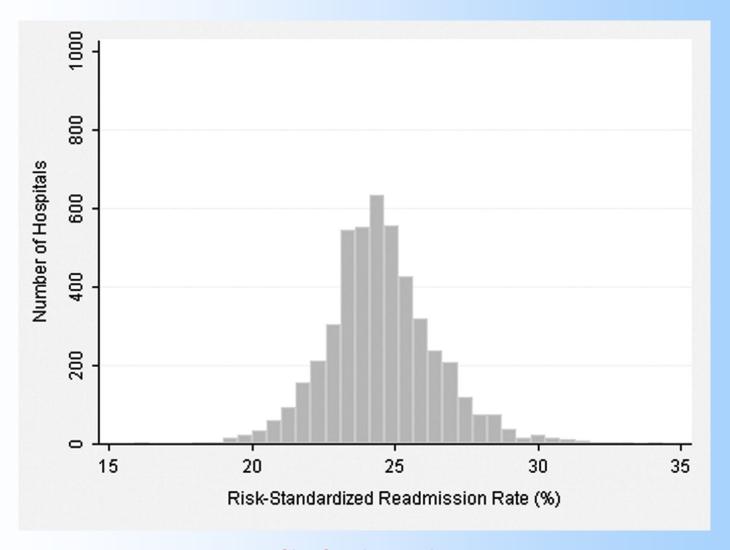




## Hospital to Home (H2H) Excellence in Transitions

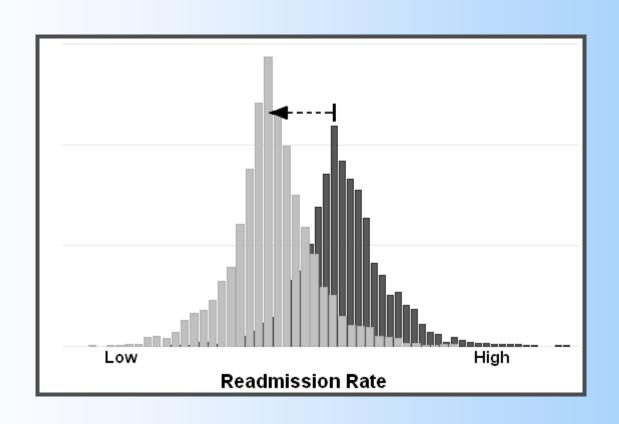
h2hquality.org

## Heart failure 30-day Risk-Standardized Readmission Rate Distribution



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









## 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

To register: h2hquality.org

Coming Soon:

