

Sharing Innovations and Insights with Our Partners in Care

# PEDIATRIC ROUNDS



Children's Wisconsin  
is committed to  
expanding access to  
qualified pediatric  
anesthesiology  
services.

**Access to  
pediatric  
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## Healthy outcomes for kids

*Addressing community needs and  
health equity*

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



**At Children's Wisconsin, our vision** is that Wisconsin kids will be the healthiest in the nation. This means ensuring kids have access to the physical, mental, emotional and social support systems and resources necessary to reach their full potential.

Children's Wisconsin has made a commitment to reduce health disparities to help promote positive outcomes.

We also know that most of a child's health is determined by factors other than traditional health care, including genetics, the environment where they live, their families' lifestyle choices and more.

Children's Wisconsin

is dedicated to providing care where kids need it — this includes beyond our hospitals and clinics, in schools and other places in our communities where kids and families spend their time.

As pediatric subspecialists, we play an important role in creating healthy outcomes for the kids and families who come to us for care. We need to look at key factors that impact health and find ways we can be part of the solution. This is evident in our cover story, which highlights the importance of access

to pediatric anesthesia services in providing equitable care (page 13).

Throughout this issue, you'll see other examples of how teams across Children's Wisconsin are focused on addressing community needs, including providing prevention and intervention programs and services.

Our relationships with community partners and experts like you are essential to this work. We appreciate your partnership in these efforts to improve the lives of kids and families. Sincerely,

*JA Jarzembowski, MD, PhD*

*Jason A. Jarzembowski, MD, PhD  
Chief Executive Officer,  
Children's Specialty Group;  
Medical Director, Pathology and Laboratory  
Medicine, Children's Wisconsin;  
Vice Chair and Professor,  
Department of Pathology, and  
Senior Associate Dean of Clinical  
Affairs, Medical College of Wisconsin*



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## Surgical Services Annual Report

*Full spectrum of surgery and  
anesthesia care*

**Children's Wisconsin remains the highest-rated** pediatric surgical center. Recognized by the American College of Surgeons, our Level 1 status demonstrates our capacity to perform complex surgical procedures in newborns and children.

### **SURGICAL SPECIALTY HIGHLIGHTS:**

- **Anesthesiology:** The value of specialty pediatric anesthesia services
- **Cardiothoracic Surgery:** Innovation and teamwork
- **General Surgery:** Improving care for acute appendicitis
- **Hand Surgery:** Hand and Upper Extremity Program expands access
- **Otolaryngology:** Rapid access for recurrent ear infections
- **Plastic Surgery:** An evolving treatment paradigm for Robin Sequence
- **Spine Surgery:** Behavioral health approach to surgical optimization
- **Urology:** Building partnerships to study pediatric kidney disease

**Read the 2022 Surgical Services Annual Report at [NEED SHORT URL].**



**ANESTHESIOLOGY**

More than  
  
**30 fellowship-trained pediatric anesthesiologists**  
and advanced practice providers work together to provide extraordinary care to every child.



**FOR MORE INFORMATION**  
on the Anesthesia Program, visit [childrenswi.org/medical-care/surgery/surgery-providers-and-specialty/pediatric-anesthesiologists](http://childrenswi.org/medical-care/surgery/surgery-providers-and-specialty/pediatric-anesthesiologists).

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(800) 266-0366



**ANNUAL REPORT**  
QUALITY, OUTCOMES AND RESEARCH

**Celebrating 50 years of Cardiac Insights**  
Improving outcomes for kids with complex heart conditions

**5 decades of care**  
Longest living pediatric cardiac registry in the United States

**11,445 surgical cases**  
**21,237 total surgeries**

**80%** of patients who received the Norwood procedure survived after 23 years

**97%** average survival rate for all heart procedures

**1972**  
Dr. S. Bert Litwin, the founding pediatric cardiothoracic surgeon at the Herma Heart Institute, created the "Black Book" to capture important patient stats

**Today**  
This information is presented in a tool called Cardiac Insights that Children's providers, researchers and administrators use to help navigate the best course of care based on historical outcomes of patients

The Herma Heart Institute consistently reports higher than expected survival rates for even the most complex heart surgeries.

## Herma Heart Institute Annual Report

*A year of growth and collaboration*

The Herma Heart Institute (HHI) at Children's Wisconsin is doing more than ever to support the advancement of comprehensive cardiac care, from pioneering solutions supporting "whole child" needs to investing in innovative research.

### HHI REPORT HIGHLIGHTS:

- **Innovation Fund Awards:** Research pilot studies, quality improvement projects and a collaborative programmatic award
- **Project ADAM:** Home-grown program brings life-saving training to schools across the nation
- **Lab Spotlights:** Noninvasive options for detecting pediatric heart transplant rejection, detecting life-threatening fetal arrhythmias with fetal magnetocardiography, using cord blood to treat congenital heart conditions and more innovative research
- **Cardiac Insights:** Facts about our 50 years of care

Read the 2022 HHI Quality, Outcomes and Research Annual Report at [NEED SHORT URL].



## The school-health connection

Children with chronic medical conditions are at risk for an array of deficits that may affect development, psychosocial skills and academic attainment. The innovative Educational Achievement Partnership Program (EAPP) at Children's Wisconsin is the bridge that spans the gap between health care providers and the classroom. The program connects families, school teams, medical providers and community care partners to identify needs and supports that will help these kids thrive in school. The EAPP offers its services at no cost to families.

Learn more about the Educational Achievement Partnership Program at [eapprogram.org](http://eapprogram.org).

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## Get your 2023 Pocket Directory

The updated directory of Children's Wisconsin services is available now. To request a copy, email [mdconnect@childrenswi.org](mailto:mdconnect@childrenswi.org).

## Nurse practitioner spotlight

*Skilled provider improves Urology care*

**Matthew J. Armstrong, APNP, is a nurse practitioner (NP) who works with a team of six pediatric urologists and three other NPs to treat patients experiencing bladder and bowel dysfunction, bedwetting and recurrent urinary tract infections. He sees patients at Children's Wisconsin in Milwaukee, as well as at satellite clinics in northeast Wisconsin.**

Many of the patients Matthew sees have a neurogenic, or nerve injured, bladder. These patients require long-term care, and he continues to see some of them into adulthood. This kind of care is indicative of the strong relationships he builds with his patients and their families, which allows the whole urology team to provide the best possible care and support.

### BACKGROUND

Matthew joined Children's Wisconsin in 2004 as an NP in the Child Advocacy Center in northeast Wisconsin. There, he completed medical evaluations of children who were alleged victims of abuse. In 2007, Matthew began assisting pediatric urologist Charles Durkee, MD.

"My training involved working side-by-side with Dr. Durkee and learning how to provide specialized pediatric urology care," Matthew said. Now, he collaborates closely with all the urologists in the department and is skilled at working with patients with complex cases.

