



Hello and welcome to the Division of Hospital Medicine at Johns Hopkins Bayview Medical Center (JHBMC). We are an academic hospital medicine group. Clinically we are known as the collaborative inpatient medicine service (CIMS). True to our clinical name, we are the largest medicine service at JHBMC taking care of 70% of general medicine patients and about 1/3 of all patients admitted to JHBMC. Our True North (and mission) is “making the world a better place”. We strive daily to do this one patient at a time; one learner at a time; one project at a time.

We value:

- Joy in practice for all our physicians, APPs, and staff
- Providing the best care to the patients we are privileged to serve
- Scholarship and contributing to the fund of knowledge in hospital medicine.

The sentiment that you will hear echoed throughout your visit (virtual or in-person) is that we are family and what makes CIMS special is the people of the division. We are diligent in bringing on board people who are like minded in treasuring each other, single minded in serving our patients, and open minded to the value of teaching and the possibilities of discovery through research and quality improvement.

When we bring in new CIMS members, we are completely dedicated to ensuring their professional success through coaching, mentorship, and partnership. We also strive to ensure the personal wellbeing of each individual. To do this, our director of wellness and the wellness committee work to support each member of our CIMS family through both the good and bad times. We keep our finger on the pulse of individuals with a hospitalist morale survey developed in this division and now disseminated nationally.

The diversity within our division and throughout our hospital, represents people from all over the world and all walks of life, who work collaboratively and cohesively to make the patient and work experience the best there is. This diversity also includes professional areas of interest (education, clinical, research), which are nurtured utilizing the vast resources of Hopkins to enhance individual career pursuits while fostering collaboration within the division.

Thank you for sharing your time and spending the next few hours with us.

Welcome to our professional home.

Warmly,

A handwritten signature in black ink that reads "Flora Kisuule". The signature is written in a cursive, flowing style.

Flora Kisuule, MD, MPH, SFHM  
Director, Division of Hospital Medicine

## Division of Hospital Medicine Achievements and Awards

Society of Hospital Medicine CEO – Dr. Eric Howell

Society of Hospital Medicine Board of Directors – Dr. Flora Kisuule

Society of Hospital Medicine National Award of Excellence for Outstanding Service in Hospital Medicine – Dr. Flora Kisuule

Society of Hospital Medicine National Award of Excellence for Non-Physicians –  
Tiffani Panek

Society of Hospital Medicine Maryland Chapter Physician of the Year – Dr. Adeeb Jaber,  
Dr. Venkat Gundareddy, Dr. Mindy Kantsiper

Society of Hospital Medicine Maryland Chapter NP/PA of the Year –  
Christina Lackner, PA-C

Society of Hospital Medicine Maryland Chapter Affiliate of the Year – Gina Kauffman

ACP Maryland Chapter: Outstanding Hospitalist Award - Dr. Mindy Kantsiper

Johns Hopkins Annual Clinical Excellence Award: Excellence in Service and Professionalism –  
Dr. Mindy Kantsiper

Johns Hopkins Annual Clinical Excellence Award: Clinical Collaboration and Teamwork –  
Dr. Mindy Kantsiper

## CIMS Providers & Staff – What They Think!



I came to CIMS when “hospital medicine” was still a new concept, after five years as a primary care provider. I was excited about the opportunity to work in an academic hospital setting, to set my own pace when interacting with patients, and to have protected time for developing my research skills. I’ve stayed because CIMS has felt like family to me and has afforded me many opportunities to grow professionally and to find and practice my true calling, clinical informatics.

*--Dr. Amy Knight, joined 1999*



I really enjoy the presence CIMS has in hospital operations that helps advocate for hospitalists as part of the care team. In addition, the unique approach to scheduling, allowing pre-selected days of each month, is great for maintaining work-life balance and allowing for academic pursuits beyond the clinical setting. The colleagues are wonderful, and the division's emphasis on affinity groups, and bringing in additional moonlighters as needed, show their commitment to preventing burnout among the CIMS family.

