First Nations and Māori Emergency Care and Cultural Capabilities

2024 Annual Site Census Report

Australasian College for Emergency Medicine

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First Nations and Māori Emergency Care and Cultural Capabilities – 2024 Annual Site Census Report

As part of ACEM's commitment to improving Indigenous health equity — outlined in the Manaaki Mana Strategy and Reconciliation Action Plan — ACEM regularly monitors cultural safety and capability in ACEM-accredited EDs through its Annual Site Census.

Data collected through Annual Site Census provides key evidence to support the implementation and monitoring of Reconciliation Action Plan and Manaaki Mana Strategy.

Reconciliation Action Plan

ACEM developed and released the first Innovate Reconciliation Action Plan in 2017.

Manaaki Mana Strategy

Formalised actions towards Pae Ora in 2019 with the release of the first Manaaki Mana Strategy.

Cultural Capability Monitoring

First Nations and Māori presentations to ACEM-accredited EDs, ED cultural resources, and access to Indigenous Health Liaison Officers are regularly monitored.

Strengthening Indigenous Health Equity

The fourth Reconciliation Action Plan and the third Te Rautaki Manaaki Mana are in development.

ACEM's journey towards First Nations and Māori Health Equity

Positive changes have been observed over previous Census iterations, showing growing efforts by EDs in delivering culturally safe emergency care and fostering more culturally responsive environments. These developments reflect a strengthened commitment to advancing Indigenous health equity and building a strong foundation for continued improvement in emergency care delivery.

Key Findings

Aotearoa New Zealand

Presentations to ACEM-accredited EDs

Of all 1,132,165 presentations to 20 ACEM-accredited EDs in Aotearoa, 22.4% (n= 217,458) of all ED presentations were for Māori.

Resources and support for Māori

Nearly all Aotearoa EDs reported access to Kaitakawenga; Māori Health Liaison Officer (95%) and 70% reported a dedicated Māori Health Unit.

ED Efforts towards Māori Health Equity

Many EDs reported expanding existing cultural safety initiatives and implementing new initiatives; education and training, governance and process, tailored services and resources to support Māori patients and whānau.

Australia

Presentations to ACEM-accredited EDs

Of the 7,459,647 presentations to 120 ACEM-accredited EDs in Australia, 7.3% were for Aboriginal and Torres Strait Islander peoples (n= 548,106).

Resources and support for First Nations

Half of EDs reported a dedicated Indigenous Health Unit (51%) and almost all reported having access to an Indigenous Health Liaison Officer (IHLO) or equivalent (92%).

ED efforts towards Indigenous Health Equity

Yearly monitoring has shown increasing cultural capability in Australian EDs in supporting Indigenous patients and carers; key initiatives include specialised care and follow up, culturally supportive ED infrastructure, cultural safety training and action plan, champions program and staff recognition.

2024 Annual Site Census – First Nations and Māori Emergency Care and Cultural Capabilities

1 Background

The Australasian College for Emergency Medicine (ACEM) is committed to addressing various elements that influence emergency care. One of the College's visions is to promote Indigenous Health Equity, defined as access to high-quality, comprehensive, culturally safe emergency care for all Indigenous peoples (Māori of Aotearoa and Aboriginal and/or Torres Strait Islander peoples of Australia).

It is well documented that Australia's Aboriginal and Torres Strait Islander (i.e., First Nations) peoples continue to experience poorer health outcomes and shorter life expectancy than other Australians (Australian Bureau of Statistics [ABS] 2023a, Australian Institute of Health and Welfare [AIHW] 2024a). In the emergency care context, First Nations peoples are overrepresented in emergency department (ED) presentations highlighting the critical role EDs play in providing healthcare. EDs are often identified as culturally unsafe spaces, lacking the ability to provide appropriate trauma-informed care for Aboriginal and Torres Strait Islanders peoples due to various factors that create barriers to accessing optimal care (Arabena, K., Somerville, E., Penny, L., et al. 2020). While challenges remain, these can be addressed through ongoing efforts to remove barriers and create ED spaces that are respectful and inclusive of First Nations peoples.

ACEM launched its first Innovate Reconciliation Action Plan (RAP) in 2017 to formally direct actions to achieve health equity. The second Innovate RAP released in 2019 further conceptualised three major focus areas: workforce, service delivery and engagement. ACEM's third Innovate RAP (2022-2024) is one of consolidation, advancing the three focus areas (ACEM 2022). ACEM is in the process of developing the fourth iteration of its RAP, which will have an internal and organisational focus, with the view to develop a separate external Indigenous health equity strategy to further influence the emergency medicine (EM) workforce and EDs in providing culturally safe care and reducing health inequities.

Similarly, health care inequities for Māori have been well documented for decades. Māori experience a shorter life expectancy, seven years less than non-Māori, and worse health outcomes in Aotearoa New Zealand (Ministry of Health – Manatū Hauora 2023, Stats NZ – Tatauranga Aotearoa 2021). There have been advances in providing culturally safe care; however, gaps remain in achieving health care equities in the ED setting (Curtis, E., Paine, S.-J., Jiang, et al. 2022).

ACEM formalised the journey towards achieving health equity for Māori in 2019 with the development of the inaugural Manaaki Mana Strategy. The Manaaki Mana Strategy embodies ACEM's commitment to achieving Pae Ora, excellence in emergency care for Māori patients, whānau and staff. The first Manaaki Mana Rautaki drew on He Korowai Oranga, the Māori Health Strategy healthy futures for Māori. ACEM launched a refreshed Te Rautaki Manaaki Mana for the period 2022-2025, aligning with Whakamaua: Māori Health Action Plan (2020-2025; Ministry of Health – Manatū Hauora 2020). The Manaaki Mana goals and actions are defined by relationships, Māori sector development, quality and safety, Māori health and disability workforce, performance and accountability, Māori leadership, and insight and evidence (ACEM 2022).

Both the Manaaki Mana Strategy and ACEM's RAP highlight the importance of delivering culturally safe care in EDs. Building the cultural capability of EDs and its workforce and supporting the

Indigenous health workforce are among the key priorities towards enhancing Indigenous health equity, which ACEM actively monitors and advocates for.