His nearly 20 years of experience in specialized pediatric care also make him a valuable member of the Children's Wisconsin Human Research Protection Program, the northeastern Wisconsin Ethics Committee and the American Urological Association.

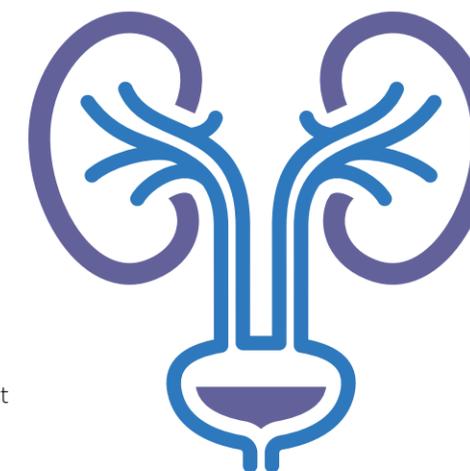
### CONSTANT IMPROVEMENT

To continue providing top-notch care and stay up to date on innovations in the field, Matthew attends a weekly Urology program conference, which varies between team discussions of surgical cases and presentations from other specialties.

Every four months, Matthew participates in a journal club with other NPs. "We rotate leading a journal article presentation," he said. "So, we each present and review a journal article three times a year."

Matthew is proud to be an integral part of the renowned Urology program at Children's Wisconsin, which provides state-of-the-art treatments to achieve the best possible outcomes and values the contributions of advanced practice providers.

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



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### AT A GLANCE

**NAME:** Matthew J. Armstrong, APNP

**POSITION:** Nurse practitioner

**DEPARTMENT:** Urology

**EXPERIENCE:** 18 years in specialized pediatric care, with a focus on patients with bladder and bowel dysfunction

**EXPERT CARE:** Matthew provides pediatric care for children who suffer from neurogenic bladders. He also sees youth who require an ultrasound due to kidney issues.



## Managing mental health crises

*Walk-in clinic is a same-day resource for struggling children*

Whether a child suffers from depression, feels intimidated by bullies or is panicking about an upcoming exam, there is a resource in the community that can provide families with same-day help.

The Craig Yabuki Mental Health Walk-In Clinic is located on Level 2 of the Clinics Building on the Children's Wisconsin hospital campus in Milwaukee. Hours: 3-9:30 p.m., seven days a week. Contact: (414) 337-3400

Since March 2022, the Craig Yabuki Mental Health Walk-In Clinic at Children's Wisconsin has offered intervention, coping strategies and therapy referrals to children with mental health crises. Families with children ages 5 through 18 may walk in for care without referrals or appointments.

This walk-in clinic is filling a critical gap in mental health care for children and teens in the Milwaukee area when the Emergency Department isn't an appropriate fit.

"Most of the time, there are not places kids can go in person to get some support and help when they are in crisis," said child and adolescent therapist Tammy Makhoulf, LPC, manager of the Craig Yabuki Mental Health Walk-In Clinic. "There are hotlines they can call, but until now, there was no place that they can go and be assessed immediately."

The clinic is open daily 3-9:30 p.m., rather than traditional business hours, so kids can visit after school and into the evening. "We want to be there when other providers are not," Makhoulf said.

The walk-in clinic allows families to have a child's mental health addressed quickly when waiting could lead to or deepen a crisis.

"It's a whole new level of care," Makhoulf said. "It's helping kids right when they need it. Kids can come for a session if they have a therapist that they can't get in to see or they're having a crisis that day."

### MORE LOCATIONS TO COME

In May, Children's Wisconsin announced a \$3 million commitment from Kohl's that will support the opening of three additional mental health walk-in clinic locations throughout Wisconsin.

The new locations, planned to open over the next three years, will offer similar services to those provided at the Craig Yabuki Mental Health Walk-In Clinic on the Children's Wisconsin Milwaukee campus.

### WHO IS AT THE CLINIC

The Craig Yabuki Mental Health Walk-In Clinic is staffed by licensed therapists and social workers who can share coping techniques with families and give referrals to providers who are accepting new patients. They keep kids' pediatricians and primary care providers informed by sharing their notes through the Epic system.

### WHAT THE CLINIC CANNOT PROVIDE

Actively suicidal children need a higher level of care than the walk-in clinic can provide.

The clinic's providers cannot prescribe medication. They also cannot provide mental health evaluations for students who expressed suicidal or homicidal thoughts at school and must be assessed to be readmitted to school.

### WHEN TO REFER PATIENTS

Providers can let parents know about the walk-in clinic during well visits or when they call for mental health assistance.

A parent or guardian must be present with a child or teen who visits the clinic to provide consent. This also allows Makhoulf and her colleagues to make sure the child is cared for when they leave the clinic. "We want to give the parents some information on what's going on and how they can support their child," she said. "We also want to ask parents about their needs."

## Appleton Clinic opening

The Children's Wisconsin Appleton Clinic opened to families in March 2023. This state-of-the-art clinic reduces the need for patients to travel to Milwaukee for specialty appointments. In addition to consolidating existing care, the new Appleton Clinic provides lab and imaging services to the region.

### SERVICES OFFERED AT THE APPLETON CLINIC INCLUDE:

- Adult congenital heart disease
- Asthma/allergy
- Audiology
- Cardiology (stress testing, echocardiography)
- Clinical nutrition
- Diabetes/endocrinology
- Ear, nose and throat
- Fetal cardiology
- Gastroenterology
- Imaging (radiology)
- Muscular dystrophy multidisciplinary clinic
- Nephrology
- Neurology
- Orthopedics
- Physical and occupational therapy
- Speech therapy/language pathology
- Urology

Learn more about the Appleton Clinic at [childrenswi.org/appletonclinic](https://childrenswi.org/appletonclinic).

The main entrance of the Appleton Clinic





Umbilical cord blood and tissue may be collected from babies prediagnosed with congenital heart disease.



## Innovative uses for cord blood

*Cord Blood Program seeks to treat congenital heart disease*

**What if a baby born with a congenital heart condition could be cured using stem cells from their own umbilical cord?** That's the Holy Grail for researchers at the Herma Heart Institute (HHI) at Children's Wisconsin.

Joy Lincoln, PhD, director of cardiovascular research at the HHI and professor and associate section chief of Pediatric Cardiology at the Medical College of Wisconsin, was awarded a 2022 HHI Innovation Fund Research Grant to attempt to reach that goal.

### ADAPTABLE CELLS

For the study, Dr. Lincoln is enrolling families to store cord blood and tissue after the birth of their baby prediagnosed with congenital heart disease (CHD) in utero. The HHI's cord blood bank stores umbilical material collected from patients in a clinical grade facility.

Dr. Lincoln and her team have already isolated mesenchymal stem cells, which can differentiate into a variety of organ cells, including cardiac cells, and endothelial progenitor cells, which are important in repairing the endothelial lining of blood vessels.

"We're focusing on using the patient's own umbilical-derived mesenchymal stem cells to promote the differentiation toward cardiac cell types," said Dr. Lincoln. "One goal is to create a surgical material patch of a beating heart muscle that can then be transplanted back into the patient."

### HOW IT WORKS



**1. ENROLL**  
Visit [childrenswi.org/cordblood](http://childrenswi.org/cordblood) to learn more or enroll in the program.



**3. PRESERVE**  
The collection kit will be securely transported and safely stored in the HHI cord blood bank.



**2. COLLECT**  
At birth, the umbilical cord blood (and tissue, if selected) will be placed in a collection kit.



**4. ADVANCE SCIENCE**  
Cord blood and tissue may be used by HHI researchers to develop new therapies and treatments.

One use could be for babies born with hypoplastic left heart syndrome, who must undergo three surgeries in just the first five years of life. "The goal would be to use these patient's own cells to minimize the number of surgeries they need," said Dr. Lincoln, thus reducing the risks of surgery and associated complications.

### STUDYING GENES

At the same time, the team is using those cells to better understand the genetic causes behind CHD. In fact, the team identified a genetic mutation in one newborn that prevented the cardiac cells from beating normally. They are now using the baby's cells as a platform to test different drugs to see if they can overcome the genetic mutation. "We know there are drugs on the market that improve contractility of the heart," said Dr. Lincoln. If they find one that is effective, it could help resolve the baby's rhythm problem.

With the endothelial progenitor cells, the lab is working closely with the team to create a tissue-engineered heart valve. "Right now, we've progressed to the level where we're comparing how much endothelial progenitor cells mimic those from human heart valves," she said.

## NEWS & NOTES

Information from around Children's Wisconsin

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

In other words, how close are they to a real human heart valve cell? Do they express the same genes?  
"Once we have that, we'll seed these cells onto different scaffolds to make the tissue-engineered heart valve," she said.

### THE FUTURE OF MEDICINE

Dr. Lincoln's research and the Cord Blood Program at the HHI reflect the continued investment of Children's Wisconsin in the next wave of research: precision medicine.

Umbilical blood and tissue hold the potential to unlock new personalized treatments and therapies for patients with CHD and their families in the years to come. Research leaders at the HHI are collaborating with industry leaders in cord blood processing and storage to offer families the chance to participate in this program at no cost to them. The cord blood and tissue collected will be used by the HHI's research team to develop new therapies and treatments.

This program, and the HHI research it enables, has the potential to improve the outcome of kids with heart disease in the future.

## Cord Blood Program quick facts

The Cord Blood Program at the Herma Heart Institute is looking to partner with families to store valuable cord blood and tissue after the birth of their baby prediagnosed with congenital heart disease (CHD) in utero.

Families should know that:

- Cord blood and tissue are typically discarded after birth.
- There is no cost to participate
- No matter where they deliver, they can participate.
- They can retrieve their samples at any time.





## Metabolic Clinic focuses on rare disorders

*Genetic sequencing speeds up diagnosis and improves care*

**Inborn errors of metabolism (IEMs) encompass a large group of rare diseases** that can cause serious medical problems or developmental delays if left untreated.<sup>1</sup> While each individual type of IEM is rare, the group of diseases that fall into this category occur in 1 in 2,500 births.<sup>2</sup>

Children's Wisconsin is expanding our Metabolic Clinic team with the addition of Jessica A. Scott Schwoerer, MD, and her expertise in metabolic disorders, including IEMs. This multidisciplinary team within the Genetics and Genomics Program at Children's Wisconsin is dedicated to helping children with metabolic disorders find treatment options and manage their conditions.

"When we are able to establish the correct diagnosis and counsel and educate families about these conditions, we can then optimize their therapy [with] nutritional evaluations and sometimes medication," said Donald G. Basel, MD, the medical director of the Genetics Center at Children's Wisconsin and professor and section chief at the Genetics Center at the Medical College of Wisconsin. "This early diagnosis and treatment of IEMs is critical to preventing developmental delays, organ damage and, in some cases, death."

Diagnosis and care in the Metabolic Clinic often stem from the results of genetic sequencing.

Medical genetics has advanced dramatically in recent years, and today it is an essential tool for understanding, diagnosing and managing hereditary disorders, such as IEMs. Geneticists at Children's Wisconsin have designed a custom panel that includes thousands of genes, plus variant analysis, in one test.

Genetic sequencing and testing can provide an accurate diagnosis and eliminate years of testing and guesswork that patients with a rare IEM disease often experience. It allows providers to tailor treatment to each individual patient's needs based on their diagnosis, mode of inheritance, and recurrence risk. It can also offer insight into whether parents or other family members who possess the inherited gene are at higher risk.

At Children's Wisconsin, this advanced genetic testing and treatment ensures that each IEM patient gets the education and support, genetic counseling, and dietary management they need to thrive.

## Genetics at Children's Wisconsin

The Metabolic Clinic is a key part of the Genetics and Genomics Program at Children's Wisconsin. It has the potential to improve diagnosis and treatment of a wide variety of genetic disorders, including:

- Birth defects
- Developmental disabilities
- Inborn errors of metabolism
- Growth concerns

Geneticists at Children's Wisconsin are actively involved in research and continually looking for innovative ways to advance treatment for these conditions.

To learn more about the Genetics and Genomics Program, visit [childrenswi.org/medical-care/genetics-and-genomics-program](https://childrenswi.org/medical-care/genetics-and-genomics-program).

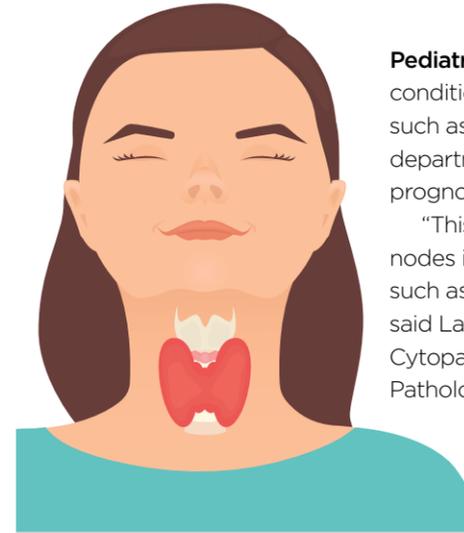
References:

1. Medline Plus. Inborn errors of metabolism. Accessed 3/24/22.
2. Jeanmonod R, Asuka E, Jeanmonod D. Inborn Errors Of Metabolism. [Updated 2021 Nov 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459183/>

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

## Multidisciplinary care for thyroid nodules

*From imaging to surgery, this approach results in better care*



**Pediatric thyroid nodules can be a serious condition.** But with a multidisciplinary approach, such as that offered by the Endocrinology department at Children's Wisconsin, the prognosis improves.

"This issue can result in not just seeing lymph nodes in the neck but possibly other issues, such as a metastasized tumor in the lungs," said Lauren Parsons, MD, director of Pediatric Cytopathology, and an associate professor of Pathology at the Medical College of Wisconsin.

"It's imperative that the patient has specialists from many different areas to coordinate care."

**"TYPICALLY, A PATIENT IS SENT BY THE PRIMARY CARE PROVIDER, AND IF A THYROID NODULE IS DETECTED, IT WOULD BE EITHER BY FEELING A LUMP OR SEEING IT THROUGH IMAGING. WE STRIVE TO PROVIDE PATIENTS WITH EVERY BIT OF STREAMLINED, COORDINATED CARE IN THIS SITUATION."**

—Lauren Parsons, MD

### WORKING AS A TEAM

"Typically, a patient is sent by the primary care provider, and if a thyroid nodule is detected, it would be either by feeling a lump or seeing it through imaging," she explained. "We strive to provide patients with every bit of streamlined, coordinated care in this situation."

The Endocrinology team meets every other week to discuss imaging studies on potential patients, and if they feel a nodule has concerning features or follow up is needed, they have an endocrinology appointment scheduled for the child. After this, a physician explains the next steps to the family and discusses the nodules.

"If radiation is involved for the nodule, then a needle biopsy is performed and a lab doctor or pathologist specializing in this biopsy is present, so they know they have enough cells to make an interpretation," said Dr. Parsons.

The biopsy is minimally invasive, so patients generally go home the same day and can go back to normal activities. Some children don't require sedation and have local anesthetic; some not even that.

Within five days, the biopsy results come back. If diagnosed, cancer endocrinologists will contact the family the same day, usually with the primary thyroid surgeons, to discuss results and plan next steps. Then the thyroid is removed and there are additional imaging studies to make sure it has not metastasized or traveled to the lymph nodes in the neck.

### FOLLOWING BEST PRACTICES

"We've had years of experience with thyroid cancer treatment in our multidisciplinary approach and offer experienced endocrinologists with strong clinical experience," said Dr. Parsons. "In addition, our history and philosophy as a trusted children's hospital gives us a deeper understanding of caring for children. That can't be more critical than in situations such as these."

The team understands that it's a best practice to plan so a patient sees the same endocrinologist and surgeons if any additional surgery is needed.

"Throughout, we want the family to have a good relationship with their team and to give them the security that endocrinology is following them long-term and providing any additional therapy they might need," said Dr. Parsons.

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## Correcting the record

*Penicillin Delabbling Clinic may right a misdiagnosis*

About 10 percent of the U.S. population is thought to be allergic to penicillin. “It’s the number one reported medication allergy in the country,” said David Vyles, DO, an Emergency Medicine physician at Children’s Wisconsin and associate professor at the Medical College of Wisconsin.

But it’s also one of the leading medication allergies for which people are wrongly diagnosed. Many millions of Americans believe they’re allergic to penicillin — but that might not be the case.

Is this important? Extremely, according to Dr. Vyles.

**“IF WE CAN GET MANY AMERICANS BACK TO PENICILLIN, WE CHANGE DRUG RESISTANCE, BRING DOWN HEALTH CARE COSTS AND, MOST IMPORTANTLY, SAVE LIVES.”**

—David Vyles, DO



### PREVENTING RESISTANCE

Bacteria continue to become resistant to alternatives to penicillin, but this could be avoided if those drugs were used less frequently. “Patients are needlessly going on second- and third-line agents, which are more expensive and often have a side effect profile,” he said. “It’s also shown that once you go on them, it has a negative effect in terms of mortality and morbidity.”

This is where the Penicillin Delabbling Clinic at Children’s Wisconsin steps in, using safe, effective methods to delabel patients with penicillin allergy symptoms.

The first step is a risk assessment that Dr. Vyles worked with allergists to develop. The questionnaire asks what symptoms the person had when they received penicillin. A rash, hives or difficulty breathing are the most common responses. Based on their answers, the person is diagnosed as low-risk or high-risk. If high-risk, the patient may go through a three-step process of slowly larger portions of penicillin and then, if they pass, 500 mg of oral amoxicillin. If low-risk, they can go right to the oral amoxicillin drug challenge.

“It’s been very popular, and we see seven to nine patients per clinic day,” he said. To his knowledge this is the only clinic in Wisconsin dedicated to discovering patients who do not have true penicillin allergies.

Most referrals to the clinic come through a primary care provider. The clinic has been getting 25 to 30 referrals every two weeks and is running tests the first and third Friday of each month.

### LIFESAVING EFFORT

Dr. Vyles estimates that around 95 percent of people who come to the clinic are deemed not allergic to penicillin. He believes identifying the misdiagnosed on a national scale would make a huge difference in the problem of antibiotic-resistant bacteria.

“It’s difficult to treat infections,” he said. “If we can get many Americans back to this long-used antibiotic or antibiotics within the penicillin family, we change drug resistance, bring down health care costs and, most importantly, save lives.”

#### Questions?

Contact your physician liaison for information about Children’s Wisconsin programs and services.

**METRO MILWAUKEE AND NORTHEAST WISCONSIN**  
Lisa Magurany  
(414) 266-4743  
lmagurany@childrenswi.org

**SOUTHEAST WISCONSIN**  
Margie Berg  
(414) 336-1342  
mberg2@childrenswi.org

**OUTSIDE A PHYSICIAN LIAISON TERRITORY**  
(414) 266-4743  
mdconnect@childrenswi.org

**To refer a patient to the Penicillin Delabbling Clinic, place an external referral to CHW\_ ASTHMA ALLERGY CLINICS or fax a referral to Central Scheduling at (414) 607-5288.**

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## Health equity and pediatric anesthesia

*Access to this pediatric subspecialty is a public health care priority*

**BY JAKE SCOTT, MD; GEORGE HOFFMAN, MD; AND RICHARD BERENS, MD**



Jake Scott, MD, is the program director of Pediatric Liver Transplant Anesthesia at Children’s Wisconsin and a professor of Anesthesiology and Pediatrics in the Divisions of Pediatric Anesthesiology and Pediatric Critical Care at the Medical College of Wisconsin.



George Hoffman, MD, is anesthesiologist-in-chief at Children’s Wisconsin and chief and professor of Anesthesiology at the Medical College of Wisconsin.



Richard Berens, MD, is an Anesthesiology, Critical Care Medicine, and Pediatric Anesthesiology physician at Children’s Wisconsin and a professor of Anesthesiology at the Medical College of Wisconsin.

Access to pediatric subspecialty care has been linked to improved outcomes and reduced costs, yet it remains a significant source of health care inequity.<sup>1-3</sup> With this in mind, the American College of Surgeons developed the Children’s Surgery Verification (CSV) Quality Improvement Program to match “providers and resources to the individual needs of every child needing surgical care” with the

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**To make an appointment**

Call Central Scheduling at (414) 607-5280 or toll free (877) 607-5280

**For more information**

Visit [childrenswi.org/medical-care/surgery/surgery-processes-and-specialties/pediatric-anesthesiologists](http://childrenswi.org/medical-care/surgery/surgery-processes-and-specialties/pediatric-anesthesiologists).

goal of achieving “optimal patient outcomes ... regardless of location.”<sup>4</sup> The highest CSV accreditation level is 1, and Children’s Wisconsin remains the only Level 1 Center in the state, reflecting the health system’s ability to provide extraordinary care across the continuum of pediatric diagnostic and therapeutic procedures (Table 1).

Access to qualified pediatric anesthesiology services is a key element of CSV verification. A prerequisite for level 1 status is the continuous availability of dedicated pediatric anesthesia services. In addition, a pediatric anesthesiologist must serve as the primary anesthesiologist for children under 2 years of age, and should serve as the primary anesthesiologist for children under 5 years of age, or with a high degree of medical complexity as designated by the American Society of Anesthesiology Physical Status classification with a score greater than or equal to 3.<sup>4</sup>

**WHY IS ACCESS TO PEDIATRIC ANESTHESIOLOGY CARE SO IMPORTANT?**

Major morbidity and mortality during anesthesia in children has declined over many

Figure 1.

**Risk factors for adverse events during anesthesia in children**

-  Age less than 1 year
-  Chronic medical conditions
-  Intercurrent illness
-  Procedures taking place outside of the operating room

decades with advancements in monitoring and pharmacology. However, these improvements in care delivery have not eliminated the risk of critical adverse events (Figure 1). Importantly, the risk of poor outcomes during surgical and diagnostic procedures is highest in children, especially infants.

Children have unique anatomic, physiologic, psychosocial and pharmacologic characteristics that impact anesthesia care. Respiratory events are most common in children, followed by cardiovascular events. Complications are most likely to occur during procedures that take place in settings outside of the operating room. Routine procedures (i.e., tonsillectomy, adenoidectomy, dental rehabilitation, etc.) in otherwise healthy children may be associated with poor outcomes in the absence of appropriate personnel and monitoring.<sup>5,6</sup> The presence of qualified pediatric anesthesia services has been repeatedly linked to reduced incidence of perioperative adverse events in children. Universal access to pediatric anesthesia services is critical to improving health care equity in this vulnerable population.

**HOW PEDIATRIC ANESTHESIA IS CONTRIBUTING TO HEALTH CARE EQUITY**

The division of Pediatric Anesthesiology at Children’s Wisconsin is committed to health equity within the state of Wisconsin and beyond. Our division consists of more than 30 fellowship-trained pediatric anesthesiologists, as well as advanced practice providers (nurse practitioners, certified registered nurse anesthetists, and anesthesia assistants) who work together to provide extraordinary care to every child. Together we care for more than 20,000 children annually within the Children’s Wisconsin health system on both our Milwaukee campus and the Surgicenter of Greater Milwaukee. Anesthesia services are provided in operating room and nonoperating room locations, including diagnostic and interventional imaging.

**ACCESS TO KNOWLEDGE**

Children’s Wisconsin is dedicated to the education of learners who will someday provide anesthesia care in mixed adult and pediatric practices, as well as nonanesthesia (dental, emergency medicine, critical care) learners who will be required to provide sedation to children in nonoperating room settings.



ISTOCK.COM/ ANNA SEMENHENKO, MAKSIM ANKUDA, GRAFIKAZPAREM, APPELUZ, ESRA SEN KULA

**Table 1.** Summary of Children’s Surgery Verification (CSV) Quality Improvement Program standards with expected scope of service for CSV accreditation

	LEVEL I	LEVEL II	LEVEL III	SPECIALTY MUSCULOSKELETAL	SPECIALTY ONCOLOGY
Age	Any	Any	>6 months	Any	Any
ASA	1-5	1-3	1-2	1-5	1-5
Comorbidities	All — complex	Typically, single or multiple specialty management	None — healthy children	All — complex	All — complex
Operations	All — complex diseases, multispecialty care	Common anomalies, single specialty or multiple specialty care	Common “low-risk” procedures by single specialty	All — complex musculoskeletal diseases, multispecialty care	All — complex oncology-related diseases, multispecialty care
Ambulatory	ASA 1-3, guidelines for post-anesthesia monitoring	ASA 1-3, guidelines for post-anesthesia monitoring	Age >6 months, healthy children	ASA 1-3, guidelines for post-anesthesia monitoring	ASA 1-3, guidelines for post-anesthesia monitoring

All members of our procedural care teams are trained to meet the specific needs of children and their families. The preprocedural process begins with a comprehensive preanesthetic assessment. Children with complex considerations are evaluated by our Preanesthesia Evaluation Clinic, which has both virtual

and in-person options. Child life specialists are available to help children prepare for surgery. Dedicated surgical nursing and technical staff assist with every procedure, and postprocedural recovery is performed by dedicated pediatric post anesthesia care unit nurses. Members of

the Jane B. Pettit Pain and Headache Center are continuously available to meet the acute and chronic pain needs of our patients.

Since 2012, our anesthesia data warehouse has tracked patient, process and outcome characteristics assessed by self-reported and automated techniques. These data have allowed continuous assessment of service performance and outcomes. With a current median follow-up interval of five years, we have access to both short-term and longitudinal outcomes for the population of all patients receiving anesthesia for procedural care. These data have shown that there are important social and community factors that appear to impact outcomes after anesthesia care in children.<sup>7</sup> Our mission is to continue to increase access and inclusively serve all children to drive improved care.

We recognize that not every child will be able to receive care within our health system, so another key component of our mission is teaching the practice of pediatric anesthesia to others. We are dedicated to the education of learners who will someday provide anesthesia care in mixed adult and pediatric practices, as well as nonanesthesia (dental, emergency medicine, critical care) learners who will be required to provide sedation to children in nonoperating room settings. The education provided is yet another important way in which

we hope to improve the safety of care delivery to children.

Finally, our group has a deep commitment to the global health initiative. Each year, members of the pediatric anesthesia division participate in mission trips throughout the world.

**CONCLUSION**

Increasing access to qualified pediatric anesthesia services is an important mechanism to reduce social disparities of health and improve health equity in children.

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## The comfort zone

*Let's Cope Together program helps patients on the autism spectrum through perioperative situations*

**For young patients on the autism spectrum, any** type of medical procedure can be a tense, frustrating or provoking experience. Let's Cope Together (LCT), an evidence-based program at Children's Wisconsin, is designed to help these children through the perioperative period with as little disruption to their sense of well-being as possible.

### MEETING KIDS' NEEDS

LCT began in February 2022 as a collaborative initiative between the nursing and The Child Life and Creative Arts Therapies Program at Children's Wisconsin. Early trials of the program produced evidence that children living with autism benefitted from having a plan in place based on their individual patient history. The program was first rolled out in the Emergency Department and inpatient units, and it included notation space in Epic files to enter relevant details for LCT plans. Later, LCT was introduced in Surgical Services to great success.