*--Dr. Keshav Khanijow, joined 2017*



I came to CIMS because it afforded me the opportunity to continue working with patients and helping the community through our research efforts. Every day, I'm reminded of why I stay; we genuinely care. We care about our patients but we also care so much about each other on both a personal and professional level. I've laughed, cried, problem solved, and celebrated with this group...with this CIMS family.

*--Gina Kauffman, joined 2006*



I joined the CIMS Division as an Advanced Practitioner Fellow after completing PA school. What drew me to the Fellowship was the emphasis on didactics and collaboration between the hospitalists and APPs. I felt that that both Administrative and Clinical Staff took a keen interest in my development as a newer clinician as well as my future career aspirations. When it was time to pursue opportunities after my fellowship, the supportive environment that I received not only from the Hospitalists, but Advanced Practitioners solidified my desire to stay within CIMS.

*--Arielle Holliday, PA-C, joined 2020*



During my job search, I quickly learned to identify hospitalist programs that wanted to hire an internist to treat numbers, not patients. One of the groups that stood out from all the others was CIMS. CIMS demonstrated they were invested in people, not numbers, through their numerous professional development programs and policies. Many hospitals will claim they are invested in patient-centered care but few implement policies to reflect this practice. I wanted to work for a hospital that shared my mission in providing patient-centered care and I found it at CIMS. The same administration leading CIMS then and now is the main reason I am still here today because of our shared mission.

*--Dr. Ivonne Peña, joined 2014*



The reason I came to CIMS and the reason I stay is the supportive team and work environment! In addition, there is always opportunity to grow your career here (leadership positions, participation in hospital committees, and research to name a few). Leadership regularly checks in with us personally to make sure we're doing ok or if we have questions. CIMS is an incredible place, and you'll always feel at home here.

*--Dr. Che Harris, joined 2009*



I chose to join the CIMS Division of Hospital Medicine at JHBMC because of its diverse and highly achieving faculty and staff, the flexible and more reasonable schedule that allows you more time to spend with your family, pursue your interests and develop your talents, and its innovative and pioneering work in hospital medicine for the sake of providing excellent patient-centered care, research and educational opportunities.

*--Dr. Adeb Jaber, joined 2014*



I chose to join CIMS during a time of tremendous uncertainty and strain placed on the medical profession and hospitalists in particular. This group has supportive, engaged leadership that is constantly looking for ways to innovate and improve the experience for providers and patients. Our scheduling system is uniquely flexible and one of the most tangible examples of how our division values well-being as a core principle. JHBMC as a practice setting combines the scholarly and educational opportunities of a leading academic institution, with the accessibility and collegiality of a smaller hospital which has deep ties to the southeast Baltimore community we've been embedded in for over a century.

