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President's message

*Christine Meyer, Barnes Jewish Hospital,
St. Louis, Missouri*

The Missouri, Iowa Nebraska & Kansas Physician Recruitment & Retention Network (MINK) is an association made up of in-house physician recruitment professionals. Members are employed by hospitals, healthcare systems, medical schools, and clinics to hire physicians to their organizations. As an organization, MINK has been successful in informing physicians in our region of practice opportunities and resources available.

The MINK LINK is sent to about 5,000 physicians and hospitals in the Midwest. The MINK LINK offers articles of interest, job postings, and information on the Physician Job Fairs. We are always looking for timely articles to publish. Please submit them to Katie Warren at Warrenka@IHS.org.

In 2004 The Missouri, Iowa, Nebraska and Kansas Physician Recruitment and Retention Network hit the road and hosted physician job fairs in Iowa City, Omaha, Wichita, St. Louis, and Kansas City. The incredible turnout of physicians at each location made this event an overwhelming success. A special thanks to all the residency and fellowship program coordinators and

directors, who took the time to pass on the invitations and posters.

It is my hope that these events benefited each and every attendee in some way—perhaps one of the educational sessions gave a young resident a fresh perspective on practice management, maybe someone found their ideal practice opportunity, or that one of the many attendance prizes turned an average day into a special day. Congratulations to all the winners of the 2004 Career Connections attendance prizes. Prizes ranged from gift cards from Best Buy and Target to electronics and a top of the line stethoscope. A complete list can be found at our web site at www.mink-midwest.org. The web site is also your link to hundreds of open positions in Missouri, Iowa, Nebraska and Kansas.

In 2005 MINK will be hitting the road again bringing a host of new opportunities for a new class of graduating residents and fellows. The MINK Physician Job Fair Planning Committee is already busy at work, planning this year's events, which promises to be better than ever. In 2005 we will be adding Columbia, Missouri to Career Connection events.

If you have any suggestions or comments, please email them to me at cmeyer@bjc.org.

Christine Meyer, MINK President

Kansas—did you know?

By Debbie Gleason, Wichita Clinic

Many people think of Kansas and recall “The Wizard of Oz” and tornadoes. If that's your only frame of reference, you'll be pleasantly surprised to learn that the “Heart of America” has developed in many exciting directions. With regard to tornadoes, let's put that notion into perspective—Kansas' average number of tornadoes ranks sixth (that's right, not first!) nationally, trailing Texas, Oklahoma, and Florida. And while we're on the subject of weather, did you know that “Kansas is among the top ten “sunniest” states in the country with more sunny days than Florida!”

In a November 24, 2004 article in the Wall Street Journal entitled “Kansas as No. 1,” it stated the

Pacific Research Institute's U.S. Economic Freedom Index rated Kansas as America's freest state. “The Index uses five categories—fiscal, regulatory, judicial, government size and welfare—to measure and compare economic freedom in the 50 states.”

Many of us in the heartland consider this state to be a somewhat unrecognized “jewel” when it comes to quality of life and great places to live, work, make friends, and raise a family. The opportunities abound when it comes to amenities available and the broad spectrum of community sizes. Here are a few more “did you knows” that you may find interesting...

- Wichita is the largest city in the state. The Wichita Chamber of Commerce tells us the racial and ethnic composition of Wichita is comparable to that of the nation.

- Topeka, the state capitol, has been designated the

(Continued on page 7)

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Lincoln, The Prairie Capital City

By *Cathy Miles, BryanLGH*

Lincoln, population 260,000 and growing strong, offers all the amenities, attractions, and entertainment opportunities of a major metro area. Lincoln is both the state capital and the home of the flagship campus of University of Nebraska. It provides a range of offerings such as a stable business environment, advanced health care technology, and an excellent educational system. (To mention a few) Lincoln was ranked #4 on a list of "Best Small Places for Business and Careers" (Forbes.com), #10 (out of 329 metro areas) on a list of "Best Places in the U.S. to locate a Company" (Expansion Management Magazine), and #20 out of 100 "Best Cities for Families" (Child Magazine).