One patient, Emily, often cried at even routine doctor visits. When it was time to have her ear tubes replaced two years ago, at age 4, the LCT team made a plan based on Emily's unique needs, including her communication preferences, anxiety triggers and ways to calm her fears.

Emily's mother, Tamera, was overjoyed with how the LCT team worked with Emily on the day of her procedure, and the process went smoothly. "Because she was so comfortable with the staff, she was able to be wheeled to surgery like she

was going off with her best friends," Tamera said. "It was a wonderful experience from beginning to end. This is the first time that Emily did not shed one tear during her visit. What an amazing program."

### GOOD FOR THE WHOLE FAMILY

Having a program that decreases anxiety for children with autism benefits parents as well. LCT is especially valuable for these families, who often face stress with mundane tasks, not to mention a surgical procedure.

Anita Norton, MSN, RN, CPNP-PC, CNS, clinical nurse specialist in perianesthesia, explains how LCT works with parents and caregivers of children living with autism when they are scheduled for a procedure in Surgical Services or at the Surgicenter.

"The family is contacted prior to their procedure, and a coping plan is developed based on a template," she said. "This gives us extra time to prepare if the child needs additional medication or security presence, for example. Often, the plan involves environmental factors, such as decreasing the number of people in the room, dimming the lights, removing monitors or IVs as soon as it is safe to do so, and so forth. We have received positive feedback from staff, providers and families."

**To use the Let's Cope Together program, families of patients living with autism who have an upcoming surgery at Children's Wisconsin should ask about developing a perioperative plan during their preoperative phone call.**

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## Continuing medical education

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### Sports Medicine and Rehab Teaching (SMART) Webinar Series

NOV. 8, 2023, 6:30-8:30 P.M. CT  
VIRTUAL EVENT  
[childrenswi.org/SMART](http://childrenswi.org/SMART)

### APP Virtual Conference in Pediatrics

JAN. 19, 2024, 6-8 P.M. CT  
VIRTUAL EVENT

### 2024 APA Regional Meeting and Best Practices in Pediatrics

Children's Wisconsin is partnering with the Academic Pediatric Association, Region 6 (WI, MN, SD, ND, KS, IA, NE, MO), to co-host the 2024 APA regional meeting at the Kalahari Resort in Wisconsin Dells. Our annual Best Practices in Pediatrics conference will follow.

### APA Region 6 Annual Meeting

FEB. 29-MARCH 1, 2024

### Best Practices in Pediatrics

MARCH 2, 2024

VIRTUAL OPTION AVAILABLE



Register for upcoming events and find recorded events at [childrenswi.org/cme](http://childrenswi.org/cme).

Questions? Email [mdconnect@childrenswi.org](mailto:mdconnect@childrenswi.org).





**REGIONAL ANNUAL MEETING**  
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## New Pediatric Endocrinology section chief

Pallavi Iyer, MD, FAAP, is section chief of Pediatric Endocrinology at Children's Wisconsin and chief and professor of Pediatric Endocrinology at Medical College of Wisconsin.

Dr. Iyer comes to Children's Wisconsin from the University of Alabama at Birmingham School of Medicine, where she joined as an associate professor in 2017. Throughout her career, Dr. Iyer has been active in work that aligns with the mission at Children's Wisconsin, and she brings expertise and passion to her new leadership role. Her research centers on caring for and studying children with pediatric thyroid nodules, thyroid cancers and other endocrine tumors. As a clinician, she focuses on providing endocrine care for pediatric cancer patients and survivors. She is a prolific, regularly published researcher, mentor, educator and presenter.

- The Ohio State University College of Medicine, MD
- University of South Florida College of Medicine, Pediatrics
- University of South Florida College of Medicine, Pediatric Endocrinology
- Pediatric Endocrinology



## New Nephrology section chief

Jennifer Jetton, MD, is section chief of Pediatric Nephrology at Children's Wisconsin and chief and professor of Pediatric Nephrology at Medical College of Wisconsin.

Dr. Jetton comes to Children's Wisconsin from the Stead Family Department of Pediatrics and Roy J. and Lucille A. Carver College of Medicine at the University of Iowa, where she served as the medical director of the Pediatric Dialysis Unit and, more recently, as director of Pediatric Medical Student Education. Her significant track record in research focused on neonatal acute kidney injury and neonatal nephrology, education and patient care, which has resulted in a reputation as a well-rounded presenter, mentor and leader. Dr. Jetton brings a wealth of experience, knowledge and excitement to her new leadership role at Children's Wisconsin.

- Baylor College of Medicine, MD
- Texas Children's Hospital, Pediatrics
- Texas Children's Hospital, Pediatric Nephrology
- Pediatrics, Pediatric Nephrology

### Adolescent Medicine



**Jennifer Makrides, MD,** is an adolescent medicine specialist at Children's Wisconsin and assistant professor of Adolescent Medicine at Medical College of Wisconsin.

- University of Vermont College of Medicine, MD
- Oregon Health & Science University, Pediatrics
- Johns Hopkins University School of Medicine, Adolescent Medicine
- Pediatrics

### Anesthesiology



**Timothy Walsh, MD,** is a pediatric anesthesiologist at Children's Wisconsin and assistant professor of Pediatric Anesthesiology at Medical College of Wisconsin.

- Tufts University School of Medicine, MD
- University of California, Los Angeles, David Geffen School of Medicine
- Boston Children's Hospital, Pediatric Anesthesiology
- Anesthesiology

### Cardiothoracic Surgery



**Tracy Geoffrion, MD,** is a congenital heart surgeon at Children's Wisconsin and assistant professor of congenital heart surgery at Medical College of Wisconsin.

- Dartmouth Medical School, MPH; University of Texas Medical School at San Antonio, MD
- University of Texas Southwestern Medical Center, General Surgery
- University of Texas Southwestern Medical Center, Cardiothoracic Surgery; Children's Hospital of Philadelphia, Congenital Cardiothoracic Surgery
- General, Thoracic and Cardiac Surgery

### Critical Care



**Victoria Ronan, MD,** is a pediatric critical care physician at Children's Wisconsin and assistant professor of Critical Care at Medical College of Wisconsin.

- University of Limerick (Ireland), MBBS
- Sinai Hospital, Pediatrics
- University of Chicago Comer Children's Hospital, Pediatric Critical Care
- Pediatrics

### Critical Care



**Raji Venkitachalam, MD,** is a pediatric critical care physician at Children's Wisconsin and assistant professor of Pediatric Critical Care at Medical College of Wisconsin.

- Government Medical College, Ernakulam (India), MBBS
- John H. Stroger, Jr. Hospital of Cook County, Pediatrics
- Medical College of Wisconsin, Pediatric Cardiology, Pediatric Critical Care
- Pediatrics, Pediatric Critical Care Medicine

**Emergency  
Medicine**



**Meagan Ladell, MD,** is a pediatric emergency medicine physician at Children's Wisconsin and assistant professor of Pediatric Emergency Medicine at Medical College of Wisconsin.

