

notably, YBW had 3 times the increased odds in interest of using PrEP if they had sex with someone they met online or if they sought sexual health information online. DISCUSSION/SIGNIFICANCE OF FINDINGS: By assessing the modes of communication YBW are using to speak with their SNMs and their associations with HIV prevention behaviors, we can better determine the most optimal, efficient, and effective ways of utilizing technology for HIV intervention.

Dissemination and Implementation

Clinical Epidemiology

43745

A pilot survey to assess the practices, attitudes and beliefs around endotracheal aspirate culture use in a pediatric intensive care unit

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ABSTRACT IMPACT: Optimizing the use of endotracheal aspirate cultures (EACs) has the potential to improve the care of complex mechanically ventilated children by improving testing practices and avoiding unnecessary antibiotic treatment for false-positive results. **OBJECTIVES/GOALS:** An electronic survey has previously been employed to characterize the practices and attitudes around blood cultures among critically ill children. The objective of this work was to develop and pilot a new survey as a tool to understand practices and attitudes that could inform quality improvement initiatives to optimize EAC practices. **METHODS/STUDY POPULATION:** Informed by prior experience of diagnostic stewardship of EAC in other settings and using a similar structure to the blood culture practice survey, we developed an electronic self-administered survey sent to respiratory therapists, advanced practice providers, and physicians at the Johns Hopkins All Children's pediatric intensive care unit. **RESULTS/ANTICIPATED RESULTS:** A total of 27 of 87 clinicians (37%) responded to the survey (22 respiratory therapists, 9 attending physicians and 1 advanced practice provider). Responses indicated samples are typically collected by respiratory therapists via in-line (endotracheal) or open suctioning (tracheostomy). Most respondents did not feel EACs could lead to unintended negative consequences (71%), agreed practices vary between people (89%), and felt an algorithm would help align the clinical team (79%). Most respondents agreed some clinicians may be reluctant to change practice (82%) and may not change practice due to concern for missing diagnosis of ventilator-associated pneumonia or tracheitis (78%). Surveillance cultures were not used in this unit and there were no prior EAC diagnostic stewardship efforts. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** This survey captured practices, perceptions and barriers to changes that will inform the implementation of quality improvement initiatives to optimize EAC use in this unit. Future studies can consider utilizing an electronic survey to describe practice variation, clinician beliefs and attitudes about EAC testing in ventilated patients.

Digital Health/Social Media

80276

Use of Live Community Events on Facebook to Share Health and Clinical Research Information with the Community: An Exploratory Study

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ABSTRACT IMPACT: We review our strategy to use live community events on Facebook to share health and clinical research information and share further steps to increase engagement. **OBJECTIVES/GOALS:** To describe the use of live community events to enhance communication about clinical and health research through a Facebook platform (MN Research Link) with diverse social media users. The project identified variables associated with video engagement and strategic implications. **METHODS/STUDY POPULATION:** From June 2019 to November 2020 we streamed 31 events on the MN Research Link Facebook public page. Events highlighted different investigators' clinical and health research in the areas of mental health, health and wellness, chronic diseases and immunology/infectious diseases. Facebook analytics were used to determine the number of views, total minutes viewed, average video watch time, and audience retention. Engagement score was calculated as the total number of interactions (likes, shares, and comments) divided by total number of followers (N=1437), expressed as a percentage

RESULTS/ANTICIPATED RESULTS: Events averaged 24secs/16 min (SD=0.4). A mean of 1.61 (SD=1.28) followers viewed the events live but an average of 417.52 (SD=793.50) followers viewed after the event posted. The average engagement score was 1.1%. Mean total minutes viewed for all 31 videos was 253.5 (SD= 437.6). Viewers spent an average of 17 seconds (SD=0.01) watching each piece of video content. On average 28 followers viewed the events for at least 1-minute event (SD= 48.7). Audience retention at the halfway point for each video was 15.74% (SD=0.19). **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Results suggest that novel approaches are necessary for active engagement. Promotion of live events is recommended to increase participation and length of engagement. Prior length of engagement (average 17 seconds), suggests refining video introduction will increase engagement.

Education/Mentoring/Professional and Career Development

63565

Awareness of Low Value Care Is Requisite for De-Implementation: Nurses' Choosing Wisely® Campaign

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ABSTRACT IMPACT: Points to strategies to de-implement ineffective, harmful, or unproven practices, lowering burden and cost of

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

23335

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

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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.

35522

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

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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