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Editor:

Dr. Sandra Richardson:

Nurse Researcher, Emergency Department, Christchurch Hospital, Waitaha Canterbury, Te Whatu Ora Health New Zealand.

Email: editor.cennzjournal@gmail.com

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Peer Review Committee:

Matt Comeskey: Nurse Practitioner, Mātanga Tapuhi. Adult Emergency Department, Te Toka Tumai, Auckland.

Prof. Brian Dolan: OBE, FFMRCSE, FRSA, MSc(Oxon), MSc(Lond), RMN, RGN, Director Health Service 360 (UK).

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Sharon Coombes: Nurse Practitioner. Whakatane Emergency Department.

Editorial Information cont.

CENNZ Contacts:

Co-Chair: Natasha Hemopo | **Co-Chair:** Wendy Sundgren
Contact via: cennzchair@gmail.com

Treasurer: Julie Manning contact via: cennztreasurer@gmail.com

Secretary: Vicki Bijl contact via: cennzsecretary@gmail.com

Membership, Grants & Awards:

Rachael Wilson contact via either;

Membership: cennzmembership@gmail.com

or **Awards:** cennzawards@gmail.com

NZ Triage courses: Triage Course Director contact via:
triage@nzno.org.nz

Professional Nursing Advisor (NZNO): Suzanne Rolls contact via:
Suzanne.Rolls@nzno.org.nz NZNO member support centre call:
0800283848

CENNZ NZNO Membership:

Membership is \$25.00 and due annually in April. For membership enquiries please contact: Lyn Logan
Email: cennzmembership@gmail.com

Design / Production:

Sean McGarry

Phone: 029 381 8724 | Email: seanrmcgarry@gmail.com

Editorial



Dr Sandra Richardson
Editor | Emergency Nurse NZ

Celebrating the 30th Conference of the College of Emergency Nurses.

Nau mai, haere mai,

Welcome to this special issue of the Emergency Nurse New Zealand, as we celebrate the 30th Conference of the College of Emergency Nurses, New Zealand. CENNZ has continued to develop, refine its processes, and work to address the needs of emergency nurses. Despite ongoing challenges in the workplace and on a wider social and political level, the work of CENNZ and of emergency nurses is something to be proud of. There have been many times when nurses have struggled, both historically as we fought to establish ourselves as professionals and more recently as we have faced issues such as global pandemics, climate change and disasters. We need to recognise the positive moments that uphold our practice and build that sense of whanaungatanga – of belonging and shared relationships and experiences. We gain this by coming together to share our stories, our joy, our challenges, and to generate solutions and support. The ability to hold a conference during times of social upheaval, economic distress and staff shortages speaks to the value placed on these opportunities. I know that the conference organisers faced a waiting list for those wanting to attend, and that they were incredibly grateful to have such enthusiastic and supportive industry sponsors.

I am pleased to share with you all the articles we are highlighting in this issue, including a focus on BE-FAST, an initiative to improve the management and response we provide to patients presenting with potential stroke.

We have the opportunity to provide further focus on the work of some of the presenters from the conference, commencing with articles highlighting the experiences of Māori nurses working in Aotearoa New Zealand emergency departments. Given the recognised shortfall in Māori representation across the health workforce, as well as the identified impact on patients of being cared for by someone they identify with, this is a significant contribution to knowledge and understanding. The third major article is a summary of the newly developed pathway for Sepsis and a reflection on the experiences of the Sepsis Trust in being part of the conference. Again, the concerns associated with sepsis as a recurrent risk in healthcare are well recognised, and ED and ED nurses are so often the health professionals who have the opportunity to identify and intervene at the earliest point. Despite continued education and awareness, we know that the potential for emergency conditions to be overlooked remains, and as new evidence emerges, our nursing role as advocates becomes essential.

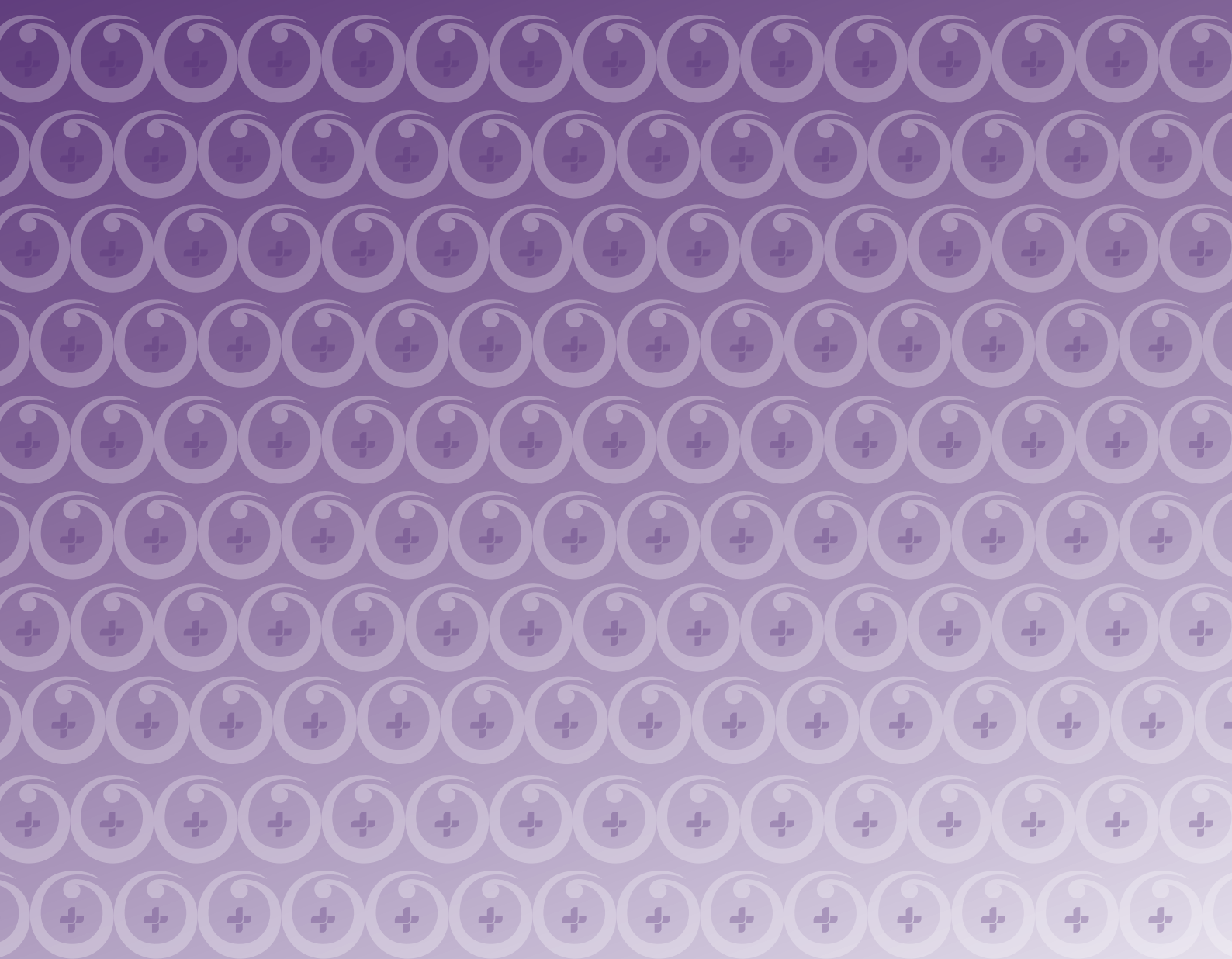
In our next issue, we anticipate sharing further work from our conference presenters and from the workshops, which will enable wider access to the material shared with those able to attend in person.

Waiho i te toipoto, kaua i te toiroa

(Let us keep close together, not wide apart)

Sandy.

Articles, Case Studies and Practice Reflections



BE-FAST at Triage: A Necessary Evolution for Stroke Recognition in Aotearoa Emergency Departments.



Author: Marilyn E. McCullum, BSN, RN, CEN, CPEN, TCRN
Te Whatu Ora – Lower Hutt Emergency Department.

Abstract

Emergency department triage nurses in Aotearoa New Zealand are the first clinicians to assess patients presenting with acute neurological symptoms. Traditionally, the FAST tool (Face, Arms, Speech, Time) has been used for rapid stroke screening. However, FAST alone fails to identify a substantial proportion of posterior circulation strokes, which account for approximately 20% of all ischaemic strokes and commonly present with dizziness, imbalance, or visual disturbance—symptoms not captured by FAST. BE-FAST (Balance, Eyes, Face, Arms, Speech, Time) improves sensitivity for these presentations with minimal additional triage time. Māori and Pacific peoples experience stroke at younger ages and at higher incidence, increasing the likelihood of atypical or mixed neurological presentations. This article argues for adoption of BE-FAST as a standard triage screening tool in New Zealand EDs to reduce missed strokes, expedite imaging, and improve outcomes.

Introduction

Stroke remains a leading cause of serious morbidity in Aotearoa, with outcomes heavily influenced by early recognition and timely intervention. In New Zealand emergency departments, triage nurses play a pivotal role in identifying early signs of stroke during the first minutes of patient contact. While FAST has been a widely used tool for public education and prehospital recognition, its scope is limited to anterior circulation presentations.

Posterior circulation strokes—which comprise approximately 20–25% of all ischaemic strokes (Go et al., 2015; Gurley et al., 2019)—often

present with vague, non-FAST symptoms such as acute imbalance, ataxia, or visual disturbance. These are common ED triage complaints and are easily misattributed to benign causes. The BE-FAST tool expands the classic FAST assessment to include Balance and Eyes, allowing earlier recognition of posterior events (El-Ammar et al. 2020).

Given the clinical patterns seen in New Zealand, where Māori and Pacific peoples are disproportionately affected by stroke at younger ages and higher incidence (Stroke Foundation NZ, n.d.; Denison et al., 2023), using a tool that captures atypical presentations is vital for equitable and timely care.

Why Triage Nurses Drive Stroke Outcomes

The triage interview often captures the first clinical clues of stroke. Subtle comments—"I feel wobbly," "my vision doubled," "I suddenly couldn't stand," "the room shifted"—are diagnostically meaningful. When these symptoms are filtered only through FAST, a significant number of posterior strokes may remain undetected until deterioration becomes obvious.

Delayed recognition leads to delayed CT/MRI, missed thrombolysis or thrombectomy windows, prolonged ED stays, and increased neurological deficit. Posterior circulation strokes are especially at risk for diagnostic delay because they frequently lack hemiparesis, facial droop, or speech disturbance—the classic FAST triggers. Expanding screening to BE-FAST ensures that triage nurses are assessing the full spectrum of time-critical neurological red flags.

BE-FAST at Triage: A Necessary Evolution for Stroke Recognition in Aotearoa Emergency Departments cont.

Category	FAST	BE-FAST	Implications for ED Triage in Aotearoa
Components	Face, Arms, Speech, Time	Balance, Eyes, Face, Arms, Speech, Time	Captures dizziness, unsteadiness, and visual deficits.
Stroke Types Detected	Primarily anterior circulation	Anterior + posterior circulation	Important as posterior strokes are ~20% of all strokes.
Strengths	Fast, simple, familiar	Improved sensitivity for atypical symptoms	Reduces triage misses.
Weaknesses	Misses many posterior strokes	Slightly lower specificity	False positives are safer than false negatives.
Diagnostic Accuracy	AUC ~0.76	AUC ~0.86; posterior sensitivity up to 97.8%	Strong international evidence.
Time to Use	5–10 seconds	10–15 seconds	Negligible difference.
NZ Equity Impact	May miss non-classic symptoms common in younger Māori/Pacific patients	Better alignment with NZ epidemiology	Supports earlier detection.
Recommended Use	Adequate only for classic deficits	Recommended for all acute neurologic/visual/balance presentations	Should be national standard.

Evidence Supporting BE-FAST in Emergency Triage

A growing body of research supports expanding screening from FAST to BE-FAST:

- Chen et al. (2022): BE-FAST demonstrated greater overall diagnostic accuracy (AUC 0.86 vs FAST's 0.76).
- Tanglay et al. (2024): BE-FAST captured 97.8% of posterior strokes compared with 58.7% using FAST.
- Jones et al. (2021): Stroke patients who were initially unrecognised often presented with dizziness, imbalance, or visual symptoms.

Taken together, these findings indicate that BE-FAST meaningfully improves early stroke detection—especially for the stroke types most likely to be missed at triage.

Clinical Relevance for Māori and Pacific Patients

Māori and Pacific peoples experience higher age-standardised stroke incidence and stroke approximately 15 years earlier on average than NZ Europeans (Stroke Foundation NZ, n.d.; Denison et al., 2023). Earlier age of onset and mixed neurological patterns mean symptoms such as imbalance (raru taurite – balance disturbance) or visual changes (raru kanohi – visual disturbance) may appear in patients otherwise considered "too young" for stroke. BE-FAST supports accurate recognition of these presentations.

Clinical Use of BE-FAST in ED Triage Workflow

Balance (raru taurite – balance disturbance): Assess for acute unsteadiness, sudden inability to walk, truncal ataxia, or central-type vertigo.

Eyes (raru kanohi – visual disturbance): Assess for field loss, diplopia, abrupt blurred vision, or disconjugate gaze.

FACE, ARMS, SPEECH, TIME remain unchanged. Adding Balance and Eyes increases screening time by only 5–10 seconds with substantial diagnostic benefit.

A Practical BE-FAST Protocol for NZ EDs

1. Apply BE-FAST to all patients with acute neurological, balance, or visual complaints.
2. If any component is positive, activate the stroke pathway immediately.
3. Document clearly (e.g., "BE-FAST positive: Balance + Eyes").
4. Prioritise rapid imaging and monitored care.
5. Engage telestroke services early where appropriate.

BE-FAST at Triage: A Necessary Evolution for Stroke Recognition in Aotearoa Emergency Departments cont.

Conclusion

Posterior circulation strokes account for one in five ischaemic strokes and are frequently missed when FAST alone is used. BE-FAST provides a clinically superior screening tool with minimal additional time burden and significantly improved sensitivity for triage complaints such as imbalance and visual disturbance.

Given that Māori and Pacific peoples experience stroke earlier and at higher incidence, expanding screening to include Balance and Eyes supports more accurate recognition and timely intervention.

BE-FAST reflects the real neurological patterns seen in Aotearoa's emergency departments. It is time for EDs nationwide to adopt it as the triage standard.

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If you would like to highlight a colleague, we invite you to write to the editor at:

editor.cennzjournal@gmail.com.

We can provide you with a set of interview questions or you can create your own.

The Experiences of Māori nurses working within the Emergency Departments of Aotearoa, New Zealand.

Author: Natasha Hemopo – (Te Arawa)

Paper presented at 30th College of Emergency Nurses Conference, 19/20 March, 2026: *"Te pae tawhiti – Pursue distant horizons"*



Abstract

Background

This report looks into the Experiences of Māori nurses working in the Emergency Departments of Aotearoa, New Zealand. Māori are high users of emergency care and often present with complex needs. Improving health equity for Māori requires attention within the Emergency environment. Māori nurses within emergency care are in prime position to transform care for Māori clients and whānau. Currently, there is only a small indigenous nursing workforce that are working within an environment that was not designed for Māori.

Aim: Is to raise awareness of the experiences of Māori nurses in Emergency in Aotearoa. This small indigenous workforce urgently needs support in order to recruit and retain nurses working within this environment. The pūrākau (personal stories) shared by the participants make recommendations for improvement for Māori nurses, clients and whānau.