- University of Wisconsin School of Medicine and Public Health, MD
- Washington University in St Louis School of Medicine, Pediatrics
- Medical College of Wisconsin, Pediatric Emergency Medicine
- Pediatrics

**Emergency  
Medicine**



**Patrick Walsh, MD,** is a pediatric emergency medicine physician at Children's Wisconsin and assistant professor of Pediatric Emergency Medicine at Medical College of Wisconsin.

- Northwestern University Feinberg School of Medicine, MD
- McGaw Medical Center of Northwestern University, Pediatrics
- Cincinnati Children's Hospital Medical Center, Pediatric Emergency Medicine
- Pediatrics

**Endocrinology**



**Elizabeth Dabrowski, MD,** is a pediatric endocrinologist at Children's Wisconsin and assistant professor of Pediatric Endocrinology at Medical College of Wisconsin.

- Tulane University School of Medicine, MD
- Rush University Medical Center, Pediatrics
- Ann and Robert H. Lurie Children's Hospital of Chicago, Pediatric Endocrinology
- Pediatrics, Pediatric Endocrinology

**Gastroenterology**



**Alexis Gumm, MD,** is a pediatric gastroenterologist at Children's Wisconsin and assistant professor of Pediatric Gastroenterology at Medical College of Wisconsin.

- University of Illinois College of Medicine, MD
- University of Wisconsin Hospital and Clinics, Pediatrics
- Medical College of Wisconsin, Pediatric Gastroenterology; Boston Children's Hospital, Pediatric Transplant Hepatology
- Pediatrics, Pediatric Gastroenterology

**Gastroenterology**



**Tanyaporn (Katie) Kaenkumchorn, MD,** is a pediatric gastroenterologist at Children's Wisconsin and assistant professor of Pediatric Gastroenterology at Medical College of Wisconsin.

- Rush University Medical College, MD
- Rush University Children's Hospital, Pediatrics
- Seattle Children's Hospital, Pediatric Gastroenterology; Children's Hospital Los Angeles, Advanced Nutrition
- Pediatrics, Pediatric Gastroenterology

**Gastroenterology**



**Katherine Vaidy, MD,** is a pediatric gastroenterologist at Children's Wisconsin and assistant professor of Pediatric Gastroenterology at Medical College of Wisconsin.

- East Tennessee State University James H. Quillen College of Medicine, MD
- East Tennessee State University James H. Quillen College of Medicine, Pediatrics
- SUNY Health Science Center Brooklyn, Pediatric Gastroenterology
- Pediatrics, Pediatric Gastroenterology

**Gastroenterology**



**Amanda Wenzel, MD,** is a pediatric gastroenterologist at Children's Wisconsin and assistant professor of Pediatric Gastroenterology at Medical College of Wisconsin.

- Creighton University School of Medicine, MD
- Medical College of Wisconsin Affiliated Hospitals, Pediatrics
- Ann & Robert H. Lurie Children's Hospital of Chicago, Pediatric Gastroenterology

**General  
Medicine**



**Kristine Davison, MD,** is a primary care pediatrician at Children's Wisconsin and assistant professor of Pediatrics at Medical College of Wisconsin.

- Northeast Ohio Medical University, MD
- Medical College of Wisconsin, Pediatrics
- Pediatrics

**General  
Medicine**



**Kimberly Au, MD,** is a primary care pediatrician at Children's Wisconsin.

- Chicago Medical School, MD
- University of Illinois-Chicago, Pediatrics
- Pediatrics

**General  
Medicine**



**Samreen Khan, MD,** is a pediatrician at Children's Wisconsin and assistant professor of Pediatrics at Medical College of Wisconsin.

- Temple University School of Medicine, MD
- Medical College of Wisconsin, Pediatrics
- Pediatrics

**Hematology-Oncology**



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

- Lake Erie College of Osteopathic Medicine, DO
- University of Illinois Hospital, Pediatrics
- Mayo Clinic, Pediatric Hematology-Oncology
- Pediatrics

**Hospital Medicine**



**Jonathan Gutzeit, MD**, is a pediatric hospital medicine physician at Children's Wisconsin and assistant professor of Pediatric Hospital Medicine at Medical College of Wisconsin.

- Saint Louis University School of Medicine, MD
- Medical College of Wisconsin Affiliated Hospitals, Pediatrics
- Pediatrics

**Hospital Medicine**



**Amanda Kopydlowski, MD**, is a pediatric hospital medicine physician at Children's Wisconsin and assistant professor of Pediatric Hospital Medicine at Medical College of Wisconsin.

- Oakland University William Beaumont School of Medicine, MD
- St. Louis Children's Hospital, Pediatrics
- Pediatrics

**Neonatology**



**Anisha Arora Patel, MD**, is a neonatologist at Children's Wisconsin and assistant professor of Neonatology at Medical College of Wisconsin.

- Medical College of Wisconsin, MD
- Medical College of Wisconsin Affiliated Hospitals, Pediatrics

**Neonatology**



**Erin Rholl, MD**, is a neonatologist and pediatric palliative care physician at Children's Wisconsin and assistant professor of Neonatology at Medical College of Wisconsin.

- University of North Carolina at Chapel Hill School of Medicine, MD
- Medical College of Wisconsin Affiliated Hospitals, Pediatrics
- Medical College of Wisconsin Affiliated Hospitals, Neonatal Perinatal Medicine; Children's National Medical Center, Hospice and Palliative Medicine
- Pediatrics

**Neurology**



**Elham Abushanab, MD**, is a pediatric neurologist at Children's Wisconsin and assistant professor of Pediatric Neurology at Medical College of Wisconsin.

- Jordan University of Science and Technology (Jordan)
- Cleveland Clinic Foundation, Child Neurology
- Cleveland Clinic, Epilepsy
- Neurology

**Neurology**



**Nancy Bass, MD**, is a pediatric neurologist at Children's Wisconsin and professor of Pediatric Neurology at Medical College of Wisconsin.

- Southern Illinois University School of Medicine, MD
- HSHS St. John's Hospital, Pediatrics; Cleveland Clinic Foundation, Child Neurology
- Neurology

**Neurology**



**Pradeep Javarayee, MD**, is a pediatric neurologist at Children's Wisconsin and assistant professor of Pediatric Neurology at Medical College of Wisconsin.

- Mysore Medical College (India), MBBS
- Post Graduate Institute of Medical Education & Research (India), Pediatrics; Cincinnati Children's Hospital Medical Center, Pediatrics, Child Neurology
- Cincinnati Children's Hospital Medical Center, Pediatric Epilepsy
- Epilepsy, Neurology

**Neurology**



**Namrata Patel, MD**, is a pediatric neurologist at Children's Wisconsin and assistant professor of Pediatric Neurology at Medical College of Wisconsin.