*--Dr. Julius Ho, joined 2020*



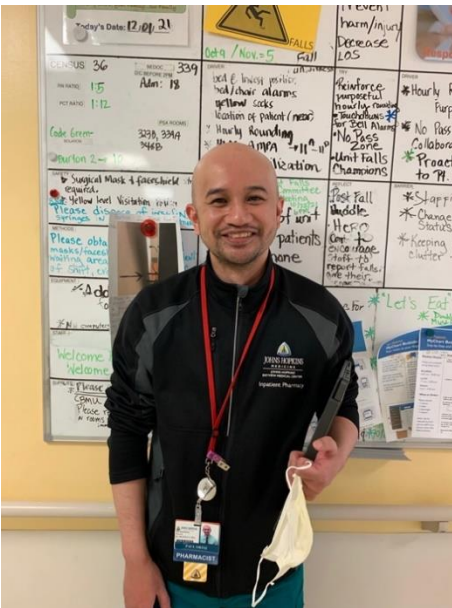
# Friends of CIMS



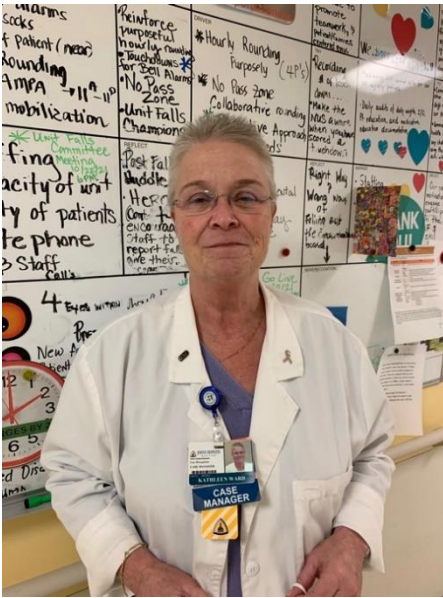
“I absolutely enjoy working with our CIMS Family on the Carol Ball Medicine Unit (CBMU). I do not consider us as a team, but a work family that not only delivers patient-centered care to our patients and their families, but to each other. Being able to work with our CIMS providers has been such a blessing, and brings the nursing staff and I great joy and honor to partner with them to give patient/family centered care, the philosophy of the Carol Ball Medicine Unit.”

**Rona Corral DNP, RN, MSN, CNS**  
Patient Care Manager, Carol Ball Unit

“It has really been an honor to work with our CIMS providers. Not only are they great clinicians, but they also truly care about our patients. They value the input and expertise of all of our interdisciplinary team members and they create a great working environment.”

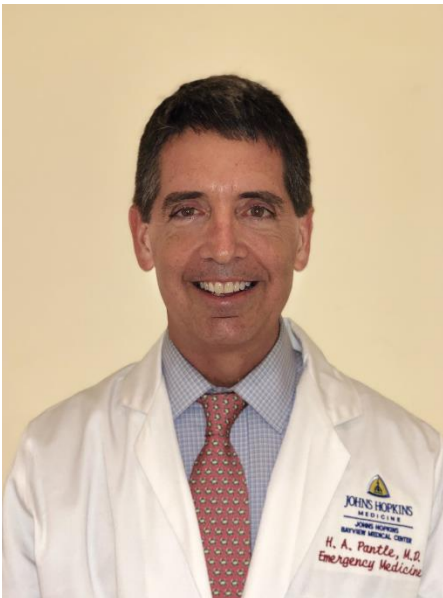


**Paul Ortiz, PharmD, BCPS, BCGP**  
CIMS Clinical Pharmacy Specialist



"The great thing about Bayview and the CIMS service is the interdisciplinary respect we have for each other and the collegial way we practice to better serve our patients."

