

# VA Heart Failure Network CHF QUERI

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# Outline

- Announcements
  - Heart Failure Improvement Guide
  - H2H update
- Specialty Care Redesign
  - Glenn Graham
- Role of Communication in HF Care Coordination Home Telehealth
  - Charlene Pope

# VA Quality Improvement Guide

- Collected documents from within and outside the VA
  - Order sets
  - Pathways/algorithms
  - Education materials (provider, patient, caregiver)
  - Screening forms
  - Quality of life measures
- Looking for volunteers to review a few documents



*Hospital to Home*



Excellence in Transitions

# Update on Hospital to Home (H2H)

[h2hquality.org](http://h2hquality.org)

## 3 Question Framework

- **Medication Management Post-Discharge:** Is the patient familiar and competent with his or her medications and is there access to them?
- **Early Follow-Up:** Does the patient have a follow up appointment scheduled within a week of discharge and is he or she able to get there?
- **Symptom Management:** Does the patient fully comprehend the signs and symptoms that require medical attention and whom to contact if they occur?

## VA Enrollment

- 66 VA facilities have enrolled
- 47 facilities have 243 projects addressing H2H goals
- 88 projects planned or initiated due to H2H
  - Evenly split among the three target areas
- Plan to examine the relationship between H2H enrollment, project initiation, process of care and outcome.