- Chicago Medical School at Rosalind Franklin University, MD
- University of Michigan, Pediatric Neurology
- Seattle Children's Hospital and Medical Center, Pediatric Neurocritical Care

**Neurology**



**Avantika Singh, MD**, is a pediatric neurologist at Children's Wisconsin and assistant professor of Pediatric Neurology at Medical College of Wisconsin.

- Vardhman Mahavir Medical College and Safdarjung Hospital (India)
- Medical College of Wisconsin Affiliated Hospitals, Pediatrics; Boston Children's Hospital, Child Neurology
- Boston Children's Hospital, Epilepsy, Neonatal Neurology
- Neurology



**Departures**

Children's Wisconsin thanks the following providers for their contributions. We wish them well in future endeavors.

**Iris Kassem, MD**  
Ophthalmology

**Julie Kolinski, MD**  
Hospital Medicine

**Kristin Kroll, PhD**  
Psychology

**Alexandria Lutley, MD**  
Neurology

**Svetlana Melamed, MD**  
Hospital Medicine

**Francesca Moral, MD**  
Hospital Medicine

**Craig Porter, MD**  
Nephrology

**Prakadeshwari Rajapreyar, MBBS**  
Critical Care

**John Paul Scott, MD**  
Hematology-Oncology

**Kristen Volkman, MD**  
Allergy, Asthma and Immunology

**Jamie Weiser, OD**  
Ophthalmology

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Neurosurgery



**Elsa Arocho-Quinones, MD,** is a pediatric neurosurgeon at Children's Wisconsin and assistant professor of Pediatric Neurosurgery at Medical College of Wisconsin.

- San Juan Bautista School of Medicine, MD; University of Texas Medical Branch Hospitals, MD
- Medical College of Wisconsin, Neurosurgery
- Boston Children's Hospital, Pediatric Neurosurgery

Ophthalmology



**Jacob Martin, MD,** is a pediatric ophthalmologist at Children's Wisconsin and assistant professor of Pediatric Ophthalmology at Medical College of Wisconsin.

- University of Arkansas for Medical Sciences, MD
- Medical College of Wisconsin, Ophthalmology
- University of Wisconsin, Ocular Pathology;
- Medical College of Wisconsin, Pediatric Ophthalmology, Adult Strabismus

Pathology



**Edward Kelly Mrachek, MD,** is a pediatric neuropathologist at Children's Wisconsin and assistant professor of Pediatric Pathology at Medical College of Wisconsin.

- Creighton University School of Medicine, MD
- University of South Dakota Sanford School of Medicine, Pathology, Anatomic and Clinical Pathology; Penrose-St. Francis, Anatomic and Clinical Pathology
- University of Virginia Health Sciences Center, Neuropathology; Children's Hospital Colorado, Pediatric Pathology
- Pediatric Pathology, Neuropathology, Anatomic and Clinical Pathology

Plastic Surgery



**Sameer Shakir, MD,** is a pediatric plastic surgeon at Children's Wisconsin and assistant professor of Pediatric Plastic Surgery at Medical College of Wisconsin.

- University of Pittsburgh School of Medicine, MD
- Hospital of the University of Pennsylvania, Plastic Surgery
- University of Washington Medical Center, Craniofacial Surgery

Psychiatry



**Leora Massey, MD,** is a pediatric psychiatrist at Children's Wisconsin and assistant professor of Pediatric Psychiatry at Medical College of Wisconsin.

- Loyola University Chicago Stritch School of Medicine, MD
- Rush University Medical Center, Psychiatry
- Medical College of Wisconsin, Child and Adolescent Psychiatry
- Psychiatry

Psychiatry



**Albina Zimany, MD,** is a pediatric psychiatrist at Children's Wisconsin and assistant professor of Pediatric Psychiatry at Medical College of Wisconsin.

- University of Wisconsin School of Medicine and Public Health, MD
- Medical College of Wisconsin-Central Wisconsin, Psychiatry
- Medical College of Wisconsin Affiliated Hospitals, Child and Adolescent Psychiatry
- Psychiatry

Psychology



**Brittany Gresl, PhD,** is a pediatric psychologist at Children's Wisconsin and assistant professor of Pediatric Psychology at Medical College of Wisconsin.

- Marquette University, PhD
- Children's Health of Orange County, Pediatric Psychology
- Nationwide Children's Hospital, Pediatric Psychology



Retirements

Children's Wisconsin thanks these providers for their years of services.

**Patricia Donohoue, MD | 2008-2022**  
Endocrinology

**Hrair George Mesrobian, MD | 1995-2022**  
Urology

**Cynthia Pan, MD | 1989-2022**  
Nephrology

Psychology



**Katelyn Donisch, PhD,** is a pediatric psychologist at Children's Wisconsin and assistant professor of Pediatric Psychology at Medical College of Wisconsin.

- Johns Hopkins Bloomberg School of Public Health, MPH; University of Minnesota-Twin Cities, PhD
- Duke University School of Medicine, Child Clinical Psychology, Child Trauma

Psychology



**Samantha Everhart, PhD,** is a pediatric psychologist at Children's Wisconsin and assistant professor of Pediatric Psychology at Medical College of Wisconsin.

- University of Wisconsin-Milwaukee, MS, PhD
- Children's Hospital of Orange County, Pediatric Psychology

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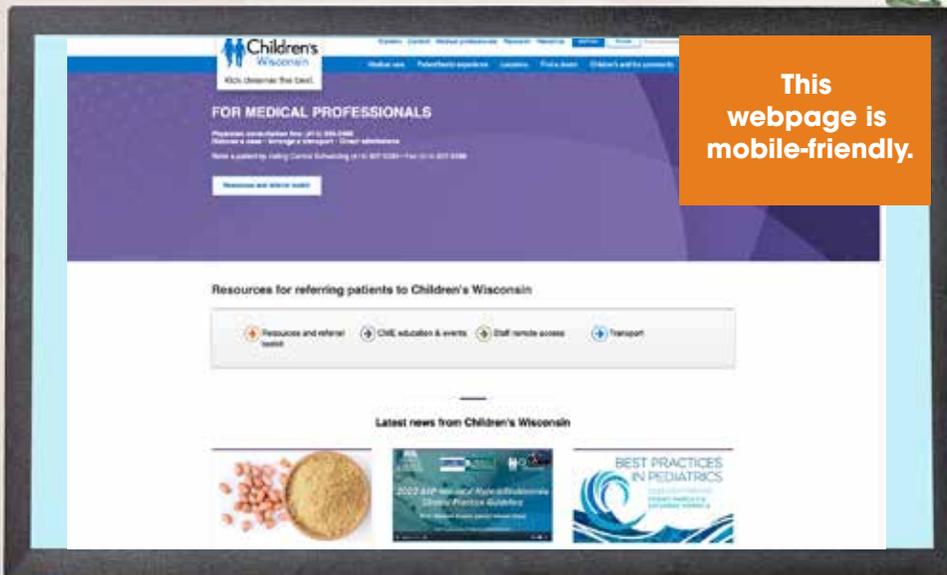
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