



# The Heartbeat

Published monthly for the staff and patients of  
General Leonard Wood Army Community Hospital

August 2008

## GLWACH seeks customer feedback

**By Carl Norman**  
GLWACH Marketing

“Quality in a service or product is not what you put into it, it’s what the client or customer gets out of it.”

Peter Drucker, famous business author, strategist and consultant, uttered these words and General Leonard Wood Army Community Hospital leaders couldn’t agree more.

Wanting to make sure GLWACH beneficiaries get the care and treatment they need and deserve, hospital leaders are asking people for their help in a couple of ways.

First, Dr. (Maj.) John Westhoff, Primary Care and Community Medicine Division chief, asks beneficiaries to fill out the customer service cards provided at each visit. The cards allow patients to rate the staff – from the front-desk clerk at each primary care clinic, to the nurse who takes vital signs, others who may help along the way and the provider.

“Please be as specific as possible



Leah Garrett, Clinical Services Division float clerk, collects customer service comment cards from the Red Eagle Clinic. (Photo by Carl Norman)

when filling out the cards,” Westhoff said. “If nurse Smith or doctor Jones did a great job, tell us specifically what he or she did so we can let them know; but, if they didn’t do a good job by, for example, being rude, disrespectful or uncar-

ing, we need to know that so we can take appropriate action.”

While GLWACH has always focused on customer service, the added emphasis comes as deployments, illness and unforeseen circumstances have reduced by 12 the number of providers seeing patients. This can cause stress and friction on beneficiaries and staff members alike.

“The current staffing shortage means that more than 200 appointments per day, or 1,000 every week, are not available,” said Col. Theresa Sullivan, GLWACH commander. “This makes providing health care access for a full compliment of beneficiaries a daunting task to say the least.

“Our staff is working hard to see as many patients as possible, while doing so safely.

We are also actively recruiting so we can hire qualified health care providers to meet our Soldiers’ and beneficiaries’ needs.”

**See SERVICE, Page 7**

## GLWACH clears air on school physical process

**By Carl Norman**  
GLWACH Marketing

With area schools resuming classes soon, school and sports physicals have become a hot commodity and General Leonard Wood Army Community Hospital is work-

ing hard to meet the demand.

People needing school and sports physicals for their children should call the GLWACH appointment line at 1-866-299-4234 to make

**See SCHOOL, Page 7**

## SBAR offers clear way to exchange patient info

SBAR is a standardized way physicians and nurses communicate with each other, and General Leonard Wood Army Community Hospital care givers must use it in all patient information exchanges.

The SBAR process encour-

ages clearer communication and promotes increased patient safety, according to medical experts. Hospital staff and physicians can use SBAR to share the important information about patients.

**See SBAR, Page 7**

Several General Leonard Wood Army Community Hospital staff members were recognized as Everyday heroes.

These staff member's dedication to Fort Leonard Wood's Soldiers, Sailors, Airmen, Marines, Coast Guardsmen, retired service members and their Families is outstanding and highly reflects GLWACH's motto of "Serving with Compassion and Courage."

Here's what our staff and patients had to say about them...

### To Sgt. Kaoline Hall

#### *Pathology*

A grateful co-worker expressed her appreciation for the service you provide: "Sgt. Hall is consistently expedient in returning lab results. She is always very pleasant to work with and is on top of any potential mistakes or discrepancies. If she has a specimen and no orders for it, or if we have questions or simply order something that is a little off, she always inquires to clarify the orders in a pleasant and professional manner."

### To Maj. Paul Krantz

#### *Emergency Department*

A grateful patient expressed her appreciation for the care she received: "I was treated like royalty. Maj. Krantz checked on me at least every hour! I was impressed with the whole emergency room crew. Everyone was smiling and very friendly. I want to



commend the doctor."

### To Kelly Bott

#### *Ward 5C*

A grateful patient expressed his appreciation for the care he received: "I hope you remember me, for I have not forgotten you or the care, love and affection you showed me during my stay at the FLW hospital. I believed you were my angel while I was in that hell for a week, or however long my stay was. I wanted to thank you from the bottom of my heart and tell you that I will never forget the care you gave me."

### To Sgt. Roberta Minor

#### *Orthopedic Clinic*

A grateful patient expressed appreciation for the care received: "Sgt. Minor was very courteous, kind and genuinely concerned for my needs. She stopped what she was doing and focused her attention on my needs. This is rare in such a busy hospital. God bless you all for your sacrifice and

great attitude."

