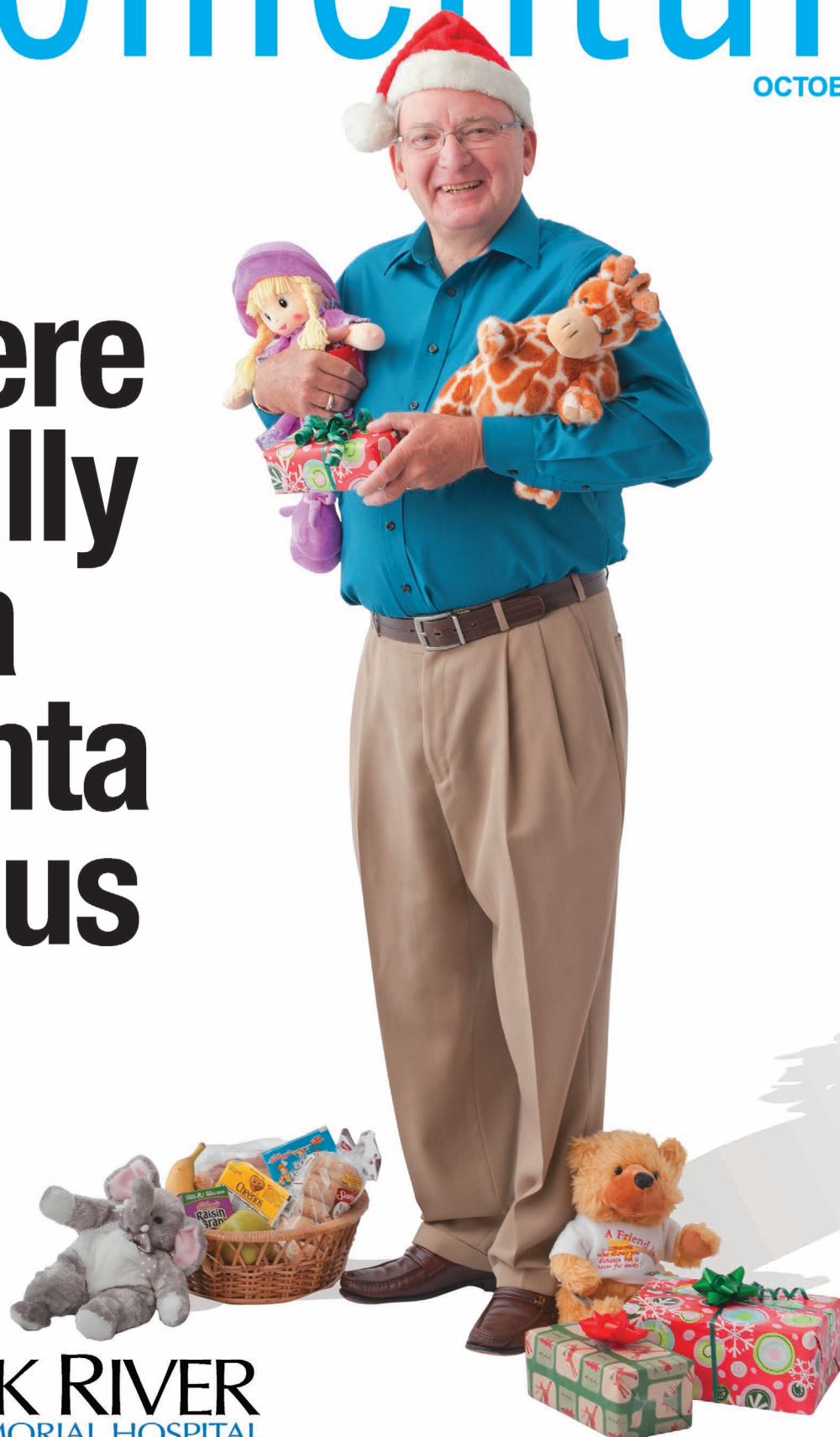


Momentum

Local people. True stories. Real advice.

OCTOBER 2011

There really is a Santa Claus



BLACK RIVER
MEMORIAL HOSPITAL

The Spirit of Giving is

Chuck Buswell's dad was a hero. Not because he wanted glory. He genuinely wanted to help people. If there was an accident or crisis in the community, Chuck's dad was among the first on the job.

"As a kid, I remember an old house collapsing with a young boy pinned inside. My dad heard about this, threw a hammer to a friend and said, 'We're on our way!'" says Chuck. "We were all stunned. Seeing the men pull together like that was an awesome experience." They saved the boy. Unfortunately, he later died from injuries. But that unfortunate event didn't deter Chuck's dad from rescuing others.

"My parents, Charles and Mildred, owned and operated a general store, and whenever there was a death or tragedy in the community, my parents pulled items off of the store shelves and brought them to the family—anything they thought the family could use," says Chuck.

Like father, like mother, like son? "When you see your parents constantly helping other people, it becomes second nature to follow in their footsteps," says Chuck. And he has.

THE ACCIDENTAL SANTA

Chuck is an active volunteer for a program called Project Christmas, which gathers donated food and gift items and delivers them to families who don't have the means to buy such things for the holiday. One of Chuck's first experiences was a bit accidental.

"I was sent to an elderly couple's home, but went to the wrong house," tells Chuck. "There was a little boy looking out of the window who shouted, 'Mom, Mom, we're going to have Christmas after all.'" The family had just moved to Black River Falls and their money was gone. So there was Chuck—only a small chicken in hand and gifts for an elderly couple. He went back to the



Chuck Buswell is one of 1,000 volunteers who bring Christmas to families in need by bringing them baskets of food and toys.

s All in the Family

other volunteers. They gave Chuck a new box filled with food and appropriate gifts. (The elderly couple received their food and gifts, too.)

Chuck returned to the family's door several more years in a row. Things turned around when the mother went back to school, got a nursing degree, and is now doing well as a registered nurse. "To see someone go from poverty level to success means a lot to us," he says.

Project Christmas volunteers rely on friends and neighbors to tell them when someone needs help. One Project Christmas delivery day, Chuck and a friend were sent to an unfamiliar area to visit a home where the two "just sensed" help was needed.

"The next time we had a board meeting, I suggested we make sure to have extra boxes and do 'drive-bys' in case we stumbled upon another family in need," says Chuck.

It turns out a mother had recently died, leaving the husband with four little children who were thrilled to see Chuck and his friend, because they could have Christmas in their home.

A semi-retired funeral director, Chuck has seen some senseless deaths. One such incident involved a domestic problem that ended tragically, leaving four children orphaned. This happened a year before Project Christmas became a reality. So, a few days before Christmas, Chuck, his wife, Ruth, and daughter, Paula, visited local merchants who donated gifts for the family.

"I didn't want to be seen as a funeral director delivering gifts, so I wore a Santa Claus outfit," says Chuck. "The children were awe-stricken; they really did believe I was Santa."

Caroline Olson and several others helped Chuck initiate the Project Christmas program in 1984. "Caroline called people by their last names. So the day she told me we'd help all of Black River Falls area, I said to her, 'Olson. You're nuts.' She just said, 'Settle down Buswell.'" Then she calmly explained the many other volunteers she had lined up. That first year, the group visited 100 households.

Today, Project Christmas volunteers serve 350 to 400 households each year. Often families respond by sending letters saying they can be taken off the list because things have become better for them.

Chuck's wife, Ruth, plays dispatcher for all of the volunteer drivers (approximately 100), and spends a good deal of November and early December rounding up people to deliver gifts and food on a Saturday close to Christmas day. With additional volunteers to package food, sort and wrap presents as well as do last minute shopping, it's been estimated 1,000 people each year give their time and talents to the program. "And we never have a hard time finding people to help," says Chuck.

Chuck and Ruth's daughter, Paula, volunteers her time to a number of charitable organizations. In fact, her husband, Terry, and their sons, Matthias (eight), and Christoph (five) also are involved in organizations helping others.

"I definitely see volunteering as a generational activity," says Chuck. And it all started with the generosity of parents who cared about community.

HOW CAN YOU HELP?