2 Purpose and scope

As part of ACEM's commitment to improving Indigenous health equity, and as outlined in ACEM's Manaaki Mana Strategy and RAP, ACEM will undertake regular monitoring of trends in cultural safety in ACEM-accredited EDs to inform areas for improvement. ACEM's Annual Site Census collects information regarding cultural capability from all ACEM-accredited EDs. This report presents the findings from the 2024 Census pertaining to Indigenous presentations, workforce employed within EDs, and ED cultural resources and support, and where relevant, the changes in trends over previous years. These findings further the existing evidence base, provide insights and inform the progress of various prioritised areas highlighted in ACEM's RAP and Manaaki Mana Strategy towards Indigenous health equity.

3 Methodology

The 2024 Census was distributed via a customised email to all Directors of EMs (DEMs) and Directors of EM Training (DEMTs) at 148 ACEM-accredited EDs in Australia (n=128) and Aotearoa (n=20).

The Census asks sites to report for the previous financial year the total number of presentations that were for Aboriginal and/or Torres Strait Islander peoples (in Australian EDs) or Māori (in Aotearoa EDs), including the number with an episode end status classified as "did not wait to be attended" and "left at own risk before care completion". Sites were asked to consider if the standard Indigenous status question is appropriately asked of all patients attending their ED and rate the quality of Indigenous status data collected in their ED on a Likert scale from "poor" to "excellent", with an opportunity to comment and elaborate on the quality of Indigenous data captured.

Individual ACEM-accredited sites were also asked questions regarding support and services available for Indigenous patients and carers in the ED, including the presence of a designated Indigenous Health Unit in the hospital, availability Indigenous Health Liaison Officer (IHLO) or equivalent role, and if the ED has any other Indigenous health or support workers (clinical and non-clinical positions). Sites were also requested to describe any other activities or initiatives focusing on cultural safety for Indigenous patients and carers in the ED. Analysis and reporting are presented separately by country, and in Australia, further broken down by region. Aotearoa EDs were classified using the Geographical Classification for Health, with sites located in Urban 1 areas are referred to in this report as Metropolitan, while those in Urban 2 areas are classified as Regional (Whitehead et al. 2021).

4 Results

4.1 Aboriginal and/or Torres Strait Islander presentations in Australia

Aboriginal and Torres Strait Islander peoples represent 3.8% of Australia's total population (ABS 2023). In 2023-24, 9.0% (n= 800,194) of presentations to all Australian EDs were for Aboriginal and/or Torres Strait Islander peoples, increasing from 6.7% (n= 535,119) in 2017-18 (AIHW 2025, AIHW 2019). The number of presentations for First Nations continued to rise during the COVID-19 pandemic period despite the reduction in overall ED presentations seen during the onset of the pandemic.

4.1.1 Aboriginal and/or Torres Strait Islander presentations to ACEM-accredited EDs

The total number of patients attending ACEM-accredited Australian EDs who identified as Aboriginal and/or Torres Strait Islander was provided in the 2024 Census for the period 1 July 2023 to 30 June 2024 (Table 1). Of the 7,459,647 presentations to accredited EDs reported for this period, 7.3% were for Aboriginal and Torres Strait Islander peoples (n= 548,106), increasing from 6.8% in 2023 (n= 503,129 of 7,402,375).

Aboriginal and Torres Strait Islander peoples represented 7.3% of presentations to ACEM-accredited EDs.

Of the 120 Australian EDs that provided data (Table 1), Aboriginal and/or Torres Strait Islander patients represented on average 8.0% of ED presentations, with presentations ranging widely from <1% of ED attendances to as high as 67.2% in one of the Northern Territory EDs. The average proportion of ED presentations for Aboriginal and/or Torres Strait Islander patients increased across all Australian regions, except for Western Australia.

Table 1. Total number of Aboriginal and/or Torres Strait Islander presentations to ACEM-accredited EDs and the average proportion of Aboriginal and/or Torres Strait Islander presentations of all ED presentations, comparing 2024 and 2023 Census by region.

Region	No. of sites	Total presentations	Average proportion of presentations in 2024 Census		Average proportion of presentations in 2023 Census	
			Mean %	Range	Mean %	Range
Australia	120	548,106	8.0%	0.1%-67.2%	7.4%	<0.1%-65.3%
ACT	2	6,971	4.4%	4.1%-4.7%	4.1%	3.8%-4.5%
NSW	40	171,569	8.4%	0.8%-31.5%	7.8%	0.2%-29.8%
NT	3	67,665	44.6%	25.0%-67.2%	43.6%	26.6%-65.3%
QLD	26	176,985	10.4%	0.4%-46.2%	9.9%	0.7%-46.7%
SA	8	27,859	5.7%	1.9%-11.1%	4.7%	1.5%-7.7%
TAS	3	12,525	8.5%	6.0%-10.2%	8.0%	5.8%-9.2%
VIC	26	40,604	3.0%	0.1%-11.5%	2.5%	<0.1%-11.0%
WA	12	43,928	5.4%	0.6%-12.4%	5.5%	0.6%-11.1%

Eight Australian EDs did not provide Aboriginal and/or Torres Strait Islander presentation data and are excluded from the table. Reporting EDs in 2024 have changed from 2023 for SA (n= 9) and NSW (n= 39).

The total number of Aboriginal and/or Torres Strait Islander attendances with an episode end status of 'left before treatment completion' were reported for 1 July 2023 to 30 June 2024 (Table 2). On average, 13.0% of Aboriginal and/or Torres Strait Islander presentations to Australian EDs were reported to be classified as 'left before treatment completion', increasing from 12.6% in the 2023 Census. Tasmanian EDs observed the lowest average proportion of 'left before treatment completion'

(7.9%), while the average proportions were generally higher than 10% and relatively comparable across the other regions.

Table 2. Aboriginal and/or Torres Strait Islander presentations who left before treatment completion and as a proportion of all Aboriginal and/or Torres Strait Islander presentations, by region.

