healthcare, using evidence-based recommendations on low value care. OBJECTIVES/GOALS: Ineffective, harmful, or unproven practices add burden and cost of healthcare. In national efforts to de-implement low value care (LVC), Choosing Wisely ®campaign generated 25 recommendations through the American Academy of Nursing (CW AAN). Our study described nurse-awareness of CW AAN recommendations as requisite toward de-implementing LVC. METHODS/STUDY POPULATION: A multi-stakeholder state action coalition led the project to achieve the Institute of Medicine Future of Nursing goals by describing nurse awareness of CW AAN recommendations. The survey was the first among nursing professionals. Use of human subjects was approved at the lead university. Registered Nurse contact information was obtained from the state Board of Nursing of a large mid-South state. Qualtrics ®surveys patterned after the CW survey of physicians' awareness were administered online by the state Center for Nursing Workforce Studies. Content experts developed 2 surveys" one for Registered Nurses (RNs) and one for Advance Practice Registered Nurses (APRNs)" to account for differences in scope of practice. Surveys assessed current knowledge and perception of the Choosing Wisely ®AAN campaign. RESULTS/ANTICIPATED RESULTS: Over six weeks, 374 nurses participated (295 RNs and 79 APRNs). About half of each group indicated that unnecessary nursing care was a 'somewhat serious problem.' Only 21% of RNs and 26% of APRNs were aware of Choosing Wisely ®AAN recommendations. Participants identified reasons for the prevalence of low value care in practice as being concerns about malpractice issues, lack of time with patients for meaningful discussion, 'just to be safe,' and patients insisting on getting the test or procedure. For the RN group, cost of LVC was rarely discussed; in the APRN group, cost was frequently discussed. Of the APRNs who were aware of CW, 90% believe the recommendations were helpful. When asked for LVC de-implementation suggestions, 78% said EBP recommendations would be effective; at the same time, 20% had low knowledge of EBP. DISCUSSION/SIGNIFICANCE OF FINDINGS: RNs and APRNs reported low awareness of CW AAN advice. While representative, sample size limits generalization. De-implementation in learning health systems will include socioecological strategies focused on provider awareness and confidence, patient preference, cost, strength of evidence, and safe work culture to diffuse fear of litigation.

Evaluation

Using AMPAC Score and Age to Identify Potential Over-utilization of PT Consults by Hospitalists

Maylyn Martinez[1], Mahnoor Baig[2], Matthew Cerasale[1], Claire Dugan[1], Meghan Sweis[1], Marla Robinson[1] and Vineet Arora[1]
[1]University of Chicago and [2]University of Illinois, Chicago

ABSTRACT IMPACT: This work underscores the importance of judicious utilization of inpatient therapy services as a means to keep patients MORE independent and prevent readmissions OBJECTIVES/GOALS: We aimed to assess the potential over-utilization of physical therapy consults on a hospital medicine service using validated Activity Measure Post Acute Care (AM-PAC) score cutoffs. METHODS/STUDY POPULATION: We conducted a chart review of all patients admitted to the uncovered hospital medicine services at a large academic hospital for one year. For patients who had a PT consult at any time during their admission we obtained age, admission AMPAC score, and discharge destination. PT consults were considered 'potential overutilization' for AMPAC scores >/=19 based on previous studies validating this cutoff for predicting discharge to home. Descriptive statistics were used to summarize % of patients < 65 years old vs. >/=65 years and % of patients discharged to home vs. post-acute care. Multivariable logistic regression was used to examine independent associations between age group, AMPAC group, and an interaction term (age group x AMPAC group) with odds of being discharged home. RESULTS/ANTICIPATED RESULTS: Of 6,634 patients admitted during the year, 58% (n=3582) had a PT consult. Mean age was 66.3 +/-15.4 and mean AMPAC was 18.3 +/- 5.3. Seventy percent were discharged home (N=2497). Using AMPAC of >/= 19, 55% of consults were 'potential overutilization'. Patients <65 with AMPAC>19 represented 31% of PT consults. AMPAC>19 had increased odds of discharge home (OR 3.58 [95% CI=2.17 -5.91]; P<0.001) as did age <45 years (OR 1.81 [95% CI=1.09-3.00]; P=0.02). A significant interaction existed between all ages and AMPAC>/=19 (For age<45 OR 2.85 for discharge home [95% CI=1.37 -4.30] P=0.002; For age 46-64 OR 2.43 for discharge home [95% CI=1.37-4.34] P=0.002). Combining age with AMPAC>/=19 had additional predictive value for discharge home (Pr=89% [95% CI 81%-97%] using age<45 vs. (Pr=83% [95% CI 77%-90%]) using age<45 alone. DISCUSSION/SIGNIFICANCE OF FINDINGS: Many PT consults may represent potential over-utilization. Avoiding these could save hundreds of PT hours per year by conservative estimate. Combining age with AMPAC scores can help predict who may not require a PT consult. Reallocating PT resources to the patients who do require it can help prevent functional decline and readmissions.

Implementing and Disseminating Translational Science Virtually, Successfully and Saving a Whole Lot of Money

Christine Drury
Indiana University Clinical and Translational Sciences Institute

ABSTRACT IMPACT: We hosted the Indiana Clinical and Translational Sciences Annual meeting virtually this year which resulted in positive feedback survey scores over 90% and an estimated 87% cost savings OBJECTIVES/GOALS: COVID-19 has forced many in-person meetings to become virtual, not unlike our 2020 Indiana Clinical and Translational Sciences Institute Annual Meeting. However, where anecdotal feedback has shown dissatisfaction with some on-line meetings, we were able to exceed our goals of engaging our audience, securing positive feedback and even saving money. METHODS/STUDY POPULATION: More than 500 people attended the virtual 2020 Indiana Clinical and Translational Sciences Institute (CTSI) Annual Meeting on September 11. The event had two plenary speakers and was completely online, utilizing both Zoom and Microsoft Teams to connect participants with the presenters. Brian Druker, MD, director of the Knight Cancer Institute at Oregon Health & Science University, was the winner of this year's August M. Watanabe Prize in Translational Research. He gave the first plenary presentation titled, 'Imatinib as a Paradigm of Targeted Cancer Therapies.' Consuelo Wilkins, MD, Vice President for Health Equity at Vanderbilt University Medical Center, gave the second plenary titled, 'Confronting Racial Inequities through Research.' Concurrent online breakout rooms

hosted the live poster session. RESULTS/ANTICIPATED RESULTS: Despite being conducted online, the virtual Indiana CTSI annual meeting registered more participants than in years past and secured high feedback scores of 90%, all while experiencing 87% cost savings over last year's in-person meeting. By utilizing Microsoft Teams as a technology for attendees to the meeting to 'chat' and 'network' with one another during the poster presentations and virtual lunch break we were able to demonstrate the implementation of translational science through online plenary and general session presentations as well as the poster presentations. Mailing certificates to the poster winners in advance, allowed them to share their accolades with the audience by holding up their certificates once their winning posters were announced. An e-annual report also supported the success of the meeting. DISCUSSION/SIGNIFICANCE OF FINDINGS: The cost savings and traditionally high feedback scores received through this year's Indiana CTSI annual meeting, mean virtual meetings are a viable way to disseminate and implement translational science. In addition the 2020 Indiana CTSI annual report received a Gold MarComm award, providing third party recognition of its impact.

