

Sharing Innovations and Insights with Our Partners in Care

# PEDIATRIC ROUNDS

Primary care providers should screen for sudden cardiac death risk.

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### INNOVATION AT HHI

Last year, the Herma Heart Institute (HHI) treated more than 10,000 cardiac patients, performing 500+ heart surgeries and 400+ cardiac catheterizations. These facts, as well as spotlights on innovative research, are detailed in the HHI 2021 Quality, Outcomes and Research Annual Report released earlier this year.



Read and download the annual report at [childrenswi.org/heart-report](https://childrenswi.org/heart-report).



## The ways we care

*Doing our best to keep kids safe*

**BY JASON A. JARZEMBOWSKI, MD, PHD**

While it is exceedingly rare, sudden cardiac death can affect patients ages 18 and younger. At Children's Wisconsin, our cardiologists have formed a review team that examines sudden cardiac deaths in kids to try to get a better understanding of the causes, as well as ways to prevent them. This effort is one of the many ways that our cardiologists do their best to keep kids with heart diseases safe. We also want to share the information we have with the medical community, so primary care providers can be on the lookout for signs that could help prevent or address heart problems in pediatric patients.

Children's and the Medical College of Wisconsin are understandably proud of our expertise in pediatric cardiology and the work of the Herma Heart Institute. One of our leaders there, Viktor Hraska, MD, PhD, has stepped down from his surgical leadership roles after more than five years of groundbreaking work. We are thankful that he will continue to consult on several of our programs, including national and international referrals to the Herma Heart Institute. We are also grateful that Michael Mitchell, MD, will be taking up the leadership mantle; the Institute couldn't be in better hands.

### UPFRONT

Insights and transparent talk from leadership

To refer a patient, call (800) 266-0366.

A key part of the Children's Specialty Group team is our many advanced practice providers (APPs). They play an important role in the care of our patients in nearly every specialty. They're involved in clinical care, they help maintain quality, and several of them have academic roles, serving as teachers and conducting research. Tara Merck is our APP practice director, and we



have APP representation on all our committees and in our leadership, including on our board.

Children's Specialty Group also is working with chief diversity officers from the Medical College of Wisconsin and Children's. We want to be able to show our patients and families that we are inclusive, so they know we are a safe space for all kids and families. It's important work, and we are proud to do it.

*JA Jarzembowski, MD, PhD*

*Jason A. Jarzembowski, MD, PhD*

*Interim Chief Executive Officer,  
Children's Specialty Group;*

*Medical Director, Pathology and Laboratory  
Medicine, Children's Wisconsin;*

*Vice Chair and Professor,  
Department of Pathology, and  
Interim Senior Associate Dean of Clinical  
Affairs, Medical College of Wisconsin*



Carey A. Ehlert, MD

## Advanced practice providers improve care at Children's

*These skilled providers are making a difference in patient care and professional education*

**Advanced practice providers (APPs), including physician assistants and nurse practitioners, are valued members of care teams at Children's.**

"With APPs, we provide a higher level of care," declared Carey A. Ehlert, MD, a neonatologist at Children's Wisconsin and associate professor of Neonatology at the Medical College of Wisconsin.

That's because APPs at Children's are highly skilled in their fields and

bring a patient-focused approach to their work. They perform important roles as the eyes and ears for physicians and first-line providers for patients, helping to form strong relationships with the families they serve.

"APPs at Children's have become integral to our teams, but in much more than following patient volume," said Matthew Harmelink, MD, a pediatric neurologist and medical director of Neurology at Children's. "They allow our teams to accomplish more and provide that support and knowledge that truly allow all of us to serve patients better."

**"I feel like APPs have an ability to see the entire landscape of the patient in a way that I sometimes don't."**

**-CAREY A. EHLERT, MD**

### EXCEPTIONAL PATIENT CARE

APPs are part of care teams in almost all the 38 subspecialties at Children's. Depending on the specialty, an APP may be the first provider a patient sees at Children's, or they may be involved in ongoing care. This is where their knowledge and unique points of view make them such valuable team members.

"I work with neonatal nurse practitioners every day at the bedsides of my patients, and I depend on them so much," Dr. Ehlert said. "I feel like they have an ability to see the entire landscape of the patient in a way that I sometimes don't. They have a different perspective. And when you're able to bring different perspectives to a team, you have better results, because you're less likely to have blind spots."

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*APPs at Children's are highly skilled and bring a patient-focused approach.*



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At the Neuroscience Center, APPs often are first-line providers for patients suspected of having a neuromuscular disease. Dr. Harmelink has observed that APPs take the time to listen to patients and their families, ask questions and consider all the factors that may be contributing to a medical problem. This not only builds a strong patient-provider relationship, but it sets the team up to offer the best, safest treatment.

“APPs at Children’s are very skilled at data gathering, but they’re also very skilled at putting the puzzle together,” Dr. Ehlert said. “When the whole team comes together, each bringing their puzzle pieces, we’re able to solve the problem.”