Region	No. of sites	Total presentations left before treatment completion	Proportion of presentations left before treatment completion	
			Mean %	Range
Australia	120	77,425	13.0%	0.0%-29.8%
ACT	2	647	10.1%	7.4%-12.8%
NSW	40	25,045	13.5%	3.6%-29.8%
NT	3	10,816	16.3%	15.2%-17.3%
QLD	26	23,716	12.8%	0.9%-22.2%
SA	8	4,315	14.4%	6.0%-20.0%
TAS	3	1,026	7.9%	4.8%-10.0%
VIC	26	5,481	12.2%	0.0%-22.9%
WA	12	6,379	13.7%	5.2%-20.5%

Attendances reported with an episode end status of "did not wait" or "left at own risk" are combined as attendances that "left before treatment completion". Eight Australian EDs did not provide this data and therefore were excluded in the table.

4.2 Māori presentations in Aotearoa

Māori were estimated to represent 17.1% of the total population in Aotearoa on June 30, 2024 (Stats NZ 2024). In 2023-24, 22.7% of all ED presentations to public hospitals in Aotearoa were for Māori, increasing from 19.1% in 2014-15 (Ministry of Health – Manatū Hauora 2016, Health New Zealand – Te Whatu Ora 2024).

4.2.1 Māori presentations to ACEM-accredited EDs

The total number of patients attending ACEM-accredited EDs in Aotearoa who identified as Māori was provided in the 2024 Census for the period 1 July 2023 to 30 June 2024 (Table 3). Of all 1,132,165 presentations to 20 ACEM-accredited EDs in Aotearoa, 22.4% (n= 217,458) of all ED presentations were for Māori.

Māori represented 22.4% of presentations to ACEM-accredited EDs.

On average, a higher proportion of people who identified as Māori presented to EDs located in regional than metropolitan areas (Table 3), and the findings were comparable between 2023 and 2024 Census.

Table 3. Māori presentations to Aotearoa ACEM-accredited EDs and the average proportion of Māori presentations of all ED presentations, comparing 2024 and 2023 Census by region.

Region	No. of sites	Total presentations	Average proportion of presentations in 2024 Census		Average proportion of presentations in 2023 Census	
			%	Range	%	Range
Aotearoa	20	127,458	24.8%	11.6%-54.7%	24.1%	9.4%-53.4%
Metropolitan	11	143,076	18.1%	11.6%-27.3%	18.3%	9.4%-29.9%
Regional	9	110,865	33.0%	12.7%-54.7%	32.4%	12.5%-53.4%

Two Aotearoa EDs did not provide Māori presentation data in the 2023 Census.

The total number of Māori attendances that were classified as 'left before treatment completion' for the period of 1 July 2023 to 30 June 2024 is presented in Table 4. On average, Metropolitan EDs had a slightly higher proportion of Māori presentations with an episode end status of left before treatment completion compared to Regional EDs, despite there being a significantly smaller proportion of Māori presentations in Metropolitan EDs.

Table 4. Māori presentations to Aotearoa ACEM-accredited EDs with end status of left before treatment completion and as a proportion of all Māori presentations, by region.

Region	No. of sites	Total left before treatment completion	Average % of presentations left before treatment completion	
			%	Range
Aotearoa	20	22,948	9.6%	0%-19.1%
Metropolitan	11	13,046	10.0%	0.1%-16.4%
Regional	9	9,902	9.1%	0%-19.1%

Attendances reported with an episode end status of "did not wait" or "left at own risk" are combined as attendances that "left before treatment completion".

4.3 Quality of Indigenous status data collection in Australian EDs

Identification of Indigenous status for patients attending EDs typically occurs during the patient registration or triage process, with the information collected as part of standard demographic data entry. The current recommendation is to exercise caution when interpreting Australia's national ED presentation dataset due to ongoing under-identification of Indigenous status (AIHW 2024b).

Overall, four in every five ACEM-accredited Australian EDs reported the quality of Indigenous status data collected in their ED as either 'Good', 'Very good' or 'Excellent' (82%). increasing from the 2023 Census (78%). All EDs in the Australian Capital Territory and Northern Territory reported the quality of Indigenous status data collection in their ED as Good-Excellent (Figure 1).

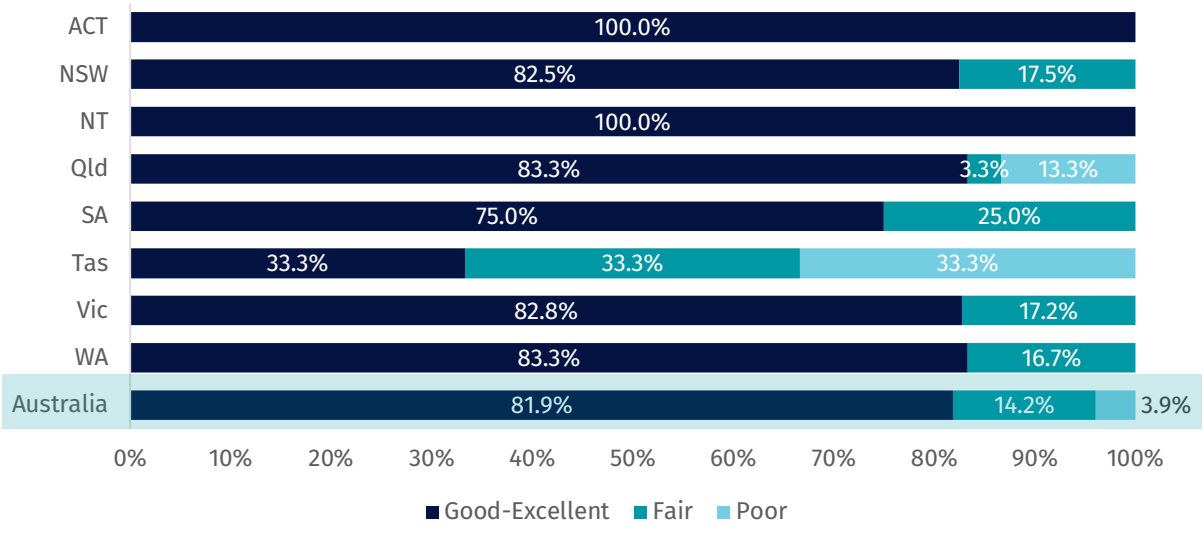

Figure 1. Rated quality of Indigenous status data collection in Australian EDs for the period of 1 July 2023 to 30 June 2024, by region.