### To Marycris Gandionco

#### *Physical Therapy*

A grateful patient expressed his appreciation for the care received: "Ms. Gandionco was instrumental in identifying the primary reason for my knee. She identified the problem and referred me to Dr. Wilson, who quickly realized the situation, ordered x-rays of my hips and is working to coordinate hip replacement and subsequent treatment of my knees. I sincerely appreciate Ms. Gandionco's attention and understanding of my situation."

### To Officer Candidate Enoch Christopherson

#### *Physician's Assistant*

A grateful patient expressed his appreciation for the care received: "The OC student working with Dr. Fears on April 3 was superb. He was very compassionate and caring. He took the most comprehensive history we have had in a very long time. He checked every detail, asked plenty of questions and explained every detail of what he was doing. We appreciate him very much."

"All of you are shining examples of what makes General Leonard Wood Army Community Hospital a wonderful facility in which to work and receive care," said Col. Theresa Sullivan, GLWACH commander. "Thank you for what you do every day."

## The Heartbeat

The Heartbeat is an authorized publication for members of the Department of Defense, and staff and patients of General Leonard Wood Army Community Hospital. Contents of The Heartbeat are not necessarily the official view of, or endorsed by, the U.S. Government or the Department of the Army. The editorial content of this publication is the responsibility of the GLWACH Public Affairs Officer.

Everything published in The Heartbeat is done so without regard to individual race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor. The deadline for submissions is the 15th of the month prior to publication. Send submissions to Carl.Norman@amedd.army.mil.

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# Donor center answers call

Supports  
worldwide  
health care  
system,  
credits post  
for success

By Mark Salcedo  
Blood Donor Recruiter

Most people know there are several blood types (A, B, AB, and O) and some may even know what their type is. What many people don't know is how they fit into the big picture when it comes to blood donations.

The Armed Services Blood Program, the official military blood program, needs all blood types to care for patients in military hospitals as well as troops injured overseas.

As one of the 22 Department of Defense blood donor centers worldwide, the Fort Leonard Wood Blood Donor Center stands ready to do its part.

"Blood donated to the ASBP goes directly into the military's worldwide health care system," said Capt. James Burke, blood donor center officer in charge. "At Fort Leonard Wood, the donor center owes its growing success to the committed blood donors within the post's military community, command teams who directly support the blood donor center and a dedicated staff."

Last year, the Fort



SPC Daniell Hume, Fort Leonard Wood Blood Donor Center, helps a Soldier in training donate blood. (Photo by Mark Salcedo)

Leonard Wood Blood Donor Center collected more than 6,700 pints of blood for military hospitals.

Since January 2008, blood donations have increased by 35 percent on Fort Leonard Wood.

In March, the donor center staff broke a previous monthly high collection record by collecting 909 units. The previous record was 868.

"Our nation's military depends on the ASBP to provide a sustained and safe blood supply across the country and around the world," said Col. Steve Beardsley, Army Blood Program director. "Not only does the ASBP support our combat troops worldwide, it also supplies the military's stateside and overseas hospitals with blood products for daily operations."

Deployments have decreased the number of available military blood donors at some ASBP installations, making it a challenge to recruit a continuous supply of donors.

But Beardsley said Fort Leonard Wood being a training installation, with a continuous crop of potential donors, clearly makes it the biggest opportunity in the Great Plains Region to expand blood collections to support deployed troops.

"Our training bases are strategic donor assets that must be harnessed for the ASBP, which ultimately benefits all service members and their families," he said. "Because of this, the Fort Leonard Wood Blood Donor Center is always looking for new blood donors — military organizations (active,

Reserve, and National Guard) and family readiness organizations — to help meet the center's blood requirements established by the ASBP."

There are five ways people can help the Fort Leonard Wood Blood Donor Center support America's troops and their families:

1. Give blood
2. Organize a blood drive
3. Help a friend by watching their children while they go donate
4. Spread the word
5. And, volunteer at an ASBP blood drive.

To find out more about volunteering opportunities or to schedule a blood donation appointment, visit [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil).

To find out more about the Fort Leonard Wood Blood Donor Center, call Mark Salcedo at (573) 596-5385.

# Parents: Set sights on child's vision

**By Capt. Thomas Schell**  
Assistant Chief of Optometry

When children slip on their first pair of glasses, their world changes instantly.