Design

Qualitative semi structured interviews were undertaken with seven Māori nurses (all female) working in Emergency with experience ranging from one year to 30 years. Data collection and thematic analysis was underpinned by Kaupapa Māori Research values.

Results

Participants described positive and negative experiences about their work environment. Five main themes were evident: Hauora and protecting their own wellbeing was prominent. Kawa Whakaruruhau the nurses speak about their experience of cultural safety. Tautoko the participants share what cultural support is needed for Māori in this environment. Kanohi kitea refers to the need for increasing Māori presence. Nga Uara a lack of Māori values and tikanga is evident, this absence creates a challenging environment.

Conclusion

Increasing support for Māori nurses in Emergency is urgently needed. This study shares a journey of learning for the writer and honouring the realities of the participants and validating their experiences. The five main themes provide focus markers for improving the recruitment, retention and support for Māori nurses working within this specialty.

The Experiences of Māori nurses working within the Emergency Departments of Aotearoa, New Zealand cont.

Introduction: "Looking under the Marginalized shadows".

Motivation for the research

This report provides an indigenous voice and real-life experiences of Māori wahine who are Registered Nurses and work in a Western institution of healthcare, providing nursing care to all who access care in the Emergency Departments, whilst also upholding care to Māori patients and whānau. Māori are the indigenous people of Aotearoa, New Zealand. Currently, there is very little research around the experience of Indigenous nurses in Emergency care and currently, no reports on the experience of Māori nurses in Emergency, this report aims to open this area for exploration and growth, adding to the growing knowledge on Kaupapa Māori Research. I aim to take the reader on a journey, commencing by looking under the marginalized shadows of Māori nurses in Emergency, who some would say should be seen but not heard (Wilson 2023, Komene 2023). I aim to start the conversation.

Presenting the problem

This report aims to highlight that there is a Māori nursing shortage within the Emergency departments of Aotearoa, New Zealand. Māori patients and whānau are high users of Emergency departments within Aotearoa (Curtis et al 2020). Māori patients and whānau historically have reported that they want to be cared for by Māori nurses because they trust a Māori nurse will better understand their needs (Wepa & Wilson, 2019, Wilson & Barton, 2012, Wilson, 2023). The demand for Māori nurses does not meet supply, therefore this report aims to dive into this issue.

When patients, including Māori present to Emergency, they are often in pain, or experiencing a critical life event. This can sometimes leave them vulnerable and unable to interpret what is occurring around them. The writer insists that having Māori nurses available to advocate, explain the process and provide options for them when they access Emergency care will help to improve health outcomes for Māori. A culturally matched health workforce makes a difference in achieving positive health outcomes for Māori (Wepa & Wilson 2019, Wilson 2023).

According to Statistics New Zealand the current Māori population is at 17.1% (914,400) (Statistics NZ, 2024). The Māori population is growing at double the rate of the entire population, with a 12.5 % increase since 2018 compared to 6.3% for the general population. Census 2023 data also predicts that the Māori population is projected to reach 21% (1.14–1.72 million) by 2043, with a large young population of tamariki and rangatahi.

The Nursing Council of New Zealand data for 2018/2019 showed a total of 3,358 Registered Nurses identified as working in practice areas such as Emergency and Trauma care environments. Within these, only 283 nurses identified as Māori (8.4%) and 88 who identified as Pacific Peoples (2.6%), (Nursing Council of New Zealand, 2022). The College of Emergency Nurses New Zealand

(CENNZ) is the professional nursing body responsible for setting clinical standards for emergency nurses in Aotearoa. In 2023 CENNZ had 430 Registered Nurses enrolled with their college. The number of Māori nurses enrolled with CENNZ is 42 (9%), (CENNZ, personal communication, 2024). This nursing workforce gap is an inequity, this report aims to bring attention to this workforce gap and offer areas for improvement and recruitment so that the number of Māori nurses working in Emergency is on par with the Māori population. A limitation from the number of nurses registered with CENNZ is that not all nurses, including Māori nurses working in Emergency in Aotearoa are members of CENNZ.

Māori endure inequities in layers, this means inequities exist in health, education and the justice system. Research already confirms that Māori are more likely than any other group to experience structural, cultural and personal forms of discrimination, marginalization and racism when accessing healthcare services (Wilson et al 2021). Māori patients and whānau often report feelings of racism, and the hospital environment is often unfriendly (Wilson & Barton 2012). When whānau are 'burnt' or experience a negative incident they are reluctant to return, this negative experience only continues the ongoing poor health outcomes that Māori endure. Māori patients and whānau often prefer to be cared for by Māori nurses, they often report better healthcare experiences (Barton 2021, Wepa & Wilson 2019, Wilson, Barton & Tipa 2022).

In addition to that Māori nurses have reported feelings of isolation, marginalisation and a sense of being overlooked in terms of career progression, they often report experiences of being made to feel inferior, merely because they are Māori. These repetitive negative experiences have led them to interpret the health system as racist and these sub-optimal workplace experiences have contributed to Māori nurses leaving emergency nursing and general nursing early (Wilson et al 2022, Komene 2023).

Emergency departments are the conduit between primary health services and hospital services. Increasing Māori nurses in this environment will help improve the experience of Māori accessing healthcare. Māori nurses provide safe care and comfort in an environment that has not always been safe for Māori. Māori access Emergency departments at a high rate. In 2019 to 2020, 21.7% of Māori report having used Emergency care services (Yang et al, 2023). Curtis et al (2019) suggests that Māori are accessing emergency care at a high rate, and that this rate is increasing. However, currently there is a low rate of Māori nurses working in Emergency departments. This is important because the low number of Māori nurses means that culturally specific care cannot be delivered to the level that our Māori patients and whānau need and expect; this leaves a cultural gap between the non-Māori clinical staff and Māori patients and whānau accessing emergency care.

The experiences from this study will also be relatable to all Māori nurses working in all clinical areas, providing care and advocating for whānau. The experiences of Māori nurses in Emergency are not isolated to them alone but are repeated for every Māori nurse

The Experiences of Māori nurses working within the Emergency Departments of Aotearoa, New Zealand cont.

working in a health system that favours non-Māori. Therefore, it is my view that if hospital services and the Ministry of Health are serious about improving health outcomes for Māori, then starting with increasing the number of Māori nurses working within Emergency care is an obvious first step in the right direction. Māori nurses provide a safe 'face' by advocating and enabling correct tikanga and cultural values to be upheld to enhance the admission experience for Māori patients and whānau. They improve the experience of patients and whānau accessing Emergency care, a point of entry into wider hospital services. Māori nurses also work to reduce the inequities of poor health care by communicating with whānau appropriately and in the correct manner, they can quickly identify social gaps, provide education to patients and whānau, and support the cultural space around the patient ensuring their mana is upheld.

The Emergency departments within Aotearoa are currently under pressure, overcrowded and under resourced (Topham-Kindley, 2023). Emergency care access is also increased in line with the levels of deprivation. For example, people living in the low deprivation areas access Emergency care at an annual rate of 8.7% per 100 people, whereas people living in high deprivation areas access emergency care at a rate of 21.7 %. Over 40% of Māori live in the highest deprivation areas, compared to 15% for New Zealand Europeans (Loring et al 2022). Also, it is important to note in a country that is becoming more culturally diverse, all ethnic groups are accessing Emergency care at an increasing rate in Aotearoa (Topham-Kindley, 2023).

There are multiple health inequities in Aotearoa that Māori endure. This report discusses a workforce inequity from the position of Māori Nurses that justify the premise of the research. This concerns highlighted in this study reflect the working and cultural environment where a high number of Māori patients and whānau access care often. It highlights inequities that exist at layers within the current health system. The writer strongly believes that Māori nurses are key agents to transform the current health system to one that is equitable, fair and bicultural. The lack of health system response and the under representation of Māori in the health workforce is an inequity (Reid & Robson, 2006). Improving the number of Māori in the health workforce is not the only solution, work is needed over multiple areas to reduce the inequities affecting Māori and whānau collectively.

Māori nurses, all Indigenous nurses have qualities that are unique. I have clustered these relationship qualities into three areas:

Nurse relationship to patient

There are qualities that differentiate Māori nurses from other nurses, these include relationships. Māori nurses provide culturally safe care and comfort to Māori patients and whānau, in an environment that is not always safe to Māori.

Nurse Relationship to home

Nurses often feel the 'innate pull' to return home to their whenua, whānau, hapū, and iwi. Home is where we remember our connections.

Nurse relationship to be advocates

Māori nurses are strong advocates to Māori patients and whānau. They provide a culturally safe environment and support tikanga when some patients may be vulnerable due to illness or injury. The diversity of whānau, hapū and iwi awareness of Māori nurses is instinctive. We have this innate knowledge of the complexity of this relationship.

Background

According to the International Council of Nurses (ICN) the worldwide nursing shortage should be treated as a worldwide health emergency. The global health system will only recover post the COVID pandemic when there is sufficient investment and support in the international nursing workforce. The ICN also adds that, nurses are essential in building healthy communities, adding to health security and economic security (International Council of Nurses, 2023). The actions of nurses being able to care for patients during the covid pandemic, having nurses who were committed to getting people well, meant countries were able to survive. Being well also matters to the financial wellbeing of all.

In response, Australia and other countries have developed nursing workforce strategies to protect their health systems. Aotearoa, New Zealand is also experiencing a nursing shortage but there has been no escalation for a similar response in New Zealand by the current coalition government. Priority is making widespread budget cuts across the whole health system, amongst the casualties is nursing support (Holloway 2024).

There are also an increasing number of reports that discuss the Māori nursing shortage throughout the whole health system (Huria et al, 2014. Hunter & Cook 2020). This report's point of difference is that it is to the emergency care context and allows a written account that captures the experiences of Māori nurses. This is valuable because Māori nurses know their communities, and Māori nurses often return to their whānau, iwi and whenua. This report allows representation and participation of a small group of nurses who are key to enabling a cultural shift, facilitating 'iwi tangā'. Māori culture specific knowledge is gained from inherent and lived experiences. Māori nurses provide culturally safe care and comfort in an environment that has not always been safe for Māori. Māori access Emergency departments at a high rate, therefore it is argued that increasing the number of Māori nurses will improve the health experience for Māori in Emergency care and set the tone for their admission through their hospital journey, and aid to reduce the inequities of poor health care.

The Experiences of Māori nurses working within the Emergency Departments of Aotearoa, New Zealand cont.

A study performed by Curtis et al (2020) that examined inequities in Emergency departments found that Indigenous patients experience longer waiting times, differential pain management and less evaluation and investigations within emergency care and having Māori nurses as patient advocates provides another safety measure for Māori. My intention from this study is for the findings to be focused points for action and to develop strategies specific to the recruitment and retention of Māori nurses. These experiences and pūrākau are not just isolated to Emergency care and can also be transferable within all clinical areas, experiences that I am sure are repeated by Indigenous nurses nationally and internationally.

Despite the cultural and clinical need for nurses, and despite the cultural gap that is evident in nursing within Aotearoa, nursing as a profession and specifically support for Māori nurses has been largely undervalued, and underfunded.

State of Nursing in Aotearoa

There are over 58,000 nurses in Aotearoa. According to the New Zealand Nursing Council there were 4,385 Registered nurses who identified as Māori on the national registry. This 8% percent of Māori nurses nationally has not grown in the past 30 years (Wilson 2023). Currently there are 430 nurses registered with the College of Emergency Nurses New Zealand (CENNZ). This is the professional nursing body responsible for setting Emergency nursing standards within Aotearoa, New Zealand. Within this college, 42 members are registered as Māori (CENNZ, hui notes 2023). That's 9% of Māori nurses registered with CENNZ who identify as Māori.

I joined CENNZ in 2022 as a committee member and identified that the ethnicity of members was not captured, then suggested recommendations to capture the ethnicity of all nurses who register with CENNZ on enrolment. Now the ethnicity of all members is captured. For this reason, I believe there are potentially more Māori nurses working in emergency than previously reported. What is also evident is that nursing in Aotearoa, is increasingly a culturally diverse workforce. Now 45% of nurses registered in Aotearoa are Internationally Qualified Nurses (IQN); IQN nurses are Registered nurses in their home country who have immigrated to Aotearoa to help increase our nursing capacity. The number of internationally qualified nurses outnumbers indigenous Māori nurses nationally. With a large number of IQN nurses, over 45% (Nursing Council 2023), this significant disparity poses a risk of increasing the cultural gaps and therefore a culturally safe experience received by Māori patients and whānau.

The aim of CENNZ is to reach a target of 17% of Māori nurses working in Emergency to be on par with the current Māori population. However, given the trend internationally and nationally that there is a national shortage of nurses, the target of 17% feels much more aspirational than realistic. Furthermore, current census (2024) data has indicated that the Māori population will soon reach one million and by 2028 there will be more than 1.14-1.34 million Māori in 2043. Māori are one of the fastest growing indigenous populations when

compared to other indigenous cultures therefore a growth of Māori nurses is needed to match a population growth to ensure the needs of whānau are met (Maori population estimates, 2024). A target of 17% of Māori nurses working in Emergency aims to meet the population parity, however the cultural needs of Māori patients and whānau are likely higher.

The ability of CENNZ to capture the ethnicity data of members has allowed recognition of current baseline data for Māori nurse numbers in emergency. This then allows measurement of future numbers to ultimately reflect growth. However, it is very likely that not all Māori nurses working in the Emergency sector are registered with CENNZ because this is voluntary, it has a cost to join (although a low cost) and nurses are not always aware of what CENNZ can do for them individually. It is evident that CENNZ needs to do more for Māori nurses and all cultures within this speciality to support growth in membership.

Research aims and research questions

My focus is in exploring the lived experiences of Māori nurses working in the health system, in particular, Emergency care in Aotearoa. The methodology uses a Kaupapa Māori approach. Pūrākau (personal stories) was initially seen as a culturally appropriate tool for the conduct of the research. Pūrākau belongs to the 'kete' of Kaupapa Māori research and I made use of this approach.

The aim of the research report is to raise awareness of the experiences of Māori nurses in Emergency in Aotearoa to make recommendations for improvement for nurses and the Māori whānau, hapū and iwi they serve and improve the retention of Māori nurses. The recommendations will suggest changes that are intended to support growth for Māori nurses working in Emergency. These changes can be achieved by building a nursing workforce that reflects our regions and upholds culturally specific and culturally competent nursing care. In this context Kaupapa Māori research is written by a Māori nurse, for Māori nurses, in the environment of the Emergency Department caring for Māori (Tuhiwai Smith, 2015). This report uses a qualitative methodology to collect data through semi structured interviews that capture the experiences that Māori nurses working within the Emergency departments are currently experiencing, both negative and positive. The interviews were analysed using thematic analysis, with a deductive approach.

Underpinning this research project are three research goals:

- (i) The aim is to study experiences and perceptions specific to Māori nurses within the Emergency Departments of Aotearoa.
- (ii) Share the learnings to remove barriers so that recruitment and retention of Māori nurses is improved.
- (iii) The results will highlight focus markers for improvement.

The Experiences of Māori nurses working within the Emergency Departments of Aotearoa, New Zealand cont.

The questions in the interviews are intentionally broad in scope to elicit a range of responses from Māori nurse's experiences working within the Emergency Departments within Aotearoa. Previous literature on healthcare for Māori has looked at the experiences for Māori patients, whānau and the Māori workforce in the clinical settings of primary care, ward care, psychiatric and oncology care. There are currently no studies or literature that privileges the experience of Māori nurses working in Emergency care. Emergency care is a clinical area where a high number of Māori patients and whānau access care, often during times when they are vulnerable due to injury or illness, or during a critical life event. Over the past 20 years it has been evident from my clinical and lived experience that patients and fellow Māori nurses have been asking for the inclusion of nurse and patient informed cultural care. What is blatantly obvious is that there is a lack of nurses and a health workforce that is culturally competent. Recommendations are also provided in the hope that the Ministries of Health, Nursing Councils and Managers within Emergency departments, and the whole health system, will reflect and acknowledge the value of Māori nurses within Aotearoa. To reiterate, this report is specifically on the experiences of Māori nurses working within the Emergency Departments within Aotearoa. This is valuable because Māori nurses know their communities and are trusted (Wilson et al 2022). Māori nurses often return to their whenua, hapū and iwi, there is an innate pull to return home.

Te Tiriti o Waitangi

In 1840 the Treaty of Waitangi was created to form a partnership between Māori and the British Crown (Orange 2021). Two versions of the Treaty exist with inclusion of articles that outline the agreement, however both versions, one in Māori, Te Tiriti o Waitangi and the English version the Treaty of Waitangi are not identical in their meaning. The translation and appropriation still cause debate today. Since the signing of the treaty, the New Zealand government under the authority of the Crown remain the dominant partner. Almost 200 years post the signing of this foundational document, Māori are still fighting for a fair share in line with the articles and the agreement as outlined in Te Tiriti o Waitangi, the Māori version. This version includes a Preamble and three articles. All articles are relevant to the care and protection of Māori, however in relation to healthcare Article three guarantees 'Māori shall receive "protection" and "all the rights and privileges of British subject" (Orange 2021, p36). Today, Māori are still having to defend our position in the agreement. Inclusion of Te Tiriti o Waitangi is paramount to ensure equity of care is delivered and afforded to Māori as stated in Te Tiriti o Waitangi.

The literature shows that at a national and international level indigenous nurses, Māori nurses, are key to transforming care for indigenous people. Listening to the wider indigenous experiences internationally only serves to add to the growing depth and knowledge that Māori nurses uniquely provide. Fundamentally what the literature reflects is that Indigenous nurses matter, Māori nurses matter. Nurses make up the largest health workforce worldwide with 27.9 million nurses and midwives, nearly 60% of the world's health

workforce (WHO, 2020). This large international nursing workforce are in a position to influence change, especially when Indigenous and Māori nurses are included.

A qualitative approach was chosen in order to capture the lived experience of Māori nurses working in Emergency. A Kaupapa Māori research theory is applied, in this context Kaupapa Māori research is inclusive of Māori nurses in the environment of the Emergency department caring for Māori (Tuhiwai Smith, 2015). The study uses Kaupapa Māori approaches framed within Sir Mason Durie's Te Whare Tapa Whā Model (Mental Health Foundation, 2024) and the Pae Ora Hauora model (Whakamaui, Ministry of Health 2020). I undertook semi-structured interviews and thematic analysis to collect and analyse data from a group of seven Māori nurses working in two Emergency Departments within Aotearoa, New Zealand.

Kaupapa Māori

Tuhiwai Smith (2015) writes about Kaupapa Māori Principles, which begins with Māori research, is research by Māori, for Māori and with Māori. Embedded within this method are Māori values and beliefs that help to guide the approach and environment in which research is conducted. It can be defined by experiences, knowledge and tikanga. Instead of fitting Māori into other methods of research as a participant or subject. Kaupapa Māori research conforms to include Māori knowledge, language and culture. A Kaupapa research methodology was the correct approach in this study. I am a Māori wahine, and through my own design and tino rangatiratanga, self-determining position was able to recruit seven Māori nurses who shared their experiences. Through the interview process I followed tikanga and values to protect the participants throughout the process and to also guide me, a novice researcher. My intention throughout was to strengthen the position of Māori nurses within this specialty, and all Māori nurses everywhere here in Aotearoa and those working overseas. I view this as a strength approach as Māori voices are at the centre of this study, with outcomes that will support Māori nurses into the future. Macfarlane and Macfarlane (2019) describe Kaupapa research as a culturally relevant approach and necessary for transformative changes, to seek solutions to issues that affect Māori, in this study Māori nurses. Utilising western methodology to repair indigenous related concerns does not match.

Kaupapa Māori

Five main themes came through from the interviews.

1. Hauora, with the subthemes of Taha Tinana, Taha wairua, Taha hinengaro, and Taha whānau.
2. Kawa Whakaruruhau
3. Nurses request for Tautoko.
4. A request for more Kanohi kitea.
5. Nurses experience of Nga Uara.

The Experiences of Māori nurses working within the Emergency Departments of Aotearoa, New Zealand cont.

Through the interviews the participants identified actions that would help to improve their experiences, they often did not require a lot of resourcing just a change in process and a change of mindset.

The five main themes reflect real gaps within our emergency departments as voiced by Māori nurses working within this environment. They are also focus markers for action and improvement moving forward. These themes also reflect gaps through the wider health system. What I mean is that these experiences would also be repeated experiences for Māori nurses in other clinical areas. This adds to the strength and validity of this study because it supports the experience of Māori nurses through all specialties, Kotahitanga (unity) in action.

As stated in the introduction the purpose of this study was to share the experiences of Māori nurses working within the emergency departments of Aotearoa, New Zealand. The themes highlight their experiences, and we are privileged to share them. The overarching theme is that of Hauora, where the participants feel that self-care is paramount to uphold their own tinana, wairua, hinengaro and care for their own whānau is paramount to continue to work in the challenging environment of emergency nursing.

Kawa Whakaruruhau involves working towards improving a culturally safe environment for nurses. Participants identified that whānau needs include an ongoing focus and actions to remove the systemic barriers of racism and marginalisation if the number of Māori nurses are to improve. The theme of cultural support includes supporting and allowing Māori nurses to be Māori. This includes the importance of not feeling that they need to compromise their values or inherent knowledge. Actions that support this will inevitably help to retain Māori nurses, when Māori nurses feel safe, then they are more likely to stay.

Kanohi kitea highlights the need to increase the number of Māori faces or presence within emergency departments to strengthen relationships between health care workers and whānau, as one participant stated, "more Māori taking care of Māori". This theme underlies all themes, as there is a reliance on Māori nurses to enable practices that support each of the five main themes.

Nga uara and tikanga reaffirms the need for these values to be included in a meaningful way. These values support a holistic environment in which all whānau are able to access care and nurses work, again this is a cultural necessity. Hauora models act as a guide for healthcare workers, and they guide actions to be culturally responsive in the correct way, as tikanga allows it.

From here, what is needed is actions that give attention to these focus markers moving forward. Actions that support the growth, recruitment and retention of Māori nurses through all disciplines. However, as Akenehi Hei (the first nurse and midwife to register under her Māori name) experienced in the early 1900's, resourcing is not equal. The resourcing for Māori compared to non-Māori nurses does not provide for equitable outcomes. This is reflected in the

low number of Māori nurses and poor growth since the nursing profession was first established in Aotearoa in the early 1900's. The themes provide specific direction areas for improvement. I am aware that these actions will take time and will require some strong individuals to drive these changes moving forward. What is wrong is to do nothing, to continue with the 'status quo'. An intention from this study is to shake up the status quo, because this is not working. The ongoing poor health outcomes for Māori reflect this failure. As I stated previously, I feel a responsibility to enact change or at least start the conversation!

Conclusion

This work has involved Māori at all levels. It includes a Māori Kaupapa approach, Māori nurses, Māori patients and whānau, Māori data, Māori academic supervisors and a Māori author of this study. All for the purpose of improving the environment for all Māori nurses, patients and whānau.

The lack of focus and research for nurses in Emergency Departments highlights a major gap. I propose and advocate for a reposition on Māori nurses in Emergency, increasing their presence in this environment and at the entry point into the hospitals – only aids to set up a patient and whānau for a positive experience.

Kaupapa Māori Research was the correct approach for this study, as this method allows the participants' kōrero to be heard. The process has been a journey of learning for myself and honouring the realities of the participants and validating their experiences. Mauri Ora.

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Strengthening Sepsis Recognition: Updated Sepsis Pathways & Korero at CENNZ.

Author: Ally Hossain, CEO Sepsis Trust NZ



Sepsis is a leading, time critical cause of avoidable harm in Aotearoa New Zealand, and emergency nurses are at the frontline of the work in early recognition and treatment of sepsis.

We know that 80% of people with sepsis present to the emergency department, which is why it was so valuable for us to be with you at CENNZ this year. There is something powerful about being in a room full of people who understand the reality of what it means to make rapid, high-stakes decisions under pressure. People who know that behind every set of observations is a person, a whānau, and a story that could change in an instant.

For us, this conference was a genuinely big deal for us. As a charity, we receive no Government or regular funding, so it was a significant financial undertaking for us to be present. But we knew it was an opportunity to connect, to listen, and build meaningful relationships with those who play such a critical role in recognising and responding to sepsis.

It was also a valuable platform for us to share the recently published sepsis package from the Health Quality & Safety Commission Te Tāhū Hauora, developed in conjunction with us and the Sepsis Technical Advisory Group, and endorsed by Health New Zealand Te Whatu Ora. This single set of national sepsis pathways, is readily available for download on the Sepsis Trust website <https://www.sepsis.org.nz/clinical-tools/> With endorsement for the in-hospital pathways granted by Health New Zealand/Te Whatu Ora, and in conjunction with the recently published community HealthPathways, we are now in a position to implement an "end to end" approach to sepsis care. This is a first for Aotearoa New Zealand and a critical step in sepsis being recognised as a national health priority.

What's in the sepsis pathway?

The pathways are easy to use and follow these steps:

- Screen any unwell patient where infection is suspected – Just ask: "Could it be sepsis?"
- Stratify risk by screening for Red Flags (high risk) and Amber Flags (intermediate risk).
- Act immediately if you find one Red Flag, or faced with >1 concurrent Amber Flag: investigate and treat based on available resources, and refer urgently to hospital.
- Use critical language: "Red and Amber Flag Sepsis" are terms that

ambulance service and hospital-based staff will be increasingly familiar with, minimising friction at transitions of care.

Don't get caught out:

The pathways emphasise:

- symptoms and signs which are associated with early mortality (Red Flags) in key patient groups – adults, children, and people who are pregnant or recently pregnant
- treatments which increase survival (antibiotics)
- investigations which make a difference to hospital management and antimicrobial stewardship (blood cultures).

The pathways address common concerns and errors:

- There is no need to identify the sepsis source. The source of infection in a critically unwell patient is misdiagnosed in 20% of cases after assessment in an emergency department – empiric treatment can be initiated without knowledge of source, once sepsis is suspected.
- Fever is not a reliable or prognostic sign of sepsis and is not a red flag. A body temperature of <36 or >39 in adults is considered an amber flag.
- Communication with patients and whānau is essential – share your concern for suspected sepsis at the point of referral.

Sepsis and blood cultures:

Blood cultures are a vital tool for diagnosing sepsis and remain the gold standard laboratory investigation. However, in the emergency department they must be used thoughtfully to maximise benefit (by optimising test sensitivity) while minimising potential patient harm, particularly from contamination.

For clinical teams, the key message for adults is "take care and take two." This means obtaining blood cultures when there is a moderate to high suspicion of bacteraemia and ensuring two full sets (four bottles), with 8–10 mL in each bottle. Adequate blood volume is critical, as pathogen detection increases in proportion to the volume collected. Strict adherence to aseptic non-touch technique, including appropriate skin disinfection and allowing sufficient drying time, is essential to reduce contamination, which can lead to direct patient harm from unnecessary antibiotic use and prolonged hospital stay.

Strengthening Sepsis Recognition: Updated Sepsis Pathways & Korero at CENNZ cont.

Blood cultures should never be taken from cannulas or as part of routine triage bloods; instead, they should be collected via a careful, dedicated venepuncture, ideally before antibiotics are administered.

Overall, appropriate patient selection, correct technique, and adequate blood volume are the key factors that optimise diagnostic accuracy and patient outcomes, while reducing unnecessary testing and the harms associated with false-positive results.

Sepsis Tips & Tricks:

1) Build a sepsis habit: Ask: "Could it be sepsis?"

Apply the screening questions to any acutely unwell person where infection is possible. Don't be reassured by a low or normal temperature.

2) Communicate clearly, escalate quickly

"I need you to see a patient who has presented to ED with Red Flag Sepsis. I'm not sure of the source but the pathway indicates the need for them to be seen urgently, and the Sepsis Six to be started within one hour." This shares the clinical diagnosis and indicates the level of concern.

3) Antimicrobials—balance urgency and stewardship

The purpose of antimicrobial stewardship, overall, is to ensure that antibiotics work when needed. There is no other condition where antibiotics are needed more than in sepsis. As above, always try to take two sets of blood cultures from a single stab. This helps with diagnosis and antibiotic stewardship over the next 48 hours. It is no longer recommended to do two separate sites.

4) Mark World Sepsis Day – 13 September

Better sepsis care starts with awareness. Join the New Zealand Sepsis Trust in marking a global day of awareness each September www.stopsepsis.org.nz. Hold a fun event, a bake sale, a dress-up day with your colleagues, or just make sure that posters and patient information are available in public-facing areas. Keeping sepsis front of mind is what will increase awareness and therefore support early recognition.

Frequently asked questions

Q: How does this relate to Early Warning Scores (EWS)?

A: Pathways recognise that EWS ≥ 5 or any single 'red zone' parameter is of concern in people with infection. However, your gut feeling and whānau concern prognosticate for sepsis, i.e. you don't need to rely on EWS screening parameters to recognise that someone is ill.

Q: Are Red and Amber Flags the same in adults, paediatrics, and maternal sepsis screening?

A: No. The Red and Amber flags indicating clinical risk differ between patient groups.

Q: Do I have to take blood cultures before giving antibiotics?

A: Only if you can feasibly do this straight away. Blood cultures aren't available in every healthcare setting so whilst blood cultures are always recommended, antibiotics remain the first priority in Red Flag Sepsis. We also know that blood cultures remain positive for some time after antibiotics are given, so if taken concurrently (and within 30 minutes) of a broad-spectrum antibiotic, they will still help identify the cause and treatment of sepsis. Volume is important – current recommendations are to take 2 completely filled sets of cultures (one set = one aerobic and one anaerobic bottle) from a single site.

Q: Does a normal temperature exclude sepsis?

Answer: No—hypothermia ($<36^{\circ}\text{C}$) or high body temperatures in adults ($>39^{\circ}\text{C}$) are Amber Flags. Many older or immunosuppressed patients are afebrile; rely on physiology and flags to suspect sepsis, not fever alone.

A final word

Alongside our presentation at CENNZ by Dr. Dan Dobbins and Dr. Katie Walland, our exhibition stand became a hub for conversation, connection, and awareness. These conversations are invaluable to us as they provide insight into the barriers you face, from time pressures to variability in protocols, and help inform how we tailor our education and advocacy. It also created a space for informal learning, where the delegates could engage at their own pace, ask questions, and access practical tools to take back to their workplaces. We almost ran out of sepsis pathways which I'm only seeing as a good sign!

As an entity we believe it is important that we provide and support the tools which empower clinicians to act. It is about reinforcing that "something is not right" is a valid and important clinical signal. It is about creating systems and cultures where early escalation is supported and expected.

Our presence at the CENNZ conference reinforced both the progress being made and the work still to do. The engagement we saw, from thoughtful questions, shared experiences, and indeed frustration that the sepsis pathways have not been fully implemented by Health New Zealand, demonstrated a strong appetite for continued learning and improvement in sepsis care.