DEMs and DEMTs from 39 EDs further commented on the quality of Indigenous status data collection in their ED. Mixed feedback was received, with the majority (n= 28) reporting good quality of Indigenous status data captured in their ED, and that Indigenous status was made a mandatory field in the patient

registration form and routinely asked of all patients presenting to their ED. Several EDs also reflected positively that electronic medical records or ED dashboards included visible icons to indicate the Indigenous status of patients (n= 3) to support culturally appropriate care. A few other EDs also mentioned that staff education sessions were regularly held to communicate the importance of the Indigenous status collection (n= 2). Additionally, six sites reported processes underway to improve the data quality of Indigenous status. On the contrary, less positive feedback generally focused on the under collection of Indigenous status due to non-routine or varying levels of staff compliance with the data collection instructions (n= 5). Several EDs expressed concerns about the under collection of Indigenous status, attributing this to the reliance on self-reported data or the possibility that some patients may feel uncomfortable disclosing their identity (n= 5).

4.4 Quality of Māori status data collection in Aotearoa EDs

High quality in patient's ethnicity data collection is fundamental to achieving health equity. A recent review by Wright et al. (2022) identified persistent gaps in the Aotearoa health system regarding Māori status data collection. When asked to rate the quality of Indigenous status data of Māori presentations in their ED, DEM/DEMTs in Regional EDs were slightly more likely to report Māori status data collection as Good-Excellent compared to Metropolitan EDs, with none of the Regional EDs reporting the data quality as Poor (Figure 2).

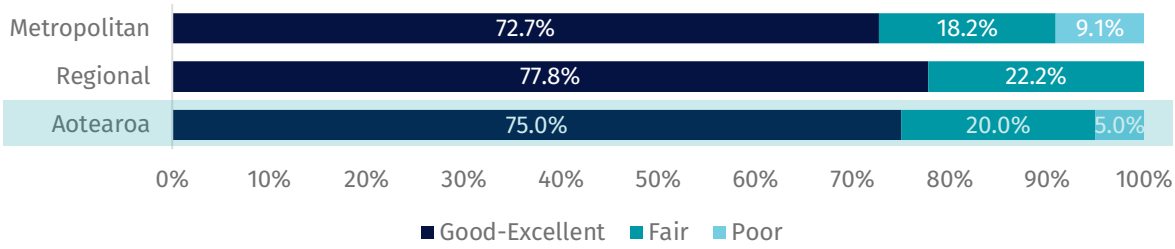

Figure 2. Rated quality of Indigenous status data collection in Aotearoa EDs for the period of 1 July 2023 to 30 June 2024, by region.

Nine sites commented on the quality of Indigenous status data collection of Māori presentations. Seven sites indicated that Māori status was routinely collected. Two sites also reported patients' Indigenous status was made visible in the medical record and ED dashboard (n= 2), and another site reported having seen improvement in their data capture and having regular auditing. Whereas a few other sites identified under collection of Māori status (n= 3) and raised issues with the limitations of their health record system in capturing this (n= 2).

4.5 Trends in Indigenous status data quality

The quality of Indigenous status data collection in ACEM-accredited EDs has been monitored since the 2019 Census. In each Census, DEMs and DEMTs were asked to consider if the standard Indigenous status questions is appropriately asked of all patients attending their ED, and to rate their perceived quality of the data collection.

The proportion of Australian sites that rated the data quality of Indigenous status as Good-Excellent overall increased from 72% in 2019 to 82% in 2024 (Figure 3). In contrast, there was generally a higher proportion (>80%) of Aotearoa sites that rated their Indigenous status data collection as Good-Excellent, except for a noticeable decrease to 72% in the 2023 Census. The decrease was due to several sites that raised issues in the inadequacy of Indigeneity data capture given the changes in the health record system. The trend data should be interpreted with caution, as it is based on self-rated perceptions and may be influenced by the subjectivity of individual respondents.

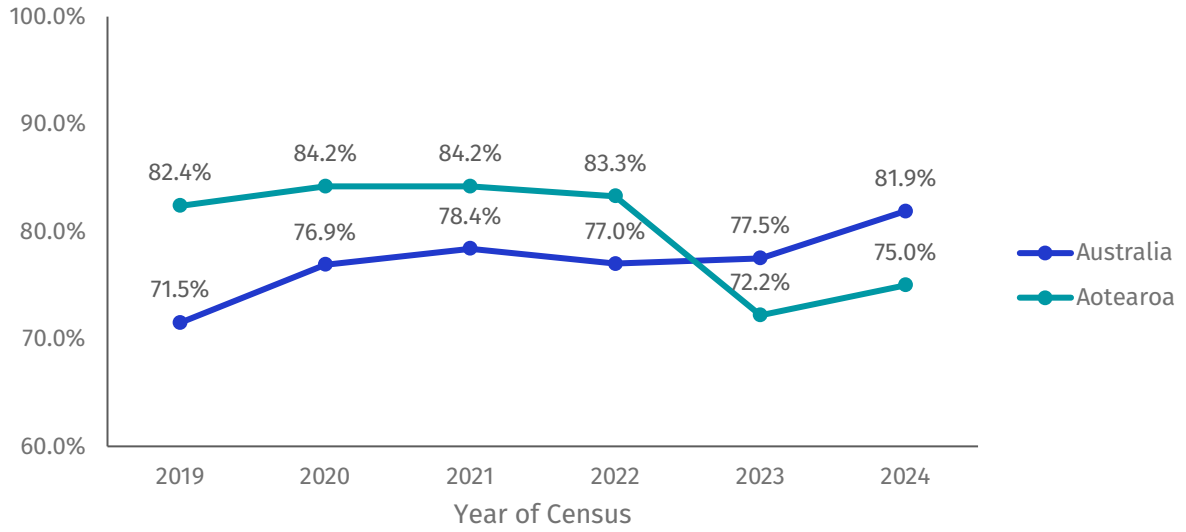

Figure 3. The proportion of ACEM-accredited EDs that rated Indigenous status data quality as "Good-Excellent", comparing Australian and Aotearoa EDs between 2019 and 2014 Census.