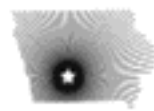
Located in the southeast corner of Nebraska, Lincoln is easily accessible by air, rail, or automobile. Interstate 80, stretching from coast to coast, traces its path right along the Lincoln city limits. Lincoln's all-weather airport offers easy access to or from major cities across the nation with connections to all points beyond. Major airlines offer multiple arrivals and departures. The terminal is located a few minutes from downtown. Non-stop destinations from the

airport include: Chicago O'Hare, Minneapolis, and Denver. Airlines servicing Lincoln are: United Express, Northwest Airlinck, and American Eagle, with easy connections to more than 400 U.S. destinations. Lincoln is also reachable by Amtrak with daily service from Chicago and Denver.

Lincoln is one of the Midwest's fastest-expanding metro areas. Blessed with a legacy of planned development and growth, Lincoln is a vibrant community with great appreciation for life's finest pleasures—food, art, music, sports, and the outdoors—all more affordable and accessible than in the nation's major cities, and served with a generous helping of Midwestern hospitality.

Whether night or day, the Historic Haymarket District area sparkles with great restaurants, unique shopping, and fun nightspots located in the restored turn-of-the-century warehouses. Antique shops, galleries, and the first microbrewery in Nebraska draw visitors and locals daily.

Over 6,000 acres of public parks featuring public golf courses, lakes, swimming pools, picnic facilities, playgrounds, nearly 80 miles of scenic hiking and biking trails (recognized as some of the best in the nation), an observatory,



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Creston, Iowa, a beautiful rural community in South West Iowa is looking for the following physicians to join Greater Community Hospital. Fifty-four beds, newly remodeled OB area and OR, new medical clinic building attached to hospital.

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recreation centers, and a tennis complex offering year-round play. If your passion is golf there are eleven public golf courses ranging in ability and skill and several private clubs to enjoy.

Lincoln is home to several outstanding medical facilities. BryanLGH Medical Center is a not-for-profit organization with two acute-care facilities and several outpatient clinics and close to 600 beds. BryanLGH Medical Center continues to receive five-star ratings for clinical

(Continued on page 9)

CARDIOLOGY – North Kansas City, Missouri

Busy, well-established practice of 10 cardiologists in the Kansas City area, needs a second board-certified electrophysiologist with the ability to perform atrial fibrillation ablation and a fifth interventionalist with peripheral training.

Cardiovascular program features an aggressive interventional program with access to the newest techniques including radiation brachytherapy, rotational atherectomy, and intravascular ultrasound. Dedicated EP lab with separate cath lab. A dedicated peripheral laboratory is scheduled to be built.

The practice performs approximately 2000 catheterizations and 750 coronary interventions annually. The CV surgery program currently performs approximately 400 open-heart procedures per year.

Active EP program including permanent pacemaker and defibrillator implantation, biventricular pacemaker implantation, and diagnostic EP studies with radiofrequency catheter ablation.

Excellent compensation and benefits package.

North Kansas City Hospital is a full service, level II trauma center with a medical staff of nearly 600 physicians. All 350 hospital rooms are private and a 135-bed expansion project will be completed by Summer 2005.

For more details, please call Lori Norris, Physician Marketing Coordinator, at (816) 691-1686 or e-mail lori.norris@nkch.org.

Who's king of compensation hill?

2003 practice revenue ¹		2003 total compensation ²
\$800,000	Cardiologists (invasive)	\$400,000
\$700,000	Neurosurgeons	\$396,000
\$800,000	Orthopedic Surgeons	\$367,600
\$600,000	Thoracic Surgeons	\$325,000
\$550,000	Cardiologists (noninvasive)	\$300,000
\$580,000	Gastroenterologists	\$300,000
\$650,000	Urologists	\$300,000
\$660,000	Plastic Surgeons	\$292,000
\$600,000	Dermatologists	\$266,000
\$550,000	Ophthalmologists	\$250,000
\$400,000	Pulmonologists	\$240,000
\$450,000	General Surgeons	\$235,000
\$425,000	Nephrologists	\$230,000
\$575,000	Allergists/Allergy Immunologists	\$217,000
\$500,000	OB/GYN	\$208,000
\$520,000	Rheumatologists	\$197,000
\$305,000	Infectious Disease Specialists	\$160,000
\$200,000	Psychiatrists	\$160,000
\$349,000	Endocrinologists	\$150,000
\$310,000	Internists	\$150,000
\$379,000	FPs	\$149,300
\$365,000	Pediatricians	\$140,000
\$250,000	GPs	\$120,000
\$414,000	All respondents	\$180,000

¹Practice revenue represents 2003 collections after adjustments, discounts, and write-offs. ²Total compensation for unincorporated physicians in earnings after tax-deductible expenses but before income taxes. For physicians in professional corporations, it's the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf. All figures are medians. Data apply to individual office-based MDs and DOs. The source for this and the following tables and charts is the Medical Economics Continuing Survey, Sept. 17, 2004 issue.

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- Brian Grus, MD



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Otolaryngology	

Contact Christine Meyer
314-747-5544 or 800-960-9014
cmeyer@bjc.org

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Documentation and coding quick tips

By Stephany Kelow, Manager of Coding Practice Account Management Services, LLC

Medical record documentation is a reflection of the provider/patient encounter. Records must be complete and compliant with national guidelines. One hundred seventy-one new, 205 revised, and 25 deleted ICD-9 (diagnosis) codes became effective on October 1, 2004. Listed below are some of the diagnosis code changes that impact coding, documentation tips to ensure specific and accurate diagnosis code assignment, and tips for appropriate CPT code assignment.

1. Diabetes codes

- a. The terms “insulin dependent (IDDM) and non-insulin dependent (NIDDM) have been removed from the diabetes diagnosis code descriptors.
- b. The descriptions now only reference Type I and Type II diabetes. This description change should eliminate the confusion for Type II diabetics who are on insulin temporarily or become insulin-dependent.
- c. There is no diagnosis code option to report “poorly controlled” diabetes. The only coding options are “uncontrolled” and “not stated as uncontrolled.” When appropriate, use the term “uncontrolled” to report the severity of the patient’s condition.

2. **CVA codes**—There are new codes to distinguish between hemorrhagic and non-hemorrhagic CVA and stroke. When possible, please document the type (cerebral occlusion/thrombosis, hemorrhagic, embolic) and the anatomical location in the brain for appropriate diagnosis code assignment.

3. **Venous thrombosis/embolism**—There are now more specific code options to report whether the embolism/thrombosis is present in a proximal or distal extremity vessel. If known, please document the specific vessel for appropriate code assignment.

4. **Dementia**—When available, document the source of patient’s dementia. There are specific codes for dementia due to or associated with conditions such as Alzheimer’s, alcoholism, cerebral infarction, etc.

5. Hypertension

- a. Terms such as “uncontrolled,” “hypertensive urgency,” “hypertensive emergency,” and “hypertensive crisis” are assigned the same code as “hypertension, unspecified.” However, “malignant” or “accelerated” hypertension are assigned with a different code. When appropriate, use “malignant” or “accelerated” hypertension in order to report the severity of the patient’s condition.
- b. When possible, specify if a patient’s cardiac and/or renal conditions are secondary to hypertension. There are specific codes for hypertension with heart and/or renal involvement.

6. **Chronic Obstructive Pulmonary Disease (COPD)**—COPD now codes to a non-specific diagnosis. When possible, specify the underlying cause of the COPD (asthma, bronchitis, or emphysema). Also, there are coding options for acute exacerbations of such diseases. Even if a patient presents acutely short of breath, the coding option for acute exacerbation cannot be assigned unless so stated by the provider. More specific codes can be assigned when the underlying cause is documented and the record clearly documents an acute exacerbation.

7. **Elevated C-Reactive Protein (CRP)**—There is a new code for elevated CRP. Documenting the abnormal lab value is not sufficient documentation to assign the code. The provider must state that the

blood levels are elevated in order to assign the code. “Elevated CRP” is acceptable documentation if no definitive diagnosis is known at the time of the patient encounter.

8. **Injuries**—If a patient’s problems are the result of an injury, please document an injury-related diagnosis (e.g. “contusion,” “abrasion,” “injury”) instead of documenting “pain.” Also, be specific about the location of injuries. Providers routinely document “multiple contusions and abrasions” as clinical impressions instead of more specific documentation such as “knee contusion,” “facial abrasion,” for example.

9. **Pregnancy**—An entire section of the ICD-9 book is used for assignment of conditions related to pregnancy. Provider documentation should be clear as to whether a patient’s workup or final diagnosis is specifically related to the pregnancy or if the pregnancy is incidental to the patient’s ED encounter. Documentation should also be clear as to whether a patient’s preexisting condition is affecting the management of the pregnancy.

