contain an up-to-date accrual chart, metrics like expected and actual accrual per month, and projected recruitment based on an X-month moving average (3 months by default). Trials at risk are identified as early as possible by using these projections to classify risk. In this initial phase, we've classified trials as medium risk (80%–99% accrual) or high risk (less than 80% accrual). The dashboard is currently available for all clinical trials at USC and users are automatically restricted to the studies that they administer or work on depending on their role. RESULTS/ANTICIPATED RESULTS: The dashboard will provide visibility across the institution for the current accrual for all clinical trials in a standard, user-friendly format and use the same metrics and definitions of risk for trial accruals not meeting their targets. This will allow the institution to identify trials that need intervention to get back on track using a single set of criteria across all research teams. Users in different roles, whether department heads, principal investigators, or study coordinators can view the current accrual for all the trials that they administer or work on in one central location. The dashboard will also help to identify quality issues in OnCore by performing data quality checks nightly. DISCUSSION/SIGNIFICANCE OF IMPACT: By providing a central location for role-based access to timely clinical trial accrual for the institution, the dashboard helps to identify trials at risk of not meeting their recruitment targets as early as possible to provide corrective advice/measures.

568

Collaborative pathways: Insights from an Academic Medical Center (AMC) – Historically Black Colleges & Universities (HBCU) Translational Research Collaborative Pilot Funding Program

Eman Ghanem[1], Tarun Saxena[1], Bryan Batch[1], Janet Bettger[1], Faye Calhoun[2], Lisa Davis[1], Undi Hoffler[2], Deepak Kumar[2], Jennifer Li[1], F. Joseph McClernon[1], Barry Myers[1] and Vonda Rodriguez[1]
[1]Duke University and [2]North Carolina Central University

OBJECTIVES/GOALS: Collaborations between Academic Medical Centers (AMCs) and Historically Black Colleges & Universities (HBCUs) are critical to addressing health disparities and building research capacity. Herein, we examine the Duke-NCCU Collaborative Translational Research pilot funding program [2018–2023] to identify opportunities, challenges, and lessons learned from querying key stakeholders. METHODS/STUDY POPULATION: The Duke-NCCU collaborative pilot funding program was launched to support new inter-institutional collaborations that aim to accelerate research discoveries into testing in clinical or population settings. Eight one-year, $50,000 collaborative grants were awarded. Each funded team was assigned a CTSI Project Leader (PL) for project management support. To evaluate the program, we developed surveys targeting principal investigators (PI) and PLs. Questions covered collaboration motivation, goals, outcomes, operational processes, project management support, institutional differences, and challenges. Qualitative analysis will be employed to evaluate the responses and identify common themes. RESULTS/ANTICIPATED RESULTS: The PI survey examines aspects of inter-institutional collaborations, focusing on common themes, such as authorship, definition of success, and institutional culture. The PL survey prompts feedback on managing inter-institutional teams, expectations, and challenges. Select questions were shared between both surveys to capture both perspectives. Surveys were reviewed by members of the Duke CTSI evaluation and team science teams. The PI survey will be disseminated to 16 investigators, while the PL survey will reach 5 project leaders. Built on Qualtrics, each survey takes 20–30 minutes to complete. To encourage participation, incentives will be offered as two $100 gift card drawings. Respondents can choose to complete the survey on Qualtrics or through a recorded and transcribed Zoom session. DISCUSSION/SIGNIFICANCE OF IMPACT: AMC-HBCU inter-institutional collaborations drive innovation, workforce development, and equitable dissemination of outcomes. This study exemplifies collaboration, offering insights into translational research collaborations critical to advance equitable healthcare and improving population health.