If you know of someone who needs help, call Interfaith Volunteer Services at 715.284.7058 or Health and Human Services at 715.284.8941. ■



SURGEON ANSWERS THE CALL OF HOME AND COMMUNITY

When family practitioner, Jerry Kitowski, M.D. learned that his son general surgeon, Nick Kitowski, M.D., was coming home to practice in Black River Falls, he was thrilled.

"Nick had a clear interest in medicine from a very early age and knew what he wanted to be," Dr. Jerry Kitowski recalls. "I remember an envelope of information arriving from the American Academy of Family Physicians. When he saw it in my mail a few days after his seventh grade career day, he said, 'Hey, that's mine. I'm going to practice at the Krohn Clinic and Black River Memorial Hospital.'

"While it's gratifying to have him follow in my footsteps — somewhat — I see his return as a tribute to our community — his teachers and classmates, our neighbors and businesses. To bring that kind of talent and skill back here demonstrates an important connection. As part of a small town community, we're all connected on a more personal level — and we've always enjoyed being part of Black River Falls."

He says this connectedness is further demonstrated by now-retired physicians Richard Holder, Eugene Krohn and John Noble. "Born and raised in Black River Falls, they all came back," notes Dr. Jerry Kitowski. "All family physicians, they had fantastic careers characterized by outstanding reputations and community commitment."

Dr. Nick Kitowski says his desire to return to Black River Falls was founded on both the community at large and the medical community itself. "It's a good fit for a rural surgeon," he says. "We have a large population we can serve effectively. We're near tertiary hospitals with specialized support readily available as needed. We have a brand new, state-of-the-art surgical suite at Black River Memorial Hospital. And, by partnering with general surgeon Darrin Antonelli, M.D., I have the guidance of another experienced surgeon."

"People who are raised
here want to stay here.
We can see it in our past
as well as in our present."

Dr. Nick Kitowski wanted to work as a rural surgeon because it presented the opportunity to serve a broader spectrum of needs while fostering deeper patient relationships. He calls it "the family practice of the surgical world."



Surgeon, Nick Kitowski, M.D., is happy to be home caring for the people and community he's always loved.

He explains how urban surgeons tend to be more specialized. "There are a shrinking number of rural surgeons despite the growing need for general surgeons in smaller communities," he says. "Without access to general surgery, people in smaller communities like ours might face more travel and inconvenience, a greater likelihood of medical crises, and less favorable outcomes because of longer travel times."

Describing his patient approach as "open," he emphasizes the importance of listening to patients, being straightforward about options, and empowering them to accurately weigh the benefits and risks of every procedure. "I want to give my best recommendations – completely free of any pressure – because an informed patient is best qualified to call the shots."

"The desire to come back home and practice in this unique and progressive community is an endearing testament, especially at a time when other communities are challenged by 'small-town brain drain,'" says Dr. Jerry Kitowski. "People who are raised here want to stay here. We can see it in our past as well as in our present." ■

A FAMILY SNAPSHOT

- Both Drs. Kitowski earned their medical degrees from the Medical College of Wisconsin.
- Dr. Jerry Kitowski has been practicing at the Krohn Clinic and providing care at Black River Memorial Hospital for 26 years.
- Dr. Jerry Kitowski and his wife Lori have three children. "It's great to have all three of our children nearby," he says.
- Dr. Nick Kitowski and his wife Bobbi have a 12-month-old daughter, Audrey.
- Dr. Nick Kitowski loves sports. As a boy, he enjoyed canoeing, hiking and skiing with his family. He also played Little League baseball. In high school he played football, basketball and tennis. He lettered on the varsity crew team at University of Wisconsin – Madison. He continues to enjoy playing basketball and running.

More from Dr. Nick Kitowski on next page...

ASK A DOCTOR



Q "What are some of the 'almost every day' surgeries at BRMH?"

"I'll respond to that by listing below a few of the more frequently performed surgeries at BRMH," says surgeon, Nick Kitowski, M.D. "I've also included some preventative measures you can take to help avoid the procedure, as well as certain symptoms that require immediate attention and should not be ignored."

