

dissemination & implementation. RESULTS/ANTICIPATED RESULTS: The initiative incorporated multiple components common to successful health education programs: measurable behavior-change outcomes; formative research before roll-out; tailored communications for different audiences; speakers who were credible, knowledgeable and skilled communicators; content that was new to recipients and essential for decreasing barriers to desired behaviors. It included elements of successful LARC promotion/teen pregnancy prevention programs, such as organizing information by effectiveness of methods and using youth-empowering messaging. It differed from other successful programs by offering discussions to adults who work with teens in both medical and community settings. This analysis also highlights unintended positive ripple effects. DISCUSSION/SIGNIFICANCE OF FINDINGS: These results establish how community detailing is effective for disseminating actionable information about the safety, efficacy and availability of LARC. These insights could inform other prevention initiatives. An anticipated practical product of this study will be a user-friendly manual for replicating the LARC Initiative in other locations.

Translational Science, Policy, & Health Outcomes Science

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Iowa Implementation for Sustainability Framework: Specification and validation

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ABSTRACT IMPACT: Framework is designed to aid selection of implementation strategies to promote adoption and sustainability of EBP to improve health care quality, safety and value. OBJECTIVES/GOALS: An application-oriented implementation framework based on Diffusion of Innovation theory, identified 81 strategies for clinician-use within four implementation phases. The goal of this research was to further specify strategies based on emerging implementation science and establish external validity. METHODS/STUDY POPULATION: An iterative mixed-methods process guided framework revisions. First, individuals (n=1,578) requesting use of the framework over the last seven years were sent an electronic questionnaire. Evaluation captured usability, generalizability, accuracy of phases, and implementation phases for each of 81 strategies. Second, nurses who use the framework pile sorted strategies for multidimensional scaling and hierarchical analysis using Anthropic software. Third, a panel of five EBP/implementation experts used data and a consensus process to add clarity with the naming, and further specify strategies. RESULTS/ANTICIPATED RESULTS: Survey respondents (n = 127, 8% response) were nurses (94%), at least Master's educated (94%), from health systems (52%) or academia (31%), in the U.S. (84%). The framework, rated on a four-point scale (1 = not/strongly disagree to 4 = very/strongly agree; reported are ratings 3 and 4) was deemed useful (92%), generalizable (100%), and with accurate timing (96%). 51 participants linked strategy timing to a single phase (54 strategies, 66.7%, p<0.05, Cochran's Q); most strategies (30) matched the original model. Pile sorting (n=23) generated a concept map and

hierarchical clusters of groups. Experts used these data and implementation science to specify each strategy and revise the framework. DISCUSSION/SIGNIFICANCE OF FINDINGS: The Iowa Implementation for Sustainability Framework (IISF) offers a typology to guide implementation for healthcare improvements. This study specifies 77 implementation strategies, confirms four phases, identified 10 domains, and begins to establish external validity for the framework.

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Low-risk Adenoma Surveillance Decision-making: Perspectives from Patients and Providers

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ABSTRACT IMPACT: I hope that our work will improve surveillance endoscopy experiences, by engaging both patients and providers. OBJECTIVES/GOALS: A large proportion of colonoscopies are performed for post-polypectomy surveillance. Data show that there is overuse of surveillance for low-risk adenomas (LRAs), which can be attributed to patient and provider factors. The objective is to understand patient and provider perspectives for decision-making for LRA surveillance colonoscopy. METHODS/STUDY POPULATION: Semi-structured, one-on-one virtual interviews of patients and providers are currently being conducted at Richard L. Roudebush VA Medical Center and Eskenazi Health. Using a criterion sampling approach, we identified patients 50-75 years of age who had a screening colonoscopy with finding of LRAs, and providers in primary care and gastroenterology, at each site. We plan to recruit at least 8 patients and 8 providers from each site until thematic saturation. Domains that will be covered include: perceived involvement with surveillance decision-making; experiences with, and preferences for, communication about test results; and barriers and facilitators to undergoing colonoscopy. A 3-phase approach, comprising immersion, reduction, and interpretation, is being used to collect and analyze data. RESULTS/ANTICIPATED RESULTS: This study is currently in the recruitment phase and results will be forthcoming. DISCUSSION/SIGNIFICANCE OF FINDINGS: Understanding decision-making for LRA surveillance colonoscopy will inform future interventions to improve endoscopic resource use and efficiency while improving patient and provider experiences with endoscopic care coordination.

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Determining factors that influence adoption of new post-stroke physical rehabilitation devices

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ABSTRACT IMPACT: This work will accelerate the translation of post stroke rehabilitation devices from the research lab to clinic use. OBJECTIVES/GOALS: Rehabilitation device efficacy alone does not lead to adoption into clinical practice. The objective of this work was to increase understanding of the landscape for clinical adoption of post-stroke physical rehabilitation devices. METHODS/STUDY