Unclear Documentation

1. UTI
2. Pregnancy

Clear documentation

Pregnancy complicated by UTI

1. Nausea and vomiting
2. Pregnancy

Nausea and vomiting of pregnancy
Hyperemesis gravidarum

10. Critical Care

- a. The code for critical care is time-based. A minimum of 30 minutes must be documented in order to assign the code.
- b. Critical care can be performed in any department of the hospital, not just the ED.
- c. The record must reflect the critical nature of the patient’s condition.
- d. Time spent performing billable procedures must be subtracted from the total amount of critical care time reported. Examples of billable procedures commonly performed during critical care are:
 - CPR
 - Intubation
 - Placement of central venous catheter
 - Tube thoracostomy

11. **3-lead EKG interpretations**—The following three elements must be documented in order to bill for 3-lead EKG interpretations:

- a. Rate
- b. Rhythm
- c. Presence/absence of ectopic beats

Example of acceptable documentation “Sinus rhythm, rate 72, no ectopy.”

12. **12-lead EKG interpretations**—At least four of the following elements must be documented in order to bill for 12-lead EKG interpretations:

- a. Rate
- b. Rhythm
- c. Presence/absence of ectopic beats
- d. Axis
- e. ST segment/no acute changes
- f. Comparison to prior ECG
- g. Summary of clinical condition

Ex. “Sinus tachycardia, rate 138, no ectopy, no ST-T wave changes.

13. **Laceration repairs**—Laceration length(s) must be documented (preferably in centimeters) in order to assign laceration repair codes.
14. **Hospice patients**—If a patient is under hospice care, please provide this information in your documentation. Claims for services provided to hospice patients must be submitted with a specific modifier and reimbursement is denied if the modifier is missing.
15. **Medical decision making**—The provider’s level of medical decision-making is one of the main components used to determine the most appropriate evaluation and management code assignment. Payers often deny claims “due to lack of medical necessity.” Providers can help to minimize these types of denials by providing clear documentation of the medical decision-making process. Such documentation should include, but is not limited to, the following:
- Patient response to medications/treatments in the ED
 - Results/interpretation of ancillary studies ordered
 - Differential diagnoses and management options
16. **Services provided jointly with residents/interns**
Teaching physicians must provide acceptable documentation indicating his/her presence during the key portions of the service (evaluation/management & procedures) performed by the resident/intern.

Examples of acceptable statements:

- “I was present with resident during history and exam. I agree with the findings and plan of care as documented in the resident’s note.”
- “I saw and evaluated the patient. I reviewed the resident’s note and agree with the findings and plan as documented.”
- “I was present and supervised the procedure as performed by the resident.”

Examples of unacceptable statements:

- “Agree with above,” followed by countersignature.
- “Seen and agree”
- Countersignature alone.

17. **Services provided jointly with medical students**

The teaching physician must personally document the evaluation and management service documentation requirements for the three key components (i.e. history, physical exam, medical decision-making). In order to use documentation provided by a medical student to support a code assignment, the student must be clearly identified as a “scribe” by the teaching physician.

Be sure to include
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 Osage Beach, MO 65065



Preparing for the interview

By Kelly Ford, Director of Physician Recruitment, Sisters of Mercy Health System, St. Louis, Missouri

Most physicians want to live in a resort setting with low cost of living, great schools, and a home overlooking the ocean or nestled away high up in the mountains, while working in a practice that has low managed care, enormous income potential, and early partnership. The problem with this dream, of course, is that such settings are rare in the real world. What you may actually need to consider is a stable practice with a solid referral network, a defined need for your specialty, and a community that meets your family's needs. Organizing your thoughts early in the process and prioritizing what you are looking for in the way of practice style, geographic location, and income expectations, is much more realistic.

Interviewing effectively is anything but a passive process, and proper preparation can ensure your chances of success. Prior to participating in your initial telephone interview, review your calendar for possible interview dates, just in case this turns out to be an opportunity that you would like to pursue. During the telephone interview, collect as much information as you can about the community, the practice, and remuneration. If what you hear meets your expectations, and if an interview is scheduled, it's time to begin preparing a more in-depth list of questions for your on-site visit. This will ensure that you are equipped enough to gather enough additional information to make a more intelligent, a more conclusive determination about whether or not this particular opportunity is the right one for you and your family. Here are some suggestions:

About The Practice

- What factors indicate the need for additional physicians?
- How many physicians of your specialty are located in the community?
- How much time do the physicians spend at their office, at the hospital, or at satellite offices?
- How is each office equipped? How are they staffed?
- Are the office locations convenient for both physicians and their patients?
- What is the practice's philosophy and style?
- Who manages the office on a day-to-day basis?
- What is the weekend and evening call schedule?
- Are the cross-covering physicians compatible?
- What is the general age, training, and expertise of each physician in the practice?
- What is the average number of patient visits per physician?
- Are any physicians accepting new patients?
- What is the average wait time for new patient appointments?
- How does the practice assign patients?

