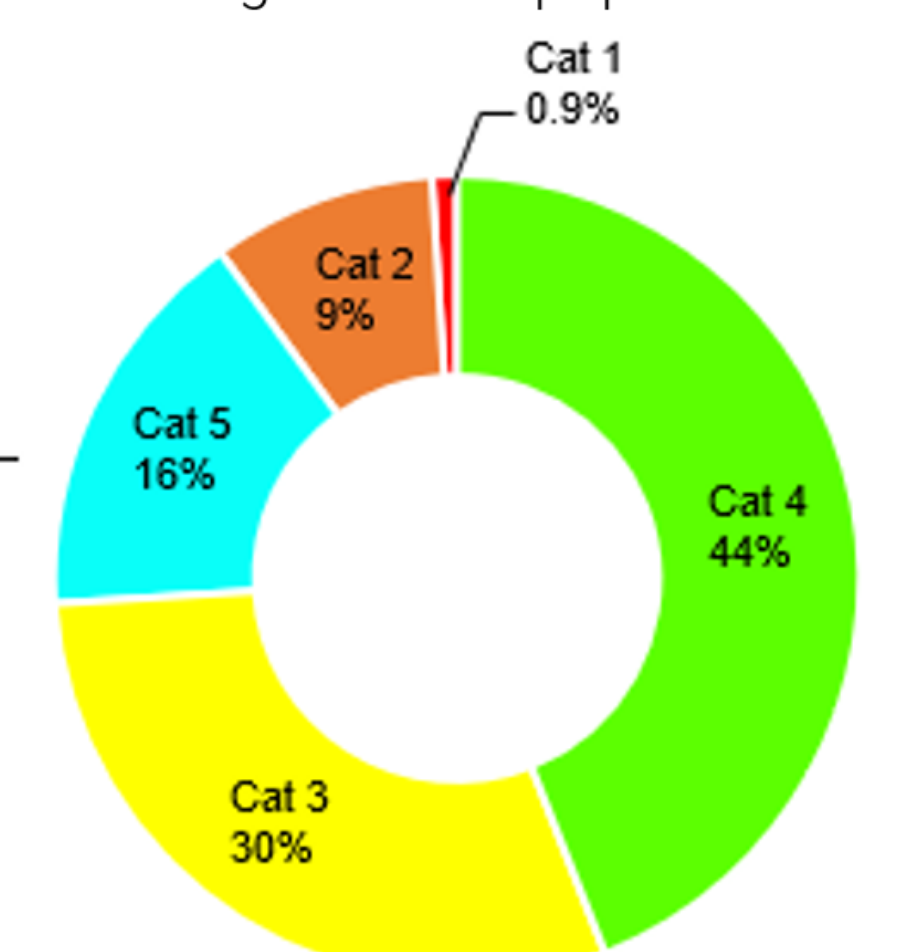
Australasian Triage Scale (ATS) category distributions

Current study



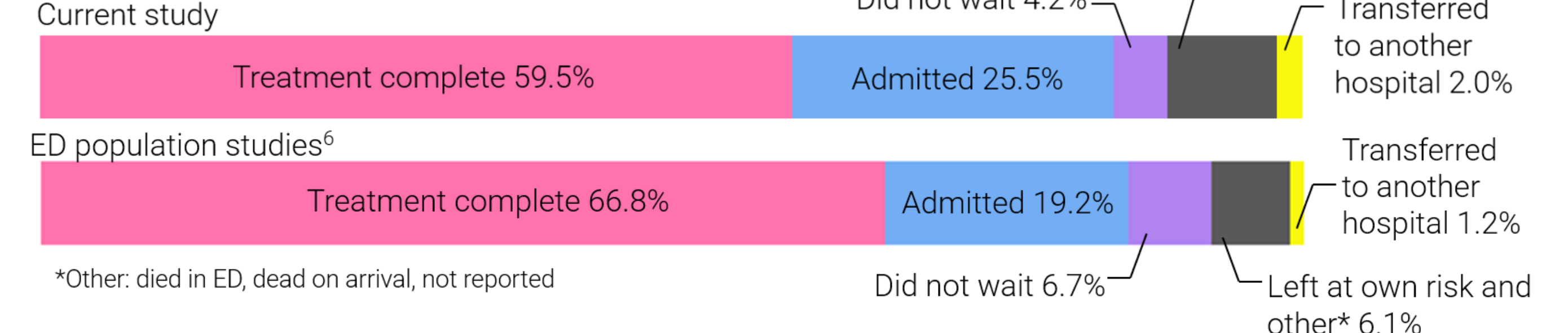
ATS category	Maximum waiting time (min)
1 Resuscitation	Immediate
2 Emergency	10
3 Urgent	30
4 Semi-urgent	60
5 Non-urgent	120

