



Australasian College
for Emergency Medicine

He Ara Tiatia ki te Taumata o Pae Ora Manaaki Mana

Pathways to achieving excellence in emergency care for Māori
steps and standards for discussion

SEPTEMBER 2021

About us

Australasian College for Emergency Medicine

The Australasian College for Emergency Medicine (ACEM) is the not-for-profit organisation responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand.

Our vision

is to be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, patient-focused emergency care.

Our mission

is to promote excellence in the delivery of quality emergency care to all of our communities through our committed and expert members.

Manaaki Mana

Te Rōpū Manaaki Mana is a Māori-majority group of FACEMs, nurses, Māori health leaders and ACEM support staff overseeing the implementation of *Te Rautaki Manaaki Mana*. Manaaki Mana is the name gifted to us by Dame R. Naida Glavish for ACEM's strategy to achieve excellence for Māori in emergency care. The name reflects our aim to provide care in ways that uphold the mana of those seeking our services and for that care to be culturally safe and equitable.

Contact details

Australia Office

34 Jeffcott St
West Melbourne VIC 3003
Australia

+61 3 9320 0444
admin@acem.org.au

Aotearoa New Zealand Office

Level 1, 114 The Terrace
Wellington 6011
New Zealand

(+64) 04 471 2333/4
acemnznz@acem.org.au



PAE ORA KETE



16%
population

one in five
presentations to ED

twice as likely

to die within 10 days
of leaving ED

Māori life expectancy is seven years less

than for non-Māori

93% of Māori experience daily racism

Māori youth three times as likely to die within thirty days following major trauma



Clinical markers

1. Accurate ethnicity data
2. Time to PCI or thrombolysis in ST elevation MI
3. Time to antibiotics or pain relief
4. Equitable triage
5. Left before treatment started or completed
6. Equitable access to investigations
7. Equitable ED mental health services
8. Equitable access to inpatient services (ICU, coronary care, access block)
9. Equitable access to outpatient services (e.g. fracture clinic, cardiac investigations, cancer care)
10. Equitable access to allied health staff (e.g. cultural support, physio, social worker, occupational therapist)
11. Best practice prescribing
12. ED review of M&M, representations, adverse events etc. by ethnicity



Patient markers

1. Manaakitanga
2. Culturally safe care
3. Equitable access & outcomes
4. Tikanga upheld
5. Shared decision making
6. Te Reo Māori is seen and heard with names pronounced and spelt correctly
7. Te Tiriti o Waitangi upheld
8. Māori ED doctors and nurses at population parity
9. Māori co-design visible
10. Historically literate staff understanding workplace and whānau context



Workforce markers

1. Leaders strive for equitable access and outcomes
2. Te Ao Māori valued
3. Te Reo use normalised
4. Te Tiriti o Waitangi honoured
5. Workforce diversity representative of community
6. Māori staff supported and cultural loading mitigated
7. Anti-racist actions and policies
8. Microaggressions identified & responded to appropriately
9. Staff education covers the above topics
10. Safe and healthy work environment for all staff



Māori are five times more likely to be hospitalised with **rheumatic heart disease**



ED is **the gateway** to hospitals and the bridge between community services and hospital services



What we do and how we do it **matters**: connection equals better care

Contents

About us.....	2
Pae Ora Kete	3
Background	5
Manaaki Mana vision	6
He Ara Tiatia ki te Taumata o Pae Ora	7
Manaaki Man Pathways values and goals	8
1. Uphold Te Tiriti o Waitangi in authentic partnerships	9
2. Seek to provide and demonstrate equitable care.....	10
3. Be anti-racist in action and policy.....	11
4. Provide culturally safe care	12

The artwork in this document

Ngā Rau o Tāne Mahuta – The Leaves of Tāne Mahuta

Rain captured by a single leaf can nourish the pillars of Tāne Mahuta (God of the Forest) and the veins of Papatūānuku (the land, Earth Mother).

The pattern represents rain captured on a leaf and fed into the body of a tree to give it strength so that it may protect the younger shoots. The veins of Papatūānuku are the roots that nourish, care and give mauri to the life of Tāne Mahuta.

Background

Health inequities and disparities for Māori are well documented.²⁻²⁴ The ongoing health inequities experienced by Māori are the subject of the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai2575) and the Ministry of Health Wai2575 Māori Health Trends Report was produced to inform the Inquiry.^{2,8}

The report shows improvements in Māori health over time, and some inequities diminishing, such as revascularisation heart procedure rates amongst Māori men, and infant and child mortality rates. There are many areas where improvements have been more marked for non-Māori than for Māori,² suggesting that our health system in Aotearoa New Zealand often works better for non-Māori than for Māori.

The Wai2575 report also tells us that overall ED attendance rates have increased over the years so that in 2016-2017 age standardised rates of attendances per 100 population were higher for Māori when compared to non-Māori².

Qualitative research has indicated that the ED environment, interactions with healthcare professionals and integration of the Māori view of health into clinical practice affect the experience of Māori patients in our EDs, with Māori often finding the public health system hostile and alienating.^{25,26}

In 2020, ACEM embedded in its constitution support for equity, and a commitment to the principles of Te Tiriti o Waitangi.²⁷ Te Rautaki Manaaki Mana, ACEM's strategy for excellence in emergency care for Māori¹, was launched in 2019, and since then the Manaaki Mana Strategy Implementation Steering Group has been working through action points and striving to bring the goals closer.

The first stated goal of Te Rautaki is that ACEM's vision for Manaaki Mana is clearly communicated to key stakeholders. This entails developing a set of ACEM standards on Pae Ora for emergency departments in Aotearoa NZ, which describe what excellence in care looks like, and how to measure equitable care.

A linked goal is to establish mechanisms to evaluate Pae Ora achievements by supporting the delivery of a research project that creates a set of measures to provide an annual snapshot of Māori health outcomes in the ED.

Currently there are no validated equity standards that provide useful or validated indicators of equity that are relevant to EDs in Aotearoa NZ. The Examining ED Inequities (EEDI) study showed that there are no significant differences in time stamp data such as "time to be seen" or access block between Māori and non-Māori but Māori are almost twice as likely to die within 10 days of ED discharge.^{6,11,28} This suggests that simple time stamp data alone are not a useful discriminator of equitable care and other factors are at play. These factors may include insitutional and interpersonal racism or bias in the way care is provided.

Systematic reviews and research projects are in planning stages but results from these will take some time as there are many resources to review.^{1-9,12-25,27,29-112} In the interim, the Manaaki Mana team have expertise within the rūpū and have consulted widely with Māori health researchers, experts, community representatives, health staff and our kaikōkiri/champions at hui and conferences around the motu to gauge what excellence in care looks like and how it could be measured.

The Medical Council of New Zealand and Te Ohu Rata o Aotearoa (Te ORA, Māori Medical Practitioners) have made recommendations on cultural safety and a pathway to Māori health equity.^{29,113,114} Te ORA has also recommended that health systems and clinicians alike undertake these four things:¹¹⁵

1. Uphold te Tiriti o Waitangi in authentic partnerships
2. Seek to provide and demonstrate equitable care
3. Be anti-racist in action and policy
4. Provide culturally safe care

We have combined these findings with available evidence and the principles of Te Tiriti o Waitangi to develop these interim Pae Ora Ara Tiatia – the steps we need to climb to reach Te Taumata o Pae Ora (the summit of excellent care): Tīmatanga (Beginning), Painga (Good practice), Hiranga (Excellence). These steps are also in part inspired by Te Ara Tika Guidelines for Māori ethics.¹¹⁷

References available on request.

||| **Manaaki Mana Vision:**

Emergency Departments in Aotearoa New Zealand will embody Pae Ora, providing excellent, culturally safe care to Māori, in an environment where Māori patients, whānau and staff feel valued, and where leaders actively seek to eliminate inequities.

||| **Whāia te pae tawhiti kia tata.**

||| **Whakamaua te pae tata kia tina.**

||| *Pursue the distant goal, make it closer, never let it go.*

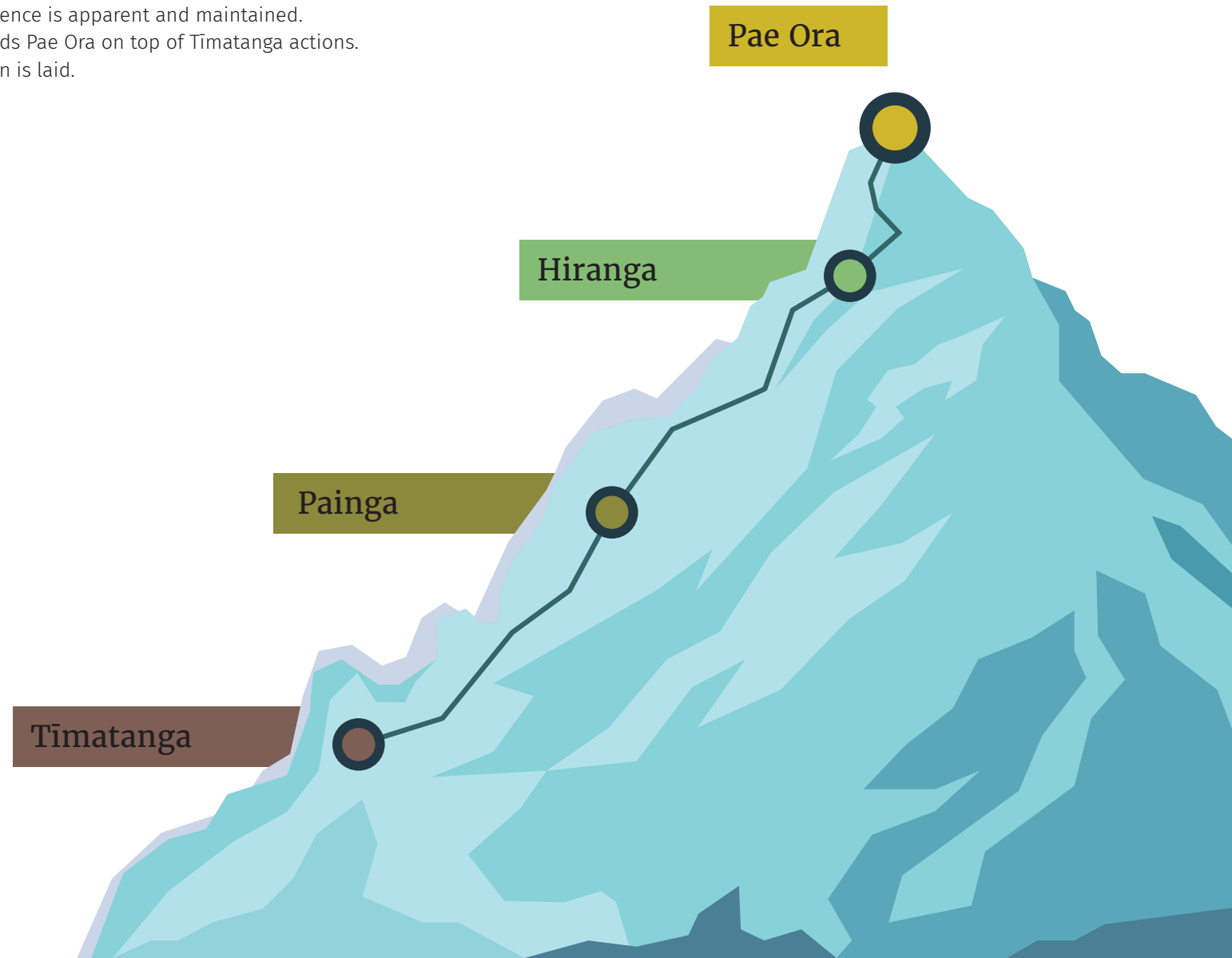
He Ara Tiatia ki te Taumata o Pae Ora

The first stated goal of *Te Rautaki Manaaki Mana*, ACEM's strategy for excellence in emergency care for Māori, was to develop a set of ACEM standards on Pae Ora for emergency departments in Aotearoa New Zealand. Our concept of He Ara ki te Taumata o Pae Ora is the progress we must make to reach the pinnacle of Pae Ora.

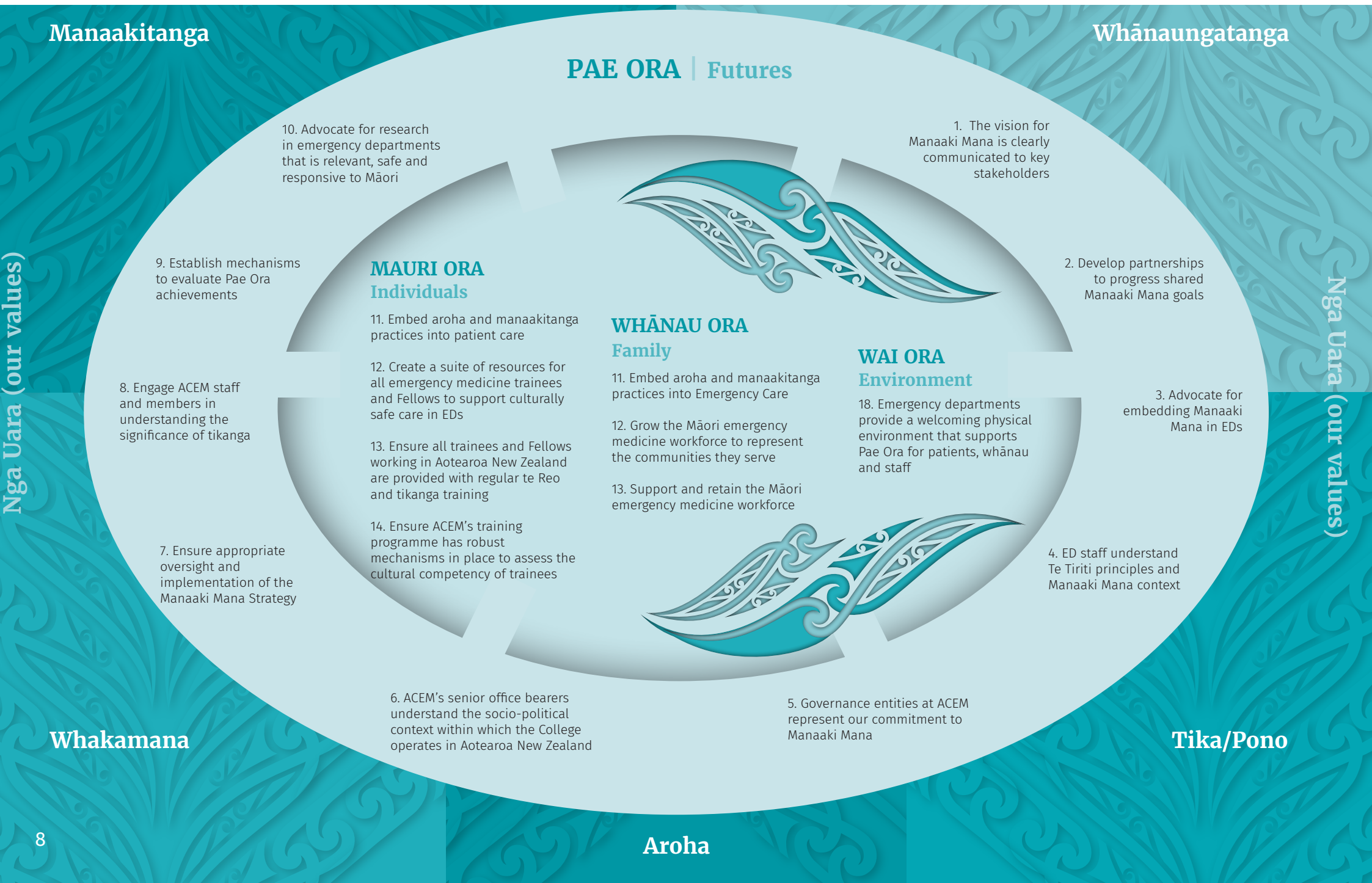
Hiranga is the pinnacle, where evidence of excellence is apparent and maintained.

Painga is good practice, ascending steadily towards Pae Ora on top of Tīmatanga actions.

Tīmatanga is the beginning, where the foundation is laid.



Manaaki Mana Pathways: values and goals¹



Uphold Te Tiriti o Waitangi in authentic partnerships

Tīmatanga (Beginning)

Emergency department leadership:

- has developed a relationship with the hospital Māori Health team
- are becoming familiar with Māori Health strategies and plans such as He Korowai Oranga, Whakamaua and Te Rautaki Manaaki Mana
- have attended Te Tiriti training courses
- have planned how Māori language, values, models of care and practices will be acknowledged in the ED, and how new staff will be orientated to them
- ensure that accurate ethnicity data is captured for patients

The emergency department:

- has publicised and begun implementation of local tikanga guidelines for patient care
- staff have access to Te Tiriti training courses and are encouraged to attend
- ensures workforce demographic data is audited to determine equitable representation
- quality standards and key performance indicators (KPIs) include equity measures

Painga = Tīmatanga + (Good practice = Beginning +)

Emergency department leadership:

- have evidence of a close relationship with the hospital Māori Health team including partnership on major projects
- have reviewed Māori Health strategies and action plans such as He Korowai Oranga, Whakamaua and Te Rautaki Manaaki Mana and commenced implementation of aspects within the ED
- ED More than half of the ED staff have attended Te Tiriti training courses
- Where quality standards and KPIs show inequities there are plans for elimination and monitoring

The emergency department:

- has evidence of implementation of local tikanga guidelines for patient care
- has evidence from Māori staff and the community that Māori language, values, models of care and practices are respected in the ED
- 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 Māori language, values, and practices, and that existing staff are also familiar with these expectations
- shows progress towards equitable workforce representation, with plans to attract and retaining Māori staff
- have plans for elimination and ongoing monitoring where KPIs and Pae Ora quality standards show inequities

Hiranga = Tīmatanga + Painga + (Excellence = Beginning + Good Practice +)

Emergency department leadership:

- have implemented Māori Health strategies and action plans such as He Korowai Oranga, Whakamaua, Te Rautaki Manaaki Mana and Pae Ora standards and are monitoring outcomes

The emergency department:

- has evidence of achieving Tīmatanga and Painga goals for all patients and staff, and ongoing monitoring
- welcomes new staff to the ED team in partnership with the Māori Health team through local or organisational pōwhiri as well as meeting the Painga orientation goals
- has evidence of meeting obligations and action points for all the principles of Te Tiriti o Waitangi as outlined in the Manaaki Mana recommendations
- 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 Tiriti obligations.

Provide and demonstrate equitable care

Tīmatanga (Beginning)

Emergency department leadership:

- has a plan for evaluating Māori patient and whānau experience and mechanisms for change

The emergency department:

- ensures quality standards and key performance indicators (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 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
 - representations
 - complaints
 - mental health services responsiveness to Māori patients and whānau
 - appropriate discharge prescribing – e.g. inhaled steroids in asthma
- plans for how to address inequities that are uncovered

Painga = Tīmatanga + (Good practice = Beginning +)

The emergency department:

- ensures quality standards and KPIs routinely report equity measures
- has evidence the majority of ED staff performing audits include equity measures in reports
- has evidence of partnership with Māori in research completed in the ED, and some research compatible with Kaupapa Māori Research principles occurs
- has evidence of evaluating Māori patient and whānau experience and changes made in response
- reports equity results for 10 or more of the Tīmatanga quality measures
- shows evidence of addressing inequities that have been discovered

Hiranga = Tīmatanga + Painga + (Excellence = Beginning + Good Practice +)

The emergency department:

- Quality standards and KPIs, including all Tīmatanga quality measures, and all ED staff performing audits routinely report equity measures
- Research completed in the ED has evidence of partnership with Māori and research with Kaupapa Māori Research methodologies
- EDs show evidence of addressing inequities that have been discovered
- reports equity results for 10 or more of the Tīmatanga quality measures

Be anti-racist in action and policy

Tīmatanga (Beginning)

Emergency department leadership:

- have undergone training on societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and decolonisation and how they apply in Aotearoa NZ
- reflect 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
- have safe plans for remedial action if 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

The emergency department:

- is encouraged to reflect on societal, institutional, internalised and interpersonal racism, microaggressions, privilege, unconscious bias and decolonisation in Aotearoa NZ, have access to resources about these issues, and are encouraged to attend training courses

Painga = Tīmatanga + (Good practice = Beginning +)

Emergency department leadership:

- demonstrate understanding of societal, institutional, internalised and interpersonal racism, microaggressions, types of privilege, unconscious bias and 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
- have evidence of supporting development of Māori ED workforce including recruitment and retention strategies working toward population parity
- develop culturally appropriate models of care for the ED

The emergency department:

- 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 NZ

Hiranga = Tīmatanga + Painga + (Excellence = Beginning + Good Practice +)

The emergency department:

- can evidence that all 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 NZ and have made changes to systems, practices and attitudes
- monitors to ensure that patients, whānau and staff experience no racism, microaggressions or bias, or if isolated incidents 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
- implement culturally appropriate models of care and interventions to address institutional bias in ED are evaluated and demonstrate improvement in experiences and outcomes
- advocate for anti-racism and bias mitigation policies within services to which ED patients are referred, and with which ED staff, patients and whānau interact

Provide culturally safe care

Tīmatanga (Beginning)

Emergency department leadership:

- has access to training in the concepts of cultural safety and can demonstrate awareness of how their own world views impact on the care they provide and how they have taken steps to mitigate potential biases
- ensures staff have access to local tikanga Māori guidelines, and have an understanding of tikanga, particularly as it pertains to the body, and wellbeing (physical, mental and spiritual), and to matters of birth and death
- has opportunity to learn correct pronunciation of Māori names and place names, and basic greetings, and role model everyday use of Te Reo
- plan for evaluating whether ED provides culturally safe care, which includes consultation with local Māori Health team, Māori patients, whānau and staff and could include:
 - visual inspection of the ED with experts
 - interviews with ED staff
 - assessment of departmental teaching for both seniors and juniors
 - anonymous staff and trainee surveys, that ask if this a culturally safe work place, whether senior staff model culturally safe care, and for examples of experiences and attitudes
 - review of workforce demographics and recruitment policies to determine if the ED reflects the ethnic diversity of the community it serves
 - asking Māori health staff as a group about their experiences working in ED
- has plans for identifying practices contributing to a culturally unsafe workplace, or staff who need further cultural safety training, and have plans for remediation

The emergency department:

- provides all staff with opportunities to learn correct pronunciation of Māori names, place names and basic greetings and Māori staff with time to undertake advanced Te Reo classes
- supports staff attending external te Reo courses through flexible rostering, prioritising Māori

Painga = Tīmatanga + (Good practice = Beginning +)

Emergency department leadership:

- have undergone cultural safety training (together with more than half of ED staff) and can demonstrate how potential biases have been mitigated
- has completed evaluations of whether the ED provides culturally safe care, and made improvements

The emergency department:

- staff are familiar with tikanga guidelines and that they are implemented in the ED
- Implements advice from the Māori Health team and staff and Māori models of care
- Te Ao Māori concepts considered during planned changes to systems or ED design
- The majority of ED staff have had training in correct pronunciation and use of Te Reo Māori kupu or phrases and Te Reo Māori is visible and heard within the ED

Hiranga = Tīmatanga + Painga + (Excellence = Beginning + Good Practice +)

The emergency department:

- can demonstrate that more than 80 per cent of ED staff have undergone cultural safety training and how potential biases have been mitigated, with ongoing evaluation of workplace cultural safety
- can show staff use correct pronunciation and use Te Reo Māori kupu or phrases
- Te Reo Māori is widely visible and heard within the ED
- ensures Māori Health staff are part of the ED team, with kaiawhina, pou whirinaki or similar advocates present for cultural support or system navigation that whānau need
- leadership team and staff are familiar with Māori models of care (Whare Tapa Whā, etc.) and engagement processes and all are comfortable when used (e.g. karakia)
- re-designs 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
- advocates for culturally safe workplaces within services to which ED patients are referred, and with which ED staff, patients and whānau interact
- ED team advocate for culturally safe workplaces within services to which ED patients are referred, and with which ED staff, patients and whānau interact



Australasian College for Emergency Medicine

34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au

September 2021