Matthew Harmelink, MD

### Spotlight on Erika L. Pyzik, PAC

Erika L. Pyzik, PAC, is a physician assistant (PA) at Children’s Neurosciences Center with more than 15 years of experience in specialized pediatric care. Erika is the lead advanced practice provider on the neurology and neuromuscular team, which has four PAs and five nurse practitioners.



“We know our patients well, we have our kids whom we follow routinely, and we’re really closely involved in their care,” Erika said. “We understand the ins and outs of not just the patient’s medical needs, but also their social dynamics and those other factors that influence care.”

Outside of clinic, Erika sits on both the Faculty Clinical Committee and the Professional Enrichment Committee of the Medical College of Wisconsin. She also teaches a neurology section at Marquette University for the Physician Assistant Studies program.

### SPECIALIZED EXPERTISE

APPs at Children’s have extensive experience in specialized pediatric care. “They’re so strong in the clinical realm,” Dr. Ehlert said.

“They amass years of experience in the field they choose and can become real experts in that field.”

Other team members often rely on that wealth of knowledge and experience. For example, Kelsey Dewey, PAC, who was previously an occupational therapist, carried an interest in nerve injuries and diseases into her present role. Now, she is a go-to expert on those topics.

APPs at Children’s are encouraged to share and grow their expertise by publishing and being involved in research. For example, Erika Pyzik, PAC, a physician assistant on the neurology and neuromuscular teams, is the sub-investigator for several Children’s clinical research trials for patients with neuromuscular disorders. (Read more in “Spotlight on Erika L. Pyzik, PAC.”) During the trials, she handles study participants’ visits for physical exams and gene therapy infusions.

**“The consistency of APPs is a key component in that vital continuity in care.”**

**—MATTHEW HARMELINK, MD**



## Training the next generation of APPs

Children's advanced practice providers (APPs) have an impressive knowledge base, and, as providers at our region's most comprehensive pediatric healthcare system, they are well-positioned to share that knowledge.

That's why Tara Merck, MS, APNP, CPNP-PC, director of Children's Specialty Group advanced practice providers, and her team are taking a multipronged approach to training the next generation of APPs to be proficient health care providers and phenomenal team members.

Training opportunities through Children's include:

- **The APP Centralized Pediatric Fellowship**, a one-year post-graduate program for nurse practitioners and physician assistants to develop clinical decision-making and specialized skills in pediatrics.
- **The APP Professional Curriculum for APPs early in their careers.** This program is designed to enhance communication, problem-solving, leadership and other professional skills, as well as to expose new APPs to career path options.
- **The Annual Advanced Practice Provider Conference in Pediatrics**, held virtually in May 2022, included many opportunities to earn CME/CEU credits.
- **The Annual APP Networking Event** gives more than 100 regional APP students the opportunity to hear from a panel of experienced APPs on daily responsibilities and other advice to help them transition into professional roles.

Tara and her team design the training curriculums to help APPs sharpen their clinical skills and develop what she calls "soft skills."

"These include how you effectively communicate, how you navigate change and how you work with a team," Tara said. "Those emotional intelligence skills are essential in our highly complex health care environment."

## ESSENTIAL EDUCATORS

APPs often are vital educators and mentors at Children's. On many teams, a lead APP oversees scheduling and onboarding.

"They are focused on training and helping new staff become more comfortable — and not just in critical medicine. They also have the expertise to contribute to training for subspecialty areas," Dr. Harmelink said.

In fact, when Dr. Harmelink joined Children's, he was onboarded by a veteran APP who has been at Children's for 15 years.

Children's has a strong retention rate among APPs, and several have been on staff for more than a decade. "Residents come and go, but the consistency of APPs is a key component in that vital continuity in care," Dr. Harmelink said.

"I'm so grateful for all the work they do," said Dr. Ehlert, who also was trained by APPs. "They have been instrumental in my own personal practice."

## TEAM PLAYERS

The work APPs do contributes to the success of the whole team, whether it's returning patient and provider calls quickly, performing physical exams, onboarding new team members or serving on committees.

"People worry APPs will be a replacement for residents, but they are not," Dr. Harmelink said. "They build up relationships, improve trust, and can add important points of view to committees, administration and other structures. Our APPs are great communicators and team players."

Dr. Ehlert agreed that APPs at Children's are trusted team members who work closely with physicians. "We all rise to a higher level of care when we have everything we need to be set up for success," she said.

## Regaining a competitive edge

*Referring young athletes to a sport psychologist may help improve their mindset and performance*

### **In sports, highs and lows and wins and losses are part of the game.**

But if you have a patient who can't perform a skill that is normally second nature to them, or if they're afraid to get back on the field after recovering from an injury, they may benefit from a referral to a sport psychologist.

"If you're seeing a change around the sport, it's likely that something is wrong," said Matthew P. Myrvik, PhD, CMPC, clinical sport psychologist within the Sports Medicine Program at the Children's Wisconsin Greenfield Clinic. "Meaning, is there a change in mood around the sport? Is there a change in behavior around the sport? Is there a change in performance around the sport?"

