

It can help researchers understand the variety of COVID 19 outreach among the CTSA continuum.

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Supporting research through the development of self-service tools and operational transparency.

Larisa Rodgers¹, Brian Ostasiewski¹, Lindsay Trost¹, William Ford¹, Michael Horvath¹, Irina Viviano¹ and Wendell Futrell¹

¹Wake Forest School of Medicine

OBJECTIVES/GOALS: The Informatics Program in the Wake Forest CTSI is experiencing rapid growth. To accommodate an influx of both staff and clinical investigators this program Invests resources in self-service tools to increase researcher capabilities Automates resource intensive activities Creates transparency of operational processes for researchers. **METHODS/STUDY POPULATION:** Self-service tools (immediate/automated) The i2b2 tool queries clinical data for feasibility numbers and cohort identification; and provides demographic breakdowns of patient sets The Data Puller tool pulls identified patient data (with IRB approval) The SKAN NLP tool pulls aggregate numbers from over 3 million clinical notes Automation A custom-built tracking system automates parts of tracking requests for data and checking IRB protocols Operational transparency The Data Request Dashboard shows requesters information about their request and where it is in the process of being fulfilled The Data Quote tool was constructed leveraging the integrated CTSA informatics network and uses details of the request to estimate how long it will take to complete. **RESULTS/ANTICIPATED RESULTS:** i2b2 has had over 300 unique users each year; 80% are faculty or research staff, 20% are clinicians or students. From 2017-2021 there have been an average of 300 i2b2 queries and 45 Data Puller pulls each month. SKAN has had 58 unique users since its implementation in late 2020, averaging 5 new users per month. The automated data request tracking system took approximately 30 staff hours to create and saves an average of 4 hours of staff time per week. It also decreases human error by pulling/pushing information directly between systems. The Informatics program has received positive feedback from researchers who use the Data Request Dashboard. The Data Quote Tool is being used to give standardized quotes to researchers. **DISCUSSION/SIGNIFICANCE:** Investing resources in developing and implementing self-service tools and operational transparency ultimately reduces overall resource consumption, saving staff and investigator time and effort. This enables the Informatics program to maintain a high standard of service while experiencing rapid growth.

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Recruitment Optimization: A Strategic Approach to Integrating Recruitment Services through a Coordinated Multidisciplinary Team

Brenda L Hudson¹, Gina Claxton¹, Carmel Egan¹, Emily Hardwick¹, Michelle Shwery¹, Jason Bork², Waqas Amin², Angela Anderson¹, Sarah Wiehe¹ and Sharon Moe¹

¹Indiana Clinical and Translational Sciences Institute and ²Indiana Clinical and Translational Sciences Institute, Regenstrief Institute

OBJECTIVES/GOALS: Provide recruitment support via a coordinated application of strategic operations, participant engagement

practices, and informatic capabilities best practices. Improve study success through the discovery of optimal recruitment practices, development of needed services, leverage of existing resources, infrastructure and guidance. **METHODS/STUDY POPULATION:** The optimization effort utilized a variety of methods for engaging participants and obtaining information related to the recruitment needs of study teams. Information was collected from an advisory board and through surveys of a diverse group of investigators and research coordinators examining recruitment barriers as well as current and possible future recruitment services. A workflow of the investigative teams recruitment experience was created to identify strengths, gaps and areas for improvement. This information was used to develop a set of recommendations for the Indiana CTSI leadership. Three pillars were tasked with tackling specific areas through an integrative and collaborative approach: (1) study planning and operations, (2) informatics, and (3) participant engagement and health literacy. **RESULTS/ANTICIPATED RESULTS:** Key resulting recommendations included: creating a recruitment navigator to direct clients to the most appropriate service(s), adding a community engaged staff member and a digital public engagement specialist to the recruitment services team, redesigning the website navigations, creating participant payment guidelines, creating participant engagement principles guidelines, improving informatics support, and continual evaluation of best practices and innovations in recruitment support. An intake and follow-up survey were created for clients to assess services offered, those used, and ultimately the success of those services in improving recruitment measures. **DISCUSSION/SIGNIFICANCE:** The optimization efforts have shown a positive response from study teams demonstrated by an uptick of support requests. By taking an intensive strategic planning approach to streamlining recruitment services, the Indiana CTSI has leveraged existing resources to better serve clients in need of critical recruitment assistance.

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The Development of an Institutional Study Start-up Tracker for Industry Sponsored Clinical Trials

Derek Jones¹ and Lindsey Spangler¹

¹Duke University

OBJECTIVES/GOALS: Duke University developed a Project Tracker system to provide transparency into the complex study start-up process for Industry sponsored clinical trials. Partnering with process owners, investigators, research teams, and IT developers, we aimed to reduce timelines for IRB approval, Contract Execution, and Billing/Calendar setup. **METHODS/STUDY POPULATION:** In 2019, a partnership of administrative stakeholders and IT developers began engaging with the primary populations involved in study start-up: research study teams (STs) and research administrators (RAs). A series of workgroups and feedback sessions revealed common themes with a slightly different scope: STs were interested in the progress of individual projects awaiting approval whereas RAs needed an aggregate view of start-up metrics over time and a way to help troubleshoot delays for individuals. Both groups were hindered by data captured across multiple systems, limited understanding of the entire approval process, and an absence of reliable indicators for delays or outstanding requirements. **RESULTS/ANTICIPATED RESULTS:** In mid-2021, we delivered a Project Tracker system

comprised of two main components, accessible via Dukes myRESEARCHhome portal: 1) a Tableau metrics dashboard for RAs that aggregates retrospective data quarterly, visualizing time to completion of approval workflow milestones with defined outliers, filterable by investigator, unit, or sponsor. 2) a project status tracker for STs (with a complementary view for RAs) that consolidates status information for projects awaiting approval, visualizing the process in a linear fashion with clear indicators of progress and steps awaiting study team action. This involved defining the milestones for each workflow, mapping milestones to application variables, combining the variables in a common data mart, and developing the interfaces with user-centered design. **DISCUSSION/SIGNIFICANCE:** Given its recent implementation, the impact of the tool on start-up timelines cannot yet be determined. However, our development process led to key insights: a simplified process visualization limited to key milestones allows STs and RAs to understand responsibilities, address delays and data discrepancies, and reinforce institutional process.

Science Policy and Advocacy

How Can I Provide My Patient Insights in a Nontraditional Advocacy Role?

Max Kerensky¹, Joshua C. Doloff¹, Nitish Thakor¹, Nicholas Theodore¹ and Amir Manbachi¹

¹Johns Hopkins University

OBJECTIVES/GOALS: The goal of our multi-institutional team is in our name Holistic Electrical, ultrasonic and Physiological Interventions Unburdening those with Spinal cord injury (HEPIUS) Lab. Officially, I am a Ph.D. researcher, but the team has empowered me to share insights from being a former spinal cord patient myself – creating a more direct feedback loop. **METHODS/STUDY POPULATION:** Human-centered design is a method growing in popularity due to its impact on outcomes. Any translational project aspires to utilize some level of patient perspective. Our team has taken several initiatives to make this a part of our core. The team has a dedicated advisor who suffered a spinal cord injury and underwent the current standard of care. There are also non-traditional and unofficial advocates (like myself) on the team. Although I am fully recovered today without any symptoms from a different spinal cord complication, the team equips me with the time and support needed to share my experiences in clinic. The team gives me the opportunity to champion for the most appropriate approaches during official meetings and periodically in the lab whenever a question arises. **RESULTS/ANTICIPATED RESULTS:** In this poster we aim to discuss the following points: 1.) Team Culture: Those with patient insights will only share if there is an established healthy culture. 2.) Privacy: Just because someone advocates on the behalf of patients does not mean that they need to divulge personal information 3.) Workflow Structure: Sharing patient insight only reaches as far

as the organization permits. Thankfully, my team is open to member perspectives and has benefited from several insights already 4.) The art of listening: Patient insights should be listened to and treated with respect, but not as an undebatable suggestion 5.) Rewarding aspects: Sharing patient insights is a very rewarding experience if you feel comfortable enough to share. **DISCUSSION/SIGNIFICANCE:** Translational teams often rely on statistics, one-time patient interviews, or dedicated individuals in an advocacy role to help guide the project. This poster is intended to highlight some new ways to practice engagement of patient perspectives, while introducing the intricacies of fostering healthy cultures which promote these voices.

Workforce Development

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Barriers to Effective Clinical Research Professional (CRP) Education and Competency Development: A Qualitative Analysis of Data from a National UnMeeting Series

H. Robert Kolb¹, Stephanie Freel², Jessica Fritter³, Shirley Helm⁴, Michelle Jenkerson⁵, Penelope Jester³,Carolynn Jones³, Angela Mendell⁶, Megan Petty⁷ and Peg Tsao⁸

¹University of Florida, ²Duke University, ³Ohio State University,

⁴Virginia Commonwealth University, ⁵Washington University St.

Louis, ⁶University of Cincinnati and ⁷Center for Leading Innovation and Collaboration - University of Rochester Medical Center,

⁸Stanford University

OBJECTIVES/GOALS: a. Summarize barriers and best practices related to effective CRP onboarding, training and professional development b. Identify challenges with the assessment of and mentoring for CRP competency growth. c. Describe opportunities to improve the training and professionalization of the CRP career pathway. **METHODS/STUDY POPULATION:** Qualitative data from a series of UnMeeting breakout sessions and open-text survey questions were analyzed to explore the complex issues at play when developing high-quality onboarding and continuing education opportunities for CRPs at academic health centers. **RESULTS/ANTICIPATED RESULTS:** Results suggest there are several barriers to providing training to the CRP workforce, including: balancing foundational onboarding with role-based training, managing logistical challenges and institutional contexts, the need for institutional champions, assessing competency, and providing high-quality mentorship. Several of these themes are interrelated. One common thread present throughout all of these themes is the challenge of effective communication and team science training. **DISCUSSION/SIGNIFICANCE:** Few institutions have solved all of the issues related to training a competent and adaptable CRP workforce, although some have addressed one or more. This study illustrates the need to work collaboratively within and across institutions to overcome training barriers and support a vital and well-qualified workforce.