Note: the number of ACEM-accredited EDs varies between 125 and 130 in Australia and 18 and 20 in Aotearoa from 2019 to 2024.

Overall, monitoring of Indigenous status data collection across Australia and Aotearoa EDs suggests ongoing efforts are required to encourage and improve the data collection processes. There is a clear need for quality improvement initiatives, including continuing cultural safety training for all ED staff. Particular attention and consideration should be given to the accurate capture of Indigeneity data as digital infrastructure evolves within EDs. It is equally important to reiterate the purpose of capturing Indigeneity information in ensuring Indigenous patients are appropriately identified, offered relevant services and supports, and are able to safely progress through their ED journey.

4.6 Resources and support for Aboriginal and/or Torres Strait Islander peoples in Australian EDs

A recent study by Oribin et al. (2024) highlighted the lack of culturally sensitive healthcare services in providing appropriate emergency care and addressing health inequities, contributing to higher rates of patients leaving before completing treatment in the ED.

Overall, half of ACEM-accredited EDs in Australia reported having a dedicated Indigenous Health Unit in their hospital, with the availability varying across regions (Figure 4). Victoria and South Australia were more likely to report having a dedicated Indigenous Health Unit (>60%) compared with other regions.

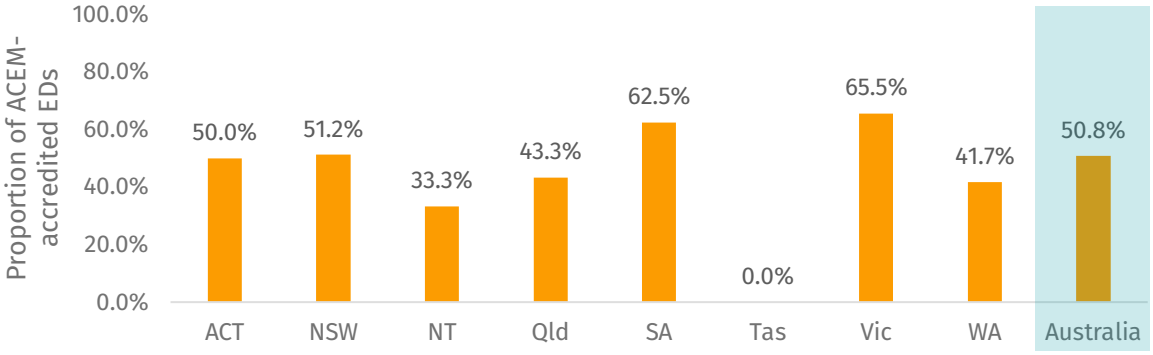

Figure 4. Proportion of ACEM-accredited EDs with an Indigenous Health Unit available in their hospital, by region.

Almost all ACEM-accredited EDs reported having an Indigenous Health Liaison Officer (IHLO) or equivalent (92%; Figure 5), with this consistently seen across Australian regions. In contrast, only one-quarter (25%) reported having additional Indigenous health or support workers (e.g. Peer Support Workers, Aboriginal Access Workers, Waiting Room Greeters, Patient Experience Officers) who operate in the ED or waiting room to support Indigenous patients and their carers. Their availability was more commonly reported in New South Wales EDs (46%) compared to EDs in other regions (Figure 5).

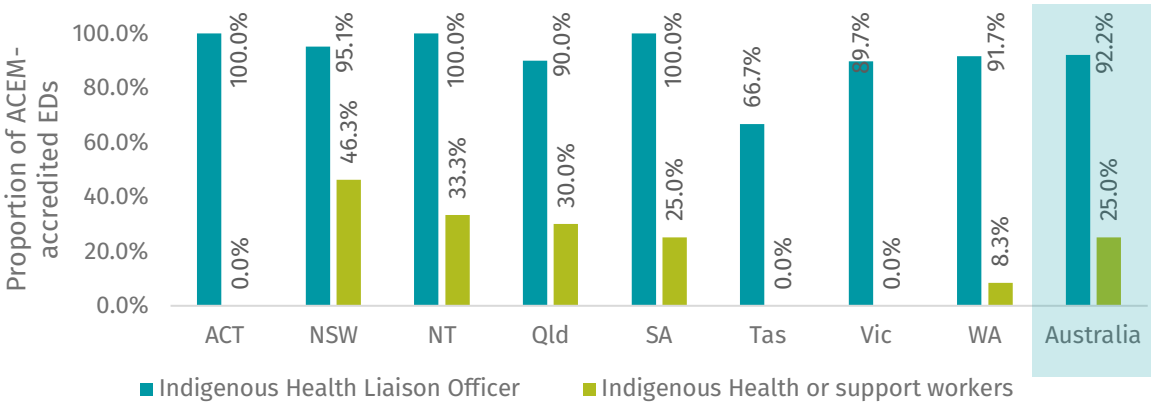

Figure 5. Resources to support Aboriginal and/or Torres Strait Islander peoples at ACEM-accredited Australian EDs, by region.

Indigenous health or support workers were more often described as patient experience or support officers and other non-clinical support roles such as Indigenous health workers, waiting room

greeters, ED ambassadors and other support staff (including social workers or mental health support workers/therapists). A few sites also described clinical support roles including nurse navigators or Indigenous health workers with a clinical scope.

Most commonly, IHLOs (or equivalent) were employed by the hospital and available in the ED, with this consistently seen across all regions (Table 5). Only a small proportion of EDs reported their IHLOs were employed by the ED, except for the NT where two of three EDs reported employing IHLOs directly. Ten EDs (7.8%) reported not having access to the IHLOs.

Table 5. Employment type and availability of IHLO(s) (or equivalent) in ACEM-accredited EDs in Australia, by region.