We remain committed to supporting emergency nurses through education, advocacy, and collaboration, and we encourage you to delve into the resources on our website www.sepsis.org.nz and to follow us on Facebook <https://www.facebook.com/sepsistrust.nz> and LinkedIn for regular updates and teaching opportunities. We are also now offering a series of speaking engagements year-round where we can arrange to present to your ED department (our most recent presentations include the Starship Paediatric Update & Middlemore Hospital ED nursing team). To request a teaching session from me or one of the team, please email info@sepsis.org.nz

Strengthening Sepsis Recognition: Updated Sepsis Pathways & Korero at CENNZ cont.

Further reading and resources

www.sepsis.org.nz

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Blood culture diagnostic stewardship for adults: take care and take two.

A joint position statement from the New Zealand Microbiology Network (NZMN) and the New Zealand branch of the Australasian Society of Infectious Diseases (NZASID), endorsed by the Sepsis Trust NZ.

Blood cultures (BC) are essential for the diagnosis and management of sepsis and severe infections. Optimising BC sampling, through evidence-based diagnostic stewardship approaches, can improve pathogen recovery and support patient management. Key diagnostic stewardship principles for BC include optimising blood volume (to maximise test sensitivity), adherence to the correct sampling technique (to reduce contamination and improve test specificity) and appropriate patient selection (to minimise low yield sampling).

The NZMN and NZASID recommend the following:

1. BC are only recommended if there is a moderate to high clinical suspicion of bacteraemia
 - a. See table 1 below for examples, although this list is not exhaustive.
2. **Take care** to perform BC with strict adherence to aseptic technique: disinfect the venepuncture site thoroughly and allow sufficient drying time (30 secs) to prevent BC contamination.
 - a. If contamination rates remain suboptimal (>3%) despite efforts to improve collection technique, consider initial sample diversion or collection by dedicated phlebotomists.
3. Volume of blood is critical to pathogen recovery. For adults, **two sets** are required (i.e. four bottles: two aerobic, two anaerobic) with 10mL in each bottle. For endocarditis, three sets are preferable.
 - a. More than three sets per 24 hours need not be collected.
4. Take BC before giving antibiotics whenever possible.
5. Do not sample from indwelling lines unless line-related infection is suspected due to the increased risk of BC contamination.
6. Both sets may be obtained from a single venepuncture if a second venepuncture is unlikely to be possible. Ensuring two sets are obtained is most important to help maximise test sensitivity.
7. Sampling during cannulation is **not recommended** due to the increased risk of contaminant.
8. Do not routinely collect blood cultures as part of "triage" bloods but wait for clinical assessment and perform as part of a dedicated, and carefully performed, venepuncture.

Table 1. Indications for adult blood cultures

BC recommended Moderate to high pre-test probability of bacteraemia	BC not recommended Low pre-test probability of bacteraemia
Severe infections, suspected sepsis, Red Flag sepsis, septic shock	Non-severe UTI, cellulitis, pneumonia
Meningitis	· consider sampling from the site of infection if not improving with empiric therapy e.g. urine, pus swab
Infective endocarditis	Isolated fever or leucocytosis, including postoperative
Endovascular infections	Likely viral infection
· Line-associated infection (take one set from line and one peripheral set)	Daily BC for persistent fever or as surveillance BC
· Endovascular graft infection	BC from > 1 lumen of a central line
Orthopaedic infections	To document BC clearance UNLESS for:
· Septic arthritis	1. <i>S. aureus</i>
· Acute osteomyelitis	2. Yeast
· Spinal infection	3. Recommended by Infectious diseases/microbiology
Fever in a returned traveller	
Fever in neutropenic patient	

Paediatric BC

BC diagnostic stewardship for children is just as important as it is for adults. Starship guidelines for paediatric BC collection are available here: [Blood Cultures: When, Where and How to Take \(starship.org.nz\)](https://www.starship.org.nz).

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10. Alsfeld LC, Rockey DC. Utility of routine blood cultures for inpatient hematology/oncology patients receiving antimicrobials. *Am J Med Sci*. 2019;358:175-181.

ADULT & YOUNG PERSON SEPSIS PATHWAY
Use for all non-pregnant adults 12 years and older

This pathway is to be filed in patient record and is intended for use by all clinicians



Family name

Given name Gender

AFFIX PATIENT LABEL HERE

DOB NHI

ADD BARCODE

Sepsis is a life-threatening emergency and can happen to anyone.
Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.

- SEPSIS RISK FACTORS**
- Māori or Pacific ethnicity
 - Socio-economic deprivation
 - Aged over 60
 - Chronic medical conditions
 - Immunosuppressed
 - Previous sepsis event
 - Recent trauma, surgery/ procedure, or hospital admission

RECOGNISE

Date, time started, initial

Is the presentation consistent with **suspected** or **confirmed** infection? NO → Exit sepsis pathway*

Does patient meet **ANY** of the following criteria?

- Any single parameter in the EWS red zone
- Total EWS ≥ 5
- Appears seriously unwell
- Pre-hospital treatment for sepsis

RED FLAGS

- New oxygen requirement
- RR ≥ 25
- Lactate ≥ 2 mmol/L
- SBP ≤ 90 mmHg **OR** ≥ 40 mmHg below patient's normal
- HR ≥ 130
- Skin ashen/mottled **OR** non-blanching rash
- Responds to voice only **OR** pain/unresponsive
- Recent chemotherapy

AMBER FLAGS

- Persistent whānau concern
- RR 21 - 24 **OR** respiratory distress
- HR 91 - 129 **OR** new arrhythmia
- SBP 91 - 100 mmHg
- Temp < 36°C
- Altered mental state

ONE OR MORE RED FLAG

NO RED FLAG

Start Sepsis Six NOW

≥ 2 flags ticked → Send bloods including lactate + blood cultures (2 sets) → Review with results

1 flag ticked → Document treatment plan

No flag ticked → Exit pathway*

Review with results

- New RED FLAG** → YES → Start Sepsis Six NOW
- Acute Kidney Injury → NO → Exit pathway*
- If antibiotic needed, administer within 3 hours
- Update patient and whānau

ADULT & YOUNG PERSON SEPSIS PATHWAY
Use for all non-pregnant adults 12 years and older



Health New Zealand
Te Whatu Ora



RESUSCITATE

Date, time started, initial

Sepsis Six

Complete **ALL** steps **WITHIN 1 HOUR**



DO NOT DELAY for investigations or results

1. Give Oxygen if SpO₂ ≤ 92%

Target saturation ≥ 94% (88 - 92% if known CO₂ retainer)

N/A	Time completed	Initials
<input type="checkbox"/>	<input type="text" value="24 HOURS"/>	<input type="text"/>

2. Draw Blood Cultures

Send at least TWO sets from a single site, even if patient is afebrile. Ensure all bottles are properly filled

N/A	Time completed	Initials
<input type="checkbox"/>	<input type="text" value="24 HOURS"/>	<input type="text"/>

3. Obtain Lactate & Full Set of Bloods

Including FBC, U&Es, CRP, LFTs, coags

N/A	Time completed	Initials
<input type="checkbox"/>	<input type="text" value="24 HOURS"/>	<input type="text"/>

4. Give IV Fluids

If hypotensive/lactate > 2 mmol/L, 500 ml stat
Repeat if clinically indicated up to 30 ml/kg IBW

N/A	Time completed	Initials
<input type="checkbox"/>	<input type="text" value="24 HOURS"/>	<input type="text"/>

5. Give IV Antibiotics

Refer to local antimicrobial guidelines
Use sepsis-specific guideline if one is available

N/A	Time completed	Initials
<input type="checkbox"/>	<input type="text" value="24 HOURS"/>	<input type="text"/>

6. Get Help

Inform a senior clinician* that your patient has "red flag sepsis".
Prioritise investigation, referral, and source control

*Senior medical officer, registrar, fellow, and nurse practitioner

N/A	Time completed	Initials
<input type="checkbox"/>	<input type="text" value="24 HOURS"/>	<input type="text"/>

REASSESS

Date, time started, initial

Inform patient and whānau of sepsis diagnosis



- Observe vital signs every 30 minutes
- Prioritise investigation, referral, and source control
- Document hourly urine output



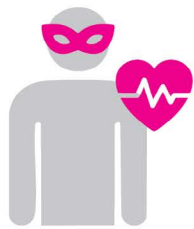
Assess treatment response WITHIN 3 HOURS; refer to hypoperfusion pathway if any of the following criteria are met:

- reduced level of consciousness despite resuscitation
- RR ≥ 25
- lactate ≥ 2 mmol/L and not improving



Know the Signs

Unmask SEPSIS - Save a life



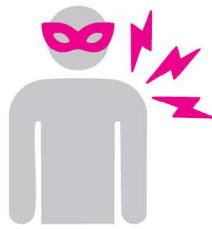
**RAPID BREATHING
or HEART RATE**



**CONFUSION,
SLURRED SPEECH or
DISORIENTATION**



**FEVER or
SHIVERING**



MUSCLE PAIN



NOT PASSING URINE



DISCOLOURED SKIN

Signs of Sepsis in Adults



Dr Dan Dobbins and Dr Katie Walland - CENNZ 19 March 2026

Be a
SEPSIS
Superhero
Suspect it
Say it
Stop it.

Know the Signs of Sepsis

Unmask SEPSIS - Save a Life

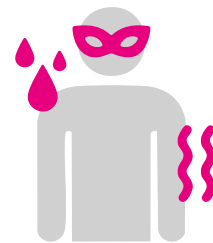
Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.



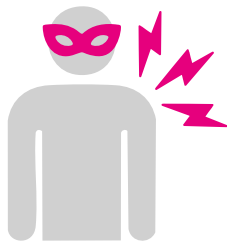
RAPID BREATHING
or **HEART RATE**



CONFUSION,
SLURRED SPEECH or
DISORIENTATION



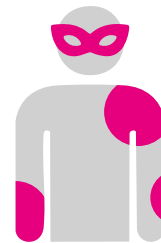
FEVER or
SHIVERING



MUSCLE PAIN



NOT PASSING URINE



DISCOLOURED SKIN



If ANY of the signs are present, treat it as a medical emergency - call 111 and ask: **"Could it be SEPSIS?"**



Sepsis
Trust NZ

Scan this QR Code to learn more about Sepsis.

www.sepsis.org.nz



Regular Features:



Recent items of interest

The following are a selection of recent articles and reports of interest to those working in the emergency health sector, nursing and with relevance to New Zealand / Aotearoa health services.

Item of Interest: Whakamaua Quantitative Dashboard: Year Five

<https://www.health.govt.nz/publications/whakamaua-quantitative-dashboard-year-five>

Publication date: 4 November 2025

The purpose of the Whakamaua dashboard was to provide a broad view of system performance against the four Whakamaua objectives. These objectives were as follows:

- Accelerate and spread the delivery of kaupapa Māori and whānau-centred services
- Shift cultural and social norms.
- Reduce health inequities and health loss for Māori.
- Strengthen system accountability settings

This dashboard has been published online and updated yearly since 2021, with the 2025 final dashboard update, as Whakamaua has been discontinued. This remains a valuable source of healthcare data with findings illustrating the status of Māori health indicators, and an ongoing resource.

Item of interest: Annual Update of Key Results 2024/25: New Zealand Health Survey

<https://www.health.govt.nz/publications/annual-update-of-key-results-202425-new-zealand-health-survey>

Publication date: 19 November 2025

This presents results from the 2024/25 New Zealand Health Survey, with comparisons to earlier surveys where possible. Results are available by gender, age group, ethnic group, neighbourhood deprivation, health regions and disability status. Data were collected between July 2024 and July 2025, with a sample size of 9,253 adults and 2,805 children. Included is data related to visits to GP and emergency departments.

Item of Interest: The Major Trauma Annual Report 2024/25

<https://hauoraotearoa.sharepoint.com/sites/News/SitePages/The-Major-Trauma-Annual-Report-2024-25.aspx>

Publication date: 23 March 2026

The most recently released update from the Trauma National Clinical Network, providing a national overview which illustrates the increase in major trauma events, with significant involvement of older adults. Some key highlights include:

- major clinical quality initiatives, including the national Chest Injury Guideline and updates to the TBI toolkit
- launching the national trauma quality improvement programme Te Ara Whakatika – The Path of Making Things Right
- delivering new insights tools such as the National Major Trauma Dashboard Emergency Department Services (International).

Article of Interest, Reports & Policy Releases

The following are a selection of recent articles and reports of interest to those working in the emergency health sector, nursing and with relevance to New Zealand / Aotearoa health services.

Articles of Interest: Infection and Infectious Disease in ED			
Author/s	Title	Journal	DOI
Ahmadzadeh, B., Patey, C., Norman, P., Farrell, A., Knight, J., Czarnuch, S., & Asghari, S. (2025)	Artificial Intelligence Solutions to Improve Emergency Department Wait Times: Living Systematic Review.	<i>J Emerg Med.</i> 75:174-187.	doi: 10.1016/j.jemermed.2025.05.031.
Overcrowding and long wait times in emergency departments (EDs) remain global challenges that negatively affect patient outcomes and staff satisfaction. As an emerging technology, artificial intelligence (AI) offers the potential to optimize ED operations and reduce wait times. The objective of this review was to establish a strategy to evaluate AI modelling as it relates to utilizing AI based strategies for ED flow.			
Bhattacharyya, D. S., Neiterman, E., Mac, C., Cheung, K., Dang, E., Jaffer, A., McCready-Branch, B., Gauhar, A., & Butt, Z. A. (2025)	Interventions to reduce wait times in emergency departments in Canadian hospitals: A scoping review.	<i>Public Health</i> , 245, 105778.	https://doi.org/https://doi.org/10.1016/j.puhe.2025.105778 .
Prolonged wait times in Canada's Emergency Departments (EDs) adversely impact patients, hospital staff, and the healthcare system. Despite the growing literature on ED wait times in Canada, our understanding of what strategies work to reduce wait time remains sporadic due to the absence of a current, comprehensive mapping of the interventions implemented within EDs. This scoping review, published in Public Health, aims to address this gap and map ED interventions in Canada.			
Chou, J., Gupta, N., Lim, A., Bryan, J., Walker, K., Egerton-Warburton, D., Kim-Blackmore, J., Rosler, R. & Lim, A. (2025)	Evaluation of a Novel Clinical Assistant Model of Care on Patient Flow and Emergency Department Length of Stay.	<i>Emergency Medicine Australasia</i> , 37: e70070.	https://doi.org/10.1111/1742-6723.70070
The objective of this study, published in Emergency Medicine Australasia, was to measure the contribution of clinical assistants (CAs) to departmental flow and length of stay.			
Ong, J.H.M., Lim, B.J.W., Zahrin, M.A.B.M. et al. (2025)	Ambulance diversion and its use as an ED overcrowding mitigation strategy: Does it work? A scoping review.	<i>Int J Emerg Med</i> 18, 125.	https://doi.org/10.1186/s12245-025-00933-0

Cont. overleaf...

Article of Interest, Reports & Policy Releases cont.

The following are a selection of recent articles and reports of interest to those working in the emergency health sector, nursing and with relevance to New Zealand / Aotearoa health services.

Emergency department (ED) overcrowding is a worldwide issue with significant negative consequences, including increased patient mortality. Ambulance diversion (AD) is sometimes used as an intervention to momentarily relieve overcrowded EDs, however, jury is still out about the negative consequences both for emergency medical services (EMS) who are required to divert to an alternative destination, and for patients whose care is delayed. Additionally, there is no operational guidance to best operationalize AD. The objective of this scoping review, published in the International Journal of Emergency Medicine, was to collate and organise the peer-reviewed published literature on the effects of both diversion and diversion aversion measures, on emergency medical services (EMS) and patient outcomes.

