



Australasian College
for Emergency Medicine

He Ara Tiatia ki te Taumata o Pae Ora

Pathways to achieving excellence in
emergency care for Māori

2026-2029



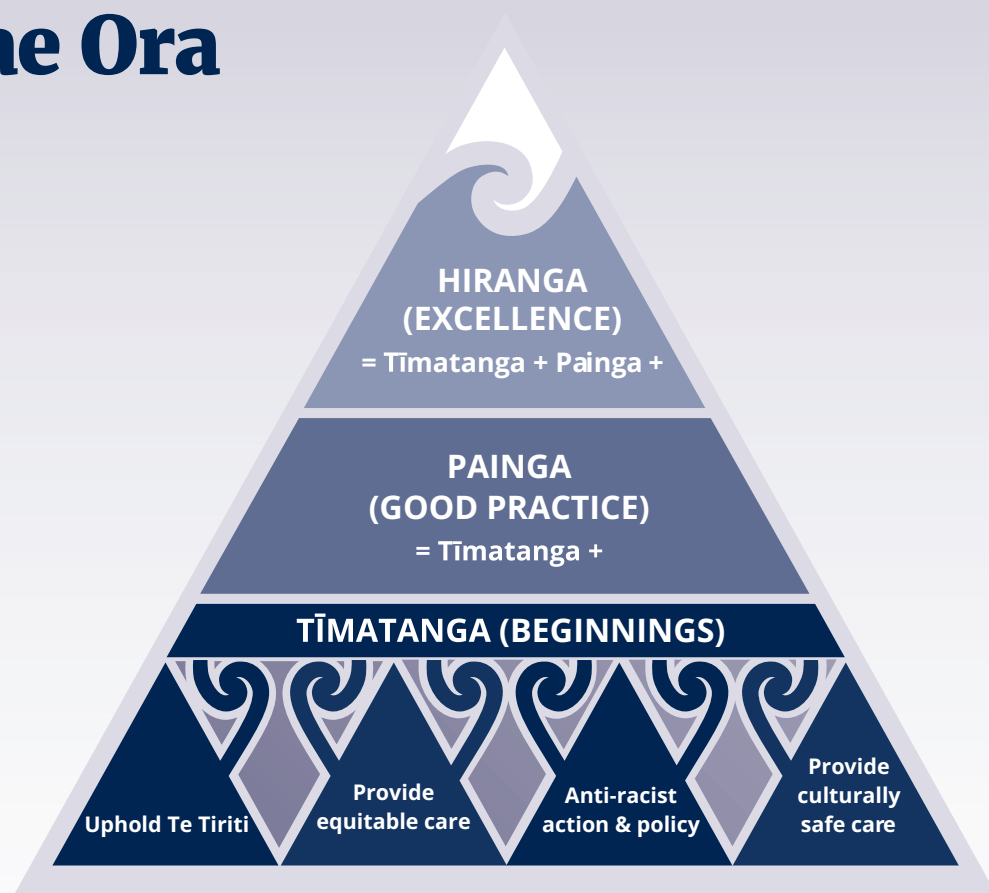
He Ara Tiatia ki te Taumata o Pae Ora

The previous versions of Te Rautaki Manaaki Mana, ACEM's strategy for excellence in emergency care for Māori, promoted the development and implementation of ACEM standards on Pae Ora for emergency departments in Aotearoa New Zealand, and this goal continues in Te Rautaki Manaaki Mana 2026-2029. The original concept of He Ara Tiatia ki te Taumata o Pae Ora was a stepwise approach to reach the pinnacle of Pae Ora (healthy futures for Māori), with four pou (pillars) as a basis: upholding Te Tiriti o Waitangi, ensuring care is equitable, dismantling racism by anti-racist action and policy, and providing culturally safe care. The possible actions and standards were grouped into three levels, tīmatanga, painga and hiranga.

Following feedback from experts and our Manaaki Mana kaikōkiri, He Ara Tiatia has been modified for Te Rautaki Manaaki Mana 2026-2029 so that each pou now has actions for Individuals, as well as ED leadership and ED. Within the different pou, uphold Te Tiriti o Waitangi pou now uses a principles-based approach (PŌTAE) for each level, and provide culturally safe care now explicitly divides actions for each level into cultural safety, cultural competence and hauora Māori, to be consistent with the cultural safety training plan for vocational medicine in Aotearoa New Zealand. The three levels concept remains the same.



