

28 April 2022

Q and As: Whānau Māori experiences of major trauma care and rehabilitation | Ngā whānau Māori wheako ki te tauwhiro pāmamae me te whakaoranga report.

Q. What is the name of the report?

A. Whānau Māori experiences of major trauma care and rehabilitation | Ngā whānau Māori wheako ki te tauwhiro pāmamae me te whakaoranga.

Q Who commissioned this report?

A. The Health Quality and Safety Commission ('the Commission') Major Trauma programme and the National Trauma Network.

Q. When was the report commissioned?

A. Work on this project began in December 2020.

Q. Who was the project lead?

A. Sharon Pihema (Ngati Porou), a consultant to the Commission, was the project lead and report author.

Q. Why was this project necessary?

A. In Aotearoa New Zealand, major trauma is one of the leading causes of injury, long-term disability and, in some cases, death (Derrett et al 2017; Ministry of Health 2020a).

Māori experience major trauma significantly more often than non-Māori. During recovery and rehabilitation, Māori have traditionally had lower rates of access to services, can take longer to access services and are also likely to have fewer interactions with those services than non-Māori.

The combined experience for Māori of having a greater burden of injury, and less access to health services intended to support rehabilitation, makes improving a system of care for Māori an important problem to solve. Understanding experiences of care and rehabilitation may provide insights to focus improvement efforts.

Q. What was the purpose of the project?

A. We aspire to ensure equitable outcomes of care for Māori whānau, and that they receive optimal care and rehabilitation after major trauma.

We sought to listen to the experiences of whānau to build stronger understanding of what would promote positive care experiences and influence longer-term effects of injury among Māori.

Q. What was the project's goal?

A: To share the taonga of the voices of patients and whānau who had undergone lived experience of major trauma rehabilitation to:

- understand whānau Māori experiences to help identify alternative views for system design, and culturally responsive care delivery
- identify recommendations and actions that could be undertaken across the trauma system, particularly hospital care and during rehabilitation, towards promoting positive experiences for Māori.

Q. Which groups were interviewed for the report?

- A. Interviews took place with 21 Māori aged between 16-64 years who had experienced trauma (ranging from brain injury to amputation) following motor vehicle, bike, scooter, falls and assault. We also had kōrero with seven whānau.

Q. What format was followed in the interviews?

- A. Interviews began by whakawhanaungatanga (building connection). Once participants and whānau felt comfortable, the interview began with the focus on their rehabilitation journey.

Q: Which topics were covered during the interviews?

- A. Topics covered during the kōrero included:
- background to the events surrounding the injuries
 - time in hospital, and if applicable, rehabilitation centre
 - the transition home
 - follow-up support
 - what helped and hindered recovery
 - how services met their cultural needs.

Q. What feedback did the interviewees provide about their care from health services?

- A. While only four interviewees described their rehabilitation experience as entirely positive, several whānau spoke of Māori staff members in hospitals or rehabilitation centres providing valuable cultural support during their stay.
- *Manaakitanga* and *piki ora* (wellbeing support, recovery) was highly valued.
 - Many interviewees said that when kaupapa Māori principles such as *wairuatanga* (spirituality), *whanaungatanga* (family connections), and *kotahitanga* (togetherness) were present, they became more engaged in the care process and their recovery became easier and rehabilitation less difficult.

Q. What recommendations and actions are identified in the report?

- A. Applying an equity-focused lens, the report identified the following recommendations and actions as important considerations in building culturally and medically responsive health and social services for trauma care.

1. Ko te whakawhanaungatanga me noho hei whāinga matua mā ngā kaiwhakarato tauwhiro hāpori | Whakawhanaungatanga must be a priority for all health and social service providers.

- Action: All trauma clinicians practise whakawhanaungatanga with Māori patients and whānau.

2. Me whai e ngā ringa tauwhiro pāmamae i te tikanga ahurea | All trauma clinicians must adopt and be accountable for a culturally effective approach.