NSW general ED population⁵



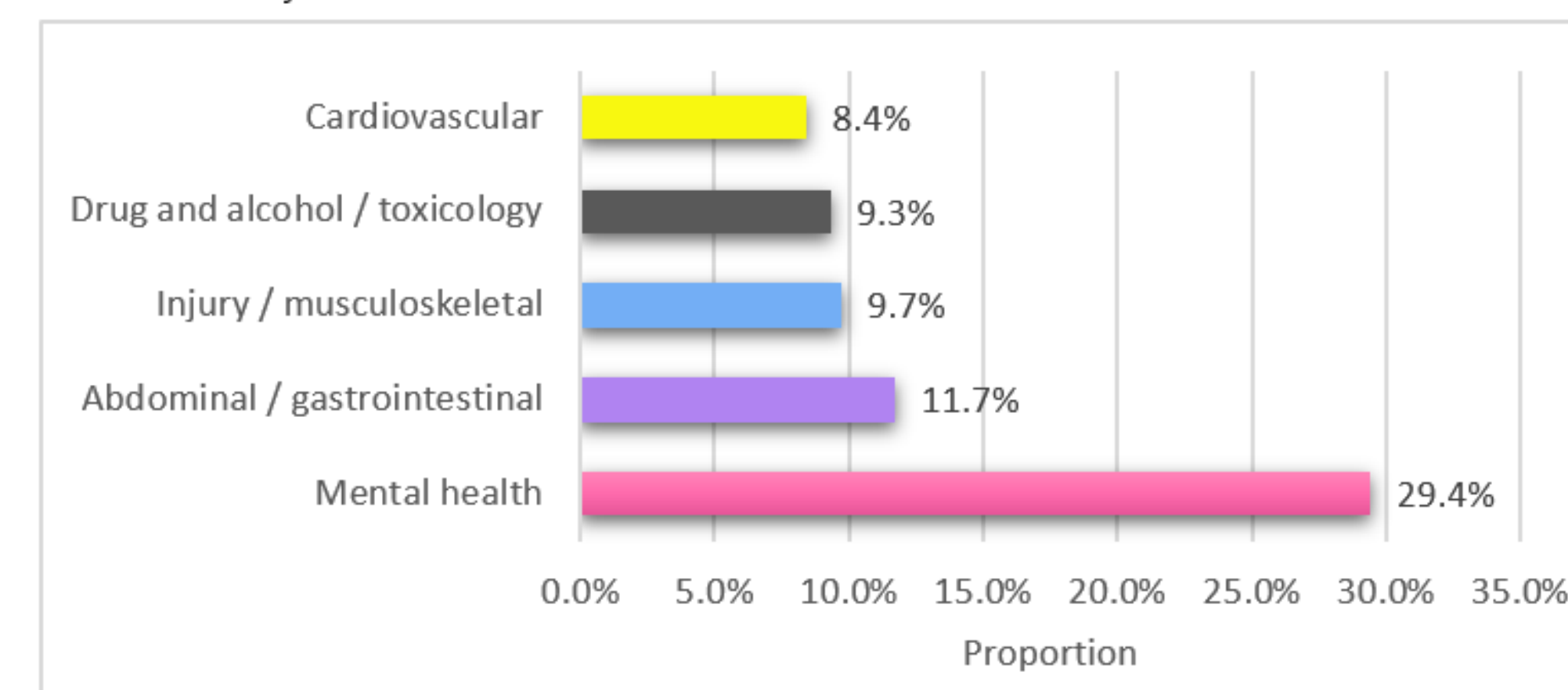
Patient disposition

Current study

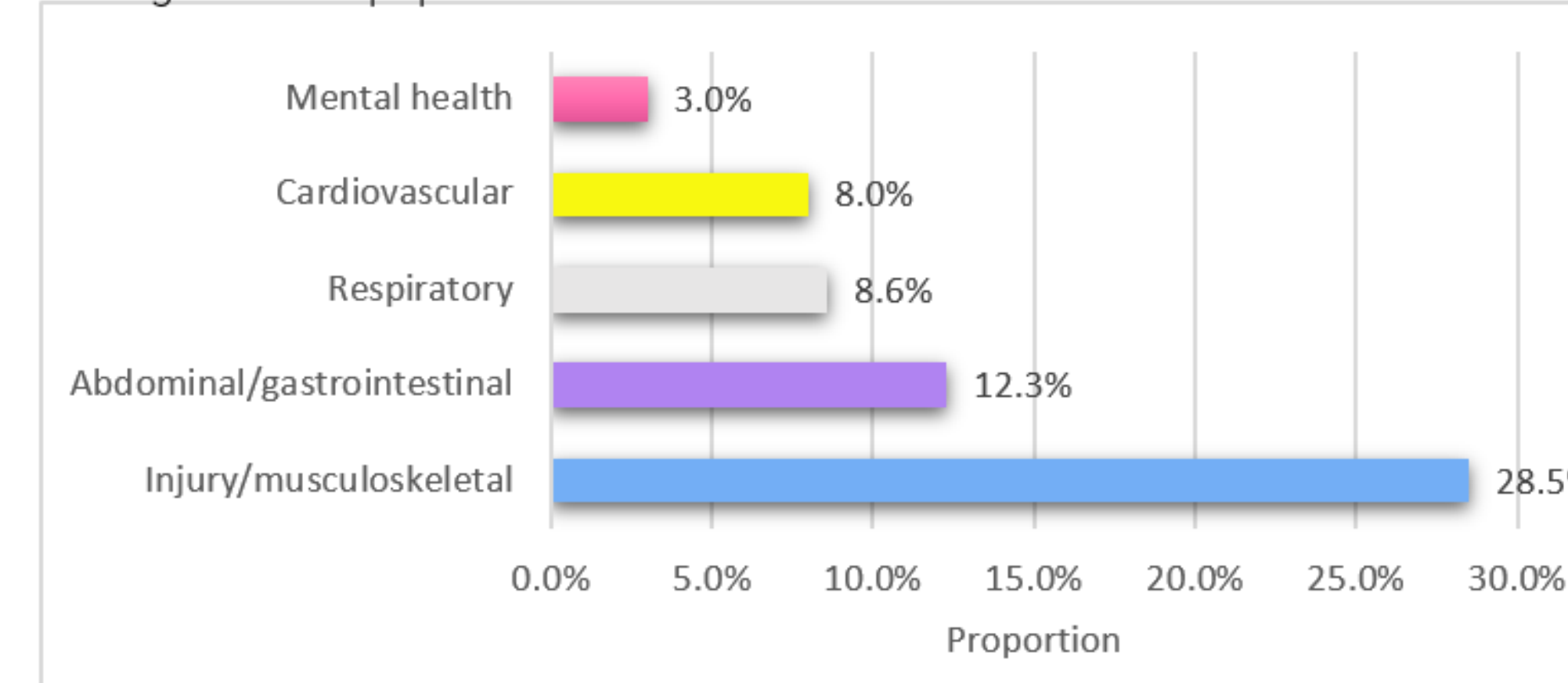


Top five ED diagnoses

Current study



NSW general ED population⁵



Compared to ED population studies, TGD people in this study have a greater proportion of:

1. Higher acuity ED presentations (grouped ATS 1-3)
2. Hospital admission
3. Left at own risk (LAOR)
4. Mental health ED diagnoses
5. Involvement of alcohol in ED presentations

There were low rates of acute complications from gender-affirming care (0.5%)

Implications and recommendations

TGD people account for a small, but increasing proportion of all ED presentations. Fear of discrimination and mistreatment may contribute to a reluctance to attend and an early departure from the ED, potentially resulting in more advanced and severe illness. Mismatched patient details and misgendering and/or deadnaming on discharge letters are instances that may contribute to negative healthcare experiences and was experienced by 1-in-5 TGD patients. Therefore, we recommend:

1. The eMR and patient registration forms should be updated to allow for easier modification of a patient's gender and name, and to include options that better describe TGD identities.
2. Education and training to inform ED staff of these health disparities, understand their contributing factors, and promote culturally appropriate and inclusive care for all TGD people.

References

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