37319

A Technology Evaluation Framework for Rural Health Research

Joshua Fehrmann
University of Minnesota

ABSTRACT IMPACT: As technologies emerge at an increasing pace, the product developed through this work will guide rural health experts through a repeatable method of technology evaluation and selection at a faster and more reliable pace than otherwise possible. OBJECTIVES/GOALS: New technologies are emerging at an increasing pace, which leads to the question: 'how is one to select a specific technology for their research?' In response, this project endeavored to develop a technology evaluation and selection framework for rural health researchers. METHODS/STUDY POPULATION: The approach selected for this project included three phases. Phase one was to gain an understanding of rural health challenges, health-related emerging technologies, and rural health resources. Phase two involved using the information from phase one to select and adapt a set of technology foresight and forecasting analysis tools to be compiled within a framework. The third phase of the project was to prototype the framework, obtain researcher feedback, and iteratively implement improvements. Recommendations for the future of the framework were also developed during the third phase. RESULTS/ANTICIPATED RESULTS: The resulting product is the 'Rural Health: Evaluation and Selection of Technology (RHEST) Framework.' The RHEST Framework is a guide made available to use to aid in technology selection during the development of a new rural health project. The framework guides researchers through various stages, including ideation, analysis, and decision. Technology analysis tools are introduced in each stage, with links to additional information. The guide also contains a resource catalog for quick information look-up to find data sources, funding opportunities, and expert connections. Quantitative and qualitative data captured indicate that the product would add value for rural health researchers. DISCUSSION/SIGNIFICANCE OF FINDINGS: The initial version of the RHEST framework is limited in value because it is a static document and the primary audience are researchers. The value potential could improve considerably, however, if the framework were expanded to be a dynamic resource available to rural health care providers.

96319

Al-Anon Intensive Referral (AIR): A qualitative formative evaluation for implementation

Jure Baloh[1], Geoffrey M. Curran[2], Christine Timko[3], Kathleen M. Grant[4] and Michael A. Cucciare[2]
[1]University of Arkansas for Medical Sciences, [2]University of Arkansas for Medical Sciences, Central Arkansas Veterans Healthcare System, [3]VA Palo Alto Health Care System, Stanford University School of Medicine and [4]VA Nebraska-Western Iowa Healthcare System (Omaha), University of Nebraska Medical Center

ABSTRACT IMPACT: This formative evaluation can inform selection and development of implementation strategies for implementing this and other similar interventions in future implementation studies or practice. OBJECTIVES/GOALS: Al-Anon mutual-help groups help concerned others (COs; e.g., families, friends) of persons with an alcohol use disorder better cope with their own problems. Despite widespread availability of Al-Anon meetings, participation is limited. We developed and evaluated an intervention to facilitate CO engagement in Al-Anon. METHODS/STUDY POPULATION: Al-Anon Intensive Referral (AIR) was developed to facilitate COs' engagement in Al-Anon through four coaching sessions and is being tested in a NIAAA-funded randomized controlled trial (RCT). Consistent with a hybrid type 1 effectiveness-implementation design, we also conducted a formative evaluation to learn about facilitators, barriers and recommendations for AIR implementation in substance use disorder (SUD) treatment programs. We interviewed key informants (director and two staff) at eight sites in the AIR RCT and two 'naive' sites unfamiliar with AIR. Sites included community and Veterans Administration (VA) treatment programs in Arkansas, California, and Nebraska. Semi-structured interviews were based on the Consolidated Framework for Implementation Research, and were thematically analyzed. RESULTS/ANTICIPATED RESULTS: Facilitators included AIR's face validity, adaptability, and alignment with staff values and skills, requiring only minimal training. Several community sites thought AIR would fit with their current practices (e.g. family groups), and some sites reported having sufficient staff available for delivering AIR. Barriers included limited staff time (some sites), and VA sites having limited resources for providing services to COs. Furthermore, many clients have no COs, or COs who are unwilling or unable to engage. Recommendations included fitting AIR within existing workflows and focusing on COs with highest readiness. Participants also thought AIR could be adapted as an online or smartphone app, which may expand its reach to younger and more tech-savvy populations while decreasing staff burden. DISCUSSION/SIGNIFICANCE OF FINDINGS: AIR has strong potential for implementation, but sites vary on implementation capacity and readiness. Most sites could implement it partially (e.g., case-by-case basis), and sites with sufficient capacity (e.g., family groups, staff time) could implement it more fully. An app-based AIR could help mitigate some barriers.