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### The Impact of Minimum Volume Thresholds on Geographic Access to Stroke Thrombectomy

Liza Leykina<sup>1</sup>, Elan Guterman<sup>1</sup>, Renee Hsia<sup>1</sup> and Anthony Kim<sup>1</sup><sup>1</sup>University of California, San Francisco

**OBJECTIVES/GOALS:** At least 15 stroke thrombectomies per proceduralist per year are required for Thrombectomy-Capable and Comprehensive Stroke Centers. We sought to estimate the potential impact of these minimum volume thresholds on geographic access to stroke thrombectomy (ST). **METHODS/STUDY POPULATION:** Using the Florida State Inpatient Database, we will identify patients discharged with acute ischemic stroke from 2015-2019 and all non-federal facilities that performed ≥1 ST procedure per year. We will then calculate the proportion of stroke patients who live within 20, 65, 115, 165 and 200 miles (correlating with estimated ground transport times of 1, 2, 3, 4 and 5 hours, respectively) of centers that perform ST using ArcGIS software and evaluate the impact of varying the threshold ST volume required by each facility on this proportion. We will then perform multiple two proportion z-tests to compare proportions of patients within driving distance over time. **RESULTS/ANTICIPATED RESULTS:** We hypothesize that over time, and particularly after the pivotal trials of ST were published in 2015, that the number of facilities that perform ST have increased over time, which would increase the geographic access to ST. We also hypothesize that since the Joint Commission set the minimum procedural volume for proceduralists at Thrombectomy-Capable and Comprehensive Stroke Center to 15 per year, this would work to increase regionalization and could work to decrease geographic access to ST. However, we hope to elucidate the net impact of the interplay between these two opposing factors on regionalization of care over time which is currently unclear. **DISCUSSION/SIGNIFICANCE:** Current ST volume thresholds have focused on technical proficiency but may impact regionalization of care and geographic access to ST. Since access to ST is time-sensitive, a data-driven approach and better coordination on a regional level may be necessary to ensure timely access to ST.

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### Explaining the Transportation Dimension of Food Access

Raneitra Grover<sup>1</sup><sup>1</sup>Morgan State University, Johns Hopkins University

**OBJECTIVES/GOALS:** Lack of a vehicle and the distant location of supermarkets influence the ease with which people can shop for healthy foods. The aim of this qualitative study is to understand how transportation impacts food access and food purchases of Baltimore residents who do not own an automobile. **METHODS/STUDY POPULATION:** The Lyft Grocery Access Program was piloted in Baltimore, MD from November 2019 through September 2020. Eligible households resided in Healthy Food Priority Areas, formerly known as food deserts, in south and west Baltimore and also did not own a vehicle. Enrolled households were offered discounted Lyft rides to select supermarkets. Participants for the present study will be purposively recruited via email and phone using contact information that was provided by enrolled households during the pilot program. Each in-depth interview will be conducted via Zoom and recorded, transcribed and analyzed for themes by two trained coders. Data collection and analysis will occur simultaneously. Data collection will cease once data saturation is reached and themes will be derived from the data. **RESULTS/ANTICIPATED RESULTS:**

This study is in progress. Anticipated themes may relate to the food environment, transportation and food access. **DISCUSSION/SIGNIFICANCE:** Access to healthy foods is an important determinant of health, and how food access is impacted by broader aspects of daily living such as transportation will add to the food access literature. Findings may provide new insights that can help inform food policy and transportation planning in urban communities.

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### Disparities in the Management of Low-Risk Febrile Infants: An Interim Feasibility Report

Colleen K Gutman<sup>1</sup>, Paul Aronson<sup>2</sup>, K. Casey Lion<sup>3</sup>, Carla Fisher<sup>4</sup>, Mary Patterson<sup>5</sup> and Rosemarie Fernandez<sup>5</sup><sup>1</sup>University of Florida, <sup>2</sup>Yale University School of Medicine,<sup>3</sup>University of Washington School of Medicine, <sup>4</sup>University of Florida College of Journalism, <sup>5</sup>University of Florida College of Medicine

**OBJECTIVES/GOALS:** Well-appearing febrile infants are a model for exploring communication, bias, and health disparities in the pediatric emergency department (ED). Using mixed methods, we will perform an in-depth analysis of disparities and shared decision making, a potentially modifiable driver of inequities. **METHODS/STUDY POPULATION:** We will conduct a multicenter cross-sectional chart review study of well-appearing febrile infants 29-60 days old treated in the ED and apply multivariable logistic regression to assess the association between 1) race/ethnicity and 2) limited English proficiency with the primary outcome, discharge to home without lumbar puncture and without antibiotics (standard of care). We will concurrently perform an interpretive study using purposive sampling to conduct interviews with: 1) minority parents of febrile infants and 2) ED physicians. By capturing dyadic data, we will triangulate perspectives to elucidate disparities and bias that can emerge in the shared decision making process. **RESULTS/ANTICIPATED RESULTS:** Forty member institutions of the Pediatric Emergency Medicine Collaborative Research Committee are participating, providing a projected cohort of 3000 infants. In the 6 months since site recruitment, 235 eligible infants have been entered into the dataset (43% minority race/ethnicity, 6% language other than English), 61% of whom received the primary outcome. Chart review has the benefits of 1) ensuring exclusion of ill infants, 2) providing data on interpreter use that is unavailable in administrative datasets, and 3) allowing an analysis of shared decision making. These findings will inform an interpretive study of parent and provider experiences of bias in shared decision making. **DISCUSSION/SIGNIFICANCE:** We demonstrate the feasibility of a large-scale manual chart review to analyze disparities within a shared decision making context. Partnered with qualitative scholarship, this research will support the development of communication interventions to mitigate implicit bias in the clinical encounter.

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### Self-Reported Symptoms for COVID-19 Public Health Surveillance: A Window to Social Determinants of Health

Hope G. Gray<sup>1</sup> and Sue S. Feldman<sup>1</sup><sup>1</sup>University of Alabama at Birmingham

**OBJECTIVES/GOALS:** HelpBeatCOVID19.org, a novel self-reporting symptom tracking surveillance system, is based at the University of Alabama, Birmingham. Helpbeatcovid19.org captures social determinants of health (SDOH) data. This presentation will report