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Impact of a Standardized Note Template in the IMC on Note Completion Time

Methods: Measures

Primary Outcome:
- Total note completion time and proportion of notes completed within 24 hours

Assessment and Data Analysis:
- Data collected from July 2017 to January 2018
- Primary independent variable: Usage of SNT (y/n)
- Time from note opening to completion was evaluated for each visit along with usage of the SNT
- Note completion time and proportion of notes completed in 24 hours were compared for visits that did and did not use the SNT
- Independent sample t-tests and one-way ANOVA to compare means
- Pearson's chi-squared test to compare proportions
- Multiple regression models to control for confounding from other factors affecting note completion time

Conclusion

The SNT utilized in this IMC have demonstrated effectiveness in:
- Decreasing the average time to complete a note by 24 hours
- Identifying the factors that impact note completion time
- Improving workflow and reducing time spent on medical records
- Enhancing patient care within the IMC

Future studies are needed to further evaluate the impact of using the SNT.
Autoimmune Necrotizing Myopathy due to Anti-HMGCoA Reductase Autoantibodies: A Case Report Depicting a Rare Myotoxic Complication of Statins

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Internal Medicine Residency, Summa Health/MEDAC Program, Akron Campus, Akron, OH

Case Relevance
- Hyperlipidemia affects over 100 million Americans. Statins are the mainstay of treatment for hyperlipidemia and are known to reduce the incidence of cardiovascular disease.
- The mechanism of action of statins involves the inhibition of HMG-CoA reductase (HMGCoAR), an enzyme present in muscle cells. HMGCoAR expression is increased in patients treated with statins.
- We report a case of autoimmune necrotizing myopathy due to the development of anti-muscle antibodies in a healthy female who was previously on statin therapy.

Presenting History
- January 2018: 73-year-old female was evaluated in the emergency room for a one-week history of bilateral lower extremity weakness. She denied fever, fatigue, myalgias, rash, and joint pain. She admitted to current statin therapy.
- [Assessment: Payne 80%
- Past Medical History: Type 2 Diabetes, Hypertension, Hyperlipidemia, restless legs.
- Exam: V5 within normal limits. Cardiovascular, pulmonary, and abdominal exams were within normal limits. Multifocal motor axonal neuropathy and anterior horn syndrome were present. Sensation was noted to be within normal limits and no focal neurological deficits were noted.
- Labs: No abnormalities on CBC, S1: 0.76, ESR: 65, CK: 750, AST: 207, ALT: 353, plasma creatine kinase 5 mg/mL.

ER Course: Patient was admitted to the hospital and discharged home. She was advised to stop statin, drink fluids, repeat labs in 2 weeks (CK, ALT), and follow up with primary care.

Patients did not have repeat lab draws and did not follow up with PC. Over the next 3 months, the patient had multiple ER visits for mechanical falls.

Disease Course
- March 2017: Patient presented to the ER with a three-week history of bilateral lower extremity weakness, fatigue, and myalgias. She reported severe pain in the right lower extremity.
- Exam: V5 within normal limits. Cardiovascular, pulmonary, and abdominal exams were within normal limits. Multifocal motor neuropathy was noted to be present.
- Labs: No abnormalities on CBC, S1: 0.76, CK: 750, AST: 207, ALT: 353. Plasma creatine kinase 5 mg/mL.
- MRI: Anterior horn syndrome.
- Patient was admitted to the hospital for further evaluation and treatment of myopathy.
- EMG: Normal sensory and motor conduction studies.
- Biopsy: Muscle biopsy showed mild changes, muscle biopsy results consistent with anterior horn syndrome.

Conclusion: The patient was discharged with no improvement and returned to the hospital with worsening symptoms.

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New Onset Lupus in the Setting of Chronic Myelomonocytic Leukemia
Calyn Crawford (Student member), Noura Yaghza, MD, FACP
University of Cincinnati Academic Health Center, Cincinnati, Ohio

Introduction:
Autoimmune diseases have a high prevalence among patients with myelodysplastic syndromes and are associated with adverse outcomes.

We report a case of a 78 year-old male with chronic myelomonocytic leukemia presenting with new onset renal insufficiency, thrombocytopenia, and severe abdominal pain.

Case Description:
- A 78-year-old male with a past medical history of CML, developed recurrent episodes of frank dyspnea requiring hospitalization.
- On exam, he was febrile and appeared with a pancytopenic picture that was associated with a positive fluid wave.

Studies and Labs:

<table>
<thead>
<tr>
<th>Study</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>11.1 K/µL</td>
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<tr>
<td>Hemoglobin</td>
<td>9.8 g/dL</td>
</tr>
<tr>
<td>Platelets</td>
<td>110 K/µL</td>
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</tbody>
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Discussion:
CML is a malignant hematologic stem cell disorder that affects the cell lineage responsible for the production of blood cells. This case highlights the importance of early diagnosis and management of CML to prevent complications associated with this disease.
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