Dr. Myrvik is one of the few certified sport psychologists in Wisconsin who works with youth athletes. Most of his patients are teens, although he sometimes sees younger or older patients. He specializes in performance restoration (getting an athlete back to their previous level of performance after an injury or mental setback) and performance enhancement (helping someone improve their skills).

### **UNDERSTANDING ATHLETES**

The challenges that youth athletes face often are best treated by someone with extensive sports knowledge.

Before he became a psychologist, Dr. Myrvik played high school football and baseball. At the beginning of his professional career, he was a clinical pediatric psychologist who saw patients with chronic pain. Later, Dr. Myrvik decided to specialize in sport psychology and earned his Certified Mental Performance Consultant (CPMC) certification from the Association for Applied Sport Psychology. The additional knowledge and training helps him work with patients on their skills and attitudes related to sports performance.

"To an athlete, an ankle sprain is not an ankle sprain," Dr. Myrvik said. "It's, 'I need to get back because we have a tournament in this number of weeks.' 'I'm going to lose my spot.' 'This kid's getting more playing time than I do.' 'It's my junior season, and that counts for everything.' I wish it was just an injury, but it's never just an injury."

Pediatric providers who aren't familiar with sport psychology often refer patient-athletes to typical psychologists, assuming treatment for anxiety, rather than sports-related anxiety, will help.

"If that psychologist doesn't understand the significance of sport and they say not to play basketball as much, the young athlete is



*Young athletes face unique pressures and anxieties.*



*Matthew P. Myrvik, PhD, CMPC*

To refer a patient to Children's Wisconsin's Sport Psychology Program within the Sports Medicine Program, call **(414) 604-7512**.

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## NEWS & NOTES

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not interested in psychology anymore,” Dr. Myrvik said. “You need somebody who understands sports, because athletes are different, and they carry with them different challenges — team dynamics, coaching dynamics, parental dynamics.”

### IMPROVING PERFORMANCE

Dr. Myrvik doesn't ask about his patients' feelings and moods the way typical clinical psychologists do. He also disregards outcomes like points and wins, which don't accurately depict how well someone plays their sport. Instead, he focuses on thought processes related to his patients' athletic performance, and he uses positive psychology practices to help them improve.

“When a basketball player misses two shots, a normal thought is, ‘Well, maybe I shouldn't shoot anymore.’ But that's not a helpful thought, because when you don't shoot anymore, the rest of your game is not going to go well,” Dr. Myrvik said.

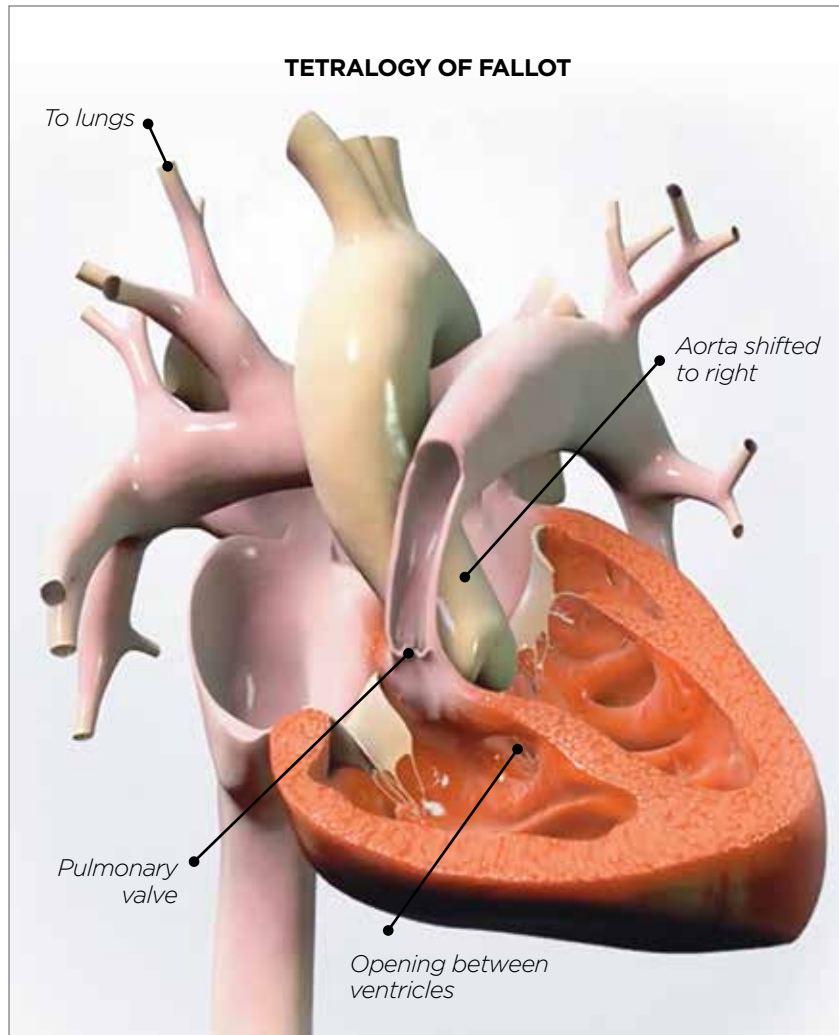
Dr. Myrvik typically meets with patients every two to four weeks for three or four visits. “From there, hopefully things are good enough to release them back into the wild,” Dr. Myrvik said. “They should show me they're using the skills I taught them, like awareness activities — catching themselves when they're getting nervous, frustrated or angry. They could practice goal setting, or at least setting their goals before a game. Everything we talk about, I want them to be utilizing.”