INGUINAL HERNIA SURGERY

An inguinal hernia occurs when a small portion of the bowel bulges out through the muscles of the abdominal wall into the groin. Surgery is generally recommended to avoid complications such as strangulation, when a loop of intestine, tightly trapped in the hernia, is cut off from the blood supply. A painful or firm lump needs immediate attention.

GALL BLADDER REMOVAL (CHOLECYSTECTOMY)

About 90 percent of gallstones cause no symptoms. In addition, gallbladder disease can cause symptoms similar to those of gallbladder stones. Pain in the upper right abdomen is severe and constant, and may last for days. Pain frequently increases when drawing a breath. These symptoms require immediate medical attention.

APPENDECTOMY

The chief symptom of appendicitis is abdominal (belly) pain, which typically feels like indigestion or the need to have a bowel movement or pass gas. People often first sense the pain near the belly button, then feel it move to the lower right. Movement—especially walking and coughing—can make the pain worsen. Not everyone has these symptoms. Older people, children under two years, and pregnant women might not feel pain in the lower right part of the belly. Pain in the abdomen is common, but if you have moderate pain that lasts longer than four hours, or severe belly pain, call your doctor right away.



BREAST CANCER SURGERY

Early detection of breast cancer saves thousands of lives each year. The goal of screenings (such as mammograms) is to find cancers before they start to cause symptoms. Breast cancers found during these screening exams tend to be smaller and confined to the breast. In contrast, breast cancers that are found using the sense of touch tend to be larger—and more likely to have spread. Recommended tests, exams and their frequency vary by age and risk, so ask your health care professional about the best approach for you.

COLONOSCOPY & ENDOSCOPY

Though not surgeries, these diagnostic procedures are performed to look for early signs of cancer of the gastrointestinal tract and to diagnose the causes of other conditions. They enable the physician to see inflamed tissue, abnormal growths, ulcers, and bleeding. Routine colonoscopy to look for early signs of cancer should begin at age 50 for most people—earlier if there is a family history of colorectal cancer or other risk factors. Following that, your doctor will advise you on how often to get a colonoscopy.

SKIN CANCER REMOVAL

Affecting more than two million Americans each year, skin cancer is the most common of all cancers. It's also the easiest to treat and cure if detected early. Combined with a yearly skin exam by your doctor, monthly self-exams can alert you to changes in your skin and aid in early detection. See your physician if you spot skin growth that increases in size and changes color; a mole or any brown spot that changes color, increases in size or thickness, has an irregular outline, is bigger than a pencil eraser, or appears after age 21; or a sore or spot that continues to bleed, scab, crust, hurt or itch.

Always consult your doctor if you have questions or concerns about your health. ■

Do you have a question? Please submit it to: yaegera@brmh.net

Nick Kitowski, M.D., has joined the Black River Memorial team to care for home and community.

EMPLOYEE SPOTLIGHT

Chris Barnett

Home Health Aide
Black River Memorial Hospital



When you are housebound because of physical limitation, home can be a lonely place. Chris Barnett helps shed the loneliness. As a Black River Memorial Hospital home health aide, it's her job. However, Chris doesn't look at it that way. She sees only how her clients' faces brighten when she comes to the door.

In her hands, might be a special bottle of shampoo the client likes, a favorite movie, or a romance novel. These aren't big gifts; they're thoughtful gifts. That's what Chris is—thoughtful.

"There is a client who likes to read romance novels, so I bring a new one each time I see her," Chris says. "I'll read it, too. That way we can have a 'mini book club' and discuss the book."

Chris is genuine and her clients appreciate her for it. "There was a gal who asked 'Why do you like me? I used to do this and that'," Chris says. "And I said to her 'I didn't know you back then; I know you now.'" The woman's response was "I wish you were my daughter."

Her clients aren't the only people to experience Chris's giving nature. A member of Women of the Evangelical

Lutheran Church of America, she was instrumental in having the women make quilts for veterans in Black River Falls.

"There is a client who likes to read romance novels, so I bring a new one each time I see her."

Chris's generosity has extended even beyond the U.S. borders. She had the children in Sunday school make sundresses for little girls in Africa. "I brought in 28 pillow cases," says Chris. "We decorated them with paints, then had a seamstress, Gwen Overlien, sew them into dresses."