Pae Ora



TĪMATANGA is the beginning, where our foundation is laid – we see the tīmatanga actions and standards under each of the four headings as the key points to start our Pae Ora journey.

PAINGA is good practice, that steadily ascends towards Pae Ora. Usually tīmatanga actions will be completed before progressing to painga, but as some goals progress faster than others, we may implement painga actions before completing all the tīmatanga actions.

HIRANGA is best practice, where evidence of excellence is apparent and maintained. Usually we will have completed the tīmatanga and painga actions before progressing to hiranga, but you may be at different levels under the different headings.



Appendix

Appendix A: Updated He Ara Tiatia ki te Taumata o Pae Ora

A principles-based approach to upholding Te Tiriti o Waitangi in authentic partnerships in the emergency department setting: PŌTAE.

In te reo Māori, a pōtae can be a cap, hat or covering for the head, but can also mean to put on the head, or to surround or envelop. For this pou, we intend it to refer to the principles of Te Tiriti, which we think should be considered at the head, as well as envelop, Manaaki Mana work in our emergency departments.

Partnership, Ōptions, Tino Rangatiratanga, Active Protection, Equity

Uphold Te Tiriti o Waitangi in Authentic Partnerships

Tīmatanga

ED Leadership and ED	P	- are developing a relationship with the hospital Māori Health team to guide provision of culturally safe ED care and training; - leaders have attended Te Tiriti training courses and staff are supported and encouraged to attend courses; and - are familiar with Māori Health strategies and plans eg Te Rautaki Manaaki Mana and Ministry of Health plans such as Whakamaaua.
	Ō	- have started planning how te reo Māori, values, tikanga, models of care and practices will be acknowledged in the ED, and how new staff will be orientated to them; and - have plans for investigating whether culturally safe care is being delivered in the ED.
	T	- ensures that during any re-design of the ED, included consultation with mana whenua, hospital Māori Health team and/or Māori staff; - have committed to growing a culturally safe workforce; - has publicised and begun implementation of local tikanga guidelines for patient care; and - ensure that accurate ethnicity data is captured for patients.

	A • have planned how to show progress towards Pae Ora; • have supported the development of Manaaki Mana kaikōkiri group; • ensures there is orientation for new/overseas-trained staff includes Te Tiriti, cultural safety, & antiracism; and • ensure that departmental education program includes sessions on historical contexts, impacts of colonisation, Māori Health issues, and cultural safety. E • ensure that accuracy of ethnicity data is regularly audited; • have plans for quality standards, key performance indicators (KPIs) and audits to include equity measures; • investigates how can implement hospital's equity plan in the ED setting; • considers how during interviews for new staff, there can be a check for understanding of equity, anti-racism, cultural safety and Te Tiriti issues; and • ensures workforce demographic data is audited to determine equitable representation and have considered how to attract and retain Māori staff.
Individual	P • reflect on knowledge gaps about Te Tiriti and seek to remedy them; and • learn about Te Rautaki Manaaki Mana and consider how you could help contribute. Ō • reflect on knowledge of Māori values, and practices and remedy gaps; and • consider how to show respect for tikanga and te reo Māori in your practice. T • learn about the concept of tino rangatiratanga and the historical context of the place you work; and • learn about the concept of cultural loading and ensure you do not contribute to this. A • learn about local tikanga guidelines and respect them; • reflect on your knowledge about cultural safety and culturally safe care in the ED setting; and • seek to understand types of racism, and how to be anti-racist. E • reflect on your knowledge of health inequities and inequalities for Māori; and • consider how any audit you do could include an equity lens.