- What is the patient/payer mix?
- What is the overhead and collection ratio for the practice?
- What are the percentages of managed care, Medicaid, Medicare, Payor Mix, etc?
- Are there adequate specialists for primary care physician referrals?
- Are there sufficient primary care physicians for referral to the specialists?
- What are the long-term goals of the practice? (Additional physicians, offices, hospitals)
- Are there any anticipated retirements?

About The Community

- What is the community population and service area for your specialty?
- Is the local population decreasing or increasing?
- What are the demographics?
- What are the local economic conditions?
- Who are the major employers?
- Describe the climate?
- Is there a medical school nearby?
- Are there cultural and recreational amenities for both you and your family?
- How do the public schools rank compared to others in the state? In the nation?
- Are private schools available?
- Are there colleges and universities in the area?
- Do the local religious facilities meet your needs?
- Will there be employment opportunities for your spouse?
- What is the average cost of living?
- What is the average cost of housing?

About Salary & Partnership Potential

Resist the urge to bring up the subject of money until you have spent the day with the potential employer. Typically, the interviewing physician will bring this topic up near the end of the interview, but, if he doesn't, be prepared to take the lead! You may wish to say something like, "I'm very impressed with the practice, the physicians, and the community, and I would like to have a better understanding of the financial issues. Can we discuss this a bit before I leave?"

- What is the starting salary?

- Would the salary be increased the second year?
- How will it be structured? Salary vs. income guarantee vs. production formula?
- Is there a production bonus? If yes, how is it determined and when is it paid?
- What benefits are provided: health, life, dental, disability, and malpractice insurance, CME, vacation, relocation, retirement, etc?
- What could I expect to learn as a full partner?
- When is partnership typically offered?
- Is there a buy-in? If yes what are the terms?

At the end of the interview, if you want the position, don't be afraid to ask for it! Express your enthusiasm and let them know that you are confident that you can be a productive member of the team. Inquire about the next step. Should you expect another interview before receiving a contract?

Jot down the highlights of your visit, so that you don't forget the details. Contact the liaison or the practice representative as soon as you get home. Send a letter of thanks! If you met with a group of physicians and/or administrators, send a separate note to each person. The courtesies you show will create a lasting impression, enhancing your chances of landing that dream job.

Physician recruiters and potential employers will form their impressions of you based upon the information you provide in your cover letter and curriculum vitae. Taking the time to prepare this information properly will result in additional practice options for your review. This can only enhance your chances of success.

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- OB/GYN
- Orthopaedics
- Perinatology
- Radiation Oncology
- Rheumatology
- Urology

For more information call 888-808-6690 or email janelle.deitloff@nmhs.org

METHODIST HEALTH SYSTEM

©2004 Methodist Health System

(Kansas—Continued from page 1)

7th most livable city in the Midwest, has seven reservoirs within a 50-mile radius, has over 90 parks and offers excellent healthcare facilities!

• The healthcare industry in Wichita employs approximately 28,000 people and the city is a major regional healthcare hub for the state.

• The Kansas Cosmosphere in Hutchinson, KS houses the largest display of space artifacts outside of the Smithsonian Institute.

• The University of Kansas Medical School and Medical Center is located in Kansas City with a significant branch in Wichita. Both locations host graduate medical education residency programs for multiple specialties.

• The overall cost of living for major cities in Kansas is considered moderate as compared to other states and 5% below the national average in Kansas City and Wichita.

• The state boasts amenities such as: music theater, symphonies, theaters, museums,

(Continued on page 9)

About Iowa and its many opportunities

Iowa is a great place to live and travel. The more you know about it, the more you will come to enjoy it.

Iowa became the 29th State in 1846. It is known as the Hawkeye State, and Des Moines is the capital city. Iowa is bordered by two great American rivers (the Mississippi and the Missouri) on its east and west sides. It has a rich agricultural tradition and ranks first in the nation with corn and soybean production as well as in hog production from its 93,000 farms.

Iowa was home to many famous individuals such as Herbert Hoover, John Wayne, Glenn Miller and Grant Wood, to name a few. It was part of the Lewis and Clark expedition and many other historic events.