Region	No. of sites	Employed by ED	Employed by hospital	Employed off-site	ED does not have access
Australia	128	7.8%	72.2%	14.8%	7.8%
ACT	2	0.0%	100.0%	0.0%	0.0%
NSW	41	2.4%	68.3%	26.8%	4.9%
NT	3	66.7%	66.7%	0.0%	0.0%
QLD	30	13.3%	76.7%	6.7%	10.0%
SA	8	25.0%	75.0%	0.0%	0.0%
TAS	3	0.0%	66.7%	0.0%	33.3%
VIC	29	0.0%	72.4%	17.2%	10.3%
WA	12	8.3%	75.0%	8.3%	8.3%

Responses were not mutually exclusive, with respondents able to select more than one option.

Sites were asked to estimate the percentage of Indigenous patients that see an IHLO in their ED. Overall, 19% of EDs in Australia reported IHLOs saw over 50% of Indigenous patients, decreasing slightly from 21% in the 2023 Census. EDs in South Australia were more likely to report that IHLOs saw greater than 50% of Indigenous patients (50% of EDs, n= 4), compared with other regions (range: 0%- 32%).

All 118 Australian EDs that reported an IHLO was available in their ED provided the weekday and weekend availability of the IHLO (Table 6). IHLOs were more likely to be available on site during the day compared to evenings and nights where they were more likely to be available off site or on call. Onsite availability was also more frequently reported during weekdays than on weekends.

Table 6. Australian EDs that reported having IHLOs (or equivalent) available in their ED on weekdays and weekends (on-site vs. off-site or on-call).

Region	n	Weekdays					Weekends				
		Day (on)	Day (off)	Eve (on)	Eve (off)	Night (off)	Day (on)	Day (off)	Eve (on)	Eve (off)	Night (off)
Australia	118	76.3%	24.6%	16.1%	22.0%	12.7%	21.2%	12.7%	9.3%	15.3%	12.7%
ACT	2	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
NSW	39	71.8%	25.6%	7.7%	38.5%	17.9%	10.3%	12.8%	5.1%	23.1%	17.9%
NT	3	100%	0%	33.3%	0%	0%	66.7%	0%	0%	0%	0%
QLD	27	85.2%	18.5%	37.0%	7.4%	3.7%	44.4%	7.4%	14.8%	7.4%	3.7%
SA	8	87.5%	12.5%	25.0%	12.5%	12.5%	37.5%	12.5%	12.5%	12.5%	12.5%
TAS	2	50.0%	50.0%	0%	0%	0%	0%	0%	0%	0%	0%
VIC	26	61.5%	34.6%	7.7%	26.9%	23.1%	3.8%	23.1%	15.4%	19.2%	23.1%
WA	11	90.9%	27.3%	9.1%	9.1%	0%	27.3%	9.1%	0%	9.1%	0%

Note: n= number of sites, on= on site, off= off site/on call. Responses are not mutually exclusive; sites can select more than one option. One ED reported the IHLO was available on-site during the night (data not shown).

When asked to provide the number of ED staff who identified as Aboriginal and/ or Torres Strait Islander within their ED, 52 (40.6%) of 128 EDs in Australia reported at least one staff member among their ED workforce who identified as First Nations (mean headcount: 4, range: 1-24) (Table 7). EDs were more likely to report having nursing staff (n= 38) who identified as Aboriginal and/or Torres Strait Islander than other staff categories.

Table 7. ED workforce identifying as Aboriginal and/or Torres Strait Islander at ACEM-accredited Australian EDs, by role.

Staff	Number of EDs	Total staff (headcount)	Average (range) headcount
Medical staff	23	35	2 (1-9)
Nursing staff	38	95	3 (1-16)
Other clinical staff	11	24	2 (1-4)
Non-clinical staff	26	51	2 (1-5)
All staff	52	205	4 (1-24)

4.7 Resources and support for Māori in Aotearoa EDs

Over two-thirds of ACEM-accredited EDs in Metropolitan and Regional Aotearoa reported having a dedicated Māori Health Unit (Figure 6). While nearly all Aotearoa EDs (except one Regional ED) reported having access to Kaitakawenga/ Māori Health Liaison Officer(s), only half reported having other Māori health or support workers (e.g. Peer Support Workers, Māori Access Workers, Waiting Room Greeters, Patient Experience Officers) for Māori patients and whānau. A slightly smaller proportion of Metropolitan EDs (46%) reported having Māori health or support workers compared to Regional EDs (56%).

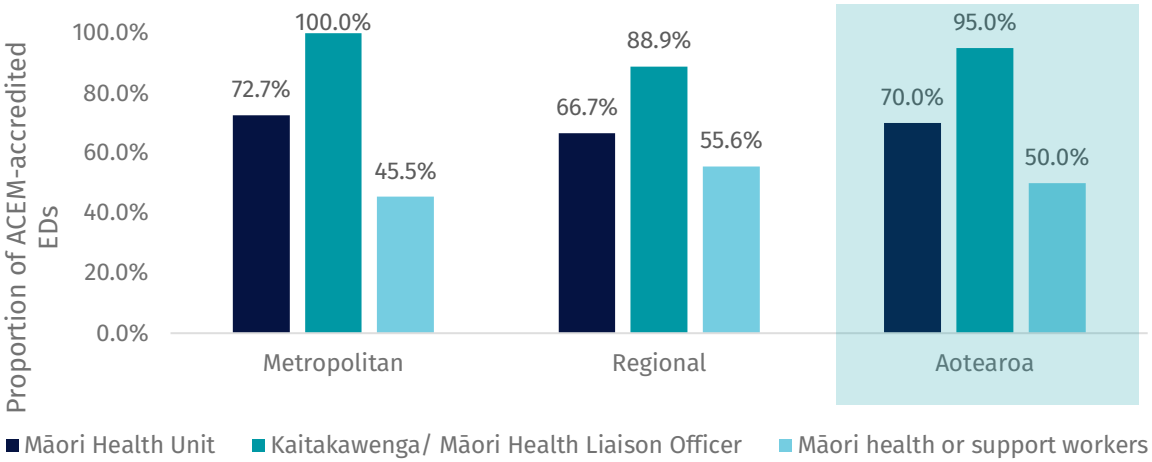

Figure 6. Resources to support Māori at ACEM-accredited Aotearoa EDs, by region.