Kathy Ward, RN  
CIMS Case Manager

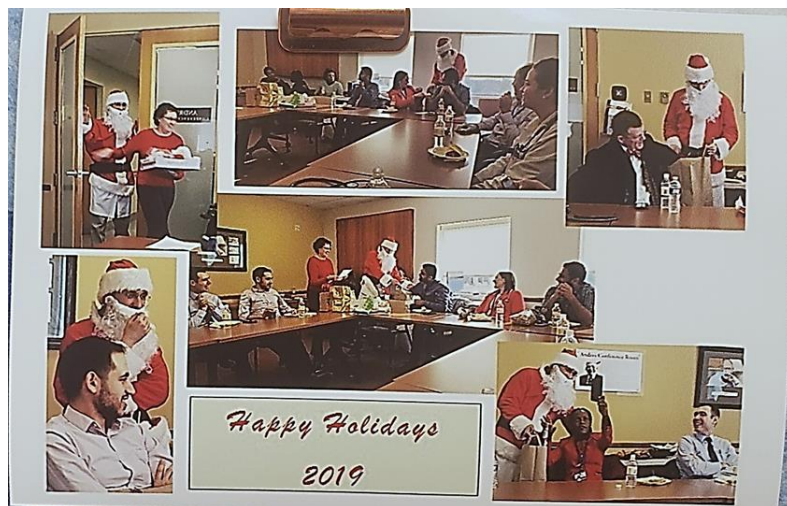
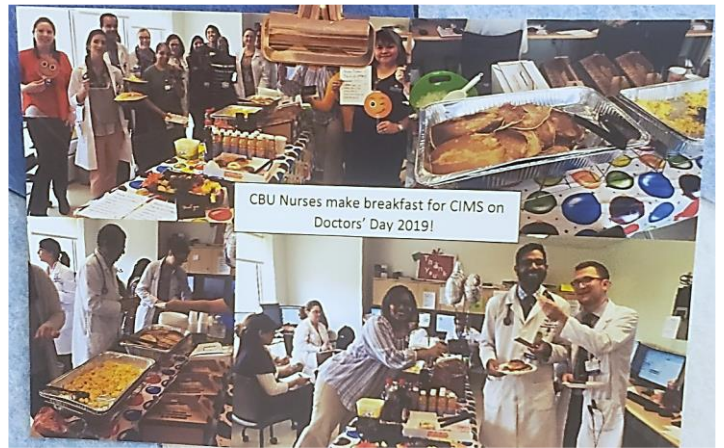
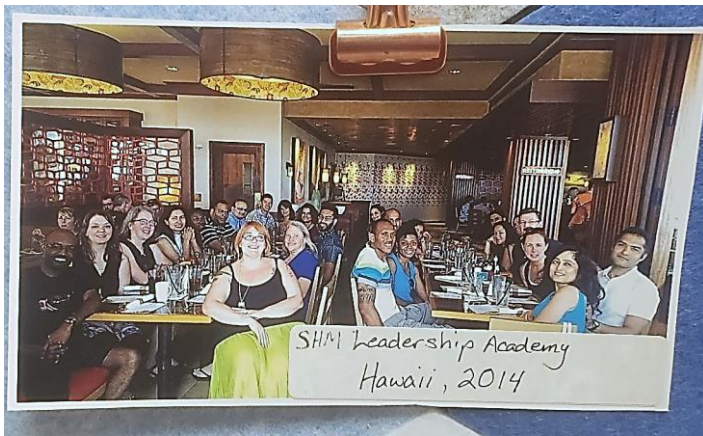
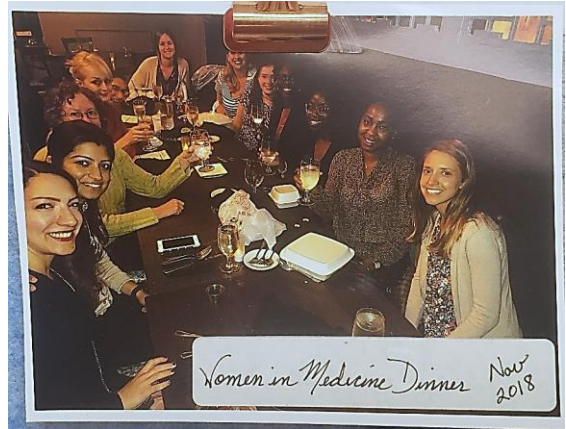


"We genuinely work to help each other do the best possible job rather than trying to prove who's right and wrong. We really are on the same extended team."

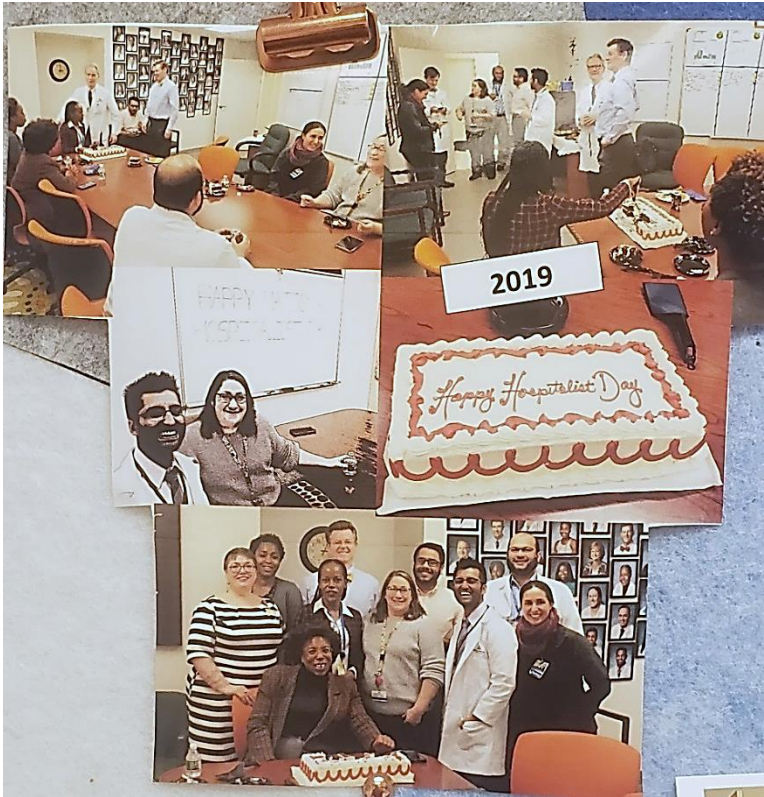
Hardin Pantle, MD  
Emergency Medicine Physician



# CIMS EVENTS AND CELEBRATIONS









### Division of Hospital Medicine: 2020-2021 Publications

1. Beydoun HA, Beydoun MA, Hossain S, Stadtmauer L, **Eid SM**, Zonderman AB. Patterns of Bariatric Surgeries Among U.S. Women Diagnosed with Polycystic Ovarian Syndrome. *J Womens Health (Larchmt)*. 2020 April;29(4):585-595.
2. **Harris CM, Khaliq W**, Albaeni A, Norris KC. The influence of race in older adults with infective endocarditis. *BMC Infect Dis*. 2020 Feb 17;20(1):146. Erratum in: *BMC Infect Dis*. 2020 Mar 24;20(1):243.
3. Beydoun HA, Beydoun MA, Hossain S, Zonderman AB, **Eid SM**. Nationwide study of therapeutic plasma exchange vs intravenous immunoglobulin in Guillain-Barré syndrome. *Muscle Nerve*. 2020 May;61(5):608-615.
4. **Bohsali F, Klimpl D**, Baumgartner R, Sieber F, **Eid SM**. Effect of Heart Failure With Preserved Ejection Fraction on Perioperative Outcomes in Patients Undergoing Hip Fracture Surgery. *J Am Acad Orthop Surg*. 2020 Feb 1;28(3):e131-e138.
5. Ali I, Vattigunta S, Jang JM, Hannan CV, Ahmed MS, Linton B, **Kantsiper ME**, Bansal A, Srikumaran U. Racial Disparities are Present in the Timing of Radiographic Assessment and Surgical Treatment of Hip Fractures. *Clin Orthop Relat Res*. 2020 Mar;478(3):455-461.
6. Metkus TS, Stephens RS, Schulman S, Hsu S, Morrow DA, **Eid SM**. Respiratory support in acute heart failure with preserved vs reduced ejection fraction. *Clin Cardiol*. 2020 April;43(4):320-328.
7. Luderowski E, **Harris CM, Khaliq W, Kotwal S**. Severe Atypical Pneumonia Causing Acute Respiratory Failure. *Am J Med*. 2020 June;133(6):e230-232.
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10. Metkus TS, Stephens RS, Schulman S, Hsu S, Morrow DA, **Eid SM**. Utilization and outcomes of early respiratory support in 6.5 million acute heart failure hospitalizations. *Eur Heart J Qual Care Clin Outcomes*. 2020 Jan 1;6(1):72-80.
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14. Laghi F, Sarkar S, **Singh A**, Kaur A. SUN-292 Life-Threatening Hyponatremia in Partial Diabetes Insipidus with Adipsia due to Cranial Radiation: Diagnostic and Therapeutic Challenges. *J of Endocrine Society*. 2020 April-May;4(1):SUN-292.
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17. Oppenheim IM, Lee EM, **Vasher ST**, Zaeh SE, Hart JL, Turnbull AE. Effect of Intensivist Communication in a Simulated Setting on Interpretation of Prognosis Among Family Members of Patients at High Risk of Intensive Care Unit Admission: A Randomized Trial. *JAMA New Open*. 2020 April;3(4):e201945.
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27. Alhajri N, Simsekler MCE, Alfasasi B, Alhashmi M, **AlGhatrif M**, Balalaa N, Al Ali M, Almaashari R, Al Memari S, Al Hosani F, Al Zaabi Y, Almazroui S, Alhashemi H, Baltatu OC. Physicians' Attitudes Toward Telemedicine Consultations During the COVID-19 Pandemic: Cross-sectional Study. *JMIR Med Inform*. 2021 Jun 1;9(6):e29251.
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58. **Vishnupriya K**. Gin and Tonic – Cultural Footprints of Disease. CLOSLER. 2021 Jan 29. <https://closler.org/lifelong-learning-in-clinical-excellence/gin-and-tonic-cultural-footprints-of-disease>
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To learn more about CIMS please visit the following video links.