Painga

ED Leadership

- | | |
|----------|---|
| P | <ul style="list-style-type: none"> • have evidence of a close relationship with the hospital Māori Health team including collaboration on major projects; • have reviewed Māori Health strategies and action plans previously mentioned, and demonstrate progress to implementation of aspects within the ED; and • demonstrate that more than half of the ED staff have attended Te Tiriti training courses. |
| Ō | <ul style="list-style-type: none"> • have evidence of how te reo Māori, values, tikanga, models of care and practices are acknowledged in the ED, and how new staff are orientated to them; • have evidence of delivering culturally safe care in the ED; and • can show that new ED staff (particularly staff from overseas) have orientation that includes Te Tiriti principles, Pae Ora standards and departmental expectations of respecting te reo Māori, values, and practices, and that existing staff are also familiar with these expectations. |
| T | <ul style="list-style-type: none"> • has evidence of implementation of local tikanga guidelines for patient care; • have evidence that any re-design of the ED, included consultation with mana whenua, hospital Māori Health team and/or Māori staff; and • have data to show that accurate ethnicity data is captured for patients. |
| A | <ul style="list-style-type: none"> • have evidence to show progress towards upholding Pae Ora; • have evidence that all staff have access to departmental education sessions relevant to excellence in emergency care for Māori; and • have dedicated nonclinical time allocated for Manaaki Mana kaikōkiri work. |
| E | <ul style="list-style-type: none"> • have data showing that accuracy of ethnicity data is regularly audited; • have evidence that quality standards, KPIs and audits include equity measures and have plans to address inequities discovered; • demonstrates how hospital's equity plan is being implemented in the ED setting; • shows progress towards equitable workforce representation, with plans to attract and retain Māori staff; • shows staff interview questions that cover equity, anti-racism, cultural safety and Te Tiriti; and • have taken steps to attract and retain Māori staff. |



Individual	P	• has reflected on knowledge gaps about Te Tiriti and taken steps to remedy them; and • has learned about Te Rautaki Manaaki Mana and taken steps to contribute.
	Ō	• has reflected on knowledge of Māori values, and practices and taken steps to remedy gaps; and • has implemented showing respect for tikanga and te reo Māori into daily practice.
	T	• has learned about tino rangatiratanga and historical context and can explain it to others; and • has learned about the concept of cultural loading and avoids contributing to this.
	A	• has learned local tikanga guidelines and shows respect for them; • understands cultural safety, and how to deliver culturally safe care in the ED setting; and • understands types of racism, and how to be anti-racist.
	E	• has some knowledge of health inequities and inequalities for Māori; • has ensured ED audits include an equity lens; and • ensures that Māori staff, patients and whānau do not experience racism or microaggressions.



Hiranga

ED Leadership and ED

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|----------|---|
| P | <ul style="list-style-type: none"> • have implemented Māori Health strategies and action plans previously mentioned, and are monitoring outcomes; • leaders have worked closely with the Māori Health team who are embedded and welcomed in ED and provide cultural support; and • welcomes new staff to the ED team in partnership with the Māori Health team through local or organisational pōwhiri. |
| Ō | <ul style="list-style-type: none"> • demonstrates that new staff and existing staff are all familiar with expectations as laid out in Painga with ongoing monitoring; • demonstrates ongoing monitoring that delivering culturally safe care in the ED; and • understands and supports the development of Kaupapa Māori services in the ED setting. |
| T | <ul style="list-style-type: none"> • has a strategy to support and promote Māori leadership and redress cultural loading; • shows evidence of incorporating Māori models of care, acknowledging Māori values, practices and language; • has evidence of implementation of local tikanga guidelines for patient care; • have sort feedback from mana whenua, hospital Māori Health team and/or Māori staff on process for re-design of the ED, and ensures that feedback informs future plans; and • demonstrates ongoing monitoring of accuracy ethnicity data capture for patients. |
| A | <ul style="list-style-type: none"> • produces a yearly report on progress towards Pae Ora; • have evidence that all staff have attended education sessions relevant to excellence in emergency care for Māori, and contribute to Manaaki Mana work; • shows how will support and promote Māori leadership and address cultural loading; • has evidence of meeting action points in the Manaaki Mana recommendations; and • EDs advocate that the hospitals and services to which ED patients are referred, and with which ED staff, patients and whānau interact have policies and practices that meet Te Tiriti o Waitangi obligations. |

	E • have data showing that accuracy of ethnicity data is regularly audited; • have evidence that quality standards, KPIs and audits include equity measures and when inequities have been discovered they have addressed, and monitoring is ongoing; • shows evidence that when hiring new staff, questions about equity, anti-racism, cultural safety and Te Tiriti o Waitangi have identified potential issues; • shows evidence of being able to attract and retain Māori staff; and • ensures equitable access for Māori patients and whānau.
Individual	P • actively works towards upholding Te Tiriti obligations and Manaaki Mana goals Ō • incorporates knowledge of Māori values, tikanga and te reo Māori into daily practice T • ensures tino rangatiratanga is upheld in daily practice and in ED planning A • actively promotes implementation of cultural safety, anti-racism, equity and Te Tiriti work in the ED setting and to services to which ED patients are referred E • ensures that audits and research include an equity lens and that improvements to address inequities are implemented, and promotes that other ED clinicians do the same



