



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

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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.

Contents

About Us	2
Vision and Values	3
Background	4
Manaaki Mana vision	6
He Ara Tiatia ki te Taumata o Pae Ora	7
1. Uphold Te Tiriti o Waitangi in authentic partnerships	8
2. Provide and demonstrate equitable care	10
3. Be anti-racist in action and policy	12
4. Provide culturally safe care	14
Te Reo Māori Glossary	16





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

To be the trusted authority for ensuring clinical, professional and training standards in the provision of quality, evidence-based, patient-centred emergency care.

Our mission

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

About Manaaki Mana

Te Rōpū Manaaki Mana is a Māori-majority group of emergency physicians, 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.



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-Māori.²

Qualitative research has indicated that the ED environment, interactions with healthcare professionals and integration of Māori views of health into clinical practice affects 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 Māori, 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 New Zealand, 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 indicators of equity that are relevant to EDs in Aotearoa New Zealand. 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 is not a useful discriminator of equitable care and that other factors are at play. These factors may include institutional 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 Steering Group have utilised the expertise within the rōpū 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): Timatanga (Beginning), Painga (Good practice), Hiranga (Excellence). These steps are also in part inspired by Te Ara Tika Guidelines for Māori Research 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.

Ngā Uara o Manaaki Mana:

Emergency Departments in Aotearoa New Zealand will embody our uara/values of manaakitanga, whanaungatanga, whakamana, aroha, tika me pono, wairua and kaitiakitanga.

Manaakitanga matters:

Manaakitanga means better care, compassion and connection.

Whāia te pae tawhiti kia tata. Whakamaua te pae tata kia tina.

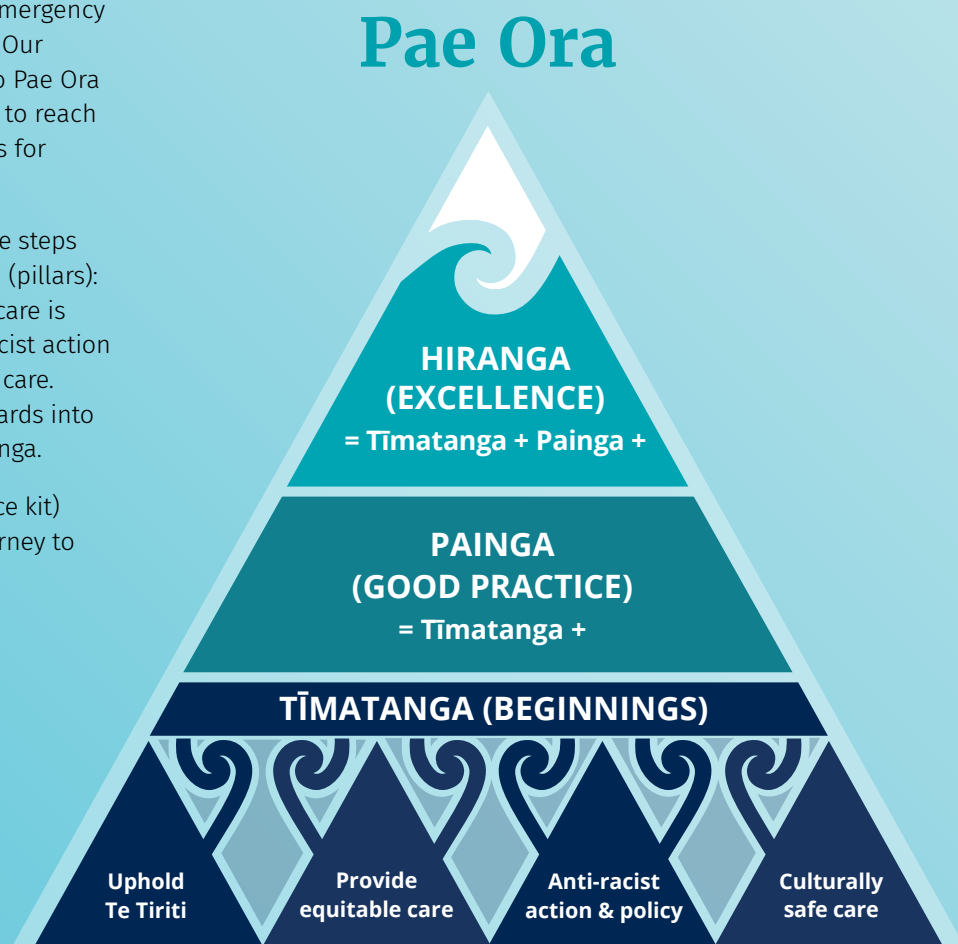
Pursue the distant goal, make it closer, never let it go.

He Ara Tiatia ki te Taumata o Pae Ora

The first stated action of Te Rautaki Manaaki Mana (2019 – 2022), 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 Tiatia ki te Taumata o Pae Ora is the stepwise progress we must make to reach the pinnacle of Pae Ora (healthy futures for Māori).

