

Tikanga Best Practice Document

Overview

Goal	To provide services within the Bay Of Plenty District Health Board (BOPDHB) that are responsive to Māori , needs and interests.
Objective	To ensure the Mana Atua (spiritual), Mana Whenua (connection to the land) Mana Tupuna (ancestry) and Mana Tangata (self and family) wellbeing of urihaumate(Māori consumers/ clients/ patients) and their whānau (family and extended family group).
Responsibility	All BOPDHB employees (including contracted staff) are responsible for ensuring this policy is implemented.
Guiding Principles	<p>As soon as <i>urihaumate</i> (Māori consumers/ clients/ patients) and their <i>whānau</i> are involved with a healthcare service they are deemed to be in a state of <i>noa</i> (being beyond one's own physical and/or spiritual power) e.g. disempowered. Acknowledging a person's rites/rights and respecting their beliefs restores the <i>tapu</i> (well-being/empowerment) of <i>urihaumate</i> and their <i>whānau</i> (e.g. permission is always asked for and an explanation given prior to any intervention). If informed consent and compliance with <i>tikanga</i> is not carried out in a respectful manner during the care of <i>urihaumate</i> then a <i>mahi hē</i> (offence) has been committed. This is regardless of how small the <i>mahi hē</i> may appear. Another action is then required to correct the <i>mahi hē</i> to bring about <i>murū hē</i> (restoration and healing).</p>

Note: This policy is inclusive of all Māori seeking or requiring assistance from a health professional (i.e. Ngā wāhine hapū (pregnant women.)

Tikanga Recommended Best Practice is primarily focused on Māori as they reflect Māori values and concepts. However, they can also be made available and delivered to consumers of health services regardless of ethnicity as they include best practice standards of care.

Central to the policy is the expectation that all users of health services are treated with dignity and respect. In turn, users of health services are expected to behave respectfully. In exercising the principles of the policy it is anticipated that the awareness and confidence of the health workforce will be raised and in doing so staff will demonstrate consideration of wider cultural needs and expectations.

Tikanga Recommended Best Practice offers choice to the community about how health care is delivered. The document outlines processes for all staff to follow that are integral to best practice and will assist in the delivery of quality health services within the BOPDHB.

Associated documents	The table below indicates other documents associated with this procedure.
Type	Document Title(s)
Board Policy Manual	<p>1.4 Cultural Appropriateness</p> <ul style="list-style-type: none"> • 1,4,4, Cultural Safety – Maori • 1,4,4,P1 Cultural Safety - Maori - Standards • 1,4,4,P2 Cultural Safety - Linen Usage • 1,4,4,P3 Cultural Safety - Kawa Procedure <p>6.6.1 Death of a Patient Bay of Plenty District Health Board policy</p> <ul style="list-style-type: none"> • 6.6.1 protocol 1 Death of a Patient - Notification of Death – Record of Death Bay of Plenty District Health Board policy • 6.6.1 protocol 2 Death of a Patient - Coroner Notification and Investigation Bay of Plenty District Health Board policy • 6.6.1 protocol 13 Death of a Patient - Blessing of the Room after a Patient Has Died Bay of Plenty District Health Board Hospital Support Services protocol HSS.O1.1 Body Storage Facility (Tauranga Hospital) Bay of Plenty District Health Board Record of Death form (7405)
Reference	RMHS Cultural Safety

Procedures

Karakia (blessings/ incantation /prayer)

- At all times urihaumate and whānau will be verbally offered (from early in the care process) the choice of having karakia. In particular this needs to be offered before and after surgery.
- Staff will make arrangements for the chaplain to attend if required. This will be offered to all urihaumate and whānau.
- Staff will support the need for karakia at all times during urihaumate care.
- Staff will offer and support karakia in a variety of heightened situations e.g. psychotic incidents. This may involve discussion with whānau and/or appropriate Māori staff.
- Time will be allowed for karakia.
- Karakia will not be interrupted unless the physical care of urihaumate is compromised.
- If karakia cannot occur due to extreme circumstances, staff will explain the reasons in a sensitive manner and discuss alternative options.