Iowa supports a rich and diverse cultural

population and history. The Iowa Caucuses make it an important political stop as well.

Please feel free to browse through our government websites. Look at all that Iowa has to offer. Iowa is the place where family values, exceptional work ethic, first-in-the-nation education and peace of mind all come together.

Iowa is for you. Find a great job. Start a business. Discover how much you value a life with accomplishment, reward, opportunity, and a sense of being in the right place. The Waterloo-Cedar Falls metro area experienced one of the highest rates of job growth in the last year, according to the Federal Bureau of Labor Statistics.

Whether you live here or are visiting for the first time, you will find Iowa is the place you can always call home.

Top ten reasons to practice in Iowa

1. Iowa Physician Loan Repayment Program
2. Iowa work ethic
3. Not a lot of traffic jams
4. Educational system
5. Low litigation rate
6. Technology
7. Family values
8. Low cost of living
9. All 4 seasons
10. Low jobless rate—4%

Location. Quality. Opportunity.

Location: Jefferson City, Missouri's state capital, is a thriving focal point, rich in history and charm. A low cost of living, strong schools, excellent recreational opportunities and easy access to Missouri's natural beauty and commerce enrich our quality of life.

Quality: Our SSM Health Care system received the Malcom Baldrige National Quality Award in 2002 — the first time a healthcare organization received the award.

Opportunity: Our 167-bed acute-care facility has exciting plans for the future and the ingredients necessary for a successful practice and lifestyle. In the past year alone, St. Marys has acquired more than \$5.5 million in new technology to equip its practitioners.

We seek the following specialists:

Family Practice (w/o OB), OB/GYN, Orthopedic Surgery – General or Hand, Gastroenterology, Cardiology, Neurology, Urology, Radiology.

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Iowa



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(Lincoln—Continued from page 3)
 quality and performance excellence in various cardiac and orthopedic procedures, according to a new study released by HealthGrades, the nation's leading healthcare quality company. The ratings not only continue to rank BryanLGH as best in Nebraska, but place the medical center among Top 10 percent in the nation for cardiac and orthopedic services (www.healthgrades.com). A sample of other best ratings include: #1 in Nebraska for overall vascular services three years in a row, top 5% in nation for overall vascular services three years in a row, and #1 for pulmonary services in Lincoln.

Orthopedic surgeons at BryanLGH Medical Center are pioneering minimally invasive, total joint, hip and knee replacement procedures that can make patients recoveries faster and less

painful than with traditional surgery. The procedure was started about a year ago, with several surgeons completing the training.

St. Elizabeth Regional Medical Center, an affiliation with the Catholic Health Initiatives and a not-for-profit facility, is a nearly 200-bed facility focusing on quality healthcare and encouraging spirituality. (www.saintelizabethonline.com)

Lincoln Pulmonologists are offering a new intensivist service in the ICU at both BryanLGH and St. Elizabeth Medical Centers. Intensivist programs provide physicians who have additional training and experience in critical care medicine; the intensivists are Board Certified in critical care or have similar experience. Additionally, patient care is enhanced by the program's multi-disciplinary approach.

(Kansas—Continued from page 7)
 botanical gardens, marvelous zoos, jazz and other festivals, sports teams, excellent shopping and dining.

- Kansas provides medical malpractice liability Tort Reform that places a \$250,000 cap on non-economic damages.

- A number of small towns and rural locations are equipped with excellent hospitals and a variety of opportunities for physicians.

And, yes, we continue to have people from around the country visit and comment about

the friendliness of our population and the array of amenities available. Take a look at the official web site of Kansas at www.accesskansas.org, or better yet, take a closer look at one of our communities and find out why we have been called "The Land of Ahs!".

Some of the information obtained at www.wichita.com and associated links.

Be sure to include
www.mink-midwest.org
 among your favorite web sites

Madonna Rehabilitation Hospital is a premier rehabilitation hospital for children and adults. Madonna offers highly specialized programs and services for those who have suffered traumatic brain injury, stroke, spinal cord injury, or other injury or illness. The hospital is a state of the art facility where patients achieve the most independent and productive lifestyle possible after experiencing an accident, illness, or injury, whether permanent or temporary. (www.madonna.org)

The Nebraska Heart Hospital is a new two-story, half basement, freestanding hospital specializing in cardiac care. It has 52 critical care beds and 11 inpatient beds. (www.stein-cox.com)

Additional information about Lincoln can be found at www.lincolnnecdev.com and www.lincoln.org.

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