

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<sup>®</sup> 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<sup>®</sup> 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<sup>™</sup> one for Registered Nurses (RNs) and one for Advance Practice Registered Nurses (APRNs)<sup>™</sup> to account for differences in scope of practice. Surveys assessed current knowledge and perception of the Choosing Wisely<sup>®</sup> 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<sup>®</sup> 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

Maylyn Martinez<sup>1</sup>, Mahnoor Baig<sup>2</sup>, Matthew Cerasale<sup>1</sup>, Claire Dugan<sup>1</sup>, Meghan Sweis<sup>1</sup>, Marla Robinson<sup>1</sup> and Vineet Arora<sup>1</sup>  
<sup>1</sup>University of Chicago and <sup>2</sup>University of Illinois, Chicago

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  $\geq 19$  based on previous studies validating this cutoff for predicting discharge to home. Descriptive statistics were used to summarize % of patients  $< 65$  years old vs.  $\geq 65$  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  $\geq 19$ , 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  $\geq 19$  (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  $\geq 19$  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

Christine Drury

Indiana University Clinical and Translational Sciences Institute

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