Whānau Support

(family &
extended
family)

- Urihaumate and whānau will be actively encouraged, included and supported by staff to be involved in all aspects of care and decision making. This includes care plans, discharge planning and multi disciplinary team meetings. A copy of the care plan may be shared with the urihaumate and whānau.
- Staff will ask whānau and/or urihaumate if they wish to nominate a person to speak on behalf of the whānau.
- Staff will acknowledge and actively involve the nominated person.
- In agreement with urihaumate and whānau, staff will include the appropriate Māori staff e.g. Regional Maori health staff in the care and decision making process.
- A private room and adequate time will be allocated for whānau consultation and decision making throughout the care of the urihaumate.
- Staff will consult with whānau regarding suitable meeting times and needs.
- Flexibility will be given to visiting times and visitor numbers where possible.
- Staff will give serious consideration to a whānau member requesting to stay overnight with the urihaumate.
- Staff will give serious consideration to whānau who ask to be present during a surgical procedure. Health and Safety and Infection Control considerations will be explained in this situation.
- Staff will be especially supportive of whānau visiting when death is expected and/or imminent.
- Where appropriate, staff will support and encourage whānau to bring food and share meals with the urihaumate. Particular food may be requested by the urihaumate. It is important that staff support whānau in this and especially when death is expected and/or

imminent.

**Information &
Support**

- During all initial encounters, staff will introduce themselves and explain their role and service to the urihaumate and whānau.
- When obtaining registration details, staff will accept that the Māori concept of "next of kin" may be broadly interpreted.
- Where appropriate, staff will ensure that urihaumate are offered an interpreter.
- Staff will ensure that the urihaumate and whānau are aware of the BOPDHB Accommodation Services, preferably prior to admission and make referrals when requested.
- Staff will notify the appropriate Māori staff (i.e. Regional Maori health services) of urihaumate in their care as soon as possible e.g. on admission/referral.
- Staff will inform the urihaumate and whānau of internal and external resources e.g. *internal* whānau houses and dedicated spaces to support whānau wellbeing. *External*: Māori providers, primary providers, support services and relevant agencies outside of the health sector.
- Services will contact Regional Maori Health services to assist urihaumate and their whānau
- Staff will offer the choice of having the chaplain attend. Staff will make the arrangements if this is requested.
- Information will be delivered clearly and in terms the urihaumate and whānau understand.
- Staff will ensure the urihaumate and whānau understand the information given.
- Information will be provided in more than one way where possible e.g. spoken and written, Māori and English.
- Staff will inform urihaumate and whānau of the advocacy service provided by Regional Maori Health services.
- Staff will provide verbal and written information and support regarding complaints procedures.

**Specific
Needs**

- Staff will ask urihaumate and whānau if they have any special cultural, spiritual, language or other needs.
- These needs will be documented in the relevant notes e.g. treatment plan, needs assessment, clinical file. Staff will actively seek to ensure they are met.
- Staff will respect and support the importance and use of rongoa (Māori methods of healing) during urihaumate care.
- Staff will be prepared to negotiate, document and work collaboratively with Māori healers, urihaumate and whānau regarding the use of rongoa.
- Staff will ensure they attempt to pronounce Māori names correctly and ask when unsure.

- Staff will endeavour to use the preferred name of the urihaumate
- A simple request and explanation will be given and consent obtained from urihaumate and/or whānau before touching urihaumate anywhere on the body and especially on the head.

Food

- Food will never be passed over the head.
- Fridges/freezers used to store food or medication for human consumption will be clearly identified and not used for any other purpose.
- Microwaves used for food will not be used for heating anything that has come into contact with the body.
- Tea towels will only be used for the purpose of drying dishes.
- Tea towels will be washed separately from all other soiled linen.
- Anything that comes into contact with the body or body fluids must be kept separate from food e.g. combs or brushes should not be placed on surfaces where food is placed.
- Receptacles used for drinking water will be solely used for this purpose.
- Staff will not sit on tables or workbenches and particularly on surfaces used for food or medication.