Sites were asked to report how Māori Health Liaison Officer(s) were employed and available to patients in their ED. Most Aotearoa EDs reported they were employed by the hospital (85%, n= 17), consistent with the 2023 Census (90%, n= 17 of 19 sites).

Table 8. Employment and availability of Māori Health Liaison Officers in ACEM-accredited EDs in Aotearoa, by region.

Region	No. of sites	Employed by ED	Employed by hospital	Employed off-site	ED does not have access
Aotearoa	20	10.0%	85.0%	5.0%	5.0%
Metropolitan	11	18.2%	90.9%	0.0%	0.0%
Regional	9	0.0%	77.8%	11.1%	11.1%

All nineteen Aotearoa EDs that reported Māori Health Liaison Officer(s) available for patients, provided weekday and weekend availability in their ED (Table 9). During weekdays, they were more likely to be available on site compared to evenings and nights where Māori Health Liaison Officers were available off site or on call.

Table 9. Aotearoa EDs that reported having Māori Health Liaison Officers available in their ED on weekdays and weekends (on-site vs. off-site or on-call).

Region	n	Weekdays					Weekends				
		Day (on)	Day (off)	Eve (on)	Eve (off)	Night (off)	Day (on)	Day (off)	Eve (on)	Eve (off)	Night (off)
Aotearoa	19	82.4%	31.6%	15.8%	36.8%	26.3%	10.5%	31.6%	10.5%	42.1%	31.6%
Metropolitan	11	90.9%	27.3%	18.2%	36.4%	18.2%	9.1%	27.3%	9.1%	36.4%	27.3%
Regional	8	75.0%	37.5%	12.5%	37.5%	37.5%	12.5%	37.5%	12.5%	50.0%	37.5%

Note: n= number of sites, on= on site, off= off site/on call. Responses are not mutually exclusive; sites can select more than one option.

Overall, 15% of EDs in Aotearoa reported that Māori Health Liaison Officers saw at least 50% of Māori patients, increasing from 11% in 2023. Regional EDs were more likely to report that Māori Health Liaison Officers saw greater than 50% of Māori patients (22% compared to 9% of Metropolitan EDs).

A total of 13 ACEM-accredited EDs in Aotearoa provided the number of their ED workforce who identified as Māori. On average, 14 staff members identified as Māori at these sites (range: 5-34). The ED workforce that identified as Māori is displayed by staff category in Table 10 , with Māori nursing staff being most common.

Table 10. Mean number and range of ED workforce identifying as Māori at ACEM-accredited Aotearoa EDs, by role.

Staff	Number of EDs	Total staff (headcount)	Mean (range) headcount
Medical staff	9	20	2 (1-6)
Nursing staff	13	111	9 (3-25)
Other clinical staff	4	6	2 (1-3)
Non-clinical staff	8	50	6 (3-10)
All staff	13	187	14 (5-34)

4.8 Trends in Indigenous Health and Māori Health Liaison Officer(s)

Information on the availability of Indigenous/ Māori HLOs has been regularly collected in the Annual Site Census. Nineteen Aotearoa EDs consistently reported having access to Māori HLO(s) to support Māori ED patients and whānau since the 2020 Census. The proportion of Australian EDs that reported having an IHLO has remained consistent between 2019 (91%, n= 114 of 125) and 2024 (92%, n= 118 of 128; Figure 7).

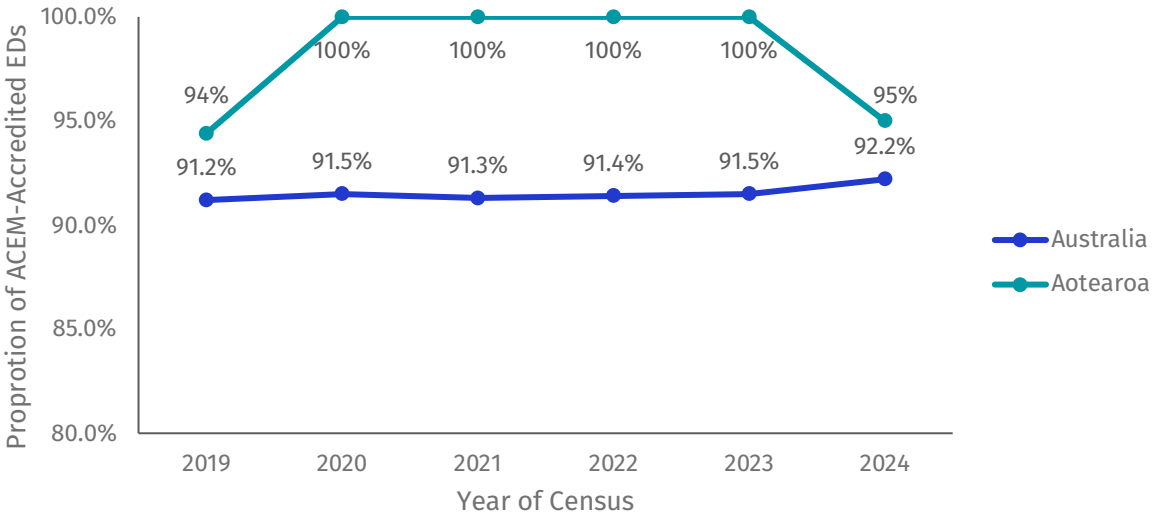

Figure 7. Proportion of ACEM-accredited EDs in Australia and Aotearoa that reported having access to Indigenous/ Māori Health Liaison Officer(s), by year of Census (2019 – 2024).

Note: the number of ACEM-accredited EDs varies between 125 and 130 in Australia and 18 and 20 in Aotearoa over 2019 to 2024.

Monitoring Indigenous and Māori Health Liaison Officer(s) as an ED resource has shown consistent availability for patients in Australia and Aotearoa New Zealand. To further strengthen cultural capability in EDs, it is recommended that future monitoring focus on understanding the proportion of patients who access these liaison services, as well as evaluating the effectiveness of initiatives aimed at enhancing their visibility, utility and reach. Additionally, there is an opportunity to investigate factors that influence accessibility of Indigenous and Māori Health Liaison Officers as a resource in the ED. Ongoing monitoring will support evidence-based strategies to improve access and user experiences, and embed culturally safe care within EDs.

