



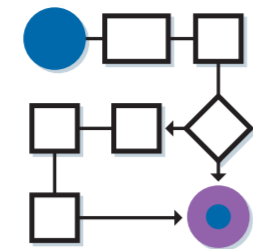
1.1 Practice sustainability



2.1 Continuous quality improvement



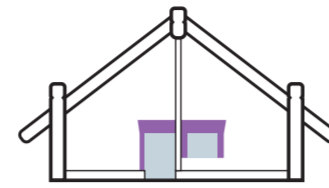
3.1 Reception in person and call free



4.1 Workflow



4.2 Standardisation



4.3 Facility infrastructure



8.1 Opportunities stratification



9.1 Hauora/Wellness plan



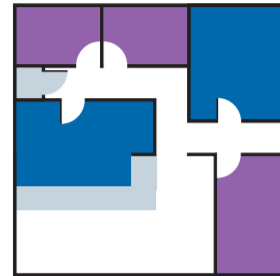
9.2 Interdisciplinary approach



9.3 Community health networks



9.4 Patients with complex needs



5.1 Practice layout



6.1 Staff training



6.2 Workforce planning & development

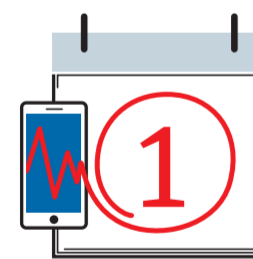


6.3 Clinical and cultural leadership

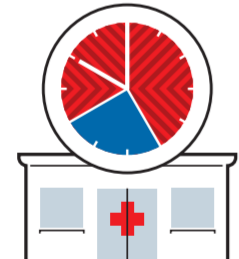


6.4 Extended practice team

When I visit the practice



7.1 Same day access and appointment systems



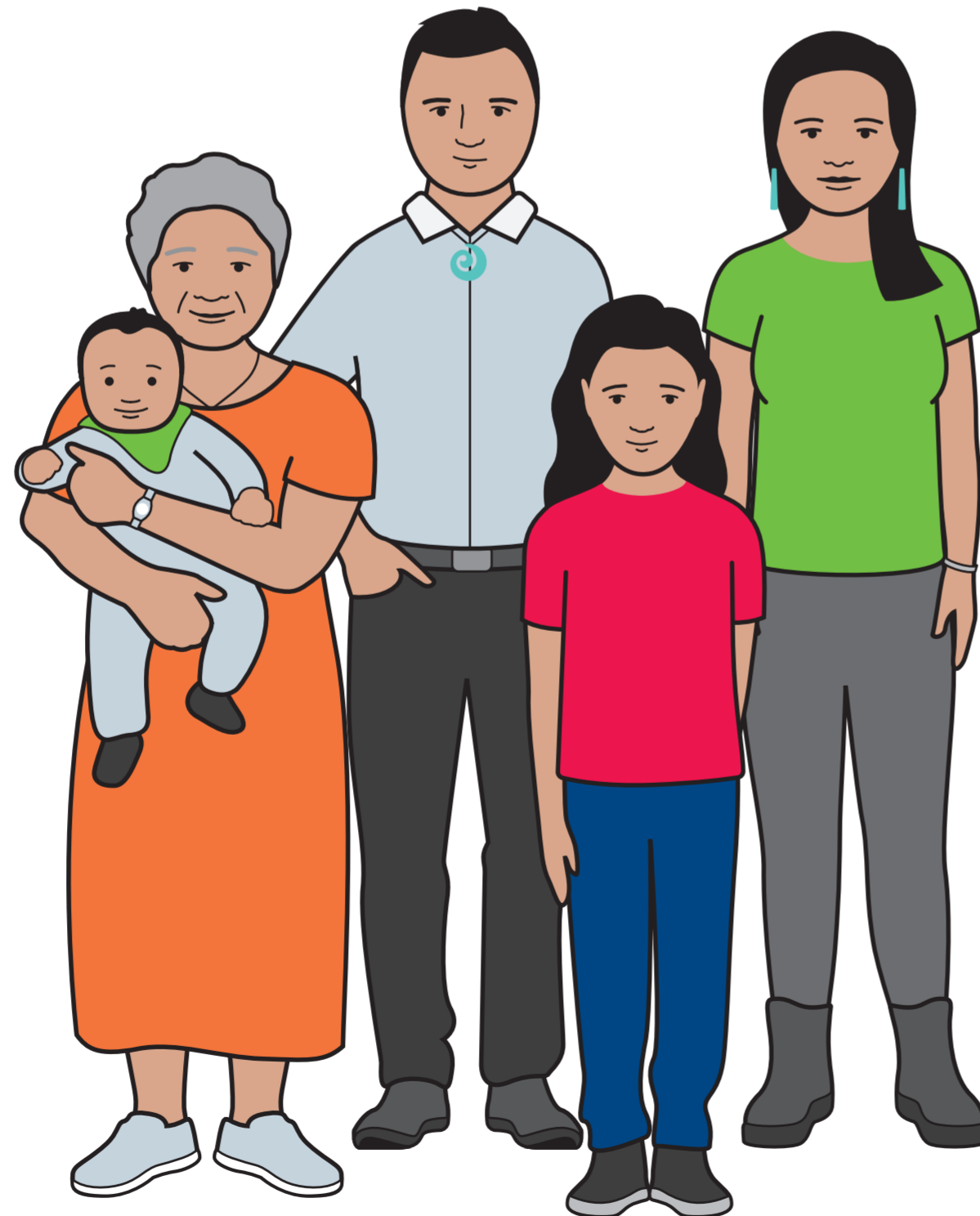
7.2 Access to care during business hours



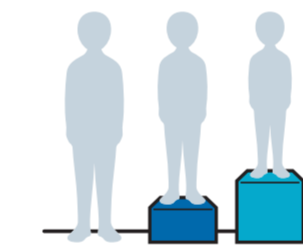
7.3 Patient wait times



7.4 Telephone assessment & treatment (clinical triage)



When I'm unwell



10.1 Improving health equity



11.1 Routine & preventative plan



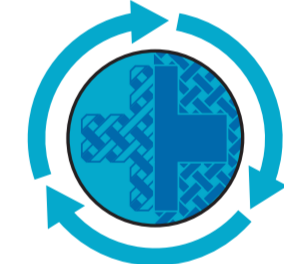
11.2 Pework



11.3 Continuity of care and whanaungatanga



11.4 Technology enablers



11.5 Iwi and social services



12.1 Affordability systems



12.2 Cultural needs



13.1 Alternatives to in person consults



14.1 Fully functional portal



15.1 Patient engagement



15.2 Patient experience



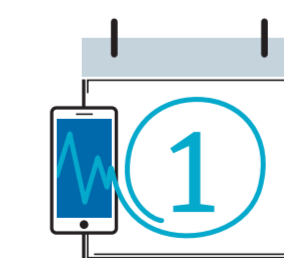
16.1 Proactive planning



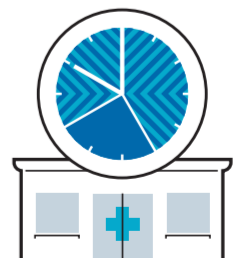
17.1 Health literacy



18.1 Call demand monitored



19.1 Appointment systems



19.2 Extended hours



20.1 Health records

Health Care Home Model of Care Summary

To help me stay well

Need help to find a specific resource - contact our Resource Navigator on collaborative@hch.org.nz

To keep me healthy