They discover that trees have leaves in very distinct shapes and colors, lines on the road have definite borders, and the class projector hasn't been out of focus all year after all.

It's sad to say, but vision problems are relatively common in children. Vision disorders are the fourth most common disability in the United States and the most prevalent handicapping condition during childhood. With that said, and school just around the corner, parents should keep an eye out for potential sight problems.

Children can develop many vision problems such as a refractive error, which is a need for glasses, or a cataract, which is a clouding of the eye's natural lens. Strabismus is another eye problem particularly common in children. This is a muscle imbalance between the two eyes which makes it difficult for children to keep both eyes

pointing in the same direction.

These problems can cause difficulties at school and are unhealthy for the eyes. Left untreated, children can develop amblyopia, or a "lazy eye," which can permanently jeopardize good vision.

Some parents notice that the eyes turn in or out by observing the child directly or in photographs. Signs such as frequent eye rubbing or complaining of headaches after reading may also be early indications of a vision problem.

The visual system develops most rapidly in the first six months of life. Consequently, the sooner problems are addressed, the better. Children who are discovered to have vision disorders early and are treated as infants and toddlers tend to have a better chance of preserving or recovering good vision.

The best way to assure that your child has good ocular health and vision is to have an eye exam by a doctor. The doctor can do a thorough exam, as well as consider any family history that puts your child at risk for certain vision-related and eye-health problems.



Optometrists recommend children have an eye exam around 6 months of age, again at 3 years of age, and every 2 years thereafter.

*(Dr. (Maj.) Todd Theobald, GLWACH Ophthalmologist, contributed to this report.)*

# Healthy smile starts with care at home

All children want to make a good impression on their first day back to school.

Along with new clothes and school accessories, a healthy smile will help them look their best and help create a positive self-image. Back to school is a great time to establish good oral health routines that will serve throughout the year. The first step is to schedule a back-to-school dental visit.

Tooth decay is the most common chronic childhood disease. If left unchecked, it can cause pain and impair a child's ability to eat, speak and learn. Yet, approximately 60 percent of school-age children

do not see a dentist even once a year.

Seeing a dentist twice a year is vital for school-age children because dramatic change is happening in their mouths; the jaws are growing and baby teeth give way to permanent ones. Many problems with tooth spacing and crowding can be reduced or avoided with simple, timely intervention, allowing parents to avoid extensive orthodontic treatment later.

Children should brush after meals, especially if they have an orthodontic appliance; but that is often difficult at school. To encourage children to

brush, they can select their own travel toothbrush and toothpaste to put in their backpack. Some children may feel self-conscious if they are the only ones brushing after lunch, but usually there are many others who would really like to.

Good nutrition is important to dental health. Paying attention to healthy choices in school lunch can pay off later.

Only one-in-five children eat the recommended five daily servings of fruits and vegetables, and many do not get enough calcium. Low-fat milk is a great way to supply calcium because the vitamin D supplement in the milk pro-

motes calcium uptake in the bones. On the other hand, sugary packaged foods, juices and sodas in school lunches contribute to tooth decay as well as other health issues.

After-school snacks can also present poor nutritional options when a child goes straight from sports practice to the vending machine for candy and soft drinks. Snacks like bite-sized carrots, fruit, nuts and bottled water present better after-school snack options.

With proper attention to their back-to-school dental care, children can start the path to a healthy smile for a lifetime.

# Watch for bullying's warning signs

## Avoiding school, faking illness, taletell indicators

By **Linda Richards**  
Behavioral Medicine  
Division

As the beginning of the school year approaches, some parents and children may be concerned about bullies.

Studies show that bullying begins in elementary school, peaks in middle school, and falls off in high school. Bullies tend to use either emotional or physical abuse to try to gain power and control over their victims.

Emotional abuse comes in many forms — name calling, intimidation, threatening, and teasing. Physical abuse may include punching, slapping, pinching, spitting and shoving.

If parents notice that their child is trying to avoid going to school, pretending to be sick or actually developing recurrent unexplained physical symptoms such as stomach pains, it could be a sign they're being bullied.

The child could also display significant changes in behavior like going from outgoing and energetic to withdrawn and isolated, or being passive to becoming aggressive, often towards younger siblings or children. He or she may cry more frequently and appear sad. The child's grades may also be affected.



So what can a parent or child do if a bully targets their child or them?