Ouyang, L., Yu, S., Hu, Z. et al. (2025)	Enhancing emergency department triage for older patients: a prospective study on the integration of the identification of seniors at risk.	<i>BMC Emerg Med</i> 25, 91.	https://doi.org/10.1186/s12873-025-01253-5
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Older adults are a growing demographic in emergency departments (EDs) worldwide, yet traditional triage systems often fail to account for their unique risks, leading to under-triage and adverse outcomes. This study, published in BMC Emergency Medicine, examines the Identification of Seniors at Risk (ISAR) tool and its use in emergency departments.

Kahika-Foote, T., Reweti, A., Breheny, M., & Severinsen, C. (2026).	"They think they know me without listening": Restoring relational care and authority in Māori health encounters	<i>Social Science & Medicine</i> , 400, 119295.	https://doi.org/10.1016/j.socscimed.2026.119295
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Despite universal healthcare provision, Māori continue to experience persistent inequities across all major health indicators. While these disparities are well documented, fewer studies centre Māori voices in describing how inequity is lived and felt within everyday healthcare encounters. This study draws on stories from Māori contributors (n = 114) shared through Wāhi Kōrero, a national online story-sharing platform from 11 April to 31 August 2024. Participants responded to the prompt "I felt too whakamā to go to the doctor," reflecting on experiences of accessing and engaging with healthcare services.

Pae Ora Report, May 2026

Author: Natasha Hemopo - (Te Arawa), Whakatane Emergency Department



Vision: To provide a Culturally supportive environment for Māori accessing care and working within the Emergency Departments of Aotearoa.

Mission: CENNZ continues to work towards improving and supporting Māori whanau and the Māori workforce within the Emergency Departments of Aotearoa.

Hauora models.

The inclusion of Hauora models of wellbeing within emergency nursing is timely and overdue. During the CENNZ Conference titled "Te Pae Tawhiti-Pursue Distant Horizons" held in Auckland in March 2026, this was a great example of how the inclusion and familiarity of Hauora models and concepts of healthcare can and are being included within emergency nursing and medical models. A common theme throughout the conference was a need to care for ourselves, care for each other whilst supporting patients and whanau accessing emergency care. This means upholding wellbeing in not only a physical sense but also with consideration of hinengaro-emotional, wairua-spiritual, and whanau inclusion as well.

Opening the Conference, we had Morag McDowell the Commissioner for Health and Disability remind us of the professional and legal expectations when providing care to patients and whanau whilst ensuring we uphold their Rights of care and upholding the Mana of patients. We had Dr Mike Nicholls share his research and interest in workplace wellbeing in Emergency departments in NZ. We had Dr Sandra Richardson who spoke about patients who leave before they are seen, or leave before their treatment is complete within the challenging and pressured environment of emergency. Eilish Satchell who reminded us that caring for whanau in their hardest times of their lives takes a considered and measured approach with cultural consideration of correct tikanga and care of the tupapaku-deceased

within our Emergency departments. Dr Max Raos reminded us that we are all stars. Dr Jo Cole, an emergency physician from Tauranga who is passionate about clinical wellbeing. Suzanne Rolls, our professional advisor from NZNO reminded us that corridor care does not uplift anyone's wellbeing or mana. I also shared my study, where the top theme was the need for nurses to care for themselves because we work in tapu -sacred spaces sometimes, a common denominator was care and wellbeing of ourselves so we can care for our communities.

As a profession it is rewarding to watch the narrative around wellbeing and hauora-health to include discussion on tinana, wairua, hinengaro and whanau be normal. It shows that we have grown as a profession and also as a country where this is now considered normal and normalized in emergency care.

As we move into the winter months, I encourage you all to care for yourselves, your whanau and ask yourselves what do you do to uphold the four walls of your Hauora with consideration of Te Taha Tinana, Te Taha Hinengaro, Te Taha Wairua and Te Taha Whanau. Ta Mason Durie gave us this taonga, how you apply it in your own lives and clinical practice is your journey and at your pace.

E mihi ana,

Natasha Hemopo.

College Activities:



CENNZ Reports



Northland/Te Tai Tokerau | Auckland
Midland | Hawkes Bay/Tarawhiti | Mid
Central | Wellington | Top of the South
Canterbury/Westland | Southern.

Committee Roles

CENNZ Mission Statement

We believe that emergency nursing is a speciality within a profession. We aim to promote excellence in Emergency Nursing within New Zealand / Aotearoa, through the development of frameworks for clinical practice, education and research.

CENNZ Committee Roles		
Role / portfolio	Portfolio holder	Location and Link
Chairperson	Lauren Miller	cennzchair@gmail.com
Secretary	Vicki Bijl	cennzsecretary@gmail.com
Treasurer	Craig Jenkin	cennztreasurer@gmail.com
Membership	Lyn Logan	cennzmembership@gmail.com
Grants and Awards	Lyn Logan	cennzawards@gmail.com
Staffing Repository	Vicki Bijl	cennzrepository@gmail.com
NZ Triage courses		cennztriage@gmail.com
Professional Nursing Advisor (NZNO)	Suzanne Rolls	suzanne.rolls@nzno.org.nz
Te Rūnanga Representative	Natasha Kemp	
Knowledge and Skills Framework	Lauren Miller	cennzchair@gmail.com
Website and Social Media	Wendy Sundgren	
Webinars	Wendy Sundgren	
Pae Ora	Natasha Kemp	
Networks	Name	
Clinical Nurse Educator Network	Amanda Harrison / Michelle Scully	
Charge Nurse Managers Network	Vicki Bijl	
Advanced Emergency Nurses Network	Craig Jenkin	
Emergency Nurse Practitioner Network	Craig Jenkin	

Committee Regional Representatives

Committee Regional Representatives

Region	Name	Daily Role
Te Rūnanga	Natasha Kemp	Clinical Nurse Coordinator, Emergency Department, Whakatāne Hospital
Northland / Te Tai Tokerau	Amanda Harrison	Clinical Nurse Educator, Te Tai Tokerau Emergency Department
Auckland	Wendy Sundgren	Associate Clinical Nurse Manager, Emergency Department, Middlemore Hospital Professional Teaching Fellow, The University of Auckland
Auckland	Rachael Wilson	Associate Clinical Charge Nurse, Waitakere Hospital Emergency Department
Midlands / Bay of Plenty	Lyn Logan	Associate Clinical Nurse Manager, Emergency Department, Rotorua Hospital
Hawkes Bay / Tairāwhiti	Vacant	
Mid Central Region	Lauren Miller	Clinical Nurse Educator – Taranaki Emergency Department
Wellington	Craig Jenkin	Nurse Practitioner, Emergency Department, Wellington Regional Hospital
Top of South	Vicki Bijl	Clinical Nurse Manager – Nelson Hospital
Canterbury / Westland	Jo Aston	Nurse Unit Manager, Emergency Department, Christchurch Hospital
Otago / Southland	Michelle Scully	Clinical Nurse Educator Staff Nurse, Emergency Department, Southland Hospital

Chairperson's Report



Lauren Miller

CENNZ Chairperson

Contact:

cennzchair@gmail.com

This year has again placed significant strain on the healthcare system, with emergency departments feeling the pressure most acutely. Rising demand, overcrowding, and wider system constraints continue to affect patient flow and place sustained demands on nursing staff, as emergency nurses work to deliver safe, timely, and compassionate care.

Despite these challenges, emergency nurses continue to show resilience, professionalism, and a strong commitment to patient care. The College of Emergency Nurses New Zealand (CENNZ-NZNO) remains dedicated to supporting its members, advocating at a national level, and advancing key initiatives to strengthen emergency nursing practice.

As I come to the end of my time on the CENNZ National Committee and prepare to step down as Chair, I would like to reflect on some of the work I have been proud to be part of during my tenure. It has been a privilege to represent emergency nurses across Aotearoa and to contribute to initiatives that strengthen our profession, support our workforce, and advocate for the realities of practice in emergency departments.

One of the highlights of the past year was the opportunity for representatives of the CENNZ National Committee to meet with three consecutive Ministers, at Parliament for a Ministerial hui. This provided an important platform to ensure the emergency nursing voice was

heard at a national level. We discussed a range of critical issues affecting emergency departments, including the need for consistent implementation of Care Capacity Demand Management (CCDM) to ensure staffing aligns with demand, the recognition that emergency nursing requires specialist skills, and the impact of workforce shortages on patient care. We also raised the increasing incidence of violence and aggression in emergency departments and the need for trained, 24/7 security presence to support staff and patient safety. Equity was a key focus of the discussion, particularly the disproportionate outcomes experienced by Māori and Pacific patients, and the importance of adopting measures such as the 10-day post-ED mortality rate to better understand these inequities. The meeting reinforced the ongoing need for investment in both the emergency nursing workforce and culturally safe, equitable models of care, as well as an "all-of-system" approach to addressing overcrowding and achieving the Shorter Stays in ED target.

Another significant piece of work has been the review and refresh of the Knowledge and Skills Framework (KSF), which was completed in late 2025. The updated framework incorporates revised nursing competencies and embeds Pae Ora principles, ensuring equity and responsiveness are central to professional development pathways. I am incredibly proud of the work that has gone into this document, which

Chairperson's Report Cont.

will provide stronger guidance for nurses working in emergency care and support the continued development of our workforce. Alongside this, the CENNZ Triage Course has remained a cornerstone of national education. Following the redevelopment work undertaken in 2024 the course continues to evolve, with positive feedback from participants and an ongoing role in promoting consistency in triage practice across the country. It also provides important revenue that enables CENNZ to continue supporting wider activities and initiatives.

Equity and Pae Ora have remained central priorities for the committee and I have noted a huge amount of growth for us as a college in this space. The publication of the CENNZ Pae Ora strategy marks an important step in strengthening our commitment to equitable outcomes. This work has included integrating Māori health

frameworks into the Knowledge and Skills Framework, developing education opportunities, and increasing access to grants for Māori nurses.

Supporting our members has also remained a key focus, and I am proud that CENNZ has continued to provide grants and awards that support education, research, and professional development. Investing in our members in this way helps strengthen the future of emergency nursing and supports the growth and leadership of our profession.

We recently marked the 30th CENNZ Conference - Te Pai Tāwhiti, held in Auckland from 19-20 March. The event provided a fantastic opportunity for emergency nurses from across the country to come together, build knowledge, exchange ideas, and collaborate on a wide variety of topics. A mix of presentations, workshops, product specialist interactions, and

network meetings created a dynamic and engaging experience for everyone involved.

I would like to sincerely thank all members of the CENNZ Committee for their contributions and support throughout my time as chair. The time, expertise, and commitment that each person brings to this work is greatly valued, particularly while balancing the ongoing demands of clinical and professional practice.

On behalf of the committee, thank you to our members for your ongoing support and dedication. It has been a privilege to represent emergency nurses and to work alongside such a passionate community in supporting and advancing our specialty.

Ngā mihi

Lauren Miller

CENNZ Chair.

Te Tai Tokerau | Northland Region



Regional Representative

Amanda Harrison

Clinical Nurse Educator

Whangārei Hospital Emergency Department

Te Whatu Ora Te Tai Tokerau

Whangārei Hospital Emergency Department | Te Kahu Atawhai

Whangārei ED has navigated another year of change with determination and optimism. Staffing shortages remain one of our biggest pressures, with many team members heading overseas, moving into private or community roles, shifting careers entirely, or enjoying parental leave. Amid this, the team has embraced the recent Safe Staffing Visibility Strikes—making the most of the moment, looking fantastic in their fun scrubs, and continuing to champion the message of safe staffing.

High volumes and rising acuity continue to challenge the department, with few alternative care options available. Limited GP access and only one urgent care centre—often operating reduced hours due to staffing—mean ED remains the last and only resort for many in our community. Emergency Q continues to help, though their effectiveness depends on the availability of alternative services. We look forward to Emergency Q linking with a second option, Emergency Consult, which will offer patients more equitable and timely access to health care. Despite these pressures, our team continues to show remarkable resilience.

A major upcoming innovation is the long-awaited move to eNotes and eObs, supported by Heidi, our AI medical scribe. These digital tools are expected to strengthen workflow, improve accuracy, and reduce administrative load.

Quality improvement remains central to our work. We continue to prioritise initiatives that support efficiency, flow, and patient outcomes. Simulation and training remain strong pillars, and we're excited to welcome NetworkZ back in March.

IT challenges—including email migrations, system instability, and delays accessing protocols, guidelines, and rosters—have been frustrating, and the loss of key admin staff has amplified these issues.

Looking forward, we remain committed to supporting our team, strengthening our systems, and delivering excellent emergency care for Te Tai Tokerau.

Amanda Harrison

Clinical Nurse Educator

Kaiwhakaako Nehi Haumanu

Tāmaki Makaurau | Greater Auckland Region



Regional Representative

Rachael Wilson

Associate Clinical Charge Nurse

Waitakere Hospital Emergency
Department

Te Whatu Ora Waitematā



Regional Representative

Wendy Sundgren

Associate Clinical Nurse
Manager

Te Tari Rongoaa Ohorere | Middlemore
Hospital Emergency Department

Te Whatu Ora Counties Manukau

Professional Teaching Fellow

School of Nursing

Waipapa Taumata Rau | The University
of Auckland

Te Whatu Ora Waitematā - North Shore / Waitākere Hospital Emergency Departments.

Waitākere and North Shore EDs have navigated a demanding summer, with consistently high presentations and the ongoing pressures of access block and increasing mental health care needs. Both sites have been sitting at around 180 patients per day, with many days climbing well over 200, yet we've also seen some really positive steps forward.

The recent ED Boost funding has allowed both departments to strengthen their teams in ways that genuinely support flow and patient care. At Waitākere, the funding has enabled 3.2 FTE RN positions to bring staffing in line with North Shore, as well as the introduction of Flow RNs and Specialty Nurses in ED (SNEDs)—matching the model already in place at NSH. Both sites have also welcomed Advanced HCAs. Their expanded scope, which now includes ECGs and phlebotomy, is already proving incredibly valuable. Alongside this, we're upskilling all existing HCAs to support staff with ECGs, observations, and other key tasks.

These additions are making a tangible difference. Flow Nurses and HCAs are helping keep patients moving safely

through the department, while SNEDs bring advanced assessment skills and a wealth of clinical experience that support both patient care and the wider team. Together, these roles are helping us deliver more timely, reliable, high-quality care despite the pressure.

Our triage teams continue to make strong use of Emergency Q and Emergency Consult to redirect suitable patients to our urgent care partners, significantly reducing ED volumes and helping us provide acute care to those in need.

Outside the clinical space, our social club has kept spirits high throughout the summer with pool days, walks, fitness sessions, Zumba, and pottery classes—great opportunities to unwind and stay connected. Our cultural days have also become a real highlight. Most recently, we celebrated our Filipino colleagues with a day full of food, games, music, and karaoke, a reminder of how much our team's diversity enriches both our workplace and the care we provide.

Rachael Wilson,

Associate Clinical Charge Nurse.
Waitākere ED.

Auckland Region cont.

Starship Hospital – Children’s Emergency Department.

Starship Children’s Emergency Department (CED) welcomed a slight reduction in daily presentations over January and early February. This enabled staff to take well-deserved summer leave following a particularly busy 2025. However, daily presentations are already beginning to rise as we see cooler temperatures.

Workforce and Staffing

In February, we welcomed three graduate registered nurses through the Supported First Year of Practice programme. We currently have six new graduate nurses working in CED – the highest number to date! Their enthusiasm to learn and to become great ED nurses is refreshing.

Maintaining an appropriate skill mix remains at the forefront of workforce planning. We are fortunate to have secured FTE allocation to recruit experienced nurses, ensuring a balanced and safe workforce.

