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].

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

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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.

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Evaluating pediatric pain assessment tools in practice

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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.

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

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

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