"Her daughter, Tam, took the dresses to a sister congregation in Africa," says Chris.

For Chris, there are no boundaries for care. Caring for others is her passion and it spills over to every aspect of her life—and to all she meets. We are proud to have her on the Black River Memorial Team. ■

Incontinence Anyone?

At first, maybe you hoped that bladder problem was a temporary concern and would just go away. You've been uncomfortable, worried – and embarrassed. Not only is it frustrating, it's getting worse. Where's the way out?

More than 12 million American adults – including all ages, both sexes, and people of every social and economic level – routinely experience urinary incontinence, the uncontrollable loss of urine from the bladder.

One out of three women experience it at some point in their adult life – twice as likely as men.

“There really is no reason to let urinary incontinence keep you from living your life.”

As staggering as these numbers are, the total number of people affected may be far greater because of false beliefs such as “nothing can be done about it” or “it’s just a normal part of aging.” Maybe that’s why up to half of those with urinary incontinence don’t report the problem to family members or their physician – and why the actual total number may be closer to 25 million Americans.

“Certainly no one is alone. And no one needs to feel embarrassed,” says Josiah Nelson, M.D., a urologic surgeon who practices medicine at Black River Memorial Hospital. He says incontinence is more than a medical condition. “It affects your emotional, psychological and social wellness. It’s not uncommon for someone with incontinence to avoid normal daily activities that take her or him too far from a bathroom. That’s why it’s vital to spread the word: in most cases incontinence can be treated and managed successfully.”



Josiah Nelson, M.D., says incontinence isn't something you have to live with. It's a common condition for more than 12 million adults of all ages and gender. One out of three women experience it at some point in their life.

HOW IT WORKS

The urinary tract collects, stores and releases urine from the body. Special muscles control how urine is stored in and released from the bladder. Many people with incontinence have weakened or damaged muscles or may not be able to sense when their bladders are full, leading to difficulty in controlling urination.

CAUSES OF INCONTINENCE

"Incontinence is not a natural part of aging and it's not a disease," says Dr. Nelson. "It's typically a symptom or side effect of another medical condition." He says it can be caused by any number of health conditions that influence its duration and severity:

- **Short Term:** Urinary tract and bladder infections, constipation, childbirth, limited mobility and medication side effects are some of the most common causes of short-term incontinence.
- **Long Term:** Bladder or pelvic floor muscle weakness, blocked urethra, stroke, surgical procedures, and brain or spinal cord injury can sometimes cause long-term incontinence. Recovery from these causes may affect the rate at which continence is restored.
- **Prostate Surgery:** The treatments required to correct prostate problems are the most frequent causes of urinary incontinence in men. Although its duration and severity varies by person and type of procedure, incontinence generally lessens in six months to one year. In many cases, continence is fully restored.
- **Chronic:** Birth defects, progressive illnesses and other chronic conditions may require ongoing management of incontinence.

FORMS OF INCONTINENCE

The severity of urinary incontinence ranges from partial to complete loss of bladder control, and it can change over time. There are four forms of incontinence:

- **Stress:** Urine loss when coughing, sneezing, laughing, exercising, lifting, changing position and performing other kinds of strenuous activity.
- **Urge:** Involuntary loss of urine accompanied by an abrupt and strong (urgent) desire to urinate. People with urge incontinence feel as if they can't reach the bathroom fast enough.
- **Overflow:** With this form, people either do not get the urge to urinate or have a blockage in the urinary tract. In either instance, the bladder does not completely empty. When it overfills, excess urine is forced out.

- **Functional:** Some people have normal orderly bladder control, but have trouble getting to the bathroom in time – usually because of impaired mobility (such as arthritis that makes walking painful or slow) or impaired mental functioning (such as Alzheimer's disease).

TREATMENT OPTIONS

"Incontinence is common, but it's not normal," says Dr. Nelson. If you have a problem with urine leakage, your first step toward freedom is into your physician's office to determine which form of incontinence you have. In many cases, a team of health care professionals including a physician, nurse and nurse practitioner will work with you to diagnose and offer treatment options.

