of caregiver training, home equipment inspections, and home nursing. Most families defaulted to the home discharge plan, although several families were unable to complete all discharge requirements by the time their child was medically stable and no longer needed inpatient level of care. This often caused discharge delays.

Objectives

- Save 100 PCU bed days by June 30, 2018 through enhancing discharge planning.

Methods

- A multidisciplinary team created a Discharge Planning Booklet, which was reviewed with new families. The booklet included eligibility criteria to be discharged to home, an eight-week checklist with all home discharge requirements, a map of TCCs in nearby states, and an opportunity to select an appropriate discharge plan.

Results

- For patients with new tracheostomies, the average PCU length of stay decreased from 77.5 days to 62.2 days, saving 15.3 days per patients. This saved 414 PCU bed days for 27 patients. Several process metrics were also impacted, including decreased training time and decreased days of discharge delay due to incomplete caregiver requirements.

Conclusions

- The project resulted in a unit culture change in the approach to discharge planning for this patient population. In June 2018, the intervention expanded outside of the PCU to three other units, impacting an additional 20 patients each year.

Abstract IHI ID 02

**SUSTAINING AN END TO HOMELESSNESS OVER TIME**

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10.1136/ihisciabs.2

**Background** Sustainably ending homelessness requires multi-stakeholder teams to constantly solve for population level outcomes over time. Previously, no measurement framework existed for knowing if a community had reached an end to homelessness, and more importantly, if those gains were continually maintained.

**Objectives** In 2015, we began to use a sustaining threshold to measure if the communities that had reached functional zero for veteran homelessness had sustained their progress over time by continually developing new solutions to the ever-changing complex problem of homelessness.

**Methods** Built for Zero communities that have reached functional zero submit seven monthly data points related to the number of actively homeless veterans entering and exiting their systems. We compare this monthly data to the community’s original functional zero threshold to measure sustainability over time.

**Results** To date, eight communities have ended and sustained a measurable end to veteran homelessness. All continue to experience fluctuation in the number of veterans experiencing homelessness, after they reach functional zero. Four communities have sustained consistently, especially those with higher thresholds relative to their system size and capacity. Communities that have sustained for three months or more are more likely to have sustained long term.

**Conclusions** Sustaining an end to homelessness requires communities to continually track and respond to the dynamics of homelessness across a geographically defined area, even after they have ‘ended’ homelessness. Given the impact of social determinants on health outcomes, understanding how to maintain an end to homelessness has implications for population-level outcomes across housing and health sectors.

**While not sustaining continually, the changes Montgomery County made to impact their system were effective according to run chart rules.**

**Abstract IHI ID 02 Figure 1** Veterans experiencing homelessness in Montgomery County, MD
Abstract IHI ID 02 Figure 2  Average length of time from homeless identification to housing placement

Abstract IHI ID 02 Figure 3  Veterans experiencing homelessness in Norman, OK

Norman has not sustained their functional zero threshold continually and according to run chart rules, the changes that Norman made to impact their system were not effective.
Abstract IHI ID 02 Figure 4  Average length of time from homeless identification to housing placement

Rockford has sustained functional zero for two years, and the changes they made to impact their system were effective according to run chart rules.

Abstract IHI ID 02 Figure 5  Veterans experiencing homelessness in rockford, IL
Abstract IHI ID 03 Figure 1

EQUiP, An Evidence-based Quality Improvement Process: Improving the Speed to Insight

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Background

Despite the recognition that data can create value for healthcare organizations, only a few have adopted rigorous analytic approaches to support their data exploration efforts. With new sources and increasing amounts of data available to guide quality improvement work, having an evidence-based approach for directing data analytics is essential.

Abstract IHI ID 03 Figure 6

Average length of time from homeless identification to housing placement

Abstracts