Digital Progress

The transition to E-Notes and E-Vitals has progressed smoothly. We look forward to continuing to advance our digital documentation systems in the coming months.

Clinicians – including Nurse Practitioners, Nurse Specialists, and medical staff – are now encouraged to utilise the AI scribing tool, Heidi, to support clinical documentation and improve efficiency. Feedback from

users has been positive, and whānau have also responded favourably to the use of Heidi.

Research and Clinical Excellence

Clinical research remains central to improving outcomes for tamariki. CED is currently recruiting to two randomised controlled trials (RCT) with a third starting recruitment in CED soon:

1. The STeroids in preschool Asthma Reduction (STAR) Study – investigating if one day of oral prednisolone is as effective as three days in children with preschool asthma/wheeze (led by Waikids Research Team, Waikato Hospital).
2. The Care at Home or Inpatient in Children from Emergency with UTI (CHOICE UTI Study) – investigating if one day of intravenous antibiotics followed by two days of oral antibiotics is as effective as three days of intravenous antibiotics (led by Royal Children’s Hospital, Melbourne).
3. The Paracetamol and Ibuprofen in Kids Intervention (PIKI) Study – investigating whether paracetamol or ibuprofen is best for treating pain and discomfort caused by fever, in tamariki <2 years old (led by Middlemore Emergency Department Research Team).

We are also recruiting to an observational study looking at febrile convulsions in children aged six months to six years, with several more studies scheduled to commence over the coming months.

CED Clinical Excellence Group

The Clinical Excellence Group has undergone a reset and refresh. Our annual audit schedule was impacted in 2025 due to system changes that limited access to data. As a result, 2026 is shaping up to be a productive year, with several audits ready to progress with quality improvement at the forefront.

We also plan to implement a new “Learning Review Process” for the review and reporting of adverse events. This phased approach includes:

1. Collecting information
2. Sense-making and analysis
3. Sharing insights and learning

Narrative reporting, incorporating identified learning opportunities, will form part of the feedback process to staff.

Celebrating Achievement

CED ended 2025 on a high note with Mahima Chopra becoming our newest Nurse Practitioner. Congratulations to Mahima on this significant achievement!

We have two Nurse Specialists on internships to Nurse Practitioner, and the department continues to support other Nurse Practitioner interns both within Starship and externally.

Anna-Marie Grace

Nurse Unit Manager

Libby Haskell

Nurse Practitioner

Auckland Region cont.

Te Tari Rongoaa Ohorere | Middlemore Hospital Emergency Department.

Middlemore ED continues to experience higher Patient volumes with an average of 11,181 patients per month over the months from November 2025 to January 2026 which is on a 2.4% increase on the equivalent period last year, but a 9.2% equivalent period the years before. Interestingly, we continue to have good flow through our medical division and access block in the surgical division continues to be an issue for the department.

We have continued to face challenges due to violence and aggression and ongoing work is being done in this area. The ability to recruit into our vacancies has also required lots of attention in advocating for these approvals to occur in a timely way.

We have received approval to recruit into new FTE as part of the ED Boost funding for ED SMO, frontline physiotherapist and pharmacist, a small uplift in RN FTE as well as a considerable up lift in Advanced Practitioners.

With this uplift we are trialing model of care changes in our front of house and ED Short Stay spaces aimed at increasing flow through these areas. We are also looking to expand coverage of our NP driven Fast track Service in Kidz First ED.

(Acknowledgement - the staff of Middlemore ED want to say a massive thank you to Chris Chu for the significant contributions that he has made to Emergency Nursing over the last few years. We wish Chris well with his next endeavour).

Chris Chu,
Nurse Unit Manager.

Waikato | Bay of Plenty Region



Regional Representative

Julie Manning

Nurse Practitioner

Waikato Emergency Department

Te Whatu Ora Waikato

Rotorua Emergency Department, HNZ Lakes.

Rotorua ED, similar to other emergency departments, has experienced a busy summer with increased patient numbers and higher occupancy throughout the hospital, which has affected our workflow. In February, we will welcome three new Duty Managers, who will also take on the additional responsibility of Bed Flow management when two are on duty during daytime and early evening shifts. This new initiative aims to support the 6-hour target initiative and improve patient flow. We will continue to monitor its effectiveness in supporting our currently under-resourced ED team over the coming months.

We are still awaiting an increase in our FTE, expected in this 2025/2026 financial year. This financial year concludes in June. Additional staffing remains critical, as our team is experiencing significant workload pressures from covering extra shifts. This situation presents increasing

risks to patient safety, and the latest FTE calculations indicate that we require approximately one-third more nurses. It remains to be seen whether HNZ will approve the necessary staffing uplift due to their apparent budgetary constraints.

On a positive note, we have retained our four NETP RNs from last year, albeit at 0.4 FTE until further approval of FTE increases is granted, and one new NETP has started for 2026.

Finally, as one of two ED RNs on your bargaining team, I want to thank you for your participation in the recent survey. We continue discussions with HNZ regarding the 40 claims and will return to negotiations in early March. We remain committed to advocating for safe staffing levels and addressing issues related to DSNs, ENs, and remuneration.

Lyn Logan,

Associate Clinical Nurse Manager.

Waikato Emergency Department.

Greetings from Waikato ED.

We have experienced a very busy summer with high numbers of patient presentations. It appears the days of the traditional summer lull are behind us. Our acute presentations remain elevated, as do trauma cases. The department continues to see extended patient stays while waiting for inpatient beds, as acute flow into the hospital is frequently delayed. With our patients being older, more complex and presenting with higher acuity, more of them require admission rather than discharge.

To support this workload, we have introduced a floor manager role—usually

staffed by one of our ACNMs—which has had a positive impact on patient length of stay and overall department flow.

Our triage team continues to utilise Emergency Q to redirect suitable patients to our urgent care partners. This has significantly helped reduce our ED census, although we still see large numbers of patients who are unable to access GP care in the community.

In response to ongoing challenges with violence and aggression, we have implemented enhanced security procedures. The department now has increased security presence overnight with restricted access, as well as a new 'lockdown procedure' for times of heightened risk.

Waikato | Bay of Plenty Region cont.

Staffing levels have stabilized, and we have also seen an uplift in medical staff numbers. This has enabled increased RMO coverage across all shifts. We are now able to focus more on staff development, with many nurses completing paediatric, resuscitation, and triage training, and orientating into these specialised areas.

We have also introduced monthly 'Fun Scrub Fridays', which always bring some

fantastic outfits when they make their appearance. Our social committee is working hard to organise activities outside of work to help boost morale. We have had therapy dogs visiting our department for the past year, and recently several staff members have had their own dogs certified, allowing us to share the load. These visits now occur most weeks and have been incredibly beneficial—primarily for staff, though patients enjoy them too!

As we look ahead to the winter months, preparations are already underway. Staff flu immunisations will be ramping up, and the return of masks encouraged to be worn—though dreaded by many—has noticeably reduced winter illness in previous years.

Julie Manning.

Nurse Practitioner.

Tairāwhiti/Hawke's Bay – Te Matau-a-Māui Region



Regional Representative

Rochelle Harper

Clinical Nurse Coordinator

Hawke's Bay Emergency Department

Te Whatu Ora Te Matau a Māui,
Hawke's Bay

Hawke's Bay Emergency Department.

Hawke's Bay Emergency Department continues to operate in a sustained state of high demand. Increasing presentations, rising acuity, and persistent barriers to accessing primary care are shaping daily practice. What was once described as peak pressure has become a consistent operational baseline, requiring ongoing adaptation and strong clinical leadership. Within this context, the focus has been on strengthening internal systems to improve patient flow while maintaining safety and equity.

Patient Flow, Equity and Service Development

Several initiatives have been implemented to support patient movement and early clinical decision making.

Patient Flow Navigators have enhanced communication between ED and inpatient services, increasing visibility of bed capacity and strengthening escalation processes when access block occurs. This has reinforced shared accountability across the hospital for timely patient movement.

Two GEDI Geriatric Emergency Department Intervention Clinical Nurse Specialists continue to provide focused assessment and coordination for older adults. Early frailty identification, proactive whānau engagement, and comprehensive discharge planning are supporting safer transitions of care and reducing avoidable admissions where appropriate.

A Rapid Assessment and Treatment Doctor model has been introduced during key operational hours to provide earlier medical input at the front of house. Commencing imaging and time critical investigations sooner reduces downstream delays and supports

nursing staff managing high throughput environments.

We are also supporting the Mana Taupua GP enrolment programme, identifying patients who are not enrolled with a general practice. Particular focus is placed on those without a GP who are Māori and Pasifika patients, and individuals holding Community Services Cards. Strengthening enrolment pathways is one practical step toward reducing inequities and improving continuity of care beyond the emergency setting.

A Front of House redevelopment project is currently in the planning phase, aimed at increasing treatment capacity and improving patient flow. Recognition that infrastructure must evolve alongside demand is essential for long term sustainability.

Leadership, Education and Quality

We welcomed our new Clinical Nurse Manager, Abby Faxon, whose visible leadership and clear communication have provided stability during a demanding period.

Staff led working groups remain active across wellness initiatives, Traumatic Brain Injury pathways, pressure injury prevention, and falls prevention. These initiatives reflect a department committed to clinical governance and continuous improvement, even under sustained workload pressures.

Professional development continues to be encouraged, with ongoing support for postgraduate study and skill advancement. In an increasingly complex emergency environment, investment in clinical reasoning and knowledge development is critical to maintaining safe and effective care.

Staffing, Safety and Advocacy

Despite service improvements, capacity pressures remain constant.

Tairāwhiti/Hawke's Bay – Te Matau-a-Māui Region cont.

The department operates at near capacity as standard practice. Nurse to patient ratios frequently extend beyond optimal levels, and corridor care persists when inpatient flow slows.

Workplace aggression and violence are increasingly evident. While emergency departments have always managed behavioural risk, the frequency of incidents has risen. A strengthened and more consistent ED Security presence supports frontline staff and reinforces the expectation that safety within our department is a shared priority.

Sustained pressure means resilience is often spoken about, but resilience

cannot replace safe systems. Emergency nurses are adaptable and highly skilled, yet appropriate staffing levels and supportive structures remain fundamental to delivering safe, patient-centred care. Ongoing advocacy for sustainable workforce planning is essential.

What stands out in Hawke's Bay, however, is the calibre of the team. Despite constant demand, nurses continue to uphold high clinical standards, advocate for patients, and support one another professionally. There is a strong culture of accountability, collaboration, and mutual respect that enables the

department to function effectively under pressure.

This season is less about responding to isolated events and more about maintaining consistency in the face of sustained demand. Our focus remains on strengthening systems, investing in our workforce, and ensuring safe, equitable, and sustainable emergency care for the community we serve.

Ngā mihi nui

Rochelle Harpern,

Clinical Nurse Coordinator.

Taranaki/Manawatū/Whanganui Region



Regional Representative

Emma Richardson

Registered Nurse

Taranaki Emergency Department

Te Whatu Ora Taranaki

Taranaki Base Hospital Emergency Department.

Taranaki Base ED is busy preparing for our new build ED; the big move is planned for 6th May. There is a huge amount of planning going on behind the scenes.

We have started recruiting to fill RN FTE for our new ED, as well as to replace recent resignations. We have also just taken on our largest cohort of new graduate nurses – two in September 2025, and five in January 2026.

Patient presentations remain high, with ongoing pressures from access block and mental health presentations at times.

Recent initiatives include changes to our bed booking processes, of which there are pros and cons, with the change to our ED coordinator requesting and booking beds on the wards, rather than a Flow Duty Nurse Manager, as this role

is not currently funded.

Clinical coaching of staff who are needing extra support and upskilling in triage has been prioritised to maintain safe patient care.

Our ED continues to manage challenges, including skill mix pressures, staffing shortages on PM and night shifts, TrendCare completion compliance, and preparing for the new department, with limited access to visit the new build.

Successes include staff progressing into Resus and Triage, an improvement in falls risk screening assessments, and positive outcomes from clinical coaching.

These initiatives support safer, more consistent patient care and prepare the team for the transition to the new ED.

Therese Manning,

Clinical Nurse Manager.

Taranaki Emergency Department.

PNHED is entering an exciting phase of development with a \$14 million expansion project now underway. This significant investment will increase overall capacity by up to 40%, delivering 15 new points of care and strengthening our ability to respond to growing demand across the region. The redevelopment includes several purpose-built clinical spaces designed to enhance patient flow, safety, and quality of care. A dedicated mental health assessment room will provide a more appropriate and therapeutic environment for patients requiring mental health support. The addition of a dedicated medication room will improve safety and efficiency in medication preparation and administration, while a new procedure

and plaster room will streamline minor procedures and fracture management within the department.

A key component of the evolving Model of Care will be the introduction of a Physician in Triage (PIT). This role is expected to support earlier senior medical decision-making at the front door, improving patient flow, reducing time to treatment, and enhancing overall departmental efficiency.

By aligning workforce development with the expanded physical footprint, the department aims to ensure that increased capacity translates into meaningful improvements in patient experience and clinical outcomes. Staffing full-time equivalent (FTE) requirements are currently being finalised to support the expanded

Taranaki/Manawatū/Whanganui Region cont.

service. This redevelopment represents a significant step forward for emergency care delivery and reflects

a strong commitment to meeting the current and future needs of our community.

Kellie Stickney,
Charge Nurse.

Hawera Emergency Department.

Over the past three months Hawera Emergency Department has experienced significant growth and positive change. We successfully implemented a geographical nursing model, a first for our department, aimed at improving continuity of care, accountability, and patient flow. While any change in practice brings uncertainty, the model has been embraced by the team and adapted remarkably well. Staff report a more structured and predictable workflow, with clearer patient allocation and improved oversight of care delivery. Early feedback suggests this has

enhanced both the patient experience and team communication, with fewer delays and better coordination across the floor.

In addition, we welcomed six new graduate nurses to the department in January. For a small rural ED, this has been a substantial undertaking, requiring careful planning to ensure safe staffing, appropriate preceptorship, and protected learning opportunities. Despite the scale of this commitment, the transition has been positive. The graduates are settling in well and contributing enthusiastically to the team, supported by experienced nurses who have stepped into mentorship roles.

To further strengthen clinical support, we have recently appointed a Clinical Coach who has now commenced in the role. Having dedicated educational support on the floor is already proving valuable, particularly for skill development, reflective practice, and real-time clinical guidance. As we look ahead, we are optimistic that these initiatives will continue to build capability, strengthen teamwork, and enhance the quality of care we provide to our community.

Shannon Drought,
Clinical Nurse Manager.

Te Upoko o te Ika a Maui | Greater Wellington Region



Regional Representative

Craig Jenkin

Mātanga Tapuhi | Nurse Practitioner

Te Pae Tiaki | Emergency Department,
Wellington Regional Hospital

Te Whatu Ora Capital, Coast
and Hutt Valley

Te Pae Tiaki | Wellington Emergency Department.

We've welcomed nine new graduate nurses into Wellington ED. They're settling in well and getting to grips with the department – a big credit to them and to the teams supporting them.

We currently have 5.3 FTE available to recruit into, which means we're heading into winter in a much stronger staffing position than we've been in previous years.

We've also had a big boost in senior nursing, with eight new CNSs starting, bringing us up to 12 in total. These roles are supported by a 12 month training and development programme, so while not everyone is fully up to speed just yet, the focus is on building safe, capable, and confident clinicians for the long term.