### CONSTANT COMMUNICATION

After his initial consultation with a patient, Dr. Myrvik sends the referring provider a letter with his assessment and treatment plan, and he sends updates after every visit to keep them informed about the patient's progress.

Pediatric providers sometimes get calls from parents who want a referral to a psychologist who works with youth athletes. Other times, providers refer youth athletes to psychologists based on comments that the patients make during well visits or injury-related appointments. Recommending a sport psychologist instead of a typical clinical psychologist may help competitive youth athletes more readily overcome adversity.

“The community of high-level youth athletes are starting to understand the idea of sport psychology, because colleges are getting it,” Dr. Myrvik said. “Professional and Olympic sports have somebody such as me. But I'm still one of the few sport psychologists who works with high school sports.”



## State-of-the-art care

*Herma Heart Institute pioneers the use of an artificial heart valve in Wisconsin*

**In 2021, the Herma Heart Institute at Children's Wisconsin** became the first hospital in Wisconsin to begin implanting the Harmony™ Transcatheter Pulmonary Valve (TPV) from Medtronic, which was approved by the U.S. Food and Drug Administration (FDA) earlier in the year.

The Harmony™ TPV is the first artificial valve that can be implanted non-surgically for certain patients with severe pulmonary valve regurgitation. Issues with the pulmonary valve are common for individuals with many congenital heart defects, such as tetralogy of Fallot, and they often require pulmonary valve replacement.

The Harmony™ TPV device offers a minimally invasive treatment option that delays the need for open-heart repair and is intended to reduce the number of surgeries required over a patient's lifetime. Eventually, it is anticipated that such valves will replace the need for surgical replacement in many patients altogether.

"The Harmony™ Transcatheter Pulmonary Valve is a game changer for our congenital heart disease patients, as it offers a nonsurgical option to correct right ventricle outflow issues in the majority of cases we see," said Susan Foerster, MD, medical director of Interventional Cardiology at the Herma Heart Institute and associate professor of Pediatric Cardiology at the Medical College of Wisconsin. "As the largest pediatric cardiac care center in the state, we know it is vital to have interventional cardiologists on our team trained in this cutting-edge technology to provide the best care for our patients while reducing the need for surgical intervention."



Susan Foerster, MD

For more information about the Harmony™ TPV and cases in which it has been used at Children's, contact our physician liaisons at [mdconnect@chw.org](mailto:mdconnect@chw.org).



## INNOVATIONS

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# Sudden Cardiac Death Prevention

*New recommendations broaden the primary care provider's role in screening for SCD risk*

**BY ANOOP K. SINGH, MB BCH**

### **Sudden cardiac arrest (SCA) is an abrupt event**

characterized by severe cardiac failure often due to ventricular tachyarrhythmias. The outcome of SCA can be syncope (i.e., a self-resolving arrhythmia), aborted cardiac arrest (i.e., successful resuscitation often involving electrical defibrillation), or sudden cardiac death (SCD). While SCA is defined as a cardiac problem, it is better thought of as a public health problem due to the 350,000 cases per year in the United States.<sup>1</sup>



*Anoop K. Singh, MB BCH, is the program director of Cardiac Electrophysiology Services at Children's Wisconsin and an associate professor of Pediatric Cardiology at the Medical College of Wisconsin.*

**To refer a patient to the Herma Heart Institute, call (414) 266-2460 or visit [childrenswi.org/refer](http://childrenswi.org/refer).**

**To make an appointment, call Central Scheduling at (414) 607-5280 or toll free (877) 607-5280.**

**For more information, visit [childrenswi.org/heart](http://childrenswi.org/heart).**

Pediatric SCA is rare (~7,000 cases per year in the United States), but the problem is significant due to the scope of people impacted by it. There is a role for everyone, from bystanders on the scene to cardiac specialists in the hospital, in the prevention of SCD. A statement from the American Academy of Pediatrics (AAP) released in July 2021 focused on the role of the primary care provider (PCP) in screening for SCA, prevention of SCD and assisting in the post-mortem workup when SCD occurs.<sup>2</sup>

### PREVENTIVE SCREENING

The preparticipation evaluation (PPE) has been advocated as a routine part of screening children prior to playing sports. The PPE looks at different systems (e.g., orthopedic, respiratory, etc.) and within it there are 14 questions specifically designed to screen for cardiac conditions. The new AAP statement focuses specifically on SCD prevention, which is divided into primary (i.e., actions to prevent SCA) and secondary (i.e., processes that are activated when SCA is occurring).

