POPULATION: This was a retrospective cohort study. We identified thirteen gynecologic oncology patients scheduled for minimally invasive surgeries (laparoscopic and robot-assisted) between March 2017 and July 2017. These patients served as the pilot for a quality improvement project comprised of a preoperative teaching session by a gynecologic oncology registered nurse (RN). Patients also received an educational booklet, designed by gynecologic oncology care team members including nurses and physicians. Educational topics included expectations for pre-, intra-, and post-operation; guidelines for post-op care at home, important contact information, and postoperative medication instructions. Patients were also given a prescription for their post-operative medications and asked to fill them before their surgeries. Following their surgeries, patients were asked to take a voluntary and anonymous 8-item online survey assessing their satisfaction with the educational intervention, their procedure, and their hospital stay. We matched these patients in a one-to-two ratio, to patients not included in the pilot, on the basis of surgery type and age. All subjects and controls spoke English as their primary language. We abstracted data from the electronic medical record including pathologic diagnosis, number of postoperative communications (telephone and email), content of postoperative communications, and various clinical characteristics. Outcome measures include length-of-stay, discharge-by-noon rate, percentage of patients with postoperative questions, and number of postoperative concerns communicated via telephone or email. RESULTS/ANTICIPATED RESULTS: There were 39 patients in the final cohort; thirteen of whom who participated in the pilot project, POET (Perioperative Educational Tool). Thirty-nine percent of POET patients had questions regarding their surgery or post-op care as compared with 61.5% of controls (P = 0.087). Nineteen percent of controls had questions about their postoperative medications, compared with zero percent of POET patients (P = 0.046). POET patients had an average of 0.69 postoperative communications, compared with 1.12 in controls. The length of stay was 8 hours in POET patients and 26 hours in controls (P = 0.317). The discharge before noon rate was 20% in POET patients and 25% in controls (P = 0.41). Of the 10 POET patients who completed the anonymous online survey, 100% liked the approach to teaching; 100% felt that they received consistent information regarding surgery, hospital stay, and post-op care, 100% felt prepared at discharge, 100% picked up their postoperative medications without difficulty prior to surgery. DISCUSSION/SIGNIFICANCE OF IMPACT: Patients uniformly had a positive response to their preoperative education. Although our primary outcomes were not statistically significant, the results of this unpowered, observational study suggest that anticipatory education such as we provided, may decrease the burden of postoperative communications related to surgical expectations. A preoperative teaching intervention may be especially valuable in educating patients about their postoperative medications. Although POET patients had significantly fewer questions about their postoperative medications, refilling their medications before their procedures did not seem to have an effect on discharge-by-noon rates. This may demonstrate that delays in disposition are not influenced by postoperative prescriptions. One limitation of our study is that we did not prospectively measure patient satisfaction with surgical care. Another limitation is that the pilot educational intervention was conducted entirely in English. To our knowledge, there exists no analysis of the effect of English language proficiency on outcomes such as patient satisfaction, length of stay, and discharge-by-noon rates, and other clinical outcomes in this surgical patient population. It is well-demonstrated in the literature that limited English proficiency contributes negatively to health care quality. Our next steps involve establishing a prospective study to measure the effects of preoperative education on patient satisfaction with their procedure, post-operative communications, and discharge by noon rates. We also plan to administer POET to Spanish- and Chinese-language speakers, to better understand the effect of limited English proficiency on our outcome measures of interest.

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Poorer Outcomes Among Septic Patients with Protein Energy Malnutrition

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OBJECTIVES/SPECIFIC AIMS: Protein Energy Malnutrition (PEM) could compromise the body's defense systems resulting in sepsis, which further depletes calorie stores. Among hospitalized patients, we investigate 1) the relationship between PEM and sepsis, 2) the impact of PEM on trends in mortality from sepsis, and 3) the influence of PEM on clinical outcomes of sepsis. METHODS/STUDY POPULATION: Using the 2014 Healthcare Cost and Utilization Project - Nationwide Inpatient Sample (NIS) patient's discharge records, we identified patients with sepsis, PEM, and other clinical conditions with ICD-9-CM codes. After stratifying sepsis into two: uncomplicated (without shock) and complicated (with shock), we estimated the adjusted odds (aOR) of developing sepsis (total, uncomplicated and complicated) with PEM. Then, we selected hospitalizations with sepsis from 2007-2014 years of the HCUP-NIS, and calculated the trend in mortality from sepsis, stratified by PEM status, as an effect modifier. Finally, we matched PEM to no PEM (1:1) using a greedy algorithm-based propensity methodology and estimated the effect of having mortality, complicated sepsis and 10 other clinical outcomes and healthcare utilization (SAS 9.4). RESULTS/ANTICIPATED RESULTS: PEM was associated with higher odds for sepsis (aOR:3.97[3.89-4.05]), and complicated vs. uncomplicated sepsis (1.74[1.67-1.81]). Although mortality in sepsis has been trending down from 2007-2014 (−1.19%/year, p-trend<0.0001), the decrease was less pronounced among those with PEM vs. no-PEM (−0.86%/year vs. −1.29%/year, p-value < 0.0001). After propensity matching, PEM was associated with higher mortality (1.35[1.32-1.37]), cost ($160,724[159,517-161,940] vs. $86,650[85,931-87,375]), length of stay (14.76[14.68-14.84] vs. 8.49[8.45-8.56] days), and worse outcomes in general. DISCUSSION/SIGNIFICANCE OF IMPACT: PEM is a risk factor of sepsis and associated with poorer outcomes among septic patients. A concerted effort involving primary care physicians, nutritionists, nurses in identifying, preventing, and treatment of PEM in the community-dwelling individuals before hospitalization might mitigate against these devastating outcomes.

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Predicting Linkage-to-Care Outcomes Among Patients Screened for Hepatitis C in an Urban Academic Emergency Department

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OBJECTIVES/SPECIFIC AIMS: The purpose of the current study is to determine predictors of linkage-to-care (LTC) outcomes among patients screened for hepatitis C virus (HCV) infection in the emergency department (ED). The study is one of the first to report the