



*Hospital to Home*

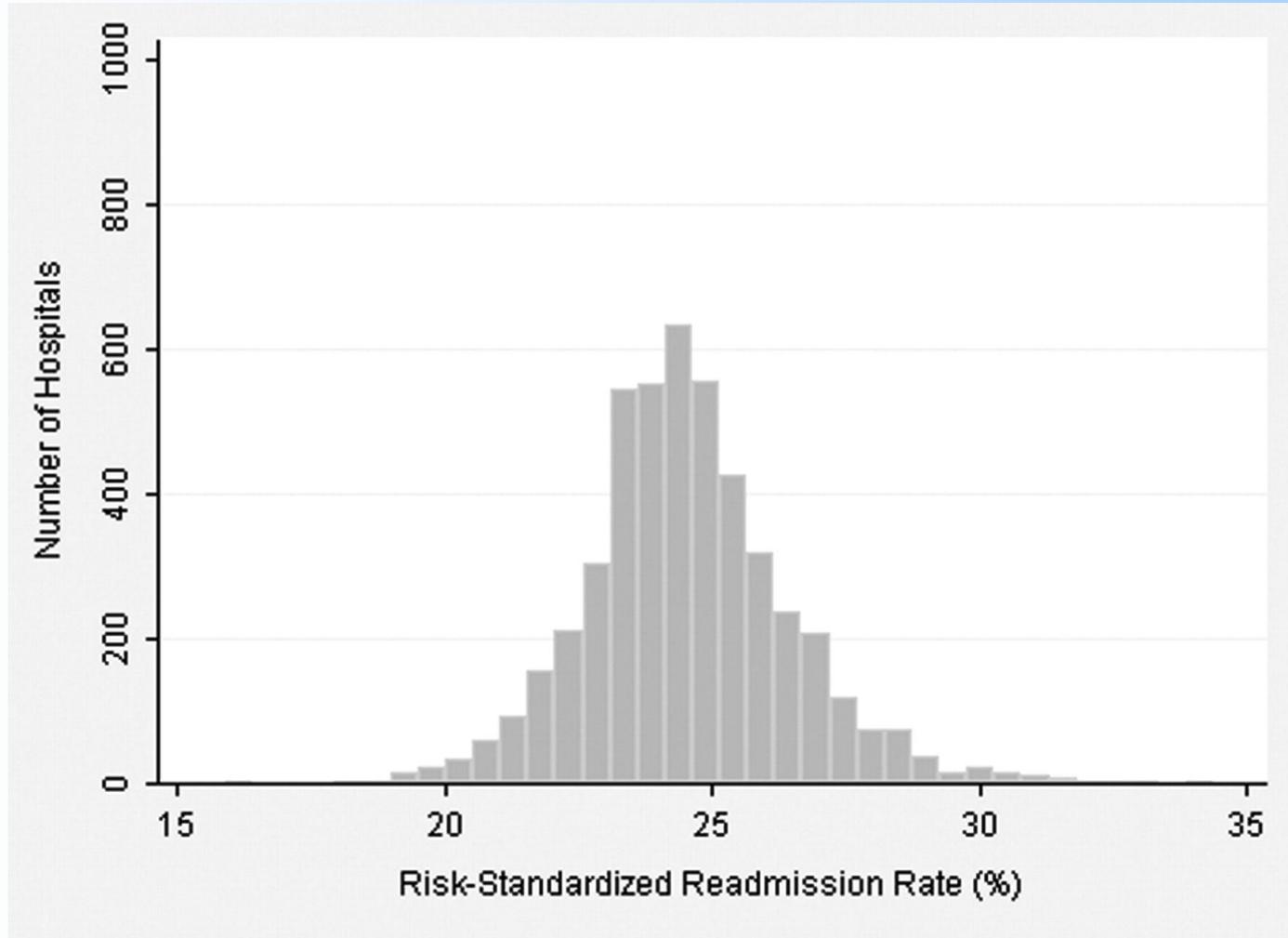


Excellence in Transitions

# Hospital to Home (H2H) Excellence in Transitions

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

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



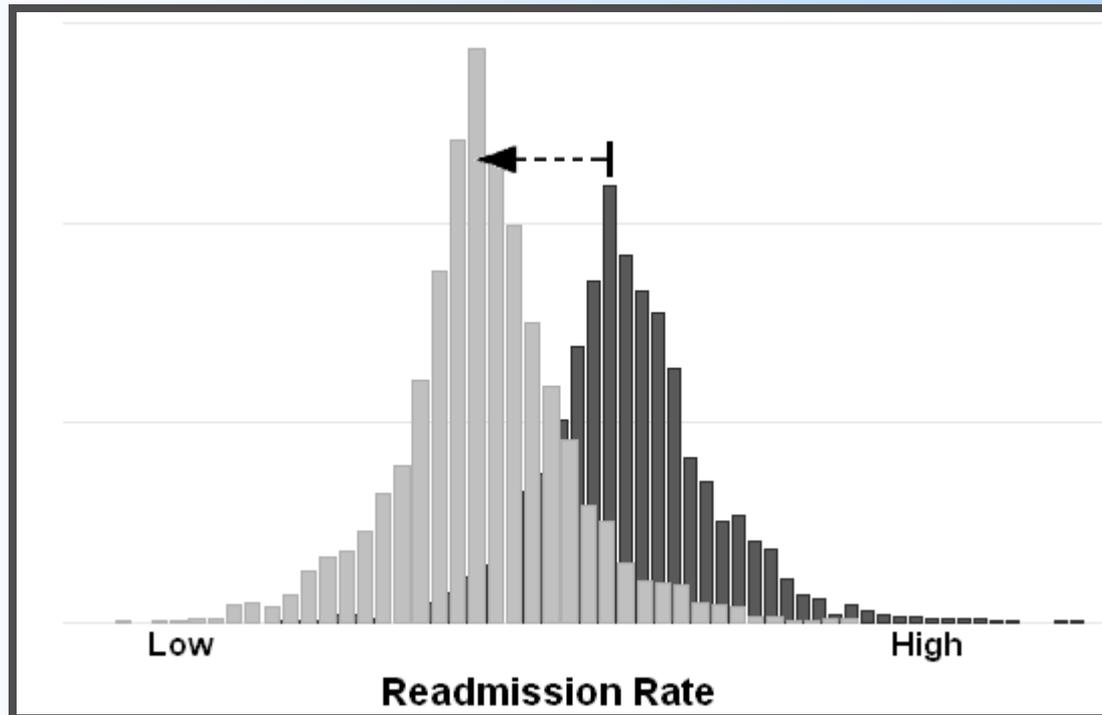
Krumholz, H. M. et al. *Circ Cardiovasc Qual Outcomes* 2009;2:407-413



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## 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](http://h2hquality.org)
- Coming Soon:

