286 Dermatology visits account for a majority of dermatologic diagnoses: A representative sample of U.S. outpatient visits

287 A retrospective study of cellulitis outcomes in Ohio hospitals with or without access to dermatology residency programs

288 Characterizing risk factors for hospitalization for psoriasis patients

289 Wrong-site surgery in medicine and dermatology: Analysis of data from the Joint Commission and from the Patient Safety Authority of Pennsylvania

290 Evaluating clinical features and the presence of eosinophilia in pityriasis rubra pilaris

291 Demographic and clinical factors associated with patient-reported remission in psoriatic arthritis

286 Dermatology visits account for a majority of dermatologic diagnoses: A representative sample of U.S. outpatient visits

V Sarasael1, L C Trickey1, N Varghese2, N Lai3, N Ng4, S Kornan1, C Chung1, and B Kaffenberger1 1 The Ohio State University College of Medicine, Columbus, Ohio, United States and 2 Department of Dermatology, University of Cincinnati College of Medicine, Cincinnati, Ohio, United States

Given their prevalence, skin diseases are an important public health issue. In 2013, over 25% of the US population was impacted by dermatologic diseases, resulting in $75 billion in direct healthcare costs. Through 2010, non-dermatologists diagnosed a majority of skin diseases in outpatient settings. We sought to assess whether this was still the case in 2016 and determine which dermatologic diagnoses seen in non-dermatology practices differed from those seen by dermatologists. We used the 2016 National Ambulatory Medical Care Survey (NAMCS), an annual representative survey of visits to U.S. outpatient physicians. We analyzed all diagnosis codes reported at visits with dermatologists and non-dermatologists to determine the most common dermatologic diagnoses. Observed visits were weighted to obtain a nationally representative estimate of all visits in the U.S. There were an estimated 49.9 million visits to dermatologists with 107 dermatology diagnoses, representing 0.1% of all outpatient visits with 106 million dermatology diagnoses. The top 5 diagnoses for dermatologists were actinic keratosis, seborrheic keratosis, acne vulgaris, unspecified melanocytic nevi, and unspecified external cause. The top 5 dermatology diagnoses for non-dermatologists were unspecified dermatitis, rash and other nonspecific skin eruption, unspecified viral infection, unspecified atopic dermatitis, and unspecified chalazion. Seborrheic keratosis, malignant neoplasm of the skin, melanin hyperpigmentation, melanocytic nevi, and actinic keratosis were the most commonly referred diagnoses to dermatologists. In 2016, dermatologists diagnosed a majority (50.2%) of skin diseases in the outpatient setting. The skin conditions most commonly seen by non-dermatologists differ from those seen by dermatologists. These differences as well as the top diagnoses for referrals can be used as a foundation for tailoring dermatology training for non-dermatologists.

287 A retrospective study of cellulitis outcomes in Ohio hospitals with or without access to dermatology residency programs

JS Taylor1, RA Yonasii and MA Taylor1 1 Dermatology, Cleveland Clinic Lerner College of Medicine, Cleveland, Ohio, United States, 2 Patient Safety Authority, Harrisburg, Pennsylvania, United States and 3 Patient Safety Authority, Harrisburg, Pennsylvania, United States

Wrong-site surgery (WSS) is a preventable, sentinel patient safety event. Despite its severity, WSS is under-reported and their frequency is lacking. We analyzed publicly available data on WSS from the Joint Commission (JC) and from the Patient Safety Authority (PSA) of Pennsylvania. JC data is national and all specialty with most reported voluntarily. From 2003-2018 WSS data was analyzed; 233 cases were included (223 WSS from JC, 10 WSS from PSA). Of these, 233 WSS, 40 wrong-procedure and 16 wrong-patient. Pennsylvania is among a small group of states which legally mandate the reporting of all safety events including near misses. According to PSA from 2015-2019 there were 368 WSS reported from 178 licensed facilities, excluding private offices. Dermatology accounted for 9 (2.5%) of the 368 cases, 9% of which were wrong-site and 10% wrong-procedure. Of the 9 procedures, 2 were biopsies, 4 excisions, 2 Mohs and 1 curettage. This represented the head with 1 each from the chest/thorax, upper extremity, and spine and 1 was unspecified. Root causes of WSS identified by both the JC and PSA were accuracy and verification issues in procedure scheduling, failure to follow the three-part Universal Protocol and organizational safety culture issues. Additional strategies for dermatology include accurate biopsy site identification utilizing high-quality imaging and close-up photographs and specific and consistent anatomic designations. In conclusion WSS data may not reflect their absolute frequency. Health care facilities should conduct additional analyses of their existing procedures to minimize the occurrence of WSS.

288 Characterizing risk factors for hospitalization for psoriasis patients

C Kovalchin1, J Kaffenberger1, J Trindal1, T Gilkey1, A Minta2, JE Gedjenson1 and B Kaffenberger1 1 Division of Dermatology, Department of Internal Medicine, The Ohio State University Wexner Medical Center, Columbus, Ohio, United States and 2 Department of Dermatology, University of Michigan Medical School, Ann Arbor, Michigan, United States

