

### Surgery Team Grows to Best Serve Children and Families

This year, Children's Nebraska welcomed five surgeons to its Pediatric Surgery team, bringing the group to eight strong as the region's largest and most experienced pediatric surgery division. The addition of Robert Cusick, M.D.; Megan Fuller, M.D.; Kathy Schall, M.D.; Adil Shah, M.D.; and Melissa Suh, M.D., joining Children's Specialty Physicians more than doubles the size of Children's Pediatric Surgery team and supports greater access and programmatic growth to benefit children and families. They are currently available to see patients.

Dr. Cusick, Dr. Fuller, Dr. Schall and Dr. Suh joined Children's in July, with Dr. Shah arriving in September. They join surgeons Angela Hanna, M.D., and Patrick Thomas, M.D., under the leadership of division chief and surgeon-in-chief Abdalla Zarroug, M.D. The move reflects the collective belief that a strong, unified Pediatric Surgery division is ideal to best serve children across the region.



**Abdalla Zarroug, M.D.**  
Children's Specialty Physicians  
Surgeon-in-Chief, Division Chief  
Pediatric Surgery  
Professor and Chief, UNMC  
Division of Pediatric Surgery  
Department of Surgery

"The expertise and experience of our colleagues strengthens our surgical team as well as the entire breadth of specialty care that Children's offers," says Dr. Zarroug. "We are well-positioned to improve the lives of children with the most advanced surgical care, research and education."

"There is no greater privilege than caring for a sick child," says Dr. Cusick. "Education and research allow us to improve the health of children into the future, but nothing matters more to our team than caring for and healing our patients today. Patients and their families deserve the best in surgical skills, compassion and a trusting relationship."

Children's provides the full scope of comprehensive surgical care, offering minimally invasive, faster-healing techniques and innovative robotic technologies in the state-of-the-art Hubbard Center for Children. The team brings expertise in surgical intervention for bariatrics, chest wall deformities, colorectal, hernias, oncology, thyroid and more.



**Robert Cusick, M.D.**  
Children's Specialty Physicians  
Pediatric Surgery  
Professor, UNMC Division  
of Pediatric Surgery  
Department of Surgery

**1.855.850.KIDS (5437)**

PHYSICIAN'S PRIORITY LINE

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.

Winter 2024

---

#### INSIDE

---

- 2 Mammel Innovation Center to Foster Ideas, Bring Innovative Pediatric Care Concepts to Fruition
- 4 Selective Dorsal Rhizotomy Procedure Profoundly Benefits Patients by Reducing Spasticity
- 7 Robotic 3D/4K Exoscope Takes Microsurgery to the Next Level
- 9 Phage Therapy Charts Future of Treating Drug-Resistant Bacteria
- 12 Referring At-Risk Moms for Prenatal Screening Helps Diagnose Congenital Heart Disease
- 14 Children's Partners with Nebraska Primary Care Providers to Strengthen Pediatric Mental Health Care
- 16 Children's Pulmonology Ranked by *U.S. News & World Report*
- 16 Children's New Outpatient Pharmacy Provides Convenience to Families
- 17 Shining a Light On 75 Years of Improving the Lives of Children
- 18 New Division Chiefs Announced
- 19 New Physicians
- 23 Outreach Clinics

---

#### EXECUTIVE EDITORS:

Sarah Weller, MHA, APR  
Alan Tingley, M.D., MBA

---

# Mammel Innovation Center to Foster Ideas, Bring Innovative Pediatric Care Concepts to Fruition



**Ryan Cameron, Ed.D.**  
Vice President for Technology  
& Innovation

Work is underway to create a leading-edge Innovation program and collaborative Innovation Center at Children's Nebraska to bring forth new ideas, technologies and ways to learn and teach.

"The Mammel Innovation Center and Innovation program are very exciting for Children's because they are dedicated to the future of pediatric health care," says Ryan Cameron, Ed.D., Children's vice president for Technology & Innovation. "Less than one percent of new health start-ups focus on pediatrics. That leaves it up to us to bootstrap a lot of innovations we need on our own. The Mammel Innovation Center will enable us to rise to that challenge."

The Mammel Foundation, a partner in Children's mission to provide the best pediatric care available, has pledged \$5 million to establish the program and Innovation Center. Seed funding to bring innovative education, equipment and programming to the region will help take these projects forward, Cameron says. "The philanthropic community and overall community engagement in Nebraska are second to none," he says. "We are incredibly blessed, and thanks to the Mammel Foundation, we will build upon that foundation."

Located in Children's Indian Hills West building at 84th Street and Indian Hills Drive, the Mammel Innovation Center will include more than 9,000 square feet of dedicated space, with room available for future expansion. Cameron says the center is set to open by spring of 2024.

The Mammel Innovation Center will be available to all Children's team members, as well as medical students, fellows and Pediatrics residents at University of Nebraska Medical Center

(UNMC). Cameron says specific events and activities throughout the year will be open to the public.

The Mammel Innovation Center and program will feature six core areas:

## *Maker Space*

This is a dedicated area for discovery and innovation. Several "maker rooms" will be available for collaborative team sessions. The space will feature 3D visualization workstations and 3D printers to support collaboration and teaching.

## *App Lab*

This will be a training and education area for developing new and novel pediatric health care software applications.

"The health care world is becoming all about data and apps, and we want to take a consultative approach in developing solutions that will enable data to personalize health care – and we want to be able to develop these apps within weeks, not months," says Cameron.

## *Decision Support Center*

Modeled after a NASA command center, the Decision Support Center will help manage hospital operations in real time, providing visibility into the status and movement of patients, beds and rooms to balance patient volumes across current and future Children's facilities.

"By managing the throughput of our facilities, we can ensure quality across the continuum of care and be incredibly efficient through the total service experience," Cameron says. "Most importantly, the Decision Support Center will also allow us to look at real-time data to assist our providers and caregivers with patient care."

He says the Decision Support Center will go beyond the hospital's walls to enable Children's to transform how high-quality health care is delivered. "We can look at our facilities across the board, from mobile clinics to service in the home," he says. "This technology is ready and will help us serve our patients and patient families by meeting their needs both in-person or virtually."

#### **Digital Training and Experience Center**

Home to Children's training and testing for digital health solutions, this area will help pilot emerging technologies and innovations through hands-on experiences with both the provider and the patient. It will also feature on-demand equipment that can be checked out, such as virtual reality headsets for training and education.

"We want to pilot and test the latest devices and train our workforce to use them," Cameron says. "We will also offer the experience of what it would be like on the receiving end, as a patient."

#### **Bright Foundry, LLC**

Children's incubator, Bright Foundry, will generate intellectual property, patents, licensures, royalties and revenue for reinvestment in innovation. Building on Children's strategic alliance through Children's Specialty Physicians and UNeMed, the technology transfer and commercialization office for UNMC, and the University of Nebraska at Omaha (UNO), Bright Foundry will help advance and grow the partnership

with UNeMed and serve as Children's intellectual property office, Cameron says.

#### **Children's in the Metaverse**

Children's Nebraska is the first pediatric hospital to join the Metaverse Standards Forum, seeking to understand how children interact with virtual content and pursuing opportunities for improving pediatric health care. Nearly limitless possibilities will be explored, including in behavioral health and wellness, fitness games and education and the development of medical simulation content.

"I see the metaverse as the Internet 3.0," Cameron says. "It is where the internet is displayed interactively by virtual and augmented reality devices. The projected high usage of this tech makes it both exciting and potentially harmful. Tech is already a big part of life for many children, especially those who spend hours a day on social media or gaming. We want to explore both the benefits and the possible adverse effects and work to strike healthy a balance. It is important our voice as a pediatric hospital is leading this conversation."

Cameron says the Mammel Innovation Center will not operate as a silo but as a magnet for collaborations beyond Children's.

"Our goals for pediatric health care are often shared by others, and in order to further these goals, we are compelled to work with other interested start-ups, children's hospitals and innovators," he says. "The Mammel Innovation Center will be our catalyst to both lead and collaborate."

*"Less than one percent of new health start-ups focus on pediatrics. That leaves it up to us to bootstrap a lot of innovations we need on our own. The Mammel Innovation Center will enable us to rise to that challenge."*

*Ryan Cameron, Ed.D.*

# Selective Dorsal Rhizotomy Procedure Profoundly Benefits Patients by Reducing Spasticity



**Afshin Salehi, M.D., MS**  
Children's Specialty Physicians  
Pediatric Neurosurgery  
Assistant Professor, UNMC  
Division of Pediatric Neurosurgery  
Department of Neurosurgery

The first selective dorsal rhizotomy (SDR) procedure performed at Children's Nebraska underscores a commitment to bring the most advanced and effective neurological and neurosurgical treatments to the region's pediatric patients.

Led by Afshin Salehi, M.D., MS, Children's Specialty Physicians, Pediatric Neurosurgery, and assistant professor, UNMC Division of Pediatric Neurosurgery, Department of Neurosurgery, Children's Neurosurgery team performed the procedure in June and anticipates performing up to 10 SDR procedures in 2024.

The procedure allows Dr. Salehi to cut hyperactive nerve roots arising from the spinal cord to reduce muscle stiffness and spasticity for patients with cerebral palsy. The surgery can reduce muscle tone in the lower extremities and improve range of motion, strength and motor function through intensive physical therapy.

Dr. Salehi, who came to Children's in 2021, first performed the SDR procedure at St. Louis Children's Hospital, where he completed his Pediatric Neurosurgery fellowship and was trained by Dr. Tae Sung Park. Dr. Park is widely recognized for modifying the modern version of SDR, which has evolved since the late 1800s, to limit the level of exposure of the conus, the conical lower extremity of the spinal cord, during the procedure.

Spasticity refers to increased tone, or tension, in a muscle. Normally, muscles must have enough tone to maintain posture or movement against

the force of gravity while at the same time providing flexibility and speed of movement. Primary candidates for SDR are children who have muscle spasticity in their legs that limits their mobility but have little spasticity in their arms.

"The causes of spasticity vary, and cerebral palsy is the overall catch term applied to the condition," Dr. Salehi says. "Cerebral palsy can have spasticity as one of its symptoms. SDR is the target treatment of spasticity."

It is estimated that 80 out of 100 patients with cerebral palsy have varying degrees of spasticity. Spasticity can be associated with diplegic cerebral palsy, quadriplegic cerebral palsy or hemiplegic cerebral palsy. Spasticity can be evident during the first year of life in relatively severe cases of cerebral palsy, but most often it is detected later. Once spasticity has developed with cerebral palsy, it never resolves.

Spasticity adversely affects muscles and joints of the extremities, causing abnormal movements, and is especially harmful in growing children. The known adverse effects of spasticity include inhibition of movement and longitudinal muscle growth, inhibition of protein synthesis in muscle cells, limited stretching of muscles in daily activities and development of muscle and joint deformities.

Children with cerebral palsy do not have deformities of the extremities at birth but develop them over time. Spasticity of muscles, along with the limitations on stretching and use of muscles in daily activities, is a major cause of deformities of the extremities.

*“Spasticity is a neuro-network issue from the brain to the limbs. SDR alters the reflex arc from the spinal cord to the affected limb to decrease excessive muscle tone by selectively targeting the dorsal nerve roots in the spine.”*

*Afshin Salehi, M.D., MS*

“Spasticity is a neuro-network issue from the brain to the limbs,” Dr. Salehi says. “SDR alters the reflex arc from the spinal cord to the affected limb to decrease excessive muscle tone by selectively targeting the dorsal nerve roots in the spine.”

SDR involves sectioning (cutting) some of the sensory nerve fibers that come from the muscles and enter the spinal cord. Two groups of nerve roots leave the spinal cord and lie in the spinal canal. The ventral spinal roots send motor commands to the muscle; the dorsal spinal roots transmit sensation from the muscle to the spinal cord.

SDR begins with a 1- to 2-inch incision along the center of the lower back just above the waist. The spinous processes and a lamina from a single lumbar vertebra are removed to expose the spinal cord and spinal nerves. X-rays help with localization and intraoperative ultrasound locates the tip of the spinal cord, where the operation is performed.

During the operation, Dr. Salehi divides each of the dorsal roots into three to five rootlets and stimulates each rootlet electrically. By examining electromyographic (EMG) responses from muscles in the lower extremities, he identifies the rootlets that cause spasticity. The abnormal rootlets are selectively cut, leaving the normal rootlets intact. This reduces messages

from the muscle, resulting in a better balance of activities of nerve cells in the spinal cord, and thus reduces spasticity.

“It takes away the excessive muscle tone like flipping a light switch,” Dr. Salehi says.

That abrupt change in muscle tone can be a shock to the patient and their family and requires almost immediate and extensive physical therapy to help the patient adjust. “The patient has been relying on that muscle tone for ambulation,” Dr. Salehi says. “So, initially, ambulation may get a little worse. However, over time they will gain strength in their muscles and improve dramatically.”

The operation lasts three to four hours. Afterward, the patient must spend five days in the hospital – three days lying flat, followed by the first physical therapy sessions.

Children’s program requires the patient and a family member to remain in Omaha for one month after surgery to undergo the much-needed intense and specialized physical therapy with the team at Children’s who are trained in SDR. “After that, they are allowed to return home, where our physical therapy team will coordinate with the patient’s local physical therapist and continue recovery through a collaborative effort over the coming months,” Dr. Salehi says.

CONTINUED ON PAGE 6

*“The SDR procedure takes away the excessive muscle tone like flipping a light switch.”*

*Afshin Salehi, M.D., MS*

## Selective Dorsal Rhizotomy Procedure

CONTINUED FROM PAGE 5

Dr. Salehi consults with Jessica Luth, a Children’s physical therapist, both before and after surgery as she assists with pre-operative evaluation and intensive rehabilitation for the patient. “I will check on the patient’s progression throughout the process, and the Physical Therapy team is constantly monitoring how they are doing,” Dr. Salehi says.

Because the ideal candidate for SDR is around 3 to 6 years old, the rigorous physical therapy required, up to five days a week initially, is a commitment required of the entire family, Dr. Salehi says. “If the family is unable to commit to the intense post-operative rehabilitation schedule to help the child fully recover, it could make the condition worse,” he says.

He says the child who underwent the procedure at Children’s in June is recovering well. “He is taking steps on his own with some hand-holding,” he says. “The legs are more relaxed, and there is less pain and discomfort. The family is extremely happy with the outcome.”

Providers with questions regarding SDR as an appropriate procedure for one of their patients are invited to reach out to Dr. Salehi for an evaluation by Children’s team. “Any child with cerebral palsy and spasticity in the lower legs, but decent upper extremity strength, would be a great candidate to refer to us,” he says.

Dr. Salehi says he prefers SDR over an alternative treatment for spasticity – baclofen infusion – which involves implanting a pump in the abdominal wall. While it can reduce cerebral palsy spasticity, baclofen infusion is not effective permanently. When it is stopped, spasticity recurs.

“In my opinion, for the right patient, SDR is far superior,” he says. “The child is not dependent on a device that can run out of batteries and medication and can be prone to malfunction and infection.”

**1.855.850.KIDS (5437)**  
PHYSICIAN’S PRIORITY LINE

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.

# Robotic 3D/4K Exoscope Takes Microsurgery to the Next Level

The advanced 3D/4K visualization features of the robotic, voice-controlled Synaptive Modus X surgical exoscope bring the future of microsurgery to Children's Nebraska, enabling surgeons and pediatric surgical residents to witness the detailed intricacies of procedures from a viewpoint previously limited to the surgeon.

Children's is one of only two pediatric hospitals in the U.S. to install the Synaptive Modus X surgical exoscope. Most recently, the world's first cleft palate repair completed with the exoscope was performed at Children's by James Vargo, M.D., Children's Specialty Physicians, Pediatric Craniofacial and Plastic Surgery and assistant professor, UNMC Division of Plastic and Reconstructive Surgery, Department of Surgery.

"The addition of the exoscope to our ecosystem of digital imaging tools is a significant technological leap that places Children's on the leading edge of microsurgery," says Arnett Klugh, M.D., Children's Specialty Physicians, chief of Pediatric Neurosurgery and associate professor, UNMC Division of Neurosurgery, Department of Surgery. "I believe that within 10 years, all microscopy will have gone digital."

The Modus X exoscope features advanced 3D/4K optics and

fluorescence visualization for a variety of specialties including neurosurgery, spine, ENT and reconstructive microsurgery. The system allows surgeons to keep their line of sight upward by facing 60-inch monitors and features high magnification and zoom to aid in surgical dissection.

Rather than just the surgeon viewing the surgical field through a microscope, the exoscope shares the detailed 3D imaging in real time with the entire surgical team in the operating room, furthering collaboration for improved patient care. The robotic arm and camera can obey voice commands and follow surgical instruments, allowing for hands-free adjustments during surgery.

"It really enhances the visualization with high magnification in three dimensions," says Dr. Vargo. "Everyone in the OR can also see what I see and know what is happening so they can stay aware."

Dr. Klugh says the exoscope is far more ergonomically friendly to the surgeon than the microscope. "With the exoscope, I can stand straight up during surgery, instead of bending over to see through the microscope," he says. "It is less fatiguing, especially during long surgeries."

CONTINUED ON PAGE 8



**Arnett Klugh, M.D.**  
Children's Specialty Physicians  
Chief, Pediatric Neurosurgery  
Associate Professor, UNMC  
Division of Neurosurgery  
Department of Surgery



**James Vargo, M.D.**  
Children's Specialty Physicians  
Pediatric Plastic Surgery  
Assistant Professor, UNMC  
Division of Plastic and  
Reconstructive Surgery  
Department of Surgery

*"These technological advancements at Children's, along with the exoscope, mean the best possible outcomes for patients. They also present an incredible learning opportunity for surgical residents."*

*Arnett Klugh, M.D.*

## Robotic 3D/4K Exoscope Takes Microsurgery to the Next Level

CONTINUED FROM PAGE 7

“With a complex surgery, it can be a couple of hours before you actually reach the tumor, and then you face the meaningful part of the operation,” he says. “Anything that helps the surgeon stay fresh is a benefit to the surgeon and the patient.”

Dr. Klugh says the exoscope also features LED lighting for the surgical field. “LED lighting does not dry out the surface, and you have better illumination, even when there is bleeding in the field,” he says.

Dr. Klugh has championed several new advancements at Children's, including Intraoperative MRI (iMRI) and the Robotic Stereotactic Assistance (ROSA) system for submillimeter accuracy in lesion targeting.

With iMRI, diagnostic quality imaging is obtained while the child stays on the operating table, informing the neurosurgeon of the possible presence of residual tumor and anatomic relationships to eloquent regions of the brain. “The newly acquired images can also be fused to existing guidance images correcting for brain shift that occurs during surgery,” Dr. Klugh says. “This allows for extended tumor resection while avoiding neurologic deficit, improving survival rates for our patients – even those with high-grade tumors.”

For lesions that are deep-seated and unable to be treated primarily with microsurgical technique, or for residual tumor contouring eloquent areas and some forms of epilepsy, the ROSA system affords the flexibility and dexterity to access surgical sites using a robotic arm.

“We use presurgical, high-resolution MRI and CT imaging to create a surgical plan of multiple trajectories that can then be rapidly and precisely localized using the robot

intraoperatively,” Dr. Klugh says. “We combine the ROSA with intraoperative CT imaging and, in concert with UNMC, we can identify neural events generated within the brain with millimeter accuracy and millisecond resolution using magnetoencephalography (MEG) scanning.”

The ROSA system also allows the surgeons to sample multiple potential foci for seizure etiology without large craniotomy flaps by using stereotactic electroencephalogram (sEEG) leads.

“These technological advancements at Children's, along with the exoscope, mean the best possible outcomes for patients,” Dr. Klugh says. “They also present an incredible learning opportunity for surgical residents.”

“With the exoscope, we are able to show the residents what we see in large scale 3D visualization and in high resolution,” he says. “There's no better way than to see it for yourself, rather than have me describe what I am seeing through the microscope.”

Dr. Vargo says that in addition to allowing residents to witness his surgical procedures and technique, “every operation is recorded so it can be reviewed and studied later and used for publishing in medical literature.”

Each of these advancements takes microsurgery to the next level, benefiting patients along the way, Dr. Klugh says. “It's 100% the future of microsurgery, and it's always better for our patients when we can offer the best technologies available,” he says.

**1.855.850.KIDS (5437)**  
PHYSICIAN'S PRIORITY LINE

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.



## Phage Therapy Draws from Past to Chart Future of Treating Drug-Resistant Bacteria

Pediatric infectious disease specialists at Children's Nebraska are going back in time in order to take a giant step forward in the battle against the dramatic rise in potentially fatal antibiotic-resistant microbial infections.

Earlier this year, Bradford Becken III, M.D., Children's Specialty Physicians, Pediatric Infectious Diseases, and assistant professor, UNMC Division of Pediatric Infectious Diseases, Department of Pediatrics, initiated phage therapy for a 6-year-old boy with *Mycobacterium abscessus*, a bacteria that is rare and resistant to many antibiotics.

The therapy utilizes bacteriophages, or phages, which are viruses that replicate with and kill bacteria as part of their normal life cycle. These viruses do not infect humans and can be useful in treating drug-resistant bacterial infections.

According to the American Society for Microbiology, phages exist everywhere, from the soil to our guts, and there are innumerable different types. In contrast to antibiotics, which are used to target harmful bacteria and simultaneously decimate the microbiota, each phage has evolved to more narrowly target bacterial species, many times only infecting unique isolates of individual species. This specificity makes phage therapy an attractive alternative for managing infections, especially those caused by multi-drug resistant bacteria.

Dr. Becken says phage therapy dates back more than 100 years but was largely overshadowed by the use of antibiotics in the United States and other Western nations, though it remained somewhat common in the former Soviet Union. However, the rise in antibiotic-resistant infections and dearth of new antimicrobial drugs is prompting a renewed interest in phage therapy in both adult and pediatric patients.

The interest is clearly warranted. According to the Centers for Disease Control and Prevention's 2019 Antibiotic Resistance Threats Report, more than 2.8 million antimicrobial-resistant infections occur in the U.S. each year, with more than 35,000 deaths as a result. A report the same year from the United Nations Ad hoc Interagency Coordinating Group on Antimicrobial Resistance warns that if no action is taken, drug-resistant diseases could cause 10 million deaths each year by 2050.

The child who received the phage therapy at Children's has been a patient of Dr. Becken since 2020. He initially was treated with long-term antibiotic therapy, including several newer antibiotics used for the first time at Children's. Phage therapy was added in an effort to clear a lingering infection in the boy's left ear that appeared to be

CONTINUED ON PAGE 10



**Bradford Becken III, M.D.**  
Children's Specialty Physicians  
Pediatric Infectious Diseases  
Assistant Professor, UNMC  
Division of Pediatric  
Infectious Diseases  
Department of Pediatrics

*"With the rise in drug-resistant bacteria, I see phage therapy becoming more common. As we gain experience, phage therapy could become standard practice within a couple of decades."*

*Bradford Becken III, M.D.*

## Phage Therapy Charts Future of Treating Drug-Resistant Bacteria

CONTINUED FROM PAGE 9

clinging to a wire placed in February 2022 to support a cochlear implant.

Normally when infected hardware or material is present, it is removed to help control the infection. However, in this case, removal of the wire would have prohibited any further interventions to restore hearing in that child's ear. Direct therapy with the phage was started to help resolve his infection while salvaging the wire for future use.

Dr. Becken says the child has responded well to the phage therapy, which was delivered intravenously and, in what is believed to be a first in the U.S., via drops placed directly in his ear twice a day as part of his treatment plan.

Phage therapy is successful only if a phage is found that is specific to that patient's bacteria, Dr. Becken says. "The child we treated had to be screened three times to identify the phage for his bacteria," he says. "The cocktail of phages we were provided was specific to our patient. If another child presented with the exact same condition, the same phage might not have worked for them."

Providers are advised to refer a patient to the Pediatric Infectious Diseases specialists at Children's Nebraska if the child is experiencing a severe drug-resistant infection. "If they have a scenario where a child with an atypical infection is not improving, send them to us," Dr. Becken says. "We are experienced in treating complex bacteria that require atypical therapy and closely monitored follow-up."

Finding the correct phage to use in a therapy is a lengthy process, Dr. Becken says. "With phage therapy, you actually have to have a bacterial organism grow in a lab in order to test phages against it," he says. "Even when an effective phage is found, there is a long approval

process with the Food and Drug Administration before it can be used as a therapy."

When there is concern that a patient may need a phage for therapy, several steps are needed, he says. The organisms (bacteria) need to be grown and identified. Often, a physician will not request phage testing unless full susceptibilities are available, with these susceptibilities showing significant drug resistance.

"An exception would be the patient in question at Children's," he says. "I already knew which bacteria he had, so for the second and third attempts at finding a phage, I was willing to send the isolate to a research lab without waiting for traditional antimicrobial testing, which, given his isolate, could have taken weeks to more than a month."

Once an isolate is identified as needing phage testing, Dr. Becken says, several steps have to occur. The clinician needs to identify a lab willing to do phage testing. This is not a standardized procedure, as there is no single reference lab that does phage testing, though the University of California San Diego Center for Innovative Phage Applications and Therapeutics can help in identifying research and testing partners.

"Often, labs will be working on phages for only one genus, and at times, only one species of bacteria," he says. "Of the three patients on whom I have obtained phage testing over the last two years, all three had samples sent to the University of Pittsburgh Medical Center, but based on the organisms growing, they went to two different research labs."

He says that after receiving approval for sending a sample, an isolate has to be grown to be sent, and depending upon the organism, this can take considerable time.

*“We are experienced in treating complex bacteria that require atypical therapy and closely monitored follow-up.”*

*Bradford Becken III, M.D.*

“For one of my patients who had an enterococcus infection, this took a day, but for patients with mycobacterial infections, this can take several weeks,” Dr. Becken says. “Then, once the lab obtains the sample, further growth of the bacteria needs to occur, in order for various phages to be applied to the growing bacteria. After that, one waits to see if the bacteriophage (virus) replicates within and kills the growing bacteria. At that point, you may have a viable phage.”

He says the fastest he has ever had results, from the time of sending out a sample, is one week. “That was for an *Enterococcus faecium* isolate,” he says. “*Mycobacterium abscessus* can take several weeks, purely for the lab steps. The point is, given current technology, we are somewhat constrained by the rate at which the bacteria grow.”

While this was the first use of phage therapy at Children’s, Dr. Becken expects the need for phage therapy and the number of instances where it will be prescribed will increase as physicians become more aware of its potential success.

“With the rise in drug-resistant bacteria, I see phage therapy becoming more common,” he says. “As we gain experience, phage therapy could become standard practice within a couple of decades.”

**1.855.850.KIDS (5437)**  
PHYSICIAN’S PRIORITY LINE

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.

## Referring At-Risk Moms for Prenatal Screening is Vital Step in Diagnosing Congenital Heart Disease

The Fetal Cardiology team at Children's Nebraska is leading the effort to emphasize the importance of prenatal screening for mothers whose newborns are at a higher risk for congenital heart disease or defects.

"Congenital heart disease may impact that newborn for the rest of their life," says Jennifer A. Winter, M.D., Children's Specialty Physicians, director of Fetal Cardiology and assistant professor, UNMC Division of Cardiology, Department of Pediatrics. "It is estimated that half of the babies in the U.S. born with congenital heart disease do not receive prenatal screening. The fact that so many families missed the opportunity for a prenatal diagnosis is astounding."

According to the American Heart Association (AHA), more than 2.4 million Americans have some form of congenital heart defect. About 40,000 children in the U.S. are born with a heart defect each year. Most of these children can be treated, even if the defect is severe.

Certain genetic conditions, such as Down syndrome, significantly increase the risk of congenital heart defects. Having an accurate prenatal diagnosis of congenital heart disease, Dr. Winter says, "helps prepare the parents for what is to come, which can range from outpatient care and treatment to immediate surgery upon birth."

Children's team includes five fetal cardiologists, supported by Children's pediatric cardiologists, and a comprehensive roster of neonatologists, pediatric surgeons, cardiothoracic surgeons, anesthesiologists, cardiac care and intensive care nurses, dietitians, pharmacists, social workers and a host of other caregivers and support personnel.

The Dr. C.C. and Mabel L. Criss Heart Center at Children's Nebraska includes the Cardiac Care Unit (CCU). The CCU is an entire floor dedicated to cardiac care in the Hubbard Center for Children. It allows heart patients and their families to remain with one care team for the entire time they are hospitalized, rather than be transferred between units. In addition, Children's Fetal Care Center is home to the Fetal Cardiology clinic.

At the Criss Heart Center, the cardiac team utilizes state-of-the-art technologies for diagnosis and treatment, including two interventional cardiac catheterization suites featuring a robotic imaging system that is the first of its kind in a pediatric medical center in the world.

Children's provides fetal cardiac care for all of Nebraska as well as eastern Colorado, western Iowa and parts of South Dakota and Kansas. "We conduct telehealth consultations all the way up to Rapid City," says Dr. Winter.

Fetal echocardiography utilizes ultrasound to view the heart of an unborn baby and examine the structures and function of the heart. Dr. Winter says the Fetal Cardiology clinic at Children's Nebraska performs approximately 350 fetal echocardiograms each year, a number that has been increasing steadily in the past 10 years. "Still, in Nebraska we should be doing 500 to 600 per year or more," she says.

Risk factors for mothers-to-be include a personal history of congenital heart disease, a family history of the disease or other issues, such as diabetes. The AHA reports a 2 to 15% chance of



**Jennifer Winter, M.D.**  
Children's Specialty Physicians  
Director, Fetal Cardiology  
Assistant Professor, UNMC  
Division of Cardiology  
Department of Pediatrics

a heart defect recurring in a family, depending upon the condition.

“As more women born with congenital heart disease live into their reproductive years and start having children, they need to know that their babies are at risk and they are candidates for prenatal screening,” Dr. Winter says. “It may not result in the same diagnosis as their own, but they are at higher risk.”

She says that while the percentage of fetal cardiac screenings in Nebraska is higher than the national average, it is Children’s goal to take that percentage much higher.

“Our prenatal detection rate is above 60%,” she says. “While 100% isn’t likely, we are working to increase it to 90% or better. We think that’s a fantastic goal, but it depends on education, referrals and women understanding why it’s so important.”

The process begins with a visit to the primary OB/GYN provider, who will obtain a history from the mother-to-be. If that reveals any high-risk conditions, the mother-to-be should be referred to Children’s for a fetal echocardiogram, Dr. Winter says.

Fetal echocardiograms can be performed any time after 17 to 18 weeks gestation. The two ways to perform a fetal echocardiogram are an abdominal ultrasound or an endovaginal ultrasound.

Abdominal ultrasound is the most common form of ultrasound to

evaluate the baby’s heart. The test takes an average of 45 minutes to two hours, depending on the complexity of the baby’s heart.

Children’s has fetal care coordinators who can assist with scheduling. Testing, results and a meeting with a fetal cardiologist can be provided the same day.

“Our fetal care coordinators are a phenomenal resource,” Dr. Winter says. “If the mother-to-be receives a diagnosis, it could require follow-up and specialized visits. Our coordinators arrange those visits in a timely way to minimize stress and hardships, such as travel or taking time off work.”

Dr. Winter says that while it is not easy to deliver difficult news to parents, “I do my very best to help families understand that there are options for navigating the challenges that lie ahead. There really is hope.”

She says the Fetal Cardiology team at Children’s Nebraska is highly skilled and collaborative. “We work together to provide the family with comprehensive, personalized care, tailored to what benefits their child and their family the most,” she says. “We are part of an excellent heart center, with an extended community of pediatric colleagues who can determine and deliver what is best for the baby.”

**1.855.850.KIDS (5437)**

PHYSICIAN’S PRIORITY LINE

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.

*“We work together to provide the family with comprehensive, personalized care, tailored to what benefits their child and their family the most.”*

*Jennifer A. Winter, M.D.*

## Children’s Partners with Nebraska Primary Care Providers to Strengthen Pediatric Mental Health Care

Children’s Nebraska has launched Children’s Outreach and Provider Education (COPE) program, an initiative that aims to better equip Nebraska clinicians to identify, treat and manage pediatric mental health conditions they see every day in their practices. In addition to education and training, COPE also offers state providers rapid consultation, referral and links to services to provide the best care.

“There is a pediatric mental health crisis in Nebraska, yet a third of the state’s counties have no behavioral health provider of any kind,” says Jennifer McWilliams, M.D., Children’s division chief of Pediatric Psychiatry and medical director for COPE. “We need to rethink how care is delivered, and who can best meet the needs of families in their own communities—the providers they trust and with whom they have established relationships.”

Children’s is partnering with the REACH Institute for intensive weekend-long COPE trainings. The REACH Institute is a non-profit resource providing mental health training for pediatricians, primary care providers and mental health practitioners. At the training, providers

learn how to assess and manage conditions like depression, anxiety, bipolar disorder, ADHD and suicidality in a pediatric population through lectures, table activities and role playing. In addition to the intensive training, COPE offers one- to two-hour-long webinars on topics such as eating disorders and trauma-informed care. The COPE team continues to support providers by offering access to child and adolescent psychiatry consults.

“Providers can call in with therapeutic questions, check dosing for more complicated cases or request a mental health navigator to help patients transition to higher levels of care,” explains Dr. McWilliams. “We want to train primary care providers, but we also want to ensure they feel supported and have the right tools available to make clinical decisions that follow best practice.”

Two sessions of the REACH training were offered in 2023, the first in May in Omaha and the second in October in Kearney. At least two trainings will be scheduled in 2024. “ARPA (American Rescue Plan Act) funding from the Nebraska State Legislature made the training possible, and is supporting the start-up of COPE,” says Kathy English,



Jennifer McWilliams, M.D.  
Division Chief,  
Pediatric Psychiatry  
Children’s Behavioral Health

*“We need to rethink how care is delivered, and who can best meet the needs of families in their own communities—the providers they trust and with whom they have established relationships.”*

*Jennifer McWilliams, M.D.*

*“When we announced COPE’s first training in May 2023 for 45 providers, registration was full in less than two days, and we had a wait list. That response speaks to the need providers are feeling across the state for additional education.”*

*Kathy English, Children’s executive vice president and COO*

Children’s executive vice president and chief operating officer. “That important funding, along with a workforce grant from the Behavioral Health Education Center of Nebraska, supports training 200 primary care providers in COPE’s first three years – significantly expanding our mental health workforce as we work to address the pediatric mental health crisis.”

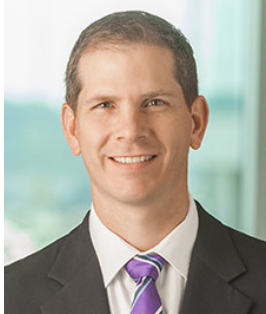
Programs like COPE have been implemented in 38 states nationwide. A federally funded research study using Medicaid data found that trained providers reduced costs by \$120 per patient – an average of \$6,000 per provider – per year. The savings resulted from decreased medication use and costs and fewer specialty mental health referrals.[1]

English adds, “When we announced COPE’s first training in May 2023 for 45 providers, registration was full in less than two days, and we had a wait list. That response speaks to the need providers are feeling across the state for additional education, and many expressed how grateful they felt for the opportunity to learn.”

Primary care providers interested in learning more about the COPE program can call the provider access phone line, 402-955-COPE (2673), or email [COPE@ChildrensNebraska.org](mailto:COPE@ChildrensNebraska.org).

[1] Domino et al., 2012. Changes in ADHD prescribing after psychotropic medication training. In *Scientific Proceedings of the Annual Research Meeting, American Public Health Association, San Francisco.*

## Children's Ranked Among Best Children's Hospitals in Pediatric Pulmonology & Lung Surgery by *U.S. News & World Report*



**Casey Burg, M.D.**

Children's Specialty Physicians, division chief of Pediatric Pulmonology, Allergy and Sleep Medicine and associate professor, UNMC Division of Pediatric Pulmonology, Department of Pediatrics

Children's Nebraska has been recognized as one of *U.S. News & World Report's* Best Children's Hospitals in 2023-24, ranked in the specialty of Pediatric Pulmonology & Lung Surgery.

Children's scored Excellent ratings in several categories, including:

- Success with asthma inpatients
- Helping patients manage their asthma
- Success in managing cystic fibrosis patients
- Ability to prevent pressure injuries
- Advanced clinical services offered
- Commitment to best practices
- Commitment to quality improvement
- Adoption of health information technology
- Patient support

“Through the hard work of our Sleep, Allergy and Pulmonology team, we have provided exceptional care for our patients across the region,” says Casey Burg, M.D., Children's Specialty Physicians, division chief of Pediatric Pulmonology, Allergy and Sleep Medicine and associate professor, UNMC Division of Pediatric Pulmonology, Department of Pediatrics. “This achievement could not be accomplished without the hard work of everyone in the division and the hospital.”

**1.855.850.KIDS (5437)**  
PHYSICIAN'S PRIORITY LINE

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.

## Children's New Outpatient Pharmacy Provides Convenience to Families



**Tiffany Splittgerber**

Manager, Outpatient Pharmacy  
Children's Nebraska

Patients and families at Children's Nebraska now have the convenience of filling their prescriptions on site and picking up the medications prior to going home from the hospital or a clinic appointment.

Located behind the Gift Shop on the lobby level of the hospital, Children's new Outpatient Pharmacy is available Monday through Friday from 9 a.m. to 5 p.m.

Children's Outpatient Pharmacy accepts most insurance plans. In addition, the Pharmacy can coordinate delivery to patients' homes or transfer prescriptions to or from their local pharmacy. This service is a great option not only for patients in the Omaha

metro area, but also for those coming from farther away.

“This is a wonderful benefit to our patients and families, as our pharmacists can easily communicate with the prescribing provider to ensure product availability or clarify the order,” says Tiffany Splittgerber, Outpatient Pharmacy manager. “We are thrilled to be able to offer this benefit, easing families' concerns and giving them one less thing they have to do upon discharge.”

The Outpatient Pharmacy has also introduced a flavor machine to help the medicine go down a little easier. More than a dozen flavors help improve the patient experience.



## Shining a Light on 75 Years of Improving the Lives of Children

Founded *by* the community and *for* the community, Children's is proud to celebrate 75 years of improving the lives of children. Since 1948, it has been Children's great honor and privilege to care for the health needs of countless children and families in Nebraska and throughout the region. For 75 years and counting, Children's has been a beacon of hope and healing for families. It is a place to feel better and beat the odds, full of people who bring light in some of the darkest moments.

In October 2023, Children's marked this special milestone with celebratory events and storytelling, reflecting on our roots and looking ahead to a bright future. In affirming our commitment to advancing child health, we announced a new name, **Children's Nebraska**.

The name **Children's Nebraska** expands the definition of who we are—even beyond a hospital and medical center—to better reflect the full scope of its mission: *To improve the life of every child through exceptional Care, Advocacy, Research and Education.*

Children's Nebraska is also more distinct and geographically descriptive, as we continue to elevate its national reputation and expand our reach.

### **Our Story**

Two community leaders and one shared vision helped establish the original Children's Memorial Hospital in Omaha. Dr. C.W.M. Poynter, Dean of the University of Nebraska Medical Center, saw the need for a specialized health care facility in Omaha exclusively for children. Henry Doorly, publisher of the *Omaha World-Herald*, drew inspiration from his wife, Margaret, who witnessed a family unable to provide payment for their child's care. Together, these community leaders set forth to create a hospital for children where no child in need of

medical care would be turned away due to inability to pay.

A community-wide penny drive and generous contributions from 30,000 donors across Nebraska and western Iowa made the \$835,000 hospital possible. Children's Memorial Hospital opened its doors on March 14, 1948, in time to meet the tremendous need brought on by the polio epidemic of the '40s and '50s.

### **Innovation and Growth to Best Serve Children**

Since then, Children's has served as the region's pediatric health care leader, advocating and innovating on behalf of children and families. Whether navigating polio, influenza or COVID-19—or increasing medical complexity and mental health challenges—Children's has risen to meet the evolving needs of children with specialized expertise and extraordinary compassion.

As the need for services has grown, so has Children's. The hospital began adding beds to increase capacity and then moved to accommodate the needs of the community—eventually relocating to the free-standing hospital that Children's calls home today. In 2010, Children's opened the Specialty Pediatric Center to improve access to outpatient care. And in 2021, the Hubbard Center for Children opened, further advancing our care and capabilities. Today, Children's continues to grow its services and footprint as a nationally recognized children's hospital—driven forward by the same mission that set its course back in 1948.

From leveraging the latest in digital health and robotic technologies to advancing community partnerships to benefit children, Children's Nebraska remains a champion of new possibilities, shaping the future of pediatric health care.



---

## New Division Chiefs

---



### **Jonathan Castillo, M.D., Division Chief of Developmental Pediatrics**

Dr. Castillo received his medical degree from the University of Utah School of Medicine in Salt Lake City. He completed his Pediatrics residency, as well as fellowships in General Pediatrics and Developmental Pediatrics, at Cincinnati Children's Hospital Medical Center. Dr. Castillo is a professor, UNMC Division of Developmental Pediatrics, Department of Pediatrics.



### **Brian Hasley, M.D., Division Chief of Pediatric Orthopedic Surgery**

Dr. Hasley received his medical degree from the University of Nebraska College of Medicine. He completed his Orthopedic Surgery residency at the University of Nebraska-Creighton University Health Foundation Department of Orthopaedic Surgery and Rehabilitation. He is an associate professor, UNMC Division of Pediatric Orthopedic and Spine Surgery, Department of Orthopedic Surgery and Rehabilitation.



### **Ryan Sewell, M.D., J.D., Division Chief of Pediatric Otolaryngology**

Dr. Sewell received his medical degree from the University of Iowa College of Medicine and his law degree from the University of Iowa College of Law. He completed an Otolaryngology residency at UNMC College of Medicine and a Pediatric Otolaryngology fellowship at Boston Children's Hospital. Dr. Sewell is an assistant professor, UNMC Division of Pediatric Otolaryngology, Department of Pediatric Otolaryngology-Head and Neck Surgery.



### **Ram Subramanyan, MBBS, Ph.D., Division Chief of Cardiothoracic Surgery**

Dr. Subramanyan received his medical degree from Chennai Medical College in Chennai, India. He received his Ph.D. at the University of Southern California in Los Angeles, where he also completed General Surgery and Cardiovascular Surgery residencies. He completed a Congenital Cardiac Surgery fellowship at Children's Hospital Los Angeles. Dr. Subramanyan is a professor, UNMC Division of Cardiothoracic Surgery, Department of Pediatric Surgery.

---

## New Physicians

---

### **Ahmed Awad, MBBCh, Pediatric Neurology**

Dr. Awad received his medical degree from Mansoura University Faculty of Medicine in Mansoura, Egypt. He completed his Pediatrics residency at Brookdale University Hospital Medical Center in Brooklyn, N.Y., and his Pediatric Neurology fellowship at Nationwide Children's Hospital in Columbus, Ohio. Dr. Awad is an assistant professor, UNMC Division of Neurology, Department of Pediatrics.



### **Elizabeth Bleed, M.D., Pediatric Critical Care**

Dr. Bleed received her medical degree from Northwestern University's Feinberg School of Medicine in Chicago. She completed her Pediatrics residency at Baylor College of Medicine in Houston and her Pediatric Critical Care fellowship at McGaw Medical Center of Northwestern University. Dr. Bleed is an assistant professor, UNMC Division of Critical Care, Department of Pediatrics.



### **Heidi Castillo, M.D., Developmental Pediatrics**

Dr. Castillo received her medical degree from the University of Utah School of Medicine in Salt Lake City. She completed her Pediatrics residency and a fellowship in Developmental Disabilities at Cincinnati Children's Hospital Medical Center. She is a professor, UNMC Division of Developmental Pediatrics, Department of Pediatrics.



### **Christopher Cummings, M.D., Ph.D., Genetics**

Dr. Cummings completed a combined M.D./Ph.D. training at the University of Colorado Medical School in Aurora, Colo. He completed his Pediatrics residency at the University of North Carolina Pediatrics Residency Program in Chapel Hill, N.C. He completed his Genetics fellowship at UNMC. Dr. Cummings is an assistant professor, UNMC Division of Genetics, Munroe-Meyer Institute.



### **Robert Cusick, M.D., Pediatric Surgery**

Dr. Cusick received his medical degree from UNMC College of Medicine. He completed a General Surgery residency at the University of Cincinnati College of Medicine, a research fellowship at Children's Hospital Boston and a Pediatric Surgery fellowship at Children's Hospital and Medical Center in Seattle. He is a professor, UNMC Division of Pediatric Surgery, Department of Surgery.



### **Michael Facciolo, M.D., Pediatric Critical Care**

Dr. Facciolo received his medical degree from Ross University School of Medicine in Miramar, Fla. He completed his Pediatrics residency at the University of Tennessee College of Medicine in Chattanooga and his Pediatric Critical Care fellowship at the University of Louisville in Louisville, Ky. Dr. Facciolo is an assistant professor, UNMC Division of Critical Care, Department of Pediatrics.



---

## New Physicians

---



### **Alex Foy, M.D., Pediatric Cardiology**

Dr. Foy received his medical degree from the University of Oklahoma College of Medicine in Oklahoma City. He completed a Pediatrics residency at the University of Texas Southwestern in Dallas and a fellowship in Pediatric Cardiology at Vanderbilt Children's Hospital in Nashville. He is an assistant professor, UNMC Division of Pediatric Cardiology, Department of Pediatrics.



### **Megan Fuller, M.D., Pediatric Surgery**

Dr. Fuller received her medical degree from Baylor College of Medicine in Houston. She completed a General Surgery residency at University of North Carolina Hospital in Chapel Hill, N.C., and a Pediatric Surgery fellowship at Children's Hospital of Philadelphia. She is an assistant professor, UNMC Division of Pediatric Surgery, Department of Surgery.



### **Prassana Gangishetti, MBBS, Pediatric Neurology**

Dr. Gangishetti received his MBBS degree at Osmania Medical College in Hyderabad, India. He completed his Pediatrics residency at the University of Kentucky Hospital in Lexington, Ky., where he also completed his Pediatric Neurology fellowship. Dr. Gangishetti is an assistant professor, UNMC Division of Neurology, Department of Pediatrics.



### **Vincent Gonzalez, M.D., Pediatric Cardiology**

Dr. Gonzalez received his medical degree from The Ohio State University College of Medicine in Columbus, Ohio. He completed an Internal Medicine/Pediatrics residency at the University of North Carolina Hospitals in Chapel Hill, N.C. He completed fellowships in Pediatric Cardiology and Cardiology at Baylor College of Medicine in Houston. Dr. Gonzalez is an assistant professor, UNMC Division of Cardiology, Department of Pediatrics.



### **Amissabah Kanley, M.D., General Pediatrics**

Dr. Kanley received her medical degree from UNMC College of Medicine. She completed her Pediatrics residency with the Creighton-Nebraska Universities Pediatrics Residency Program. Dr. Kanley is an assistant professor, UNMC Division of General Pediatrics, Department of Pediatrics.



### **Grace Lai, M.D., Ph.D., Pediatric Neurosurgery**

Dr. Lai received her medical degree from the University of California-San Diego in La Jolla, Calif. She also received a Ph.D. from Columbia University in New York. She completed a Neurosurgery residency at McGaw Medical Center of Northwestern University in Chicago and a Pediatric Neurosurgery fellowship at the University of California in San Francisco. Dr. Lai is an assistant professor, UNMC Division of Neurology, Department of Pediatrics.

---

## New Physicians

---

### **Timothy Mickel, M.D., Pediatric Orthopedic Surgery**

Dr. Mickel received his medical degree from Uniformed Services University of the Health Sciences in Bethesda, Md. He completed a Surgery internship with Naval Medical Center in San Diego and his Orthopedic Surgery residency at the National Capital Consortium at Walter Reed Military Medical Center in Bethesda. Dr. Mickel completed his Pediatric Orthopedic Surgery fellowship at the University of Colorado School of Medicine in Aurora, Colo. He is an assistant professor, UNMC Division of Pediatric Orthopedic Surgery, Department of Orthopedics.



### **Ahmad Miri, M.D., Pediatric GI-Hepatology-Nutrition**

Dr. Miri received his medical degree from the University of Jordan in Amman, Jordan and completed a Pediatrics residency at Hamad Medical Corporation in Doha, Qatar. He also completed a Pediatrics residency at the Creighton-Nebraska Universities Pediatrics Residency program and a Pediatric Gastroenterology fellowship at UNMC. Dr. Miri is an assistant professor, UNMC Division of Gastroenterology, Department of Pediatrics.



### **Spriha Pavuluri, M.D., Developmental Neurology**

Dr. Pavuluri received her medical degree from the University of Iowa Carver College of Medicine in Iowa City. She completed Neurology residencies at UNMC College of Medicine and University of Iowa Hospitals & Clinics. She completed an Epilepsy fellowship at UNMC. Dr. Pavuluri is an assistant professor, UNMC Division of Neurology, Department of Pediatrics.



### **Leilanie Perez, M.D., Pediatric Allergy/Immunology**

Dr. Perez received her medical degree from the University of Puerto Rico School of Medicine in San Juan, Puerto Rico, where she also completed her Pediatrics residency. She completed her Allergy/Immunology fellowship at Cincinnati Children's Hospital. Dr. Perez is an assistant professor, UNMC Division of Pediatric Allergy/Immunology, Department of Pediatrics.



### **Kathy Schall, M.D., Pediatric Surgery**

Dr. Schall received her medical degree from UNMC College of Medicine and completed a General Surgery residency at the University of Utah in Salt Lake City. She completed Pediatric Surgery fellowships at Children's Hospital of Los Angeles and Phoenix Children's Hospital. She is an assistant professor, UNMC Division of Pediatric Surgery, Department of Surgery.



### **Melissa Suh, M.D., Pediatric Surgery**

Dr. Suh received her medical degree from Saint Louis University School of Medicine. She completed her General Surgery residency at Creighton-Nebraska Universities Pediatrics Residency program and a Pediatric Surgery fellowship at UNMC College of Medicine. Dr. Suh is an assistant professor, UNMC Division of Pediatric Surgery, Department of Surgery.



---

## New Physicians

---



### **Drew Thodeson, M.D., Pediatric Neurology**

Dr. Thodeson received his medical degree from the Medical College of Georgia in Augusta and completed residencies in Pediatrics and Child Neurology from the University of Pittsburgh Medical Center-Children's Hospital of Pittsburgh. He completed his fellowship in Pediatric Epilepsy and Clinical Neurophysiology at University of Texas Southwestern Medical Center, Children's Medical Center of Dallas. He is an assistant professor, UNMC Division of Pediatric Neurology, Department of Pediatrics.

### **Departures**

Kathlene Bassett, M.D., Emergency Medicine, April 2023

James Ford, D.O., Hematology/Oncology, July 2023

Charles Gillespie, M.D., Emergency Medicine, June 2023

Nancy Hong, M.D., Pulmonology, April 2023

Meghan Kendall, D.O., Critical Care, April 2023

Heidi Killefer, M.D., Urgent Care, June 2023

Ryan Koehler, M.D., Orthopedics, January 2023

Stephen Obaro, M.D., Ph.D., Infectious Diseases, May 2023

Laura Pratt, M.D., Rheumatology, September 2023

Eric Sherman, M.D., Endocrinology, July 2023

Vanessa Starns, D.O., Hospital Medicine, June 2023

Hope Voto, M.D., Physical Medicine & Rehabilitation, September 2023

Heather Wadams, M.D., Endocrinology, June 2023

Maegen Wallace, M.D., Orthopedics, July 2023

# Outreach Clinics

**Physicians' Priority Line**  
(Physician-to-Physician Consult and Referral Line)  
1.855.850.KIDS (5437)

**Transport**  
(Physician Priority Line)  
1.855.850.KIDS (5437)

## Allergy

Russell Hopp, MD	Council Bluffs, IA	402-955-5570
Julie Johnsen, APRN	Lincoln	402-486-1500
	Sioux City	712-224-6129

## Cardiology

Thomas Blount, MD (Telemedicine)	Atlantic, IA	712-243-7590
	Kearney	402-955-4339
Jason Christensen, MD	Lincoln	402-955-4339
	North Platte	402-955-4339
	Rapid City, SD	605-341-7337
Jonathan Cramer, MD (Telemedicine)	Kearney	402-955-4339
	Lincoln	402-955-4339
	North Platte	402-955-4339
Julie Danielson, APRN	Lincoln	402-955-8775
Jeffrey Delaney, MD	Rapid City, SD	605-341-7337
Christopher Erickson, MD	Lincoln	402-955-4339
	Rapid City, SD	605-341-7337
	Sioux Falls, SD	402-955-4339
Scott Fletcher, MD	Columbus	402-955-4339
	Grand Island	402-955-6799
	Hastings	opt. 3 then opt. 1
	Kearney	402-460-5884 opt. 1
	Norfolk	402-955-4339
	Rapid City, SD	402-844-8000 x 4020
		605-341-7337
Alex Foy, MD	Lincoln	402-955-4339
Trey Jantzen, MD	Rapid City, SD	605-341-7337
Ameeta Martin, MD	Lincoln	402-955-8775
Eyad Najdawi, MD	Sioux City, IA	712-224-6129
	Rapid City, SD	605-341-7337
Jeffrey Robinson, MD	Lincoln	402-955-4339
	North Platte	402-955-4339
Robert Slater, MD	Lincoln	402-955-4339
Matthew Sorensen, MD	Rapid City	605-341-7337
	Sioux Falls	402-955-4339
Anji Yetman, MD	Lincoln	402-955-4339

## Child Advocacy

Kristi Aldridge, APRN	Lincoln	402-486-1500
-----------------------	---------	--------------

## Endocrinology

Monina Cabrera, MD	Sioux City, IA	402-955-3871
Salah Elrokhsi, MD	Lincoln	402-486-1500
Zoe Gonzalez-Garcia, MD	Lincoln	402-486-1500
Christina Lens, PA-C (Telemedicine)	Lincoln	402-486-1500
	North Platte	402-955-3871
Earline Edwards, APRN (Telemedicine) (Telemedicine)	Lincoln	402-486-1500
	Kearney	402-955-3871
	Hastings	402-955-3871
		402-486-1500
Morgan O'Malley, APRN	Lincoln	402.486.1500
	Sioux City	712-224-6129

## Foster Care Clinic

Kristi Aldridge, APRN	Lincoln	402-486-1500
-----------------------	---------	--------------

## Gastroenterology

Ojasvini Choudhry Chandan, MD	Lincoln	402-486-1500
Emily Dietle, MD	Sioux City	712-224-6129
Ahmad Miri, MD	Sioux City	712-224-6129
Amanda Beranek, APRN	Lincoln	402-486-1500

## Genetics

Danita Velasco, MD	Lincoln	402-486-1500
Christopher Cummings, MD	Lincoln	402-486-1500

## Nephrology

Cheryl Calabro, APRN	Lincoln	402-486-1500
Teri Mauch, MD	Lincoln	402-486-1500
Melissa Muff-Luett, MD	Sioux City	712-224-6129
Miranda Floen, MD	Sioux City	712-224-6129
Veronica Taylor, MD	Lincoln	402-224-6129

## Neurology

Mary Rickard, MD	Lincoln	402-486-1500
Karlee Jewel, APRN	Lincoln	402.486-1500
Drew Thodeson, MD	Sioux City	712-224-6129

## Orthopedics

Brian Hasley, MD	Lincoln	402-486-1500
	Kearney	402-955-6300
Vivek Dutt, MD	Lincoln	402-486-1500
Michelle Craig, PA-C	Kearney	402-955-6300

## Pulmonary Medicine

Casey Burg MD	Lincoln	402-486-1500
	Kearney	402-955-5570
Matthew Dennis, MD	Sioux City, IA	712-224-6129
Ashley Deschamp, MD	Lincoln	402-486-1500
Eli Rhoads, MD	Lincoln	402-486-1500

## Sleep Medicine

Casey Burg, MD	Lincoln	402-486-1500
	Kearney	402-955-5570
Matthew Dennis, MD	Sioux City	712-224-6129
Sara Capps, APRN	Lincoln	402-224-6129

## Urology

Claudia Berrondo, MD	Lincoln	402-486-1500
John Makari, MD	Lincoln	402-486-1500
	Sioux City	712-224-6129
Jason Michaud, MD	Sioux City	712-224-6129
Ashton Hays, PA-C	Lincoln	402-486-1500
	Sioux City	712-224-6129
Amy Janousek, APRN	Sioux City	712-224-6129
Paige Stanzel, PA-C	Lincoln	402-486-1500
	Sioux City	712-224-6129
Anja Zann, MD	Lincoln	7402-486-1500

## Weight & Wellness

Debra Gartin, APRN	Lincoln	402-486-1500
		402-486-1500
Monica Dinslage, APRN	Lincoln	402-486-1500

1.855.850.KIDS (5437)  
PHYSICIAN'S PRIORITY LINE

ChildrensNebraska.org

Your 24-hour link to pediatric specialists for physician-to-physician consults, referrals, admissions and transport service.



## Follow your patients' progress with Physician Connect

This secure, online tool provides easy access to information about your patients and streamlines communication between primary care providers and specialists at Children's. With Physician Connect, you can:

- Securely communicate with other physicians
- Refer patients to Children's specialists
- Place orders for outpatient labs, radiology and specialty tests
- Access and review your patient's charts, specialists' notes and results in real time

Enroll today at [ChildrensNebraska.org/PhysicianConnect](https://ChildrensNebraska.org/PhysicianConnect)

CHILDREN'S CONNECTION  
for Physicians & Providers