Work is underway to develop a Charge Nurse Manager (CNM) role for ED. This will be a fixed term position and will allow the Nurse Manager to step back from day to day operations and focus more on strategic direction and professional leadership. The CNM role will support operational oversight, patient flow, and staff wellbeing, which should be a real plus for the floor.

Our triage redesign is currently in the planning phase – still early days, but

definitely an exciting piece of work with potential to improve how we assess and move patients through ED.

There continues to be strong senior nurse support across ED, with good collaboration between the ACNMs, CNSs, CNEs, and NPs, which is helping support staff at all levels.

On the infrastructure front, the Front of Whare project continues, with ongoing moves happening across the campus. Planning for the new ED remains on track, with the department expected to be operational in 2029.

While we've seen an 11% improvement in our SSiED target, patient flow – especially for acute patients – continues to be challenging. This remains a daily pressure point for staff.

There's ongoing work happening across the wider organisation to improve flow, and ED is actively involved, but this is still very much a work in progress.

We've also said goodbye to two Nurse Practitioners. Those roles are still available, so if you (or someone you know) are keen to work in a dynamic, occasionally slightly windy ED environment, we'd love to hear from you.

Craig Jenkin,

Mātanga Tapuhi - Nurse Practitioner.

Te Upoko o te Ika a Maui | Greater Wellington cont.

Hutt Valley Emergency Department.

Hutt ED has had a busy period with quite a bit of change happening, especially around the front end. We're continuing to trial and review the RAT/PAT model at triage. The triage and reception upgrade is also moving along. Even though it's still in progress, the space already feels easier to work in, and visibility and flow seem to be improving.

On the pathways side, the surgical fast track admission pathway is now approved and up and running. We're now working on getting orthopaedics and gynaecology set up with similar fast track options.

The VIS questions have been updated too, with the weighting now lining up better with the SOPS process. The new approach seems to be working across the hospital and is giving us clearer triggers for escalation.

Performance-wise, we're sitting at about **92% for non admitted 'see and treat'**. That's a solid improvement and reflects the impact of the front-door changes and better coordination with the inpatient teams.

Of course, there are still some challenges. Recruitment continues to be tough, and we haven't been able to bring in staff like for like when vacancies come up. Without CCDM calculation

approval, it's been difficult to push for the staffing levels we actually need to match workload. Equipment has been another ongoing frustration—four years into the Mindray upgrade process, we're still running into issues, especially with ETCO₂ integration. At this point, we're questioning whether the monitors are really fit for ED's needs.

Overall, while there's been good progress in flow and pathways, the core challenges around staffing and equipment are still putting pressure on the department.

Charley Gibson,
Clinical Nurse Manager.

Te Taihu | Top of the South Region



Regional Representative

Vicki Bijl

Tari Kaiwhakahaere Tapuhi
Charge Nurse Manager

Nelson Emergency Department

Te Whatu Or Te Tau Ihu,
Te Waipounamu

Like many Emergency Departments across the country, Nelson ED experienced a particularly busy summer period, setting new records for daily presentations. Despite the increased demand, the team continued to deliver high quality care while navigating the complexities of a major redevelopment project.

Redevelopment Progress and Achievements

Over the past 18 months, Nelson ED has undergone a significant redevelopment. Remarkably, the department remained fully operational throughout the build, a testament to the resilience, adaptability, and professionalism of the entire team. Working within an active construction zone presented considerable challenges, yet staff consistently maintained focus on the long term goal: a modernised ED with 29 clinical spaces, including:

- 2 dedicated mental health rooms
- 2 negative pressure rooms
- An additional triage room
- Expanded staff write up areas
- A new staff room

This redevelopment marks a major milestone for the service and positions us strongly for future growth.

Workforce Expansion and New Roles

With the expanded footprint came the opportunity to secure essential workforce funding. Recruitment is well underway, and we have been able to reassess and strengthen our staffing model. Several new roles have been introduced to support both patient care and team development, including:

- Associate Charge Nurse Manager
- Psychiatric Liaison
- Occupational Therapy

We have also embedded clinical coaches into the team. These supernumerary roles are already proving invaluable, offering direct bedside support and helping to build capability within our growing nursing workforce. In addition, we welcomed four new graduate nurses, and one of our Clinical Nurse Specialists has commenced her NPI year.

Performance, Flow, and Future Opportunities

While our LWBS numbers continue to rise and our SSED performance remains below the adjusted target, the redevelopment provides us with the capacity to rethink our models of care. Improving patient flow and throughput will be a key focus moving forward. One of the first initiatives under consideration is the introduction of a rapid assessment zone or team at the front of house, which has the potential to make a meaningful impact on early patient streaming and overall ED performance.

Looking Ahead

It is exciting to see the Nelson ED team grow and evolve. At the same time, it remains important that we preserve the strong, cohesive team culture that has always been a hallmark of this department. We are committed to staying optimistic, embracing the opportunities ahead.

Ngā mihi nui,

Vicki Bijl,

Tari Kaiwhakahaere Tapuhi | Charge Nurse Manager.

Westland/Canterbury – Te Tai o Poutini/Waitaha Region



Regional Representative

Jo Aston

Nurse Unit Manager

Christchurch Emergency Department

Te Whatu Ora Waitaha Canterbury

Here in Christchurch, we began 2026 with a hint of summer and a temporary reprieve in presentations. While we continue to wait for the summer weather, which does not look promising, patient numbers are gradually increasing into the early 400s. Access block continues to present challenges; however, we are optimistic about the implementation of upcoming winter initiatives designed to alleviate pressure and support clinical safety.

Farewell to a Dedicated Equipment Coordinator

As we move further into the new year, we say goodbye to an exceptional hospital aide equipment coordinator who has contributed thirty years of dedicated service to our hospital. Her unwavering commitment, kindness, and the significant development of this vital role have greatly benefited the entire team.

Her tenure has underscored the importance of building strong relationships, both within the hospital and externally with suppliers. Through her efforts, the Emergency Department has consistently remained well-equipped and stocked, ensuring we can effectively meet the needs of our patients.

Clinical Safety

In February, we re-ignited our focus on the fundamentals of care commencing with bedside handover. Two senior nurses, along with a group of Champions, have dedicated their time and energy to this initiative, which is designed to improve patient care and enhance clinical safety. The continuation of the

program will be phased, ensuring that each stage is firmly embedded before progressing to the next.

We have also improved our model of care in the acute care space by adding an additional rapid assessment nursing role from 10:30 AM to 9 PM. Patients are assessed, vital signs completed and simple analgesia administered. This initiative shortens the time to initial vital signs, enhancing clinical safety and ensuring appropriate patient placement.

Enhancements in Equitable Health Care

With the support of additional funding, we have made progress in providing more equitable health care in the Emergency Department. Maori health workers are now available Monday through Friday from 8:00 AM to 11:00 PM. This team offers support to patients and their whānau throughout their time in the ED and provides follow-up calls to those who may have chosen not to remain in the department. We aim to use this initiative to connect more patients with primary care providers, supporting their ongoing health needs beyond their ED visit.

Our commitment to equitable care continues to guide service improvements. Recognising the importance of culturally responsive support for Māori patients and whānau, we have extended the availability of our Māori Health Worker. This role now provides coverage until 2300 hours, Monday to Friday, ensuring more consistent access to advocacy, cultural guidance, and whānau centred care during peak ED activity.

Westland/Canterbury – Te Tai o Poutini/Waitaha Region cont.

Education, wellbeing and professional development

Orientation, education, support, and wellbeing remain strengths within our department. The senior nursing team is committed to investing in the broader nursing team, ensuring robust orientation for new staff, checking in with team members regularly, and providing support when needed. Core Schedule was introduced for the ED nursing team in October 2025. While we are still learning the benefits, shift trading is one advantage that offers staff greater flexibility and supports their wellbeing.

Our education team continue to deliver educational programs tailored to our staff's needs. Already this year, ten staff have completed the Triage course. A newly developed pediatric course has commenced, and recently, our interdepartmental simulation (inter-Sim) session provided an excellent learning opportunity for all participants. One particularly notable training session has been the resuscitation refresher course, an in-house program that has proven invaluable for many of our experienced staff members.

Connection

Finally, the upcoming CENNZ conference in 2026 promises to be an exciting event, with strong representation from Christchurch. We look forward to connecting with colleagues, sharing our experiences and strengthening relationships.

Jo Aston,
Nurse Manager.

Southern Region – Te Tai Tonga



Regional Representative

Michelle Scully

Clinical Nurse Educator/ Registered Nurse

Southland Hospital Invercargill
Emergency Department

Te Whatu Ora Southern

Hi all,

This is the last Southern CENNZ regional report I will be submitting, as I have almost reached the end of two, two-year terms on the College. It causes me to reflect on the learnings I have gained from being a Regional Representative. It has been a privilege learning how the Emergency Departments work across the region and nationally. It has made me realise that there are numerous similarities across emergency departments, but also but also many challenges and barriers when trying to nationalise policy and procedures, as one cannot compare apples with pears.

In the Southern Region, for example there are some emergency departments with no after hours emergency services for the public to attend, hence all and everyone presents to ED. There are

some isolated rural services with little support and many under resourced departments.

There is much work yet to be done in the Southern Region in relation to CENNZ, and I wish the new representative, whoever that may be, well in their endeavours.

In Invercargill our presentations have increased and so too has acuity. We have had a partial uplift approved because of Trend Care and we are at various stages of recruiting into this. Our Trend Care hours continue to be in negative variance, and we are going through the second round of FTE calculations.

Despite our challenges our Health Target is sitting at 74%.

This year we have hired five supported first year practice (SFYPs) Registered Nurses which has placed challenges on the department but is also positive investing in the nurses of the future. All are exceptionally strong candidates and will be an asset to the department.

With the department facing so many challenges, such as lack of space, increased presentations, increasing acuity and surge demand, as a team we have promoted staff wellbeing. This has included celebrating New Zealand day, the day before Waitangi Day in response to our Filipino and Indian colleagues who celebrated their Independence days. Our CNM can be seen cooking pancakes occasionally for breakfast for night staff and morning staff to lift our spirits. There is most definitely a "family atmosphere" in the department which is noticed by all team members.

Education in the department is something we are all proud of. Protected

education occurs Monday to Friday and even on some weekends. The entire team educates, as in administrators, HCAs, SMOs, RMOs and RNS. Thursday in-situ simulations are absolutely enculturated into the department now and the learning from these is invaluable. The CNE has been increased from 0.6 FTE to 0.8 FTE which is a very positive change.

Queenstown hospital has seen an increase in presentations and acuity. Trend care calculations have been done, and recruitment is waiting to be approved. Celebrations of two retirements and four new baby boys along with a CNE FTE increase are all positives. Simulation and Mass Casualty Training are scheduled regularly throughout the year. Queenstown hospital has been transferring higher numbers than ever of patients out.

Change is constant. In my term as Southern Regional Rep on CENNZ, I have had three different Chairs. Likewise, we have had a new Director of Nursing appointed to Southland Hospital. Lucy Prinsloo says "human connection is at the heart of the nursing profession. It is deeply relational. Whether it is building trust with patients, mentoring or collaborating with multidisciplinary teams, the human connection is at the centre of it all. I want to set the tone for clinical excellence and a culture of care that uplifts patients and staff."

Lucy is highly visible in the Emergency Department and around the entire Southland Hospital. It is so positive to see Nursing Leadership in action..

Michelle Scully,

Clinical Nurse Educator Southland.

College of Emergency Nurses visit with the Minister of Health

06 Aug 2025

Tēnā koutou katoa

Representatives from the CENNZ National Committee met with Hon. Simeon Brown at Parliament in Te Whanganui-a-Tara. The hui focused on advocating for the safety and wellbeing of both emergency department patients and the emergency nursing workforce. Attending on behalf of the College were Chair Lauren Miller, Te Rūnanga Representative

Natasha Hemopo-Kemp, Tāmaki Makaurau Representative Wendy Sundgren, and Professional Nursing Advisor, Suzanne Rolls. A summary of the hui is provided below.

1. Safe Staffing and CCDM Implementation

In the past, CENNZ successfully advocated for ED inclusion in the CCDM ministerial review. However, implementation delays and lack of enforcement are undermining its effectiveness. CCDM is essential for matching staffing to patient demand and improving ED flow, which directly impacts the Shorter Stays in ED (SSED) target.

2. Emergency Nursing Workforce

Emergency nursing requires a specialised skill set; upskilling other health workforces is not a viable substitute. There is a nationwide deficit of emergency nurses, correlating with poor patient outcomes. EDs are operating reactively due to staffing shortages, increasing risk and compromising care quality.

3. Violence, Safety, and Security

Long wait times are contributing to increased violence and aggression in EDs. CENNZ called for 24/7 purpose-trained security in all EDs to protect staff and patients. The impact of violence is contributing to trauma, burnout, and negatively impacts staff retention. The inability to retain a senior, skilled workforce significantly affects EDs ability to provide safe, efficient, effective and equitable care.

4. Equity and Pae Ora

Natasha Hemopo-Kemp, holder of the Pae Ora portfolio, voiced strong opposition to proposed changes to the Pae Ora Act. Māori and Pasifika patients face disproportionate health outcomes in EDs, compounded by poor access to primary care. Research shows Māori have double the 10 day post-ED mortality rate compared to non-Māori. CENNZ proposed using the 10-day mortality rate for Māori as a national KPI to drive equity-focused improvements.

5. Te Pai Tawhiti Strategy

CENNZ has developed its own strategy to support Māori nurses in EDs, aiming for population parity. The Minister was asked to outline the Government's strategy to support Māori nurses and whānau accessing ED care.

6. System-Wide Pressures

Emergency department overcrowding, understandably, impacts clinical decision-making and contributes to inequitable health outcomes. CENNZ expressed support for the Minister's position that the Shorter Stays in Emergency Department (SSED) target should reflect an "all-of-system" approach. To strengthen this alignment, CENNZ recommended reframing the SSED target - starting with its name-to better reflect the broader systemic challenges affecting patient flow. This reframing would help shift accountability to where the barriers to timely care exist and encourage greater buy-in across the healthcare system.

7. Call to Action

Overall, the Minister was urged to make meaningful investments in the emergency nursing workforce, address persistent equity gaps, and reduce unnecessary government expenditure resulting from underinvestment in efficient and effective patient care. CENNZ emphasised that improving patient outcomes requires targeted, culturally safe, and adequately resourced emergency care.

Closing Message from CENNZ National Committee:

The College of Emergency Nurses New Zealand remains steadfast in its commitment to advocating for safe, equitable, and effective emergency care for all New Zealanders. We thank

the Minister for engaging with our concerns and urge continued collaboration to ensure that Emergency departments are resourced to meet the needs of our communities. Our nurses are

the backbone of emergency care—investing in their wellbeing and professional development is an investment in the health of Aotearoa.

Ngā mihi nui,

Lauren Miller, CENNZ Chair & The CENNZ National Committee
NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa.

College Publications

- A list of all the current college position statements are on the CENNZ website at https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/resources/publications.
- Previous copies (where digitised) of Emergency Nurse NZ are available on the CENNZ website at: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/journal.

