has predefined domain tables and is closely integrated IRB for quick and easy review and approval. Investigators can access patient data using query tools, barcodes from biospecimens or build a query in TriNetX and provide the patient list as an input for the HB tool. For de-identified data extraction, the required data domain tables and date ranges can be selected and submitted in the HB tool. For identified data extractions, investigators with an approved IRB protocol can enter the protocol number and the approved date range in the HB tool. This request is automatically forwarded to the IRB for review. RESULTS/ANTICIPATED RESULTS: For de-identified data extraction, an email alert is automatically sent to the investigator once the data extract is completed. For identified data extraction, if IRB approves the request, an HB is immediately notified to release the data. Data release triggers two emails to the investigator: (1) a link to an encrypted zipped file with the requested data, and (2) a password to unlock the encrypted file. If the request is denied, the IRB sends an email to the investigator with the reason for denial and options for remediation. The entire HB workflow is accomplished in a secure environment with an audit trail from the initial data request to data download by the investigator. Since the launch of the HB tool, the time from data request to delivery is approximately an hour for deidentified data and 24 hrs for identified data. DISCUSSION/SIGNIFICANCE: The HB tool has increased successful data delivery in support of publications, grant submissions, and clinical trial recruitment. Optimization of data extraction from the CRDW through automation and integration with the IRB can minimize interaction with data analysts and IRB staff, thus accelerating the conduct of clinical research.

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Investigating the minimal requirements for startup procurement by healthcare institutions in Ontario, Canada

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OBJECTIVES/GOALS: The primarygoal is to understand the challenges and barriers associated with the procurement of innovative technologies.Specifically, our research will answer the following question: what are the minimal requirements for a startup's solution to beprocuredby anOntariohealthcare institution? METHODS/STUDY POPULATION: Participants will include procurement professionals at startups, healthcare institutions, and procurement facilitating agencies. Semi-structured interviews will be conducted in order to understand different procurement pathways and the possible procurement related gaps or barriers that startups face. Through qualitative ethnographic methods, participant interviews will characterize existing relationships and examine the rationale behind startup procurement decision-making. Data collection will include recordings, verbatim transcripts, and researcher field notes. Through inductive qualitative analysis, the data will be examined to build an intervention to assist in startup procurement. RESULTS/ANTICIPATED RESULTS: Our investigation will yield insight into expectations between hospital procurement requirements and startup procurement. The qualitative analysis will identify targets for engagement, and appropriate actors that can bridge gaps. Our results will identify pathways for procurement and the minimal procurement requirements to aid startup procurement planning. Our research will support innovators by delivering an intervention that will enable easier implementation of market ready solutions in a Canadian context. In line with principles from the National Center for Advancing Translational Sciences, this research can be used towards enhancing efficiency, speed of translation, and innovation. DISCUSSION/SIGNIFICANCE: We will contextualize the needs of start-ups and empower them to understand their procurement ecosystem. Facilitating better navigation of the procurement space allows for innovators to present solutions that healthcare organizations can adopt, resulting in improved clinical and patient outcomes.

Diversity, Equity, Inclusion and Accessibility

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Incorporating Health Equity, Diversity and Inclusion Professional Development During Community Advisory Board Meetings

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OBJECTIVES/GOALS: Incorporating health equity, diversity, and inclusion (HEDI) development during community advisory board meetings is essential for ensuring that perspectives of all community members are considered, that health research is centered on the experiences of historically marginalized groups, and organizational strategies align with the community. METHODS/STUDY POPULATION: All IN for Health is a public engagement program that promotes health and research literacy, seeking to increase the public's understanding of the role and value of research in improving health. It is guided by an active CAB providing advice on strategic directions, feedback to all efforts, contributing ideas, priorities, and most importantly, accountability. In 2023, ALL IN for Health started to incorporate HEDI professional development during staff team meetings and most recently, into our quarterly CAB meetings. Initially, the CAB was asked to provide feedback about talks and potential presentations related to health-research, sponsored, and shared by All IN for Health. During this exercise, board members were asked to provide HEDI topics of interest. Their responses informed a plan for team and board members. RESULTS/ANTICIPATED RESULTS: Some of the topics suggested by board members include: understanding health equity in relation to research studies and protocols, and topics specific to health research such as: health care access for rural areas and vulnerable populations, culture-based attitudes and beliefs and how they impact decisions related to health care, being aware of limitations certain communities have and what they may not have access to. The initiative was positively received and unanimously adopted. We hope to introduce the HEDI integration model for CABs at this conference. (Conceptual Model attached). DISCUSSION/SIGNIFICANCE: It is important to learn and grow alongside our community members. Such practice is bound to sustain partnerships that promote health equity, and exemplify meaningful community engagement, bidirectional learning, and a shared leadership model. By consistently incorporating and prioritizing HEDI, HAB can contribute to more equitable initiatives.

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