Provide and Demonstrate Equitable Care

Tīmatanga

ED Leadership and ED

- has a plan for evaluating Māori patient and whānau experiences and mechanisms for change;
- ensures that correct ethnicity data is collected for ED attendees and can show that has done at least one audit of ethnicity data collection accuracy;
- shows an understanding of auditing with an equity lens;
- ensures quality standards and KPIs include equity measures;
- advises staff performing audits to include equity measures in reports;
- ensures research includes partnership with Māori;
- reports equity results for three to five of the following quality measures:
 - accuracy of ethnicity data collection
 - time to PCI or thrombolysis in STEMI
 - time to antibiotics in sepsis
 - time to analgesia in acute pain (renal colic, fractures, appendicitis)
 - trauma outcomes
 - patients who left before treatment started or completed
 - equitable triage for common conditions such as chest pain, abdominal pain or paediatric fever
 - equitable and appropriate access to investigations and/or treatments such as:
 - CT scanning in renal colic or head injury or major trauma
 - ECG and aspirin in suspected acute coronary syndrome
 - morbidity and mortality
 - adverse outcomes
 - re-presentations
 - complaints
 - mental health services responsiveness to Māori patients and whānau
 - suicide risk assessment completion and/or suicide prevention strategies
 - appropriate discharge prescribing e.g. inhaled steroids in asthma
- plans for how to address inequities that are uncovered.

Individual

- starts reflecting on own audits or research previously done and whether an equity lens was included;
- starts reflecting on knowledge about health inequities for Māori;
- learns about ED audits done locally and advocates for equity measures in all audits;
- addresses knowledge gaps by learning about how to measure equity in ED care; and
- plans a future audit that includes checking for equity.

Painga

ED Leadership and ED

- ensures chosen quality standards and KPIs routinely report equity measures, with equal explanatory power;
- has evidence that, the majority of ED staff performing audits include equity measures in reports;
- shows evidence of addressing inequities that have been discovered in a timely manner;
- has evidence of partnership with Māori in research completed in the ED and some research is undertaken that is compatible with Kaupapa Māori research principles;
- has evidence of evaluating Māori patient and whānau experience and changes made in response; and
- reports equity results for five or more of the Tīmatanga quality measures.

Individual

- develops an understanding of the concept of equal explanatory power;
- demonstrates that knows how to measure equity in ED care;
- has done an audit that includes an equity lens, and has plans to address any inequities found;
- has reflected on knowledge gaps about health inequities for Māori and has remedied gaps; and
- had learned about ED audits done locally and has advocated for equity measures in all audits.

Hiranga

ED Leadership and ED

- ensures quality standards and KPIs, including all Tīmatanga quality measures routinely report equity measures;
- ensures all ED staff performing audits and research include reports of equity measures;
- shows evidence of addressing all inequities that have been discovered;
- shows that regularly audits accuracy of ethnicity data collection;
- collects ethnicity data from ED attendees than includes iwi/hapū identification;
- research completed in the ED has evidence of partnership with Māori and includes research consistent with Kaupapa Māori research methodologies; and
- reports equity results for 10 or more of the Tīmatanga quality measures.

Individual

- has performed one or more ED audits with an equity lens, that incorporates equal explanatory power, and has examples of addressing any inequities found in partnership with ED leadership team, Māori Health team and community;
- has excellent knowledge of inequities for Māori in the ED setting and useful strategies to address them;
- can discuss ED audits done locally and continues to advocate for equity measures in all audits; and
- actively helps other ED staff plan ED audits with an equity lens and equal explanatory power or plans own future audit cycles.



Be Anti-Racist in Action and Policy

Timatanga

ED Leadership and ED	• have started training on societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and decolonisation and how they apply in Aotearoa New Zealand; • have reflected on potential for institutional racism and bias in the ED and how to mitigate or remedy this; • have safe plans for evaluating whether patients, whānau and staff are experiencing racism, microaggressions or bias, such as anonymous surveys or safe qualitative research and/or National Patient Experience Survey; • have safe plans for remedial action when evidence of racism, microaggressions or bias is found, that are fair and acceptable to those affected; • have plans to support and encourage development of Māori ED workforce, including recruitment and retention strategies; and • staff are encouraged to reflect on societal, institutional, internalised and interpersonal racism, microaggressions, privilege, unconscious bias and decolonisation in Aotearoa New Zealand, have access to resources about these issues, and are encouraged and supported to attend training courses (e.g. Belong Aotearoa or Tauiri Tautoko).
Individual	• starts reflecting on societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and decolonisation and how they apply in Aotearoa New Zealand, and identifying knowledge gaps; • starts to access resources to address identified knowledge gaps; • reads ED and hospital policies on addressing racism and/or starts advocating for development of anti-racist policies; and • plans to attend an anti-racism training course.



Painga

ED Leadership and ED	• can show evidence that more than half of ED staff and trainees have attended training courses or reflected on societal, institutional, internalised and interpersonal racism, microaggressions, privilege, unconscious bias and decolonisation in Aotearoa New Zealand; • demonstrate understanding of societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias, decolonisation and have plans for prevention and intervention in the ED; • have evidence of evaluating whether patients, whānau and staff are experiencing racism, microaggressions or bias, and examples of successful remediation when found; and • have evidence of supporting development of Māori ED workforce including recruitment and retention strategies working toward population parity.
Individual	• has reflected on societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and decolonisation and how they apply in Aotearoa New Zealand, and started addressing knowledge gaps; • has found, read and understood ED and hospital policies on addressing racism, and/or advocated for development of anti-racist policies; • has attended an anti-racism training course, and begins to share learning with others; and • has made a plan about how to safely address any witnessed examples of racism or microaggressions.

Hiranga

ED Leadership and ED	• can show evidence that more than 80 per cent of ED staff have attended training courses and reflected on societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and decolonisation in Aotearoa New Zealand and have made changes to systems, practices and attitudes; • show evidence of monitoring to ensure that patients, whānau and staff experience no racism, microaggressions or bias, and/or; • demonstrates that when incidents of racism, microaggression or bias are uncovered, there are examples of safe, successful remediation, and progressive elimination; • demonstrates progressive improvement and success in Māori ED workforce recruitment, retention and development strategies; and • has advocated for anti-racism and bias mitigation policies within services to which ED patients are referred, and with which ED staff, patients and whānau interact.
Individual	• demonstrates has thorough knowledge about societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and decolonisation and how they apply in Aotearoa New Zealand; • role models and advocates for the development and implementation of anti-racist policies in their ED; • has attended an anti-racism training course and refreshers, and shares learning with others; and • can give examples of how they have safely addressed witnessed examples of racism or microaggressions.



Provide Culturally Safe Care

In the 2026 revision of this pou, Manaaki Mana are taking the position that there are three main aspects to providing culturally safe care for Māori in the emergency department setting: cultural safety, cultural competence, and Hauora Māori. This pou has been revised using definitions from the Cultural Safety Training Plan for Vocational Medicine in Aotearoa, and from discussions surrounding the drafts of Medical Council of New Zealand statements on cultural safety, cultural competence and Hauora Māori.

Table 1: Definitions of Hauora Māori, cultural competence and cultural safety

CULTURAL SAFETY	CULTURAL COMPETENCE	HAUORA MĀORI
Culturally safe medical practitioners engage in ongoing development of critical consciousness, involving self-reflection on their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect their practice. They examine and redress power relationships in consultations, with colleagues and within the healthcare ecosystem, and they commit to transformative action internally, horizontally and vertically. They ensure that cultural safety is defined by the patients, whānau, and communities that they serve.	Culturally competent medical practitioners are committed to ongoing development of the knowledge and skills to work effectively within cross-cultural contexts. They recognise that the definition of culture is wider than ethnic understandings, and includes other social groups defined by their behaviours, beliefs and values. They accommodate for the cultural preferences of patients, whānau and communities, and have knowledge of cultural protocols, beliefs and language, and use this to facilitate engagement with patients during clinical encounters. They have the communication skills and confidence to ask about cultural expectations and traditional practices, including the correct pronunciation of names.	Medical practitioners have knowledge of the historical and contemporary Māori health situation, use Māori health models within clinical practice, engage appropriately with Māori patients, whānau and communities, and are familiar with te reo Māori and tikanga Māori and the diversity of Māori beliefs, values and experiences. Health is considered a property of the collective rather than the individual and is holistically viewed, incorporating physical, mental, emotional, spiritual and whānau dimensions, and the relationship with whenua and environment.