College Activities: Courses

The CENNZ webpage keeps ongoing updates and details of courses that are administered by CENNZ and others that are run externally. These include:

- Triage Course
- Trauma Nursing Core Course (TNCC)
- Emergency Nurse Paediatric Course (ENPC)
- International Trauma Life Support Course (ITLS)
- Paediatric Trauma Life Support Course (PTLS)
- Course in Applied Physiology in Emergency Nursing (CAPEN)
- AENN training days

For the details see the CENNZ websites at:

https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses

and;

https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/resources/aenn_enp

- Any questions on triage course, content or holding a course in your area, contact your nurse educator where available then the Triage Course Director – email: cennztriage@gmail.com
- For any enquiries or bookings for TNCC, contact: Hayley Kinchant, email: hayleykinchant@gmail.com, Phone: 027 245 7031
- For enquiries of bookings for ITLS, PTLS, ENPC or CAPEN contact: the Programme Coordinator – Sharon Payne, email: sharon.acen2014@gmail.com, Phone: 027 245 7031

Submissions Guidelines - (Brief)

Journal Submissions

Emergency Nurse New Zealand welcomes submission of projects and research, case studies, literature review papers, viewpoint / opinion pieces, reflections, short reports, reviews and letters.

Manuscripts submitted to Emergency Nurse New Zealand are expected to conform to the journal style and not to have been previously published or currently submitted elsewhere. See the CENNZ Journal website for full details including the submission checklist at: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/journal

Category of manuscripts

Research papers – These should describe improvement projects and research undertaken: up to 4000 words (including references but excluding title page, abstract and tables, figures and graphs).

Format:

Title page: title, authors, abstract and keywords

Body: introduction, methods, results, discussion

References: limited to 30

Review articles – These should describe the current literature on a given topic: up to 5000 words (excluding title page, abstract, references and tables, figures and graphs)

Format:

Integrative, scoping or systematic literature reviews are preferred

Use of JBI for integrative or scoping reviews recommended

Use of PRISMA for systematic reviews recommended

Case studies – These should describe a detailed examination of a patient case or cases, within a real-world context: approximately 2000 words

Format:

Introduction: brief overview context / problem

Case: patient description, case history, examination, investigations, treatment plan, outcome

Discussion: summarises existing literature, identifies sources of confusion or challenges in present case.

Conclusion: summary of key points or recommendations

Submissions Guidelines - (Brief)

Journal Submissions cont.

Acknowledgement that consent has been obtained from the patient plus any ethical issues identified

References: limited to 20

Opinion/Viewpoint – These should be on a topic of interest to emergency and acute care nurses

Approximately 2000–3000 words

Format: free-text

References: limited to 20

Profiles – These should be on a role within emergency or acute care that makes a difference to patients and staff activities:

Approximately 600–1000 words

Format: free-text, may include describing a typical day or arrange as a question/answer interview.

Reference style

Emergency Nurse New Zealand uses APA 7th edition. It is the authors responsibility to ensure that references are accurate.

Education: NZ Triage Course

Statement

Triage is an advanced emergency nursing assessment skill for Registered Nurses.

The CENNZ triage course supports the proficient emergency nurse to make rapid assessments, select the appropriate Australasian Triage scale score using skilled questioning and clinical judgement, and initiate early interventions.

CENNZ Triage course is nationally recognised as foundational training in triage for the New Zealand emergency nursing practice context. Course instructors are experienced emergency nurses.

CENNZ triage course endorsement is limited to courses that are officially provided by CENNZ. The workbook resources, course materials and tools provided are copyrighted to CENNZ.

A minimum of two years emergency or urgent care experience in addition to NZRC CORE Advanced is ideal prior to completing the CENNZ triage course. Nurses who do not meet these criteria will need a letter of support from their manager or nurse educator and will be accepted at the discretion of the course co-ordinator.

Time commitment and availability for pre-course work is essential.

Components of the course:

1. Pre-reading and course work (approx 20hrs)
2. Two day course with:
 - An exam on the pre-course work (pass rate for the exam is 80%)
 - Practical Scenario based assessments.

The number of participants per course is a maximum of 24 and courses can be booked out months in advance.

Application Process:

Applications are accepted online only and must be received before the close off dates. We now have a credit card payment option along with an invoice option where you can pay by direct credit. Invoices and receipts are sent directly by email when booking is complete.

Please ensure you enter the correct email address and invoicing details for the person who needs to receive invoices and receipts. This is often different from the attendee information. Invoicing is automated via the website when you submit your application and cannot be changed afterwards.

Cost: \$595 for CENNZ levied members, \$750 for non members.

To pay the lower price:

- You must be a levy paying member of CENNZ for the financial year in which the course is being held. The CENNZ Levy is \$25.00 per annum from 1st April to 31st March of that financial year.
- You must be a member of NZNO to join CENNZ

If you are not a member of CENNZ and your workplace only pays the member cost of \$595.00, you will be expected to cover the extra cost of \$155.00.

- Read the CENNZ Triage Course Terms and Conditions online (Includes cancellation policy)

Book early to avoid disappointment.

Education: NZ Triage Course cont.

2026 Course Dates:

Head to the following webpage for the application process and to book:

https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses

You'll be able to see if bookings are still available and will either have a 'Book now' link or it will say 'Event full'. There is an option to book more than one attendee at a time and an option to invoice to one place i.e. your manager or finance department.

Region	Course Dates	Registration
Wellington	June 20/21	Course full
Wellington	October 10/11	10 places left as at 09/06/2026
Wellington	November 14/15	Not on website yet
Whangarei	August 29/30	Course full
Whangarei	October 31/Nov 1	11 places left as at 09/06/2026
Hawkes Bay	July 25/26	Course full
Christchurch	September 19/20	Places available

For any registration issues please contact: triage@nzno.org.nz

Any questions on course content or holding a course in your area please contact: Triage Course Co-ordinator
Email: cennztriage@gmail.com

Report on the 30th CENNZ-NZNO Conference

Rydges Auckland | 19-20 March 2026



Polly Grainger (She/Her)

Nurse Coordinator Clinical Projects | Kaupapa Haumanu Kairuruku Nēhi

Christchurch Hospital, Te Waipounamu – Waitaha Canterbury

Clinical Editor | Haumanu Ētita, Hospital HealthPathways

polly.grainger@cdhb.health.nz

The 30th biennial CENNZ-NZNO (College of Emergency Nurses New Zealand) Conference was held at Rydges Auckland on 19 and 20 March 2026. The conference brought together emergency nurses from across Aotearoa New Zealand to share knowledge, research, and professional perspectives relevant to contemporary emergency care. More than 90 nurses attended, supported in part through CENNZ-NZNO Conference awards, internal funding and personal funding showing organisational and personal commitment.

Conference Theme

The conference theme, **"Te pae tawhiti – Pursue Distant Horizons,"** was drawn from the whakatauki:

Ko te pae tawhiti whāia kia tata,

ko te pae tata, whakamaua kia tina.

Pursue distant horizons so they may be close, and secure near horizons, so that they are fastened.

This theme underscored the importance of balancing forward-looking innovation with the consolidation of established values and achievements. For emergency nursing, it reflected resilience, adaptability, and a continued commitment to both clinical and cultural excellence within an evolving healthcare, social, and political environment.

Plenary Sessions

Plenary presentations addressed a range of legal, ethical, clinical, and workforce-related issues relevant to emergency nursing practice.

The keynote address was delivered by Morag McDowell, Health and Disability Commissioner, who outlined the role of the HDC, complaint management processes, and the importance of partnerships in improving patient experiences and care

quality. This session provided valuable insight into regulatory expectations and transparency.

Legal and risk management themes were further explored by Sandy Richardson, who presented an analysis of 'left before seen' risks in emergency departments, and Suzanne Rolls, NZNO Professional Nursing Adviser, who examined ethical considerations and system pressures associated with corridor care.

Workforce wellbeing was a prominent focus. Anne Evans Murray addressed recognising and managing bullying within healthcare environments and emphasised strategies for speaking up and fostering psychological safety. Jo Cole presented on strengthening workforce wellbeing in emergency nursing, linking staff wellbeing with sustainability and quality of care.

Clinical and Research Presentations

Several plenary sessions provided clinical updates and shared current research findings. Representatives from the Sepsis Trust outlined updates to sepsis management, including revised recommendations regarding peripheral blood culture collection. Max Raos presented trauma network updates and shared national trauma statistics from the annual report released immediately prior to the conference.

Research presentations included:

- Eilish Satchell, who presented findings on caring for bereaved whānau following sudden and unexpected deaths in Aotearoa New Zealand.
- Natasha Hemopo, who presented research exploring the experiences of Māori nurses working in emergency departments across Aotearoa New Zealand.

Report on the 30th CENNZ-NZNO Conference cont.

- Mike Nicholls, who reported on the impact of multi-disciplinary participatory organisational interventions on burnout among emergency department staff in New Zealand.

These presentations highlighted the contribution of (respectively) nursing-led and medical-led research to practice improvement, workforce development, and culturally responsive care.

Workshops

The conference programme included a range of practical workshops. These covered skills training with the F&P Airvo and Hamilton ventilator systems, and updates on massive transfusion protocols delivered by the New Zealand Blood Service. Additional workshops included Te Reo Māori classes, triage updates, medico-legal practice discussions using case examples, and the annual CENNZ College update.

Award Recognition

A significant highlight of the conference was the awarding of **CENNZ Honorary Life Membership** to **Dr Sandy Richardson**, in recognition of her extensive contribution to emergency nursing in New Zealand. The award acknowledged her longstanding commitment to promoting emergency nursing as a distinct specialty and advancing excellence through education, research, collaboration, and advocacy.

Dr Richardson's contributions include local, national, and international research leadership; educational influence on emergency nursing practice; internal advocacy through patient experience and feedback initiatives; and national advocacy via media engagement, select committee submissions, and scholarly publishing. Her service to the College has included roles as committee member, Chairperson, journal editor, and contributor to the CENNZ Knowledge and Skills Framework.

Former Nurse Manager and past CENNZ Chairperson Anne Esson also acknowledged Dr Richardson's academic leadership as the sole emergency department nurse researcher in New Zealand, her role in supporting practice change, and her research following significant national events, including the Canterbury earthquakes and the Christchurch Mosque attacks, as well as work addressing violence and aggression in emergency care settings.

Sponsorship and Networking

The conference was supported by industry sponsors, whose engagement contributed to the success of the event. Feedback from sponsors highlighted the high level of engagement and professional interest demonstrated by conference delegates. Networking opportunities included a rooftop evening function, which was well attended and provided an informal setting for professional connection.

Conclusion

The 30th CENNZ-NZNO Conference offered a comprehensive programme that addressed current and emerging issues in emergency nursing across legal, ethical, clinical, research, and workforce domains. The conference theme reinforced the importance of maintaining established standards while continuing to pursue innovation and improvement. The event highlighted the strength of nursing leadership, research, and collaboration within emergency care in Aotearoa New Zealand.

30th CENNZ-NZNO Conference

Photo Gallery



30th CENNZ-NZNO Conference

Photo Gallery





**towards
excellence**

5 NOVEMBER 2026
Intercontinental Hotel, Wellington
www.traumasymposium.nz



Health New Zealand
Te Whatu Ora



National Trauma Symposium 2026
Thursday, 5 November 2026
Intercontinental Hotel, Wellington

Nau mai haere mai ki tenei Hui a Tau ki te Hononga Whētuki ā-Motu

On behalf of the Organising Committee, we would like to invite you to attend the National Trauma Symposium 2026 to be held on Thursday, 5 November 2026 at the Intercontinental Hotel, Wellington, New Zealand.

The programme consists of scientific presentations, facilitated debate on hot topics & wānanga spaces for all trauma practitioners to share lessons learnt.

Come to Wellington and share your story from roadside to rehab and beyond. All practitioners involved in Trauma Care are welcome and all those who are curious about a career in trauma are welcome also.

We look forward to welcoming you to this exciting event in Wellington.

National Trauma Symposium 2026 Organising Committee
Trauma National Clinical Network



Add the dates to your calendar



**Call for
Papers**

Call for Abstracts will be open on 11 May 2026

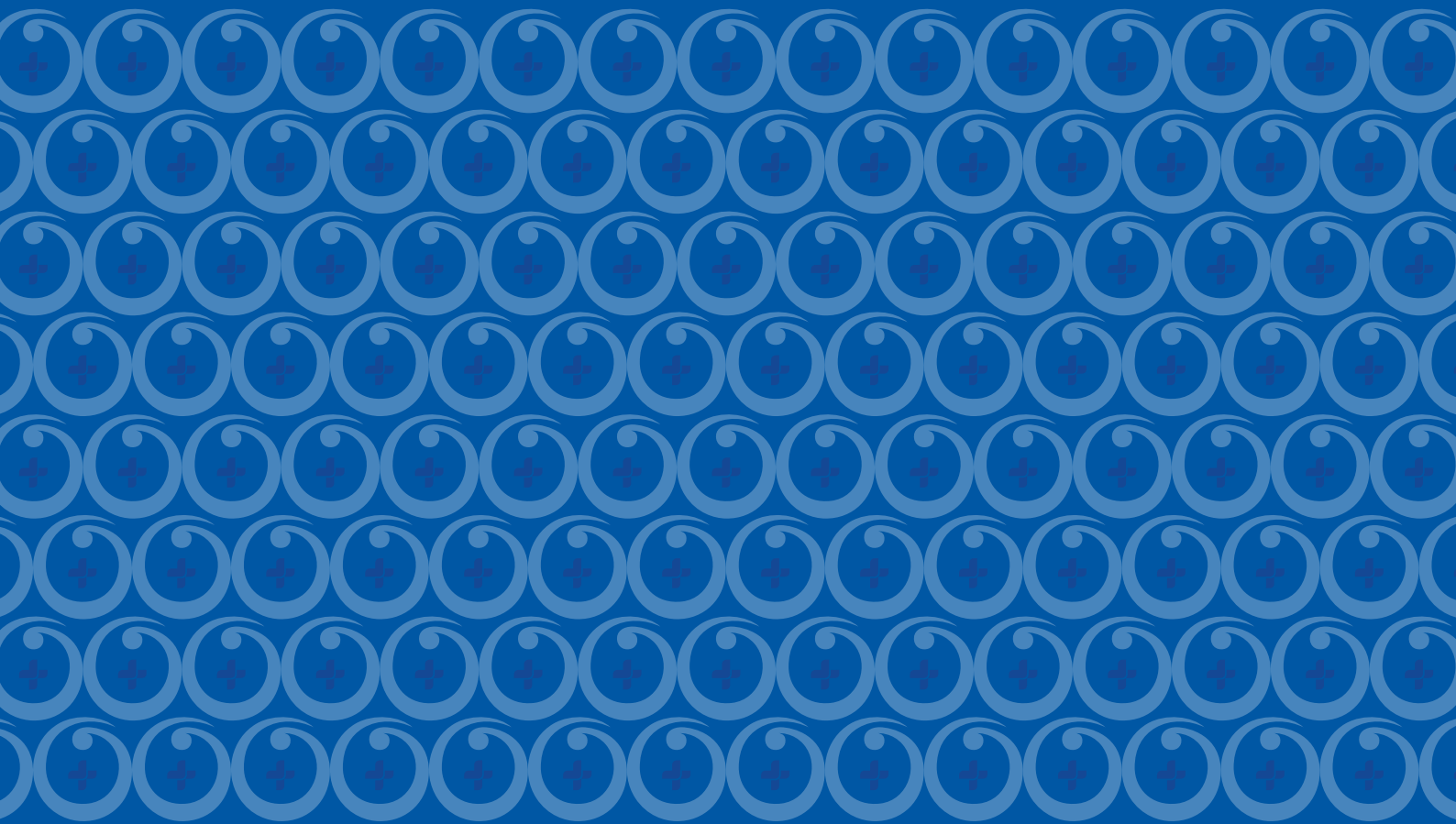


Registration will be open on 15 June 2026

Further information can be found on the Symposium website: www.traumasymposium.nz

Please feel free to send this message to your colleagues and contacts who will benefit from this information.





**College of
Emergency
Nurses NZ**



Ngā Ringa Ringa Aroha NZNO