Psoriasis is a chronic autoimmune disease with a large economic impact. The objective of this retrospective study was to characterize patients who are hospitalized for psoriasis, and differentiate features for patients with a single hospitalization from those who are hospitalized multiple times during the study period. Hospitalized psoriasis patients were identified from an inpatient database at a single academic institution. Differences between psoriasis patients with one hospitalization and those with multiple hospitalizations were characterized, as were differences between patients who were hospitalized primarily for psoriasis and those who were admitted primarily for other reasons. Patients with one hospitalization and those with multiple hospitalizations had a lower Charlson comorbidity score (1.9 vs. 2.8, P < 0.05). They had a higher death rate during index hospitalization (% vs. 2%) and a longer mean length of index hospitalization (15 days vs. 8 days), but these differences were not statistically significant. Patients who were primarily hospitalized for psoriasis had a lower mean Charlson comorbidity score (1.8 vs. 3.4, P < 0.05), shorter hospitalizations (0.4 days vs. 3.1 days, P < 0.05) and a lower death rate (0% vs. 4.7%, P < 0.05) than those hospitalized for other reasons. Patients with a primary discharge diagnosis of psoriasis also had a trend toward lower average income by zip code, though this value was not statistically significant. Our findings affirm the importance of regular dermatologic care for psoriasis patients in preventing hospitalizations. Dermatologists should be aware of the risk factors for hospitalization for psoriasis patients and work to mitigate them, as well as encourage patients to seek dermatologic care.

289 Wrong-site surgery in medicine and dermatology: Analysis of data from the Joint Commission and from the Patient Safety Authority of Pennsylvania

JS Taylor1, RA Yonasii and MA Taylor1 1 Dermatology, Cleveland Clinic Lerner College of Medicine, Cleveland, Ohio, United States, 2 Patient Safety Authority, Harrisburg, Pennsylvania, United States and 3 Patient Safety Authority, Harrisburg, Pennsylvania, United States

Wrong-site surgery procedures (WSS) are patient safety events which are underreported and may result in preventable harm. WSS are typically grouped into categories: wrong-site, wrong-side, wrong-person and wrong-procedure errors. Despite the attention given to these preventable errors by professional organizations and development of the Universal Protocol, WSS still occur and reliable data on their frequency is lacking. We analyzed publicly available data on WSS from the Joint Commission (JC) and from the Patient Safety Authority (PSA) of Pennsylvania. JC data is national and all specialty with most reported voluntarily. From 2003-2018 WSS data was analyzed; 233 cases were included (223 WSS from JC, 10 WSS from PSA). Of these, 233 WSS, 40 wrong-procedure and 16 wrong-patient. Pennsylvania is among a small group of states which legally mandate the reporting of all safety events including near misses. According to PSA from 2015-2019 there were 368 WSS reported from 178 licensed facilities, excluding private offices. Dermatology accounted for 9 (2.5%) of the 368 cases, 8% of which were wrong-site and 10% wrong-procedure. Of the 9 procedures, 2 were biopsies, 4 excisions, 2 Mohs and 1 curettage. This represented the head with 1 each from the chest/thorax, upper extremity, and spine and 1 was unspecified. Root causes of WSS identified by both the JC and PSA were accuracy and verification issues in procedure scheduling, failure to follow the three-part Universal Protocol and organizational safety culture issues. Additional strategies for dermatology include accurate biopsy site identification utilizing high-quality imaging and close-up photographs and specific and consistent anatomic designations. In conclusion WSS data may not reflect their absolute frequency. Health care facilities should conduct additional analyses of their existing procedures to minimize the occurrence of WSS.

290 Evaluating clinical features and the presence of eosinophilia in pityriasis rubra pilaris

S Chattekar, N Shah, M Men, M Dazeri, A Lachance, R Vluegs and V Nambudiri Brigham and Women’s Hospital Department of Dermatology, Boston, Massachusetts, United States

Pityriasis rubra pilaris (PRP) is a rare disease presenting with orange to salmon-colored folliculocentric papules on the trunk and extremities, waxy palmoplantar keratoderma, and hyperkeratotic nails. PRP literature remains limited, and its pathogenesis remains unclear, often resulting in missed or delayed diagnosis. Further, although a case study found eosinophilia in a PRP patient, hematologic abnormalities have not been extensively examined, sparking the interest to evaluate for an association between eosinophilia and PRP to enhance the understanding of this rare condition.

291 Demographic and clinical factors associated with patient-reported remission in psoriatic arthritis

G Candela1, M Mosca1, J Hong1, E Mavrikakis1, A Armstrong1, J Mora1, T Bhutani1, S Bell1 and W Diao1 1 University of California San Francisco, San Francisco, California, United States, 2 National Psoriasis Foundation, Portland, Oregon, United States, 3 University of California San Francisco, San Francisco, California, United States, 4 University of California San Francisco, San Francisco, California, United States and 5 Brigham and Women’s Hospital, Boston, Massachusetts, United States

Patient-reported remission in psoriatic arthritis (PsA) is a key goal for patients and clinicians, yet definitions of remission may vary. Treat-to-target initiatives in PsA have utilized domain measures such as Minimal Disease Activity that incorporate the status of joints, skin, and function. The goal of this study is to identify factors associated with patient-reported PsA remission. The National Psoriasis Foundation conducted a survey within a random stratified sample of 1,570 individuals with psoriatic disease in the United States. Participants provided demographics and were asked about a provider diagnosis of psoriasis or PsA, or both. All participants were Stratified sampling weight, and PsA severity was assessed using the Psoriatic Arthritis Impact of Disease-9 (PAID-9) questionnaire. Participants provided information on treatments and quality of life (QoL). Multivariate regression analysis was performed on 1501 PsA cases with 2017-2020 QoL data. Of the 834 participants reporting PsA, 144 (17.3%) reported that their PsA was in remission with an average duration of remission of 43 months. Of those in remission, 65 (78.4%) reported current treatment for PsA. Multivariate regression revealed that presence of remission was independent of age, sex, race, psoriasis duration and incorrect diagnosis at diagnosis and therefore, the presence of peripheral or biopsy eosinophilia at diagnosis highlights an association that may suggest potential treatment strategies or help elucidate the underlying pathophysiology of this rare condition.