4.9 Activities and initiatives towards Indigenous and Māori health equity

4.9.1 Indigenous health equity – Australia

Sites were given the opportunity to describe activities and initiatives implemented in their ED that focus on cultural safety for Indigenous patients and carers. Fifty-seven sites described activities and initiatives in their ED which are broadly summarised in Table 11 below.

Table 11. Themes in activities and initiatives that focus on cultural safety in ACEM-accredited Australian EDs.

Themes in activities and initiatives	Examples or descriptions
Specialised patient care and service provision (n= 35)	• Tailored health programs, for example mental health, immunisation, on-site teams such as chronic care or palliative care, or a dedicated care pathway to cater for specific needs of Indigenous patients. • Additional staff to support Indigenous patients and families including identified staff, yarning circles, local language translator/interpreter, IHLO employed in ED, and extended IHLO hours. • Initiative to follow up with Indigenous patients who left before treatment completion, or all Indigenous patients. • Specialised support services such as covering transport fares and providing no-cost medication scheme.
Hospital/ED infrastructure (n= 26)	• Signage throughout the ED, with information in relation to/ for Indigenous patients i.e. acknowledgement of country, information about Indigenous support services, and signs written in Aboriginal languages. • Indigenous artwork in the ED, often incorporated with signage, or displays, murals, and new commissioned work. • Dedicated safe spaces for Indigenous people for example a room or courtyard. • A dedicated phone in Indigenous print for direct contact to IHLOs. • A clear and specific icon in the medical record system for easy identification of patient's Indigenous status.
Education and training (n= 25)	• Cultural safety training provided for ED staff including workshops, mandatory online modules, annual cultural safety training, or education days.
Governance, policy, strategies and processes (n= 15)	• Formal governance, policy, strategy or process such as Reconciliation Action Plan being developed, having ED representation in Indigenous working groups, cultural safety action plan, and community feedback process.
Celebration of culture (n= 12)	• Staff uniforms or name badges in Indigenous print. • Celebration of significant days including a dedicated diversity/inclusion day, reconciliation day, NAIDOC week, and Close the Gap Day. • Champions program or staff recognition for those who are actively involved in improving workplace cultural capabilities.

In the 2021 Census, 33 unique sites provided descriptions of activities or initiatives, increasing to 57 sites in the 2024 Census. The yearly feedback suggested an increasing cultural capability in Australian EDs over this time. For example, some EDs have reported the establishment of a formal committee or working group and have subsequently described the implementation of activities initiated by the working group. Other EDs have reported the progression of projects targeting improving Indigenous health equity including initiatives to follow up with patients who leave before treatment completion. Several sites also reported the introduction of services and having additional Indigenous health staff to better support Indigenous patients and carers, or increased hours of service provision for support staff or services.

4.9.2 Māori health equity – Aotearoa

Activities and initiatives EDs have implemented to promote Māori health and provide a safe and supportive ED environment were described by 16 ACEM-accredited EDs in Aotearoa. The activities are summarised in Table 12 below.

Table 12. Themes in activities and initiatives that focus on cultural safety in ACEM-accredited Aotearoa EDs.

Themes in activities and initiatives	Examples or descriptions
Education and training (n= 12)	• Cultural safety training including workshops, mandatory online modules, as part of staff orientation, or annual staff training. • Educational sessions on current Māori health issues. • Language education to encourage the use of Te Reo in practice.
Governance, policy, strategies and processes (n= 11)	• Cultural working groups such as Manaaki Mana working group, Māori Health working group, or Māori advisory group. • Māori recognised formally through governance and strategies such as audit and quality improvement projects, and Māori health represented in ED policies. • Feedback forms available for patients and whānau to inform strategy development.
Services and service provision (n= 8)	• Identified ED staff including clinical and leadership representation to provide guidance and support the ED. • Strategies to reduce attendances with incomplete treatment including dedicated resources to follow-up with these patients, increased visibility in ED dashboard featuring incomplete treatment end status by ethnicity. • Allocating more dedicated staff in ED to support Māori patients or carers.
Celebration of culture (n= 4)	• Celebrating cultural days such as Māori language week. • Use of Te Reo including education and encouragement of use of Te Reo in practice and care.
ED infrastructure (n= 3)	• Dedicated whānau space or room in ED. • ED signage in Te Reo language.

Consistent activities and initiatives were reported for Aotearoa EDs over each census from 2021 to 2024, most commonly cultural safety training for ED staff or a dedicated whānau room in the ED. Over the years, EDs also reported introducing new initiatives, such as the establishment of a Manaaki Mana working group and strategy, offering health equity education sessions to staff, employing additional staff to support Māori patients and whānau, and formally seeking feedback from Māori patients and whānau to inform health equity strategy development. Many EDs reported efforts in expanding current cultural safety initiatives, for example, increasing service hours of Māori support staff, redesigning the waiting room or redeveloping the whānau room.

Positively, the activities and initiatives reported by accredited Aotearoa EDs in promoting Māori health equity align closely with ACEM's Te Rautaki Manaaki Mana, which highlights strong commitment to implementation of kaupapa Māori models of ED care, employment of Māori cultural support staff, and ongoing education on the role of mātauranga Māori and Māori models of care.

5 Conclusion

ACEM will continue to monitor Māori and Australian First Nations presentations to ACEM-accredited EDs, as well as assessing the cultural capabilities of ACEM-accredited EDs to provide culturally safe emergency care. Exploring changes over previous Census iterations has revealed increased efforts of EDs in delivering safe emergency care and promoting culturally responsive environments. This development reflects a growing commitment in advancing Indigenous health equity and building a strong foundation for continued improvement in emergency care delivery.

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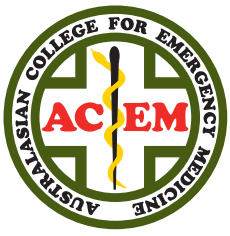

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