Primary prevention of SCD requires multiple levels of medical involvement. While the 2012 AAP statement on SCD prevention focused on athletics, the current one, importantly, applies to all children, regardless of sports participation. This broadening of the scope is data driven, as over 60 percent of SCA in children does not involve athletic participation at the time of the event.<sup>1</sup> The AAP recommendation includes four screening questions (**Table 1**). The first two questions search for personal events that may represent cardiac symptomatology. The second pair of questions focuses on the family history, as many SCA conditions (e.g., long QT syndrome, hypertrophic cardiomyopathy) are inherited in autosomal dominant fashion. (Read more in “Genetic causes of sudden cardiac death” on page 11.) It is recommended that these questions are asked at least every three years as part of well-child visits.

### BRINGING IN PEDIATRIC CARDIAC SPECIALISTS

If a child has a positive answer for any of the four screening questions, the first test to be considered is an electrocardiogram (ECG). The AAP statement specifies an important point: These ECGs should be interpreted by pediatric cardiac specialists, as they are well-versed in the common, benign variants in children and also attuned to the subtle abnormalities on the test. Reliance on computer algorithm “pre-reads” is discouraged due to the high rate of automated misinterpretation. An abnormal ECG and/or concerns from the patient’s history should lead to consultation with a pediatric cardiologist.

### COMMUNITY PREPAREDNESS

The role of secondary prevention by the PCP includes both advocacy and community engagement. Since SCA is a public health problem, there are key systems that need to be implemented for best outcomes and prevention of death. Advocacy played a major role in legislation mandating hands-only CPR training and instruction in the use of automated external defibrillators (AED) as a high school graduation requirement. This bill became a Wisconsin law in 2016.

The PCP’s role in community engagement includes working with local schools to have cardiac emergency response plans in place. In 2017, Project ADAM initiated a comprehensive program (Heart Safe School designation) that provides schools with best practices in preparing for cardiac emergencies.<sup>3</sup> (Read more in “Project ADAM makes schools safer” on page 14.)

### DETERMINING CAUSE OF SCD

The final key point from the AAP statement provides advice on handling SCD when it happens. In addition to the support a family needs during bereavement, there is, unfortunately, continued medical evaluation

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## Genetic causes of sudden cardiac death

In the pediatric population, rare inherited cardiac disorders typically are responsible for causing sudden cardiac death (SCD).

The first genes for hypertrophic cardiomyopathy and long QT syndrome were discovered in the early to mid-1990s. Since those breakthroughs, scientists have made more progress in understanding inherited conditions that can cause SCD. Identifying genetic causes of SCD is important because this enables genetic testing that may contribute to diagnosis and help health care providers and patients become aware of risk for SCD that runs in families.

Inherited cardiac disorders that may cause SCD include:

- **Long QT syndrome (LQTS)**
- **Short QT syndrome (SQTS)**
- **Brugada syndrome (BrS)**
- **Catecholaminergic polymorphic ventricular tachycardia (CPVT)**
- **Early repolarization (ER) syndrome**
- **Idiopathic ventricular fibrillation (VF)**
- **Hypertrophic cardiomyopathy (HCM)**
- **Dilated cardiomyopathy (DCM)**
- **Arrhythmogenic cardiomyopathy (ACM)**

Although genes that cause these and other inherited cardiac disorders have been discovered, there are still significant challenges associated with pinpointing causes of SCD. For one thing, some cardiac disorders do not yet have an identified

genetic cause, and the known genes only account for a small proportion of patients who experience SCD.

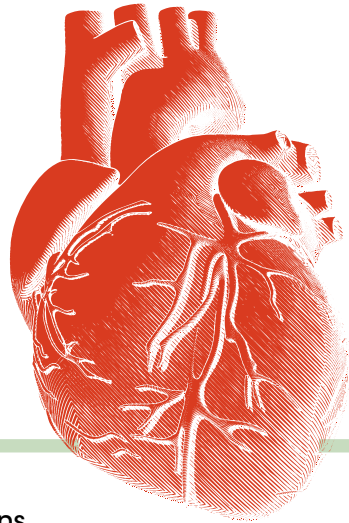
In addition, the observation that disease severity can vary among carriers of the same causal mutation within families shows that SCD risk in the individual patient also depends on other unknown factors.

But the discoveries made to date imply that the future is bright. As our understanding of the genetic underpinnings of SCD continues to evolve, we will increase our capabilities not only to screen for SCD risk, but to offer disease-specific treatments to prevent SCD.

Learn about the Children's Wisconsin Genetics and Genomics Program at [childrenswi.org/genetics](http://childrenswi.org/genetics).



Source: Bezzina CR, Lahrouchi N, Priori SG. Genetics of Sudden Cardiac Death. Circulation Research. 2015;116:1919-1936.



**Table 1.**

**SCA screening questions for the PCP:**

- 1.** Have you ever fainted, passed out or had an unexplained seizure suddenly and without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks and ringing telephones?
- 2.** Have you ever had exercise-related chest pain or shortness of breath?
- 3.** Has anyone in your immediate family (parents, grandparents, siblings) or other, more distant relatives (aunts, uncles, cousins) died of heart problems or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS.
- 4.** Are you related to anyone with hypertrophic obstructive cardiomyopathy, Marfan syndrome, cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia, or anyone younger than 50 years with a pacemaker or implantable defibrillator?

Source: Erickson CC, Salerno JC, Berger S, et al. Sudden Death in the Young: Information for the Primary Care Provider. *Pediatrics*. 2021;148(1):e2021052044. doi:10.1542/peds.2021-052044

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2. Erickson CC, Salerno JC, Berger S, et al. Sudden Death in the Young: Information for the Primary Care Provider. *Pediatrics*. 2021;148(1):e2021052044. doi:10.1542/peds.2021-052044
3. [childrenswi.org/medical-care/herma-heart/programs/project-adam/implementing-heart-safe-schools](https://www.childrenswi.org/medical-care/herma-heart/programs/project-adam/implementing-heart-safe-schools).

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that should take place. For the decedent, a complete autopsy by a medical examiner educated in assessing for overt and occult cardiac conditions is critical. If the gross and microscopic anatomy doesn't provide a clear cause of death, it is common now to have a molecular autopsy performed looking for genetic causes of SCD. Finally, given the high representation of inherited conditions causing SCD, the PCP would assist in insuring proper first-generation screening takes place via a pediatric cardiac specialist.

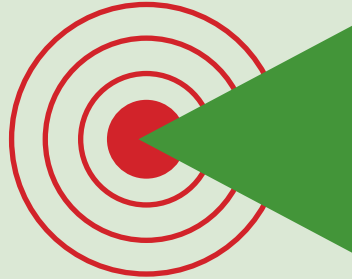
There are many roles for the PCP when it comes to preventing SCA and SCD.



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## Key points

Summarized key points are:

- 1. SCA screening** should occur at least every three years and include all children, not just children involved in athletics.
- 2. Four key screening questions** assess for SCA risk based on both patient and family history.
- 3. An ECG is the first-line test** of choice if concerns are present. This test should be interpreted by pediatric cardiologists.
- 4. A key element of SCD prevention** is having schools prepared with a cardiac emergency response plan.
- 5. When SCD occurs**, an autopsy by a medical examiner well-versed in SCD is important.



continued on page 14



*At 17, Hunter survived sudden cardiac arrest because his high school has automated external defibrillators (AEDs) and a trained emergency response team.*

## Project ADAM makes schools safer

Did you know that approximately 20 percent of a community is in its schools on any given day — including students, teachers, staff and family members?

School preparedness is critical to saving lives in instances of sudden cardiac arrest (SCA). That's why Project ADAM started the Heart Safe School initiative to designate schools that have implemented quality programs to prepare for sudden cardiac events.

### What is a Heart Safe School?

**A school that is prepared to respond to SCA by:**

- 1. Ensuring AEDs are available and accessible**
- 2. Having a written plan and team of CPR/AED-trained staff ready to act in an emergency**
- 3. Conducting cardiac emergency response practice drills**

Project ADAM offers free school consultations, templates and videos to support schools in earning their designation, which is active for three years.

### What is Project ADAM?

Project ADAM advocates for access to AEDs and CPR training in schools and communities. It began in 1999 after the death of Adam Lemel, a 17-year-old Whitefish Bay high school student who collapsed and died while playing basketball. Adam suffered SCA in which ventricular fibrillation occurred. Defibrillation could have saved his life.

Adam's parents collaborated with the Herma Heart Institute at Children's Wisconsin to create this program in Adam's memory. Now, there are 35 Project ADAM affiliate programs in 26 states. Together, they have designated more than 3,150 Heart Safe Schools across the nation and saved more than 200 lives.

**Learn more about the Herma Heart Institute's work with Project ADAM at [childrenswi.org/projectadam](http://childrenswi.org/projectadam).**

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# Leadership announcement

*Michael Mitchell, MD, named surgical director of the Herma Heart Institute*

**Children's Wisconsin congratulates Michael Mitchell, MD,** on being named the new medical director of Cardiothoracic Surgery, surgical director of the Herma Heart Institute (HHI), and S. Bert Litwin Chair in Cardiothoracic Surgery at Children's, as well as chief of the Division of Congenital Heart Surgery at the Medical College of Wisconsin. Dr. Mitchell succeeds Victor Hraska, MD, PhD, who stepped down from his surgical leadership roles at the end of 2021.

Dr. Hraska continues to be involved with several important projects within the HHI, including developing research initiatives in lymphatics and aortic valve repair. Dr. Hraska's impact since joining the HHI in August 2016 has been truly significant. He has been instrumental in the growth of the HHI Second Opinion Program and International Patient Referral Program, and he will continue to assist in providing comprehensive consultative services for national and international referrals to the HHI. He also was the visionary behind the Heart Summit, an international event where colleagues discussed complex cases and watched Dr. Hraska perform an open heart surgery broadcast live in 3D. Dr. Hraska remains an extremely valued resource



*Michael Mitchell, MD*

for his knowledge and experience in the care of patients with corrected transposition.

Since joining Children's in 2006, Dr. Mitchell has worked extensively with the HHI team on thousands of cardiac operations in neonates and children. He has served in numerous leadership positions, including director of Regional Surgical Services, Adult Congenital Heart Surgery, and the Residency Program in Congenital Heart Surgery. In addition, he is the director of Pediatric Cardiothoracic Surgery for the Marshfield Clinic and Children's Wisconsin Joint Regional Program in Congenital Heart Surgery, and he has served as program chair for the American Association for Thoracic Surgery and the American College of Cardiology annual programs in congenital heart surgery. Over the course of his career, in collaboration with outstanding clinical and research teams at the HHI, he has been awarded millions of dollars in research grants, authored more than 120 publications and holds numerous patents for FDA-approved medical devices.

Under Dr. Mitchell's surgical leadership, the HHI will continue to do incredible work to care for kids and families.



## Continuing medical education

*Find upcoming and recorded CME events*

Children's Wisconsin is committed to supporting medical professionals with continuing medical education and resources. Our physicians and providers are eager to share their knowledge and research. See below for upcoming and recorded education events and materials to help you care for your patients.



### Live education



#### SMART SERIES WEBINARS

The Sports Medicine and Rehab Teaching (SMART) Series is a unique monthly virtual experience dedicated to sports medicine professionals, including licensed athletic trainers, physical and occupational therapists, sports psychologists and orthopedists. The series includes lectures, Q&A sessions and opportunities for CME credits.

**UPCOMING DATES: SEPT. 12, NOV. 2**  
**REGISTER: CHILDRENSWI.ORG/SMART**



#### CONNECT WITH CHILDREN'S DINNERS

Now you can join us in-person or virtually for our CONNECT with Children's hybrid dinners. These activities are eligible for CME credits if you participate live and complete the post-event evaluation.

**UPCOMING DATES: SEPT. 13 IN MILWAUKEE, OCT. 18 IN GREEN BAY, NOV. 16 IN KENOSHA**  
**REGISTER: CHILDRENSWI.ORG/CONNECT**



### On-demand education



#### CONNECT WITH CHILDREN'S

Watch the recording of our first in-person event of the year, held on May 18 in Appleton. Alex Khammar, MD, hosted the evening, with Scott Cohen, MD, MPH, presenting on Transitioning to Adult Cardiology Care in Patients with Congenital Heart Disease, and Benjamin Escott, MD, discussing Innovations in Spine Care at Children's Wisconsin.

**WATCH: CHILDRENSWI.ORG/CONNECT**

#### EIGHTH ANNUAL PEDIATRIC CANCER SYMPOSIUM

On June 1-2, the Children's Wisconsin MACC Fund Center for Cancer and Blood Disorders hosted the Eighth Annual Pediatric Cancer Symposium: Exploring Immunotherapy in Pediatric Cancers, presented by Northwestern Mutual. The hybrid event could be attended in person or virtually. Day one featured lectures on immunotherapy in neuro-oncology. Day two was dedicated to an acute myeloid leukemia with NK cellular therapy trial.

**WATCH: CHILDRENSWI.ORG/CANCER**

#### FIND EVENTS

For a list of upcoming and recorded events, visit [childrenswi.org/cme](http://childrenswi.org/cme).

#### QUESTIONS?

Email [mdconnect@chw.org](mailto:mdconnect@chw.org).





## LEARN & DISCOVER

Medical education and research opportunities

To refer a patient, call (800) 266-0366.



### Useful resources

#### **NEW AND UPDATED CARE GUIDELINES: DERMATOLOGY**

New and updated care guidelines are available for some common dermatology conditions, such as acne, molluscum, warts and atopic dermatitis. These materials may assist in providing first-line treatment options, as well as help you counsel patients and families regarding expectations for dermatology referral.

**FIND ALL CHILDREN'S MEDICAL CARE GUIDELINES AT [CHILDRENSWI.ORG/PUBLICATIONS/MEDICAL-CARE-GUIDELINES](http://CHILDRENSWI.ORG/PUBLICATIONS/MEDICAL-CARE-GUIDELINES).**

#### **PEDIATRIC HEART FAILURE: THE IMPORTANCE OF SCREENING AND SPECIALIZED CARE**

It is crucial that children who are at risk for heart failure be screened as early as possible. When children reach the point of severe damage to the heart, it is less likely that medication alone can lead to a long-term remission or recovery. Children who present in extremis have a higher mortality rate.

Screening allows doctors to catch heart failure early, when appropriate treatment may prevent the progression to severe disease.

Children's would be proud to serve as your partner in delivering the very best outcomes possible to your patients and families. You can learn more about pediatric heart conditions and treatments, subspecialties and related programs at Children's Wisconsin at [childrenswi.org/heart](http://childrenswi.org/heart).

**WE ARE HAPPY TO ANSWER QUESTIONS AT (414) 266-6457 OR [HEART@CHW.ORG](mailto:HEART@CHW.ORG).**

**WE ARE ALSO AVAILABLE TO DISCUSS SECOND-OPINION CASES AT [CARDIOLOGYSECONDOPINION@CHW.ORG](mailto:CARDIOLOGYSECONDOPINION@CHW.ORG).**



### On-demand library

Check out our vast library of content from past virtual events featuring topics from an array of specialties, including adolescent medicine, mental and behavioral health, cardiology, orthopedics, urology and more.

**EXPLORE: [CHILDRENSWI.ORG/CONNECT](http://CHILDRENSWI.ORG/CONNECT)**

**Understanding pediatric heart failure**

The importance of screening and specialized care

Children's Wisconsin | Herma Heart Institute

## Anesthesiology



### Jamey Eklund, MD,

is a pediatric anesthesiologist at Children's Wisconsin and assistant professor of Pediatric Anesthesiology at Medical College of Wisconsin.

University of Illinois at Chicago College of Medicine, MD

University of Pittsburgh Medical Center, Anesthesiology

McGaw Medical Center of Northwestern University, Pediatric Anesthesiology

Anesthesiology, Pediatric Anesthesiology

## Gastroenterology



### Cara Mack, MD, is

medical director of Gastroenterology at Children's Wisconsin and chief and professor of Pediatric Gastroenterology at the Medical College of Wisconsin.

Loyola University Chicago, Stritch School of Medicine, MD

University of Chicago Hospitals, Pediatrics

Children's Memorial Hospital, Feinberg School of Medicine, Northwestern University, Pediatric Gastroenterology, Hepatology and Nutrition

Pediatrics, Gastroenterology, Transplant Hepatology

## Genetics and Genomics



### Jessica Scott

**Schwoerer, MD,** is a pediatric geneticist at Children's Wisconsin and assistant professor of Pediatric Genetics at Medical College of Wisconsin.

University of Wisconsin, Madison, MD

University of Wisconsin, Madison

University of Wisconsin, Madison

Clinical Genetics and Genomics

## Hematology-Oncology



### Angela Steineck, MD,

is a pediatric hematologist and oncologist at Children's Wisconsin and assistant professor of Pediatric Hematology-Oncology at Medical College of Wisconsin.

Medical College of Wisconsin, University of Minnesota, University of Washington, MD

Stanford University School of Medicine, Pediatrics

University of Washington School of Medicine, Pediatric Hematology-Oncology

Pediatric Hematology-Oncology, Pediatrics

## Hematology-Oncology



### Peter Shaw, MD, is a

pediatric hematologist and oncologist at Children's Wisconsin and associate professor of Pediatric Hematology-Oncology at Medical College of Wisconsin.

Haverford College, MD; Albert Einstein College of Medicine of Yeshiva University, MD

Montefiore Hospital and Medical Center, Pediatrics

Ann & Robert H. Lurie Children's Hospital of Chicago, Pediatric Hematology-Oncology

Pediatric Hematology-Oncology

## NEW ON STAFF

Specialists in our network ready to help


To refer a patient, call (800) 266-0366.


## Neurology



**Rene Andrade-Machado, MD**, is a pediatric neurologist at Children's Wisconsin and assistant professor of Child Neurology at Medical College of Wisconsin.

 University of Medical Sciences Serafin Ruiz de Zarate Ruiz, Villa Clara, Cuba

 Havana Medical University, School of Medicine Manuel Fajardo, Vedado, La Habana, Cuba

 Havana Medical School, School of Medicine Manuel Fajardo, Vedado, La Habana, Cuba


 Neurophysiology

## Pathology



**Blake Buchan, PhD**, is a medical and public health microbiologist at Children's Wisconsin and associate professor of Pathology at Medical College of Wisconsin.

 University of Wisconsin-Oshkosh, PhD; University of Iowa, PhD; Medical College of Wisconsin, PhD

 Pediatric Hematology-Oncology

## DEPARTURES

Children's would like to thank the following providers for their contributions. We wish them well in future endeavors.

**KEISHA ADAMS, MD**  
Adolescent Medicine

**ALFONSO MARTINEZ, MD**  
Gastroenterology

**BENJAMIN DILLE, MD**  
Neonatology

**JUDYANN OLSON, MD**  
Rheumatology

**MICHAEL HALYKO, MD**  
Hematology-Oncology

**NAGENDRAM PAIDISETTY, MD**  
Neonatology

**SHEILA HANSON, MD**  
Critical Care

**MICHAEL SCHWABE, MD**  
Neurology

**PETER HAVENS, MD**  
Infectious Disease

**DAWN SIEGEL, MD**  
Dermatology

**JOHN JENSEN, MD**  
Plastic Surgery

**BERNADETTE VITOLA, MD, MPH**  
Gastroenterology

**ALVINA KANSRA, MD**  
Endocrinology

**NADIR KHAN, MD**  
Neurology





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## Here for you whenever or wherever you need us

*Connect with physician liaisons  
in person or virtually*

The Children's Wisconsin physician liaison team is dedicated to developing and maintaining relationships with referring physicians.

In addition to serving as a link between Children's and referring physicians, your liaisons can:

- **Provide information about Children's services and programs**
- **Direct you to continuing education opportunities**
- **Facilitate solutions to referral issues**

### CONTACT YOUR LIAISON

**METRO  
MILWAUKEE**



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**OUTSIDE A PHYSICIAN LIAISON TERRITORY:**  
**Physician Support Services** (414) 266-2310