Taonga/ Valuables-

- Only remove taonga (valuables/heirlooms) if leaving them on places urihaumate at risk; wherever possible taonga will be taped to their person.
- If risk is involved, consent will be obtained from the urihaumate or whānau before removing taonga.
- Urihaumate and whānau will have the option of removing taonga.
- Whānau will have the option of caring for taonga. If whānau are not caring for the taonga, it will be kept in the identified valuables safe, where provided.
- Urihaumate and whānau will be informed of the risk of storing taonga.

Bedpans/ Urinals

- Bedpans/urinals and food will never be present at the same time.
- Excreta and food will always be kept separate. Excreta will not be placed on surfaces where food is placed e.g. bedpans/urinals will not be placed on surfaces used for food trays.
- Bedpans/urinals will not be placed on bedside lockers or nightingales.
- Always place bedpans/urinals on the equipment used for this purpose.

- Always store bedpans/urinals in the designated area.

Linen

- Different coloured **pillowcases** will be used to differentiate pillows for the head and those used for other parts of the body.

(Blue for the head and white for other parts of the body).

- Pillowcases will not be used for any other purpose.
- Staff will support whānau if they bring their own pillowcases.
- Where possible different coloured **pillows** will be used to differentiate pillows for the head and those used for other parts of the body.
- Different flannels will be used for the washing of the head and body. Where possible use different coloured flannels to differentiate. Washing will follow a strict order starting from the neck to genital and then anal area.

Facilities

Māori Specific

Description

Areas

These are areas observing tikanga Māori. This includes both current and future areas permanently governed by Māori protocols.

For Māori specific areas staff will ensure the following:

- Tikanga governs.
- Māori protocols are followed.

General Areas

Description

These are areas used on occasion for a Māori specific purpose. This includes rooms that are not permanently governed by Māori tikanga and protocols except on specific occasions.

On these occasions staff will ensure the following:

- Tikanga governs and Māori protocols are followed e.g. pōwhiri. karakia
- All areas used in the care of Tūpāpaku e.g. Whānau/Family Rooms, Tūhono Tahī (Whānau/family waiting areas close to critical care) Wā Mārie (Bereavement Room) will follow the *Tikanga Recommended Best Practice* outlining the procedures for *Tūpāpaku (Deceased Person)*.

Whānau/Family Room and houses**Description:**

Whānau/Family Rooms and houses are designated rooms located on the ward. All Whānau/Family Rooms are governed by tikanga principles and protocols. This room supports the needs of whānau/family of urihaumate on the ward. The Whānau/Family Room is available to all urihaumate, staff, and whānau/families regardless of ethnicity.

Staff will ensure the following principles have priority in the Whānau/Family Rooms:

- Tūpāpaku and whānau caring for the Tūpāpaku must be awarded first priority.
- Whānau caring for urihaumate throughout the process of dying.
- When the Whānau/Family Room and houses are occupied by Tūpāpaku, staff will ensure that the *Tikanga Recommended Best Practice* outlining the procedures for Tūpāpaku is followed.

Further Requirements

Whānau/Family Rooms and houses will be guided by the following:

- Everyday use of the Whānau/Family Rooms will be determined by consultation between ward staff and appropriate Māori staff e.g. Regional Maori health services

Removal of Body Parts

Removal, Retention, Return or Disposal of Body Parts and/or Tissue and/or Substances

(Note: this includes whenua/placenta and genetic material)

Guiding Principle:

Regardless of how minor the part/tissue or substance is perceived to be by staff, the following process will be followed. All discussions will be non-directive and follow an informed process.

- Staff will talk with the urihaumate and/or whānau giving a true and clear verbal explanation regarding the full procedure and options as early as possible.
- Staff will offer the option of further support from the appropriate Māori staff e.g. Regional Maori health services. Where possible this must happen prior to any intervention.
- Staff will offer the option of karakia and make the arrangements if required.
- Staff will give a clear verbal and written explanation to the urihaumate and/or whānau regarding the interpretation of the terms body parts, human tissue and substances.

- The removal, retention, return or disposal of body parts/tissue/substances will follow BOPDHB policy and written information will be made available to whānau and/or urihaumate where applicable.
- Staff will ensure that the urihaumate and/or whānau have the correct information to make an informed choice. This is especially critical when staff request body parts/tissue be retained and/or examined.
- Staff will consult with the urihaumate and/or whānau regarding their intentions for removal, retention, return or disposal.
- The process used to discuss this will be done in a sensitive, non-judgmental and consultative way.
- Time will be allowed for the urihaumate and/or whānau to consult and reach a decision unless immediate physical care is severely compromised e.g. urgent amputation.
- Explicit consent must be obtained (in writing) for the removal of body parts and tissue.
- Explicit consent must be obtained for the retention of body parts.
- Informed acceptance must be obtained for the retention of tissue.
- Where retention is consented to, the *purpose* for retention will also be agreed to through an informed consent process i.e. for the purpose of education and teaching. This will be documented.

Contd.

- Future use will *only* be the original purpose as agreed to by urihaumate and/or whānau.
- In most cases informed acceptance will be obtained (verbally) for the collection, retention, return and or disposal of substances e.g. blood.
- Staff will respect all decisions made by the urihaumate and/or whānau.
- Staff will document all discussions and decisions in the clinical notes, using the appropriate documentation.
- Staff will ensure all body parts/tissue and substances are correctly labelled and documented. This is especially crucial if returns are requested.
- All body parts/tissue/substances will be returned when requested if this does not involve a high risk to safety.
- Staff will ensure any special requests regarding the retention, return or disposal of body parts/tissue/substances are documented and monitored.
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- Where body parts/tissue/substances are not immediately returned, they will be retained for a reasonable time to allow for the urihaumate and/or whānau to consent to a process for return, retention or disposal. Flexibility will be allowed.
- Staff will make every attempt to ensure body parts/tissue and substances are returned quickly.
- Staff will inform the urihaumate and/or whānau of any necessary safety precautions regarding the handling and disposal of the returned body parts/tissue/substances.
- The return of body parts/tissue/substances will be carried out in a way that is consistent with tikanga and in consultation with appropriate Māori staff.
- Body parts/tissue/substances will be returned in containers that are durable and reflect tikanga practices. This will be determined in consultation with appropriate Māori staff.
- Staff will record and carry out the wishes of the urihaumate and/or whānau for the return or disposal of body parts/tissue/substances if the original purpose for retention changes e.g. later found unsuitable for use. Returns will follow tikanga practices and protocols determined in consultation with Māori staff.

Contd.

- The return of unconsented body parts/tissue/substances will follow existing protocols and be governed by tikanga practices and protocols. If return or retention is not requested, staff will discuss and agree to disposal and/or burial of the body parts/tissue/substances with the urihaumate and/or whānau. This will be carried out in a considered and consultative manner that respects tikanga processes.
- An honest explanation will be given as to how and where disposal and/or burial are carried out.
- The process described will then be carried out in a respectful manner.
- All body parts/tissue/substances will be stored or retained in accordance with tikanga practices and handled respectfully at all times.

Miscellaneous

- Staff will offer the return of all hair, fingernails and toenails. This will be documented in the clinical notes.
- These will be saved in a patient labelled snap closure plastic bag and returned to the urihaumate and/or whānau.

Organ & Tissue Donation

Organ & Tissue Donation (Live donor or Tūpāpaku – Deceased person donor)

The following applies to both the recipient and donor as applicable.

- Body parts and/or tissue will never be removed for donation without informed consent.
- Discussion will occur as early as is reasonable and carried out in a sensitive and non-judgmental way.
- Staff will offer the option of further support from the appropriate Māori staff e.g. Regional Maori health services

- Staff will talk with the urihaumate and/or whānau giving a true and clear verbal and written explanation regarding the full procedure and options.
- Staff will ensure that the urihaumate and/or whānau are fully informed on all aspects of the donation process in order to make an informed choice and where agreed give informed consent.
- Staff will respect and comply with the decisions made by the urihaumate and/or whānau.
- Staff will offer the choice of having karakia prior to and/or following any intervention.
- Staff will offer to make the arrangements if required.
- Staff will ensure urihaumate and/or whānau are aware and agree to the possibility that certain body parts and/or tissue may be stored for use in the future. (Future use will *only* be the original purpose as agreed to by urihaumate and/or whānau.)
- Staff will record and carry out the wishes of the urihaumate and/or whānau for return or disposal if the original purpose for retention changes e.g. return or disposal
- All body parts and/or tissue will be offered for return if unused or unsuitable e.g. when a heart valve is used, the surrounding heart tissue will be offered for return.
- All returns will follow the *Tikanga Recommended Best Practice* (see previous section).
- Staff will document all discussions and decisions.
- Tūpāpaku procedures will follow the *Tikanga Recommended Best Practice* under *Tūpāpaku (Deceased Person)*.

Pending Death

Pending Death

- Where possible, whānau will have the choice of taking their terminally ill relative home.
- Where death is expected imminently, whānau will be notified immediately.
- Where death is expected imminently, support staff involved in the care of the urihaumate will be notified immediately e.g. Regional Maori health services
- Staff will make every attempt to ensure a single room is available.
- Staff will make every attempt to allow whānau to be present at all times.
- Staff will facilitate access to appropriate staff e.g. chaplain and facilities (Chapel).
- If there is the potential for involvement from the coroner, whānau will be informed at the earliest opportunity.
- If there is the potential of a post mortem request, whānau will be consulted immediately.

Following Death

Tūpāpaku (Deceased Person)

Following Death

- When death occurs the whānau will be notified immediately.
- Support staff involved in the care of the urihaumate will be notified immediately
- Whānau will be offered access to a phone to make arrangements.
- Staff will be guided by whānau on the cultural and spiritual practices for them at this time.
- Where possible, whānau will have the choice of either taking the Tūpāpaku home or contacting a funeral director.
- A single, private room will be allocated for the Tūpāpaku and grieving whānau at the earliest opportunity.
- Whānau will be offered the choice of washing and dressing the Tūpāpaku.
- Staff will allow time for whānau to grieve before moving the Tūpāpaku. Whānau will determine the time needed in liaison with staff.
- Food and drink will not be taken into the room
- Staff will make every attempt to ensure a speedy release of the Tūpāpaku.
- Before the Tūpāpaku is removed and in particular before a post mortem, whānau will be given the opportunity and time to exercise their beliefs and practices.

Movement of Tūpāpaku

- The wishes of the whānau will always be respected as to how the Tūpāpaku is moved.
- The Tūpāpaku will always be wrapped in the allocated sheets. Everyday linen must not be used.
- Whānau will be able to accompany the Tūpāpaku when moved.
- Staff will always handle the Tūpāpaku in a sensitive and respectful manner.
- The Tūpāpaku will always be transported feet first.
- Transportation of Tūpāpaku will be conducted discreetly.
- All services will have a pre determined "pathway" for Tūpāpaku.
- Staff will ensure all linen, food cupboards, inpatient and staff pantry and toilet doors are closed during the moving of Tūpāpaku.
- The movement of Tūpāpaku through public areas will be avoided wherever possible. If not, staff will use the shortest route, avoiding food and waste areas. This will be carried out in an efficient, respectful and dignified manner.
- Staff will ensure that the designated lifts are used.

Following Removal of Tūpāpaku

- Karakia will be performed in the room/area as soon as the Tūpāpaku is removed.
- The room will not be physically cleaned until karakia has occurred.

Autopsy

General

- When a post mortem is required by the coroner, or requested by
- At all times staff will continually update and inform whānau. This
- Staff will respect the privacy of whānau during discussions.
- A quiet, private area will be allocated to whānau.
- Support staff will be notified as soon as possible e.g. Regional M
- The removal or cutting of Tūpāpaku hair is to be avoided unless the hair.
- Staff will make every attempt to ensure a speedy release of the

Non Coronial Autopsies

- If a non-coronial post mortem is requested, staff will ensure whānau have the correct information to make an informed choice and if agreed, give informed and written consent.
- Time will be allowed for the urihaumate and/or whānau to consult and reach a decision.
- The retention of body parts/tissue/substances must follow the *Tikanga Recommended Best Practice* outlined in *Removal, Retention and Return or Disposal of Body Parts/Tissue and Substances* and related Board policy.
- Discussion with whānau will also include information on the use of photography. Informed consent for this must be obtained.
- All procedures will be discussed in a sensitive, non-judgmental non-directive and consultative way.
- Staff will document all discussions and decisions in the clinical notes and appropriate documentation.
- All body parts and/or tissue will be returned as soon as possible and follow the *Tikanga Recommended Best Practice* outlining their return.
- All consents will be clearly documented. A record of parts/tissue retained will be kept.

