INSTITUTE FOR HEALTHCARE IMPROVEMENT

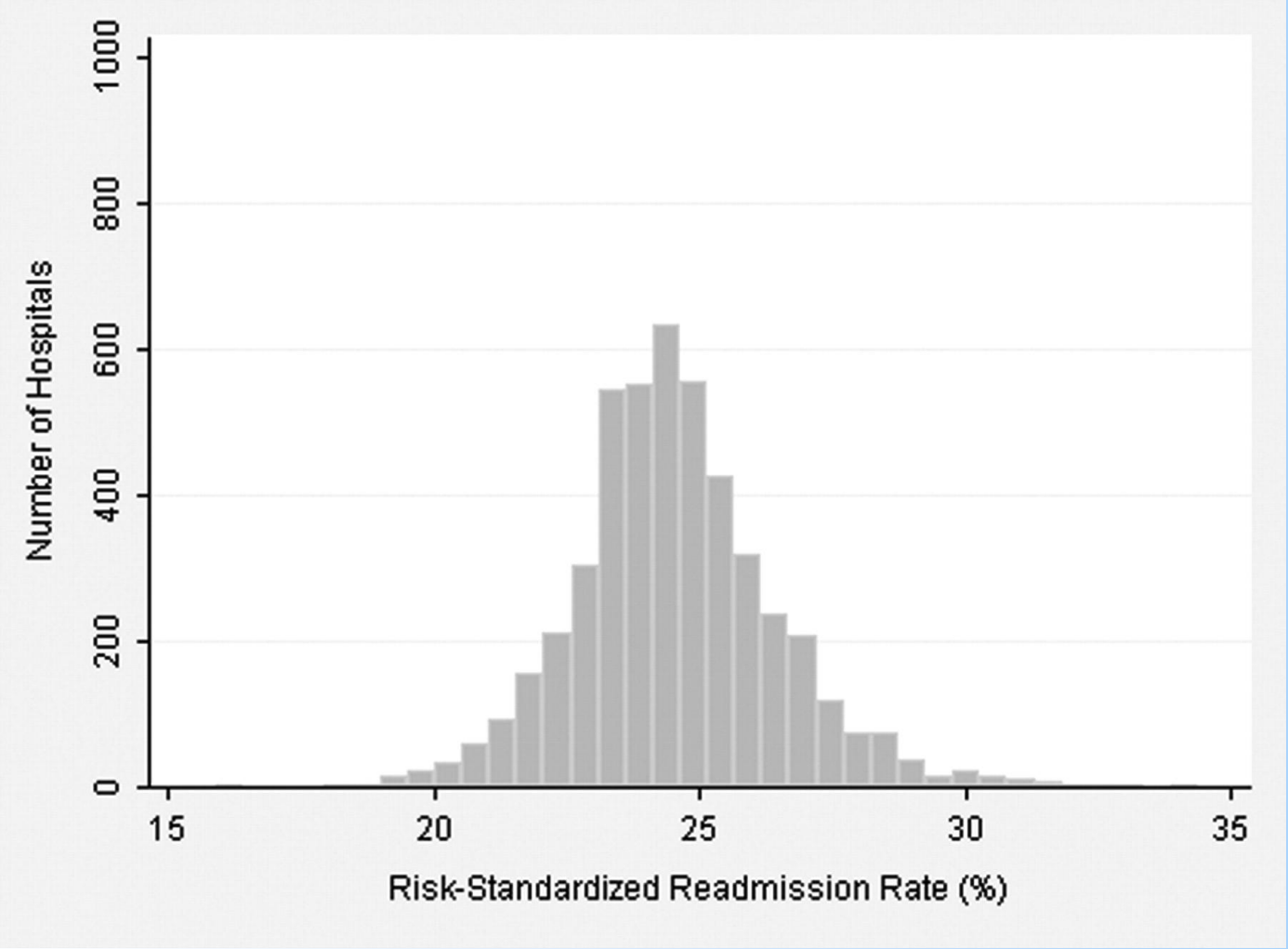
Excellence in Transitions

Hospital to Home (H2H)

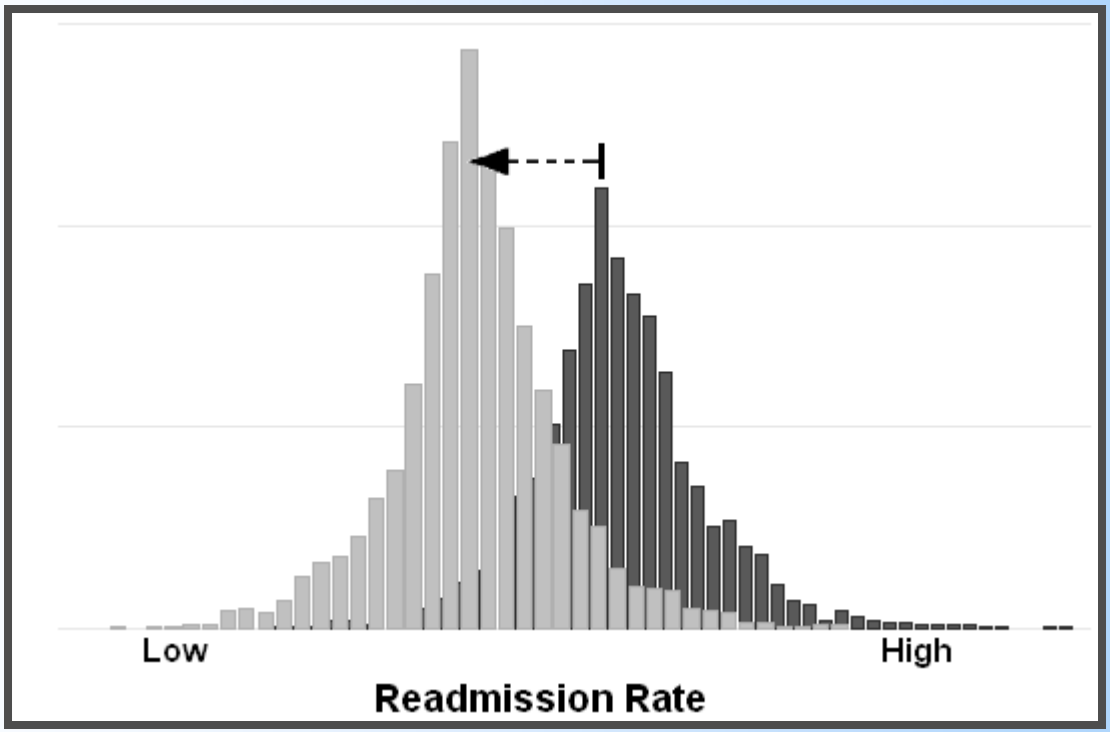
Excellence in Transitions

h2hquality.org

Heart failure 30-day Risk-Standardized Readmission Rate Distribution



Krumholz, H. M. et al. Circ Cardiovasc Qual Outcomes 2009;2:407-413


Low
High
Readmission Rate

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

- 59 VA facilities have enrolled

H2H Hospital to Home

Institute for Healthcare Improvement

American College of Cardiology

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