569

Improving communication and collaboration: Strategies for reducing non-accruing trials

Rosalean Rock Ruby, Taylor Galloway, Sunnie Confiado, Laura Hanson, Carol Griffin, LaTonya Hickson and Sebastian Fernandez-Bussy
Mayo Clinic

OBJECTIVES/GOALS: In January 2023, Mayo Clinic set a goal to have 10% of studies open for six months or more without accrual. At that time, Mayo Clinic Florida had 19% non-accruing studies and 18% non-accruing clinical trials. Research administration implemented strategies to improve accrual outcomes. METHODS/STUDY POPULATION: Two strategies were developed to address non-accruing trials: a clean-up approach and a proactive approach. The clean-up approach involves escalating studies that haven't been enrolled in over 6 months, identifying barriers, and escalating communication with the principal investigator (PI) and research administration alongside a physician partner. The proactive approach targets studies at the 3-month mark to address issues before reaching 6 months without accrual. Both strategies aim to reduce the cost and effort of non-accruing studies by either creating an enrollment plan or closing the study. RESULTS/ANTICIPATED RESULTS: Since implementation, Mayo Clinic Florida's non-accruing study portfolio decreased by 10%, and its clinical trials non-accruing portfolio decreased by 7% as of October 2024. Research Administration tracks key metrics (reasons for no enrollment, justifications, and actions) to identify trends and mitigate future accrual risks. A REDCap electronic data capture tool hosted at Mayo Clinic (supported by CCaTS grant UL1TR002377)1 notifies principal investigators when their studies are non-accruing. Future plans include establishing an API with Mayo Clinic's portfolio management system to streamline the process while maintaining awareness and collaboration. DISCUSSION/SIGNIFICANCE OF IMPACT: Through increased monitoring, enhanced communication, and deeper collaboration, Mayo Clinic Florida effectively reduced non-accruing studies in its research portfolio. This approach minimizes effort and costs associated with under-enrolled studies while tracking key metrics to inform future study development.

570

The development and establishment of a Centralized Clinical and Translational Research Infrastructure at an Academic Medical Center

Parvesh Kumar
University of Missouri School of Medicine

OBJECTIVES/GOALS: Historically, the Univ. of Missouri (MU) Sch. of Medicine (SOM) is known for its strong clinical and

https://doi.org/10.1017/cts.2024.1141 Published online by Cambridge University Press

education programs. In 2020, MU recruited an Executive Vice Chancellor (EVC) for Health Affairs and subsequently Dean of the SOM who initiated programmatic steps to develop and establish a centralized clinical and translational research (CTR) infrastructure. METHODS/STUDY POPULATION: In order to develop and establish a CTR infrastructure, the EVC/Dean of the SOM created and recruited to the combined position of the Associate Dean (AD) for CTR and Associate Director (ADR) of clinical research (CR) for the Ellis Fischel Cancer Ctr. (EFCC) in 2021. The AD CTR was appointed the Chair of the Clinical and Translational Science Unit (CTSU) Steering Committee with the charge of establishing a 10,000 sq. ft. CTSU to be housed in the newly built $225M Roy Blunt NextGen Precision Health Bldg. and for re-building the Clinical Trials Support Office (CTSO), and the Clinical Trials Office (CTO) at the EFCC in his other role as the ADR CR. The AD CTR was also charged with implementing the OnCore clinical trial management system (CTMS) to centrally track and fiscally manage SOM clinical trials. RESULTS/ANTICIPATED RESULTS: Between 2021 and 2023, a CTR infrastructure was developed and established at the MU SOM. A total of 25 new clinical research staff (CRS) and leadership were hired that included a Sr. Dir. of CR Operations, clinical research nurses (CRNs) and coordinators (CRCs), Regulatory/Data/Fiscal/Project/Compliance/Coverage Analysis Coordinators between the CTSU/CTSO and the CTO of the EFCC. The CTSU was built with 10 FTE CRS [CRNs = 5, CRCs = 2, administrative staff = 2, Sr. Lab. Tech. = 1, and a manager]; the CTSO was re-built with 9 FTE CRS [Fiscal (n = 3), Project (n = 2), Compliance (n = 2), Coverage Analysis (n = 1) and Recruitment (n = 1) coordinators]. The EFCC CTO was re-built with 8 FTE CRS [CRNs = 4, Fiscal (n = 1), Data (n = 1) & Regulatory (n = 2) coordinators]. The implementation of the OnCore CTMS tracking function was also completed. DISCUSSION/SIGNIFICANCE OF IMPACT: Overall, the development and establishment of the CTR infrastructure has led to a significant increase and enhancement (e.g., capacity) to conduct clinical trials at the MU SOM. For example, this has led to a significant increase in the average annual enrollment to interventional oncology clinical trials [n = 82 (2021–2023) vs. n = 42 (2016–2020), p = 0.004].