<https://www.cmc.org.nz/media/4xmpx1dz/cultural-safety-training-plan-for-vocational-medicine-in-aotearoa.pdf>

ED Leadership and ED

Cultural Safety

- leaders have started training in the concepts of cultural safety and/or critical consciousness and reflected on potential biases and start encouraging staff to do the same;
 - demonstrates familiarity with regulatory bodies' policies and frameworks for cultural safety e.g. Medical Council of New Zealand and Council of Medical Colleges;
 - have begun exploring ways of getting feedback from patients and whānau and staff about whether ED is providing culturally safe care;
 - seeks feedback safely from ED staff (e.g. anonymous surveys) and reflects on whether the workplace is culturally safe, and whether senior staff model culturally safe care;
 - has plans for identifying practices contributing to a culturally unsafe workplace, or staff who need further cultural safety training, and have plans for remediation;
 - begins reflecting on reducing bias in ED patient care, teaching, management, workforce, research and data collection; and
 - begins reviewing workforce demographics and recruitment policies to determine if the ED reflects the diversity of the community it serves.
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Cultural Competence

- have begun developing the understanding of the definition of culture and knowledge and skills to work in cross-cultural contexts and begin to encourage staff to do the same;
 - developing communication skills to ask about cultural expectations including correct pronunciation of names and have started encouraging staff to do the same; and
 - starts developing mechanisms for ED patients and whānau to access support for cultural protocols, beliefs and language.
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Hauora Māori

- leaders have started accessing education that develops knowledge of Te Tiriti o Waitangi and Māori health issues and have begun ensuring staff have access to the same;
 - ensures staff and leaders have started implementation of local Tikanga Māori guidelines;
 - have started developing a relationship with the local Māori Health team, as well as Māori patients, whānau and communities;
 - ensures staff and leaders have opportunities to learn pronunciation of Māori names, place names and basic greetings, and role model everyday use of te reo;
 - developing familiarity with Māori health models, and holistic views of health; and
 - exploring mechanisms to ensure that audits include an equity lens for Māori.
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Individual**Cultural Safety**

- reviews Medical Council of New Zealand and Council of Medical Colleges policies and frameworks for cultural safety;
- starts reflecting on their own power, privilege, biases, attitudes, assumptions, stereotypes, prejudices, and characteristics that may affect the quality of ED care provided;
- starts to examine power relationships in consultations with patients, whānau and colleagues, and within organisations, health services, workplaces and training, that may affect ED care;
- makes plans to attend cultural safety training; and
- starts to consider how to change practice and influence healthcare to reduce bias and achieve equity in the ED setting.

Cultural Competence

- learns about the wider definition of culture that includes ethnicity and other social groups;
- starts to develop knowledge and skills to work in cross-cultural contexts; and
- starts to consider how to ask about cultural expectations and traditional practices.

Hauora Māori

- starts reflecting on knowledge of Te Tiriti o Waitangi, as well as historic and contemporary Māori health issues, inequities and models of care, identifies knowledge gaps and starts finding resources to address gaps;
- starts reflecting on the equity of their medical practice for Māori; and
- starts learning about tikanga Māori, te reo Māori pronunciation and Māori beliefs and values.

Painga**ED
Leadership
and ED****Cultural Safety**

- leaders and more than half of ED staff have undergone training in the concepts of cultural safety and/or critical consciousness and reflected on potential biases;
- can demonstrate has received feedback from patients, whānau and staff about whether ED is providing culturally safe care, and have started improvements, and/or staff remediation;
- can demonstrate changes made to reduce bias in ED patient care, teaching, management, workforce, research and data collection; and
- can demonstrate review of workforce demographics and recruitment policies and made changes to ensure ED workforce reflects community.

Cultural Competence

- leaders and many ED staff can demonstrate an understanding of the definition of culture and knowledge and skills to work in cross-cultural contexts;
- there is evidence that leaders and many ED staff have communication skills to ask about cultural expectations including correct pronunciation of names; and
- mechanisms for ED patients and whānau to access support for cultural protocols, beliefs and language are being trialled or established.



Hauora Māori

- almost all leaders can demonstrate knowledge of Te Tiriti o Waitangi, Māori health issues and Māori models of care more than half of ED staff have done training;
- leaders and ED staff are familiar with local Tikanga Māori guidelines;
- there is an established relationship with the local Māori Health team, as well as Māori patients, whānau and communities, and there is evidence that advice has been implemented;
- re-designs of the ED include consultation with mana whenua via the Māori Health team and Māori staff;
- leaders and many staff have learned pronunciation of Māori names, place names and basic greetings, and role model everyday use of te reo;
- te reo Māori is visible and heard within the ED and bilingual Māori/English signage is planned; and
- more than half of ED audits include an equity lens for Māori.

Cultural Safety

- Can discuss changes to ED practice after reflecting on their own power, privilege, biases, attitudes, assumptions, stereotypes, prejudices and characteristics;
- has taken steps to make or advocate for change after examining power relationships in consultations with patients, whānau and colleagues, and within organisations, health services workplaces and training;
- has attended cultural safety training; and
- can discuss how will change practice and influence healthcare to reduce bias and achieve equity in the ED setting.

Cultural Competence

- can demonstrate knowledge of the definition of culture that includes ethnicity and other social groups, as well as knowledge and skills to work in cross-cultural contexts; and
- has tried asking about cultural expectations and traditional practices.

Hauora Māori

- can discuss knowledge gaps regarding Te Tiriti o Waitangi, as well as historic and contemporary Māori health issues, inequities and models of care, and what resources were helpful to address them;
 - can discuss how has determined if their medical practice for Māori is equitable;
 - can demonstrate developing knowledge of tikanga Māori, te reo Māori pronunciation, Māori beliefs and values; and
 - considers how can build relationships with Māori Health, patients and whānau.
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Hiranga

ED Leadership and ED

Cultural Safety

- can demonstrate that more than 80 per cent of ED staff have undergone training in the concepts of cultural safety and/or critical consciousness and how biases have been mitigated with ongoing evaluation of workplace cultural safety;
- can demonstrate improvements and staff remediation made in response to feedback about whether ED is providing culturally safe care;
- can demonstrate ongoing changes in workforce demographics to ensure ED workforce reflects community; and
- ED staff advocate for culturally safe workplaces within services to which ED patients are referred, and with which ED staff, patients and whānau interact.

Cultural Competence

- leaders and more than 80 per cent of ED staff can demonstrate an understanding of the definition of culture and knowledge and skills to work in cross-cultural contexts, including communication skills to ask about cultural expectations; and
- ED patients and whānau have access to support for cultural protocols, beliefs and language and quality improvement cycles are ongoing.

Hauora Māori

- all leaders and more than 80 per cent of ED staff are familiar with Te Tiriti o Waitangi, Māori health issues, Māori models of care, tikanga guidelines and engagement practices such as pōwhiri, greeting and karakia;
- Māori Health staff are part of the ED team, with kaiawhina, pou whirinaki or similar advocates present for cultural support;
- re-designs of the ED include consultation with mana whenua via the Māori Health team throughout the process and reflect te ao Māori concepts so as to provide space for whānau to be together at all times if wished, and are safe places of healing or solace in times of distress with access to natural light and to te taiao (natural environment) if possible;
- leaders and staff demonstrate correct pronunciation of Māori names, place names and basic greetings, and role model everyday use of te reo;
- te reo Māori is widely visible and heard within the ED and bilingual Māori/English signage is widespread; and
- more than 80 per cent of ED audits include an equity lens for Māori.

Individual

Cultural Safety

- can demonstrate repeated evaluations and changes to ED practice after reflecting on their own power, privilege, biases, attitudes, assumptions, stereotypes, prejudices and characteristics, and advocacy undertaken for change after examining power relationships in consultations with patients, whānau and colleagues, and within organisations, health services, workplaces and training; and
- has examples of how has changed practice and influenced healthcare to reduce bias and achieve equity in the ED setting, and advocated for others to do the same.

Cultural Competence

- has examples of knowledge and skills developed to work in cross-cultural contexts in ED; and
- can give examples of how has asked about cultural expectations and traditional practices.

Hauora Māori

- has addressed knowledge gaps regarding Te Tiriti o Waitangi, as well as historic and contemporary Māori health issues, inequities and models of care, and has plan for keeping knowledge current;
- can give examples of ED audits has done to determine if practice for Māori is equitable;
- role models everyday use of te reo Māori, and can demonstrate correct pronunciation of Māori names, place names and basic greetings, as well as show knowledge of tikanga Māori; and
- can show that has built relationships with Māori Health team, patients and whānau.

References

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