<https://www.hopkinsmedicine.org/hospital-medicine/>

- a. Video 1: Making the World a Better Place.
- b. Video 2: Honoring CIMS on National Hospitalist Day

<https://www.youtube.com/watch?v=jvhKLuwiiQ4>



# CIMS Newsletter

## Winter 2021/2022



**From ID consultant Geeta Sood, to Alex:**

Dear Alex,

I am seeing Ms. F today. I just wanted to let you know that your note was so thorough and well-written and thoughtful – it made things so much easier for my consult!

Thank you!

**Geeta**

**From Catherine to Kyra,** regarding very warm praise from a patient's family:

I assumed care of a patient this past weekend who is very ill and has many complex, active medical issues. His sister praised Kyra again and again for her communication, transparency, knowledge and kindness.

Thank you Kyra, you set the bar high for CIMS.

**From Howard to Michelle,** regarding a cross cover patient who had a major issue arise overnight:

"Big shout-out to Michelle who stayed with the patient the whole time [3+ hours] in the PCU and helped manage them with the Neuro fellow and neuro ICU charge RN."

**From a patient, regarding Adam's bedside manner:**

I recently was admitted to JHBMC, very early on 12/19/21 for what I thought was just a swollen foot problem. It's very rare that you find such superior service in a doctor that is not your primary care doctor. My heart tugged me to let someone else know of this gentleman's outstanding service. I was told by a couple of doctors of my Prognosis. I was told that they may need to Amputate my toe which put me in a uproar and a dark place. After speaking with **Dr. Adam Nadler** from the Bayview Emergency Department, he gave me other options that he assured me that would try first which gave my heart a huge sigh of relief. I'm sure that Dr. Nadler is this way with all his patients, but rarely do patients like myself get a chance to express the gratitude for this great work, and the

open ear that he had at my time of need. Dr. Nadler's bedside manner was superior. I'm a business owner and I feel that you hear a lot about the bad when it's done, but never none of the good and I want to give him his Kudos.

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**Welcome to Monique Alston**, who joins us from John Hopkins Intrastaff as our MOC. Monique has had multiple roles in medicine thus far, including as a CNA, patient care tech, certified med tech, pharmacy tech, and also doing medical administrative work. So she has plenty of experience with face to face patient care, and other behind the scenes clinical work, that she brings to the table.

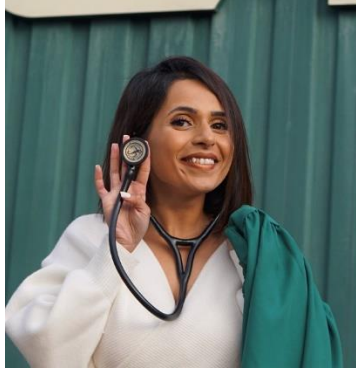
In fact, one of Monique's positions in patient care was as a night shift CNA at Spring Grove. For those of you not familiar with Spring Grove, it is an inpatient psychiatric facility that houses some high risk and violent offenders. Monique reports, "It is PITCH BLACK outside at night," as she discovered when she had to walk the unlighted campus from one building to another. Monique carried a large heavy key ring, which she chose a key from when entering a unit, watching carefully to prevent elopement.

Compared to that, CIMS must be a pretty unexciting place!

Monique is expecting her second son in January, so her free time is and will continue to be a bit limited. However, she affirms she's an avid reader and her favorite genre is action packed urban novels, which she consumes whole in one day.

Welcome to our group Monique!