Coronial Autopsies

- In coronial cases staff will offer whānau the choice of having an iwi constable. If requested, staff will advise police that the whānau are Māori and require an iwi liaison officer.
- Whānau will be informed that they can stay with the Tūpāpaku when moved to the mortuary for a post mortem.
- Whānau will be informed that there are rooms in the mortuary where they can wait during the post mortem.
- In coronial cases staff must ensure that whānau have access to information regarding the autopsy procedures, it is for the coroner's office to ensure this information is provided. When body parts and/or tissue are required for further analysis in determining death it is the responsibility of the pathologist to ensure that appropriate liaison and/or consultation with the family/whānau occurs.
- Informed consent will be obtained for any procedures other than those needed to establish cause of death.
- Body parts, tissue and/or substances will only be taken if needed to determine the cause of death.
- Return, retention or disposal will follow the *Tikanga Recommended Best Practice* outlined in *Removal, Retention and Return of Body Parts/Tissue and Substances* and related Board policy.

- Retention of body parts and/or tissue from post mortems beyond the agreed and/or required examination time will not be retained unless written and verbal informed consent has been obtained.
- All consents will be clearly documented. A record of parts/tissue retained will be kept.
- All body parts and/or tissue will be returned as soon as possible and will follow the *Tikanga Recommended Best Practice* outlining their return.

Glossary

<p>Principles The following principles are linked to Māori wellbeing and must be respected as part of the healing process.</p>	
Term	Description
Mana	Spiritual power and authority to enhance and restore tapu. Health Services must empower urihaumate and their whānau. In doing so the service's own mana is enhanced.
Tapu	<ul style="list-style-type: none"> Physical, psychological, emotional, spiritual and cultural well being. Dignity and sacredness. Restrictions and prohibitions that protect tapu (well being, dignity and sacredness) from violation.
Noa	<ul style="list-style-type: none"> In the negative sense, it is the state of diminished tapu, of weakness and powerlessness resulting from violation. In the positive sense, it is the state of freedom of mind and spirit that comes about through being acknowledged, enhanced, restored and healed.
Hara	A sin of violation, a transgression.
Hē	An act of wrongdoing.
Muru hara	To restore tapu by addressing and repairing violation.
Muru hē	To restore and heal a wrong.
Definitions	
Hapū	Sub tribe of a large tribe. Pregnancy.
Hinengaro	Psychological.
Iwi	A nation or people with a shared identity and genealogy/tribe.
Kai	Food.
Karakia	Blessings /incantation/ prayer.
Kaupapa	Policy, protocols.
Marae	Place of Māori practice. Often comprising of a carved meeting house, marae ātea (sacred space in front of the meeting house), and dining room and ablution facilities.

Pöwhiri	Māori process of welcoming.
Rongoa	Māori methods of healing including mirimiri (massage), te reo (language), karakia and herbal remedies.
Taonga	Treasure, valuables.
Tikanga	Issues of principle/integrity of intent. Values and respect. Processes.
Tinana	Physical body.
Tūhono Tahi	An area close to critical care for whānau/family to wait.
Tūpāpaku	Deceased person.
Urihaumate	Patient
Wairua	Spiritual element. Wairua is an integral part of tapu and noa that is inextricably linked to wellbeing.
Wä Mārie	Bereavement Room.
Whānau:	Family, including extended family group.
Whānau: Kārangarangatanga Tāngata.	Relationships are intrinsically linked and connected through whānau, hapu and iwi. Whānau extends beyond the concept of the "family unit", "nuclear family" or "biological family".
Whenua	Placenta. Afterbirth. Land.