"You're not alone," Dr. Nelson repeats, "Talk with your doctor. Check out your options. There really is no reason to let urinary incontinence keep you from living your life." ■



Visit brmh.net or scan this QR code to learn more event details and see a video of Dr. Nelson.

DON'T LET INCONTINENCE SLOW YOU DOWN.

Learn more about managing incontinence and your treatment options at a free education program. Josiah Nelson, M.D. will lead the program with Kathy Eggebakken, Physical Therapist.

Thursday, October 27

Sign-in and refreshments: 6:30 p.m.

Program Starts: 7:00 p.m.

In the Dorothy Halvorson Conference Room
Black River Memorial Hospital

Register by calling 715-284-1325

KNOW THE MOST COMMON | YOU MIGHT BE

Although accidental shootings or falls from tree stands come to mind when most people think of hunting accidents, heart attacks are the most common danger lurking in the woods.

Walking while carrying gear, the adrenaline burst from spotting and shooting a deer, and dragging a deer out of the woods can cause more stress than the heart can handle. That's especially true if you are not physically active, if you smoke, have high blood pressure, elevated cholesterol, or other health problems.

Hunting is more enjoyable and much safer if you're not over-exerting yourself. Physical fitness will enable you to cover more ground when you hunt, move deer or other animals out of the woods easier, and avoid exhaustion-related clumsiness and lapses in concentration. Fitness makes you a better shot, too. Shooting when you're out of breath weakens your aim.

If you don't exercise regularly, it's a good idea to start building up your endurance before hunting season. Any activity that gets you moving around, even if it's done for just a few minutes each day, can start strengthening your heart and lungs.

Physical activity also can help you lower your blood pressure, reduce your risk for some cancers, control weight and maintain healthy bones, muscles and joints. Try walking, bicycling, jogging, hiking or bowling. Be creative: park your car a distance

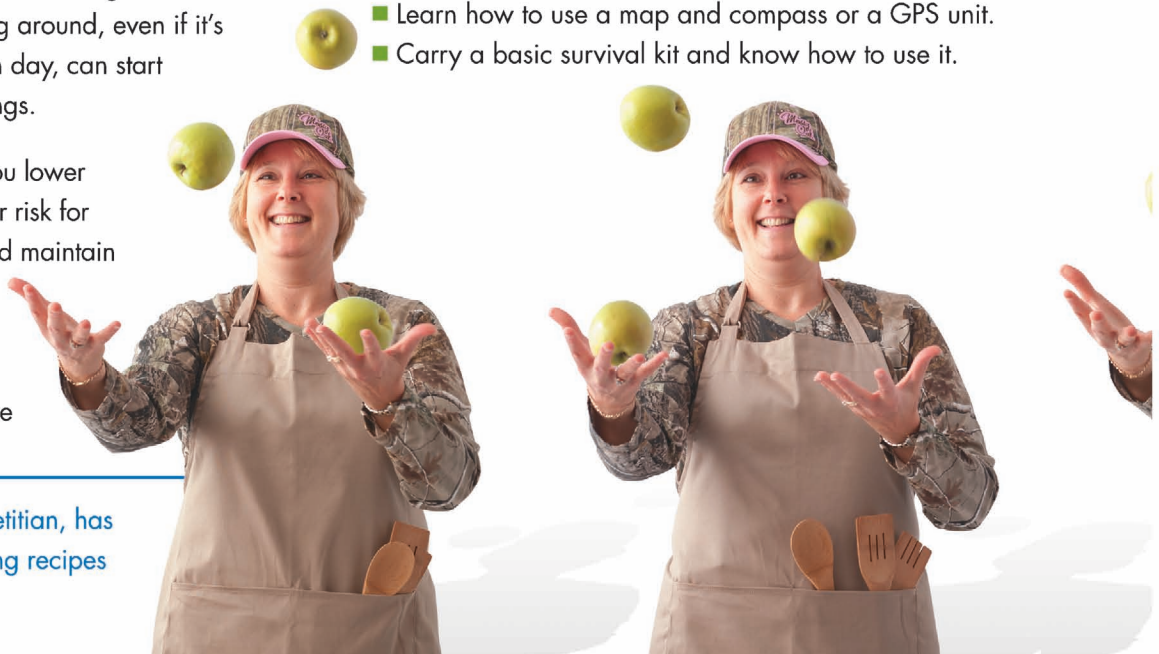
from work and walk the rest of the way, take the stairs, and, at lunch, walk around the block.

