30-day reoperation and readmission rates. RESULTS/ANTICIPATED RESULTS: From 2015 to 2021, 327 DCM patients received surgery (227 Elective Cohort, 100 Call Cohort). Elective cohort was mainly female (48.0 vs 30.0%, p=0.002) and white (72.7 vs 51.0%, p=0.0001). Call cohort was mainly uninsured/covered by Medicare/Medicaid (78.0 vs 67.0%, p=0.04), had higher SDI (68.0 vs 56.2, p=0.0003), ADI (7.9 vs 7.2, p=0.009), and cervical cord compression on MRI (78.0 vs 42.3% Grade III, p DISCUSSION/SIGNIFICANCE: Compared to DCM patients undergoing elective surgery, those admitted through the ED were more likely to be male, non-White, and socioeconomically disadvantaged, as measured by SDI and ADI. Postoperative outcomes were less favorable for these patients, including longer hospital stay, discharge disposition, and less Nurick grading improvement.

224

The effect of housing status (homelessness vs. housed) on naloxone administration among patients with opioid overdose assessed by emergency medical services: A prehospital cross-sectional review

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OBJECTIVES/GOALS: People experiencing homelessness vs. housed peers have higher rates of substance use disorders as well as increased emergency medical services (EMS) use. However, it is unknown if EMS administers naloxone at different rates to people experiencing homelessness. We address if patient housing status impacts naloxone administration by EMS providers. METHODS/STUDY POPULATION: We conducted a retrospective, cross-sectional analysis of electronic patient care reports (ePCRs) for all 911-incidents attended by the Los Angeles Fire Department (LAFD) during the study period, January to December 2018. Individuals who were medically assessed by the LAFD and who were administered naloxone by LAFD EMS were included. Exclusion criteria was incomplete ePCRs. The primary outcome was prevalence of EMS naloxone administration by housing status in the city of Los Angeles. We used descriptive statistics and a logistic regression model to examine differences in care. RESULTS/ANTICIPATED RESULTS: Naloxone was administered in 2,438 of the 345,190 incidents that occurred during the study period. 608 (25%) incidents involved people experiencing homelessness. Top indications for naloxone administration were similar in both groups: overdose, altered consciousness and cardiac arrest. Of those who received naloxone, people experiencing homelessness were more likely to be male (82% v 67%) and younger (41 v 46 years). People experiencing homelessness were more likely to receive naloxone (OR 2.6, 95% CI 2.4-2.9). People experiencing homelessness received naloxone at a rate of 44 times that of housed peers. A logistic regression model adjusting for gender, age, respiratory depression and transport status showed people experiencing homelessness remained more likely to receive naloxone (OR 2.3, 95% CI 2.0-2.5). DISCUSSION/SIGNIFICANCE: Emergency medical services are more likely to administer naloxone to people experiencing homelessness than housed peers. There is a need to identify bias and factors that impact prehospital care and patient outcomes of people experiencing homelessness. New care pathways for people confronting homelessness and opioid use disorders are needed.

225

The Feasibility and Acceptability of a Remote Glucose Monitoring Program for Pregnant Marshallese Women with Pre-Gestational and Gestational Diabetes*

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OBJECTIVES/GOALS: The objective of the study is to test the feasibility and acceptability of a remote glucose monitoring program for pregnant Marshallese women with pre-gestational (PGDM) or gestational diabetes (GDM) without excluding women with limited English proficiency. The study will explore changes in patient-physician communication and self-efficacy. METHODS/STUDY POPULATION: Twenty Marshallese pregnant women with PGDM or GDM will be identified for recruitment. The patient will meet with a bilingual staff member to explain the study and provide consent. At enrollment, patients will complete an enrollment survey and be provided with the iGlucose monitor and receive training its use. Their provider(s) will receive access to their patient's online portal for monitoring. At 14 days postpartum patients will receive a post-intervention survey and invitation to participate in interview, and their provider(s) will receive a satisfaction survey for the remote monitoring program. RESULTS/ANTICIPATED RESULTS: We hypothesize that the use of a remote glucose monitoring intervention is feasible and acceptable for Marshallese women with PGDM or GDM. Further, we hypothesize that the remote glucose monitoring program will increase satisfaction with physician-patient communication and will increase self-efficacy with glucose management. We anticipate that providers will find the program feasible and acceptable for use with the Marshallese population. DISCUSSION/SIGNIFICANCE: RPM technology can transform the way PGDM and GDM are managed. RPM may have greater benefits when there is a lack of language concordance by providing more time for patient-provider communication, thereby improving patient satisfaction and decreasing the risk of negative outcomes for Marshallese women.

226

The Feasibility and Acceptability of Perturbation-Based Balance to Older Adults in Rural Communities*

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OBJECTIVES/GOALS: Older adults in rural communities are at an elevated risk of falling. Perturbation-Based Balance Training (PBT) is a highly effective fall prevention paradigm but its feasibility in the community is unknown. The purpose of this study was to determine the feasibility and acceptability of PBT to older adults and local clinicians in rural communities. METHODS/STUDY POPULATION: 19 older adults (60+ years) were recruited from communities in rural Montana to take part in a PBT program. The PBT program was implemented using a bespoke portable PBT treadmill developed by our research team and validated against commercial PBT treadmills. To increase ecological validity, the program was implemented by local clinicians. The PBT

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