**Sabura Aleem** is a PA and joins CIMS from the University of Alabama at Birmingham, though she is a native of Atlanta. Before PA school, Sabura worked alongside cardiac specialists and that is who she visualized to be once she completed her education. However, she worked alongside influential instructors during her hospital medicine rotations in PA school that prompted her to further pursue this specialty. What she treasures about hospital medicine is getting to serve patients at their most vulnerable, the variety of patients, and the collaboration of care with other subspecialties. No two patients are the same and no two days are the same, which makes hospital medicine a great specialty for continuous growth.



Sabura spent her undergraduate years studying hard, working two jobs, and volunteering. Sabura's path to PA school started as a CNA in a long-term care facility. After that, she was a unit assistant for a CT surgery group, then a med/surg PCT, then an ED phlebotomist. So she knows how the people in these roles contribute to the team and how valuable their contribution is to patient care. Sabura is grateful that her journey led her to Johns Hopkins Bayview and is honored to get to learn from the best hospital medicine team.

On her days off, Sabura loves traveling and immersing herself in different cultures. She is a hiker and foodie. She has been sampling Baltimore's restaurants; her favorite so far is Blue Moon Café in Fells Point, where she says you can get a table on weekdays in only 20 minutes-one of the advantages of working some weekends! Welcome Sabura.



**Rachel Reisdorf** joins us as an APP fellow, coming all the way from Texas. She is a Houston native, born and bred, and was an ICU nurse for 5 years before going to nurse practitioner school. Rachel states, "I always knew I wanted to be a hospitalist, even



before I started school." She had her fill of ICU patients; it was the lack of followup and knowing the outcome that motivated her to pursue our specialty. "Fewer codes," and doing more planning for the future, as she put it. When she found our fellowship in hospital medicine, it presented a perfect opportunity to move, the timing was right, and she and her husband jumped at the chance.

While not learning hospital medicine, Rachel likes to hike, explore, and generally be outdoors. Maryland presents a whole new place to get to know-a place with mountains, and other states nearby, as she affirms! Since she lives in Canton, she takes advantage of the lovely waterfront walkway and is enjoying the charms of living near the coast. Welcome Rachel!

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## **Farewell to Kim Nelson**

"I would like to say goodbye to CIMS; its been a journey these last seven years. I am transitioning and taking with me a well-rounded skill set as a nurse practitioner, being involved over the years with medicine, chemical dependency and pulmonary. I would like to thank everyone that has been apart of this journey. I will miss the inpatient world but look forward to what lies ahead."

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## **Project Work**

CIMS has two major ongoing projects currently:

First is a structured chart review being done to examine contributors to increasing length of stay (LOS) of our patients. CIMS is being asked to reduce LOS this year; but without understanding the reasons for our increasing LOS, reducing it will be impossible. Thanks to those who've volunteered to participate in the chart reviews.

Second is a pilot of co-management with orthopedics, which ran from December 2 to 22. The aim is to determine the size of the need and the nature of it, find areas that will need to be addressed if co-management becomes a reality in the future.



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## **CIMS Family Photos**



## LIFE'S MAJOR MILESTONES

Clockwise from left: Monique at her baby shower, Mindy at her son's Bar Mitzvah and Sus' baby shower.





**Brad** was a great sport and came to brighten our day with gifts for everyone who answered trivia questions. And everyone else too! Clockwise from upper left: **Brad and Tiffani**, in 2021, the year of the Masked Santa Claus. Santa and **Angela**, who is NOT getting coal in her stocking. That is NOT a tall can of beer! Santa might bring **Jocelyn** an award for most discharges.

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## Pundemic, Second Edition

Why is it a bad idea to iron your four-leaf clover? Cause you shouldn't press your luck.

I ordered a chicken and an egg from Amazon. I'll let you know.

I didn't want to believe that my dad was stealing from his job as a traffic cop, but when I got home, all the signs were there.

I'm starting a new dating service in Prague. It's called Czech-Mate.

**Not to brag, but I already have a date for New Year's Eve.**

It's December 31st.

**I can't wait till New Year's Day 2021.**

Then I can say hindsight is really 2020.