Science Policy and Advocacy

571

A catalyst for change: Elevating mental health considerations in Ontario using a mental health in all policies approach

Tala Lumbu[1], Linette Penney, Vedant Shukla, Laura Abbatangelo, Hira Cheema and Edyta Marcon
[1]University of Toronto and [2]Laboratory Medicine & Pathobiology, Temerty School of Medicine, University of Toronto

OBJECTIVES/GOALS: Our goal for this project is to develop a metric that integrates the intersectional social and structural determinants of health and well-being into the existing policy development framework to impact the integration of such considerations on population mental health. METHODS/STUDY POPULATION: This project was developed from a case study module offered by the Translational Research Program at the University of Toronto. This course was designed to sharpen contextual inquiry skills and further develop a case through employing strategies, including outreach engagement with stakeholders, conducting informational interviews and formulating potential pathways forward based on the integration of insights from interdisciplinary perspectives. RESULTS/ANTICIPATED RESULTS: The anticipated outcome would be improved mental health outcomes as measured by the Mental Health Commission of Canada's Mental Health Indicators (Mental Health Commission of Canada, 2015) DISCUSSION/SIGNIFICANCE OF IMPACT: Although there are established mental health indicators and policy development framework the two operate independently of each other. Our proposal bridge the gap between the sectors so that one may inform the other, and they can collectively formulate reflective and representative policies.

572

Evaluating pediatric pain assessment tools in practice

Miranda Chan
University of Toronto; Manshi Maheswaran – University of Toronto and Keshanah Raviendran – University of Toronto

OBJECTIVES/GOALS: This project will focus on identifying the barriers that result in low adherence to quality care indicators that establish effective and efficient pediatric emergency care. The overall objective is to understand motivations behind adherence (or lack thereof) and find solutions to facilitate compliance. METHODS/STUDY POPULATION: This study will use a mixed-methods design to investigate the barriers. Quantitative data will be collected through a survey provided to healthcare providers involved in pediatric emergency care, including physicians, nurses, and administrative staff in both pediatric and general hospitals. Qualitative data will be collected through semi-structured interviews with a group of respondents to gain insight on their experience regarding compliance. Quantitative data will be analyzed using statistical analyses while qualitative data will undergo a thorough thematic analysis. Both sets of data will be reviewed to identify themes and differences in barriers across hospital types and healthcare roles. RESULTS/ANTICIPATED RESULTS: We will have gathered insights and perspectives from key stakeholders that are relevant to our study to ensure a comprehensive understanding of any potential implications that may arise from our study. We anticipate that the specific results will highlight key differences in adherence between pediatric and general hospitals. The study is expected to identify specific barriers hindering compliance with established guidelines in both settings. The results may be used to increase adherence to critical quality indicators and improve patient care. DISCUSSION/SIGNIFICANCE OF IMPACT: Pediatric injury care prioritizes the immediacy of care for children with acute illness and injury. With certain hospital protocols not being adhered to, there is a risk of wasting crucial time and resources that can affect patient care outcomes. The results would provide recommendations to improve and increase efficiency in pediatric injury care.

573

Effects of policy on enrollment of populations facing multimorbid conditions: A systematic analysis

Natalie Mao, Nancy Pire-Smerkanich and MS Roxy Terteryan
[1]University of Southern California

OBJECTIVES/GOALS: To identify gaps in policy that influence enrollment trends of patients with multimorbidity in Phase III

https://doi.org/10.1017/cts.2024.1141 Published online by Cambridge University Press