- Action: All large trauma centres make kaiāwhina (assistants) available to be an integral part of trauma teams.

- Action: Where available, and patients agree to it, routinely refer Māori trauma patients to the hospital's Māori support service.
- Action: All hospital trauma clinicians receive training in cultural competency and are encouraged to learn te reo Māori.

3. Me tātari, me aro turuki me te tautoko hoki e ngā kaiwhakarato hauora me ngā kaiwhakarato tauwhiro hapori te oranga ngākau o te tūroro me te whānau | Health and social service providers must assess, monitor and support the psychological and emotional wellbeing of the patient and whānau.

- Action: Providers routinely screen all Māori major trauma patients for clinical signs of pain, post-traumatic stress disorder (PTSD) and concussion, with whānau engagement and referral as appropriate.
- Action: All health and social service providers, where feasible, assess the wellbeing of the patient and whānau using a hauora Māori (Māori health) model.

4. Me noho tahi me te tautoko ngā rāngai i ngā whānau Māori | Agencies must involve and provide supports for whānau Māori.

- Action: All agencies working with major trauma patients and whānau, including regional trauma networks, use a consumer/whānau panel to inform service improvement.
- Action: The Accident Compensation Corporation (ACC) and the National Trauma Network develop patient and whānau information resources specifically for Māori and actively distribute them across trauma teams and contracted provider services.

5. Me mahi tahi me tautoko hoki e ngā rāngai ngā ratonga Māori | Agencies must invest in kaupapa Māori service providers and support their use.

- Action: ACC and trauma services facilitate options for routinely referring Māori patients to kaupapa Māori (Māori-themed) or rongoā māori (natural medicine) services.
- Action: ACC strengthens mechanisms to liaise with other agencies on complex social cases through identifying need early.
- Action: All health and social service agencies invest in training staff, including ACC case managers and hospital Māori support service staff, to effectively communicate with rangatahi (youth).

6. Me ine e ngā rāngai ngā kaupapa nui ki te Māori | Agencies must measure what matters to Māori.

- Action: The Health Quality & Safety Commission continues to rework in-hospital patient experience survey tools so they include cultural competence of providers.
- Action: The National Trauma Network routinely measures patient-reported outcomes for Māori.

Q. What does Whakawhanaungatanga mean?

A. Whakawhanaungatanga is about making connections, taking time to foster relationships and relating to people in culturally appropriate ways.

Q. Why does the report call for health services to make whakawhanaungatanga central to the care and rehabilitation of Māori suffering traumatic injury?

A. Establishing a relationship with a health care team has been identified as a key factor in a person's positive experience of care. While there have been several national and international campaigns to help achieve this, to date few culturally responsive approaches to trauma care for Māori have been identified.

Based on what our participants said, we believe that whakawhanaungatanga is an important and necessary step to engage whānau in the rehabilitation journey. This supports trust building, effective communication, making decisions about care, and thinking about wellbeing beyond physical injury.

Q. What are the next steps?

A. In May and June 2022 the Commission and the National Trauma Network will work together to communicate the findings through district health boards (DHBs) and select Hauora Māori providers.

We will look towards a focussed discussion around what opportunities there are locally to improve experiences of care in major trauma for Māori.

Our goal is to continue to look for innovations in culturally responsive care for Māori, learn how they are improving outcomes and share this information widely.

Q: Which groups does the Commission expect will take part in improving experiences of care?

A: Equity of care and outcomes is a major focus for the health system. It is expected a broad range of people will be involved in achieving this goal.

For trauma services, regional and DHB trauma teams should lead improvement projects but with support from local DHB Māori support services. Consumers and whānau should be involved with any cultural advisors as required.

The Accident Compensation Corporation has been piloting the delivery of Te Ao Māori models of care and rehabilitation.

We expect there will be some ongoing collaboration to expand this work in future.