In addition to physical activity, eating healthy and avoiding tobacco are important steps towards reducing your risk of heart disease. Try this recipe from Black River Memorial Hospital's registered dietitian, Paula Przywojski, as your first step to a healthy diet.

MORE SAFETY TIPS

- Never point or shoot at sounds or movement; these may in fact be other hunters.
- Wear fluorescent orange clothing and avoid wearing blue, white and/or red (the colors of wild turkeys).
- Always let someone know where you are hunting and when you will return.
- Wear a fall-resistant restraint device when hunting from an elevated stand.
- Dress in layers of clothing that repel moisture, insulate, and block wind or rain.
- Learn how to use a map and compass or a GPS unit.
- Carry a basic survival kit and know how to use it.

Paula Przywojski, Registered Dietitian, has the talent for creating and sharing recipes that are tasty and healthy.



HUNTING EMERGENCIES? SURPRISED.

RECIPE CRISP AND SPICY SNACK MIX FROM COOKING LIGHT

INGREDIENTS

- 2 cups crisscross of corn and rice cereal (such as Crispix)
- 1 cup tiny pretzel twists
- ½ cup reduced-fat wheat crackers (such as Wheat Thins)
- ½ cup reduced-fat cheddar crackers (such as Cheez-It)
- 1 ½ tablespoons butter, melted
- 1 tablespoon ginger stir-fry sauce (such as Lawry's)
- 1 teaspoon chili powder
- 1 teaspoon ground cumin
- ¼ teaspoon salt
- Cooking spray

PREPARATION

- Preheat oven to 250°
- Combine the first 4 ingredients in a bowl. Combine butter, stir-fry sauce, powder, cumin, and salt; drizzle over cereal mixture, tossing to coat. Spread mixture into a jelly roll pan coated with cooking spray. Bake at 250° for 30 minutes or until crisp, stirring twice
- Yield: 4 cups
- Per ½ cup serving: 117 calories; 4 grams of fat; 18.5 grams of carbohydrates



Stay safe this season with a **FREE*** "Hunting Survival Kit" from Black River Memorial Hospital. Inside you'll find a compass, whistle, mirror, flint, and waterproof container.

Just call 715-284-1325 and we will send this must-have hunting gear to your doorstep.

*Hunting Survival Kit is limited to one kit per household.



HOSPITAL EVENTS 2011

October 14, 8:30 a.m. – 3:30 p.m.

Final Affairs Seminar

Dorothy Halvorson Conference Room

October 25, 7:30 a.m. – 9:30 a.m.

OSHA Safety Update

Dorothy Halvorson Conference Room #2

October 27, 6:30 p.m.

Community Education Event – Incontinence

Dorothy Halvorson Conference Room

November 8, 10:00 a.m. – 3:00 p.m.

Book Fair

Dorothy Halvorson Conference Room

November 10

Partners of BRMH

Holiday Tea

Black River Memorial Hospital

Watch for more details at brmh.net

Visit our website at
www.brmh.net
for a full list of hospital
events and to view
our latest videos.

*Become
a fan*



ONE OF THE BEST PLACES TO WORK IN HEALTHCARE

Black River Memorial Hospital has been named one of the
“**Best Places to Work in Healthcare**” according to
Modern Healthcare, a national trade journal.

“This achievement is a direct reflection of BRMH’s culture, which
would not be possible without our staff,” said Stan Gaynor,
CEO of BRMH.

The recognition is based on an employee engagement and
satisfaction survey.

Holly Winn, VP of Human Resources and Ancillary Services,
said, “Excellent patient care is a result of the work by our
excellent staff. One of our goals is to be the employer of
choice in the area. We do this by building relationships among
managers and staff, providing competitive pay and benefits, as
well as providing the tools the staff needs to succeed.”