Pae Ora can be achieved by following the steps outlined here for each of these four pou (pillars): upholding Te Tiriti o Waitangi, ensuring care is equitable, dismantling racism by anti-racist action and policy, and providing culturally safe care. We have grouped the actions and standards into three levels: Tīmatanga, Painga and Hiranga.

Te Kete Rauemi (Manaaki Mana’s resource kit) holds many useful resources for the journey to 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 we may be able to undertake some hiranga actions before completing all those listed under painga.

Uphold Te Tiriti o Waitangi in authentic partnerships

Tīmatanga (Beginning)

Emergency department leadership:

- has developed a relationship with the hospital Māori Health team
- are familiar with Māori Health strategies and plans such as He Korowai Oranga, Whakamaua, Wai 2575, Te Rautaki Manaaki Mana, and Manaaki Mana Te Tiriti documents
- have attended Te Tiriti training courses
- have planned how Te Reo Māori, 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
- ensures that during any re-design of the ED, mana whenua consultation occurs with the assistance of the hospital Māori Health team

The emergency department:

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

Uphold Te Tiriti o Waitangi in authentic partnerships

Painga = Tīmatanga + (Good practice = Beginning +)

Emergency department leadership:

- 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 such as He Korowai Oranga, Whakamaua and Te Rautaki Manaaki Mana, and Manaaki Mana Te Tiriti documents, and demonstrate progress to implementation of aspects within the ED
- demonstrate that more than half of the ED staff have attended Te Tiriti training courses
- show that 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 Te Ao Māori, 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 Te Reo Māori, values, and practices, and that existing staff are also familiar with these expectations
- shows progress towards equitable workforce representation, with plans to attract and retain Māori staff
- where KPI's and Pae Ora standards show inequities, have plans to eliminate these and undertake ongoing monitoring

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

Emergency department leadership:

- have implemented Māori Health strategies and action plans such as Te Rautaki Manaaki Mana, Manaaki Mana Te Tiriti document and Pae Ora standards and are monitoring outcomes
- have worked closely with the Māori health team to embed cultural support within the ED

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 experiences and mechanisms for change
- ensures that correct ethnicity data is collected for ED attendees
- 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

The emergency department:

- 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

Provide and demonstrate equitable care

Painga = Tīmatanga + (Good practice = Beginning +)

Emergency department leadership:

- 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

The emergency department:

- 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
- reports equity results for five-10 or more of the Tīmatanga quality measures

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

Emergency department leadership:

- 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 inequities that have been discovered

The emergency department:

- collects ethnicity data from ED attendees than includes iwi/hapū identification
- research completed in the ED has evidence of partnership with Māori and research consistent with Kaupapa Māori research methodologies
- reports equity results for 10 or more of the Tīmatanga quality measures

Be anti-racist in action and policy

Dismantle/eliminate racism through targeted action, and deliberate and intentional policy

Tīmatanga (Beginning)

Emergency department leadership:

- 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
- 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

The emergency department:

- 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

Be anti-racist in action and policy

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 New Zealand

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

Emergency department leadership:

- can show 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 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
- demonstrate that when incidents of racism, microaggression or bias are uncovered, there are examples of safe, successful remediation, and progressive elimination

The emergency department:

- demonstrates progressive improvement and success in Māori ED workforce recruitment, retention and development strategies
- has implemented culturally appropriate models of care and interventions to address institutional bias in ED are evaluated and demonstrate improvement in experiences and outcomes
- 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

Provide culturally safe care

Tīmatanga (Beginning)

Emergency department leadership:

- has access to training in the concepts of cultural safety and/or critical consciousness and have reflected on potential biases
- demonstrates familiarity with Medical Council of New Zealand and Council of Medical Colleges policies and frameworks for cultural safety
- encourages staff to participate in cultural safety and/or critical consciousness training
- 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 opportunities to learn pronunciation of Māori names and place names, and basic greetings, and role model everyday use of Te Reo
- has started to 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 and/or anonymous staff and trainee surveys, that ask if this a culturally safe workplace, whether senior staff model culturally safe care, and for examples of experiences and attitudes
 - assessment of departmental teaching for both seniors and juniors
 - 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
- ensures Te Ao Maori concepts are considered during planned changes to systems or ED design, and mana whenua are consulted throughout the process

The emergency department:

- provides all staff with opportunities to learn pronunciation and use of Te Reo Maori kupu and phrases, such as greetings, names and places
- supports all staff to attend Te Reo classes to an advanced level, prioritising Māori staff
- supports staff attending cultural safety training

Provide culturally safe care

Painga = Tīmatanga + (Good practice = Beginning +)

Emergency department leadership:

- have undergone cultural safety training (together with more than half of ED staff) and can demonstrate awareness of how their own world view impacts on the care they provide and how they have taken steps to mitigate biases
- has completed evaluations of whether the ED provides culturally safe care, and made improvements

The emergency department:

- staff have undergone cultural safety training, are familiar with tikanga guidelines, and these are implemented in the ED
- implements advice from the Māori Health team and staff and Māori models of care
- the majority of ED staff have had training in pronunciation and use of Te Reo Māori kupu or phrases
- Te Reo Māori is visible and heard within the ED
- bilingual Māori-English signage is planned in consultation with mana whenua, and follows Te Puni Kōkiri guidelines

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

Emergency department leadership:

- can demonstrate that more than 80 per cent of ED staff have undergone cultural safety training and how biases have been mitigated, with ongoing evaluation of workplace cultural safety
- leadership team are familiar and comfortable with Māori models of care (e.g. Whare Tapa Whā) and tikanga of engagement, such as pōwhiri, greetings and karakia

The emergency department:

- can show staff use appropriate pronunciation and use of 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 may need
- staff are familiar and comfortable with Māori models of care (e.g. Whare Tapa Whā) and tikanga of engagement, such as pōwhiri, greetings and karakia
- re-designs of emergency departments 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
- staff advocate for culturally safe workplaces within services to which ED patients are referred, and with which ED staff, patients and whānau interact

Te Reo Māori Glossary

Aotearoa: originally the name for the North Island; now used as the Te Reo Māori name for New Zealand

Aroha: translated it means love; in our context it encompasses compassion, kindness, all five senses and intellect. It is the absence of ego. In Te Ao Māori, aroha encompasses the breath of life and the creative force of the spirit, and it assumes that the universe is abundant, and that there are more opportunities than people. It seeks and draws out the best in people, it rejects greed, aggression and ignorance and instead encourages actions that are generous

Hapū: kinship group, subtribe – section of a large kinship group and the primary political unit in traditional Māori society. A hapū consists of a number of whānau sharing descent from a common ancestor, usually being named after the ancestor, but sometimes from an important event in the group's history. A number of related hapū usually share adjacent territories forming a looser tribal federation (iwi)

Hiranga: excellence, superiority, significance

Hui: gathering, meeting, assembly, seminar, conference

Hui-ā-Tau: annual meeting

Iwi: extended kinship group, tribe, nation, people, nationality, race – often refers to a large group of people descended from a common ancestor and associated with a distinct territory

Karakia: prayer, incantation, ritual chant

Kaiawhina: helper, assistant, contributor, counsel, advocate

Kaikōkiri: champion/s

Kaumātua: an elder, a person of status within the whānau

Kete: a basket or kit of knowledge

Kupu: word, vocabulary, saying, talk, message, statement, utterance, lyric

Mana: prestige, authority, control, power, influence, status, spiritual power, charisma

Mana whenua: territorial rights, power from the land, authority over land or territory, associated with occupation of tribal land

Manaaki: to support, take care of, give hospitality to, protect, look out for – show respect, generosity and care for others

Manaakitanga: To look after, respect and care for. Behaviour that acknowledges the mana of others as having equal or greater importance than one's own, through the expression of aroha, hospitality, generosity and mutual respect. In doing so, all parties are elevated and status is enhanced, building unity through humility and the act of giving

Marae: the open area in front of the wharehau (main meeting house), where formal greetings and discussions take place. Often also used to include the complex of buildings around the marae

Mātauranga Māori: Māori knowledge, wisdom, understanding

Mauri Ora: healthy individuals

Mihi: to greet, pay tribute, acknowledge, thank

Moemoeā: vision or purpose

Motu: island, country, land

Pae Ora: healthy futures for whānau

Painga: good, gain, benefit, wellbeing

Pou whirinaki: post to lean on, dependable person, pillar of support, reliable person

Pōwhiri: the custom of welcoming and hosting manuhiri (visitors). Even when you are not on a marae (for example in an office space or other meeting venues) protocols guide how pōwhiri should be conducted

Rongoā: Traditional Māori medicine. It includes herbal medicine made from plants, physical techniques like massage, and spiritual healing

Tangata whenua: often translated as First People of Aotearoa New Zealand. Tangata whenua literally means people of the land – those who have authority in a particular place. This is based on a deep relationship with that place, through births and ancestors' births

Taonga: treasure – applied to anything considered to be of value including socially or culturally valuable objects, resources, phenomenon, ideas and techniques

Te Ao Māori: Māori world, Māori world view

Te Puni Kōkiri: Ministry of Māori Development

Te Reo Māori (Te Reo): the Māori language

Te Tiriti o Waitangi (Te Tiriti): The Treaty of Waitangi

Tika me Pono: to be correct, true, loyal, upright, fair, accurate, appropriate, lawful, valid

Tikanga: correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol – the customary system of values and practices that have developed over time and are deeply embedded in the social context

Tīmatanga: beginning, introduction, starting, commencement

Wai Ora: healthy environments

Whakaaro: thought, opinion, plan, understanding, idea, intention, gift, conscience

Whakamana: to give authority, self-determination, empower and validate others, values, principles and vision

Whakataukī: Proverb or significant saying. Whakataukī play an important role in Māori culture

Whānau: extended family, family group, a familiar term of address to a number of people. Increasingly used to include friends who may not have kinship ties

Whānau Ora: healthy families

Whanaungatanga: underpins the social organisation of whānau, hapū, and iwi, and includes rights and reciprocal obligations consistent with being part of a collective. It is the principle which binds individuals to the wider group and affirms the value of the collective. Whanaungatanga is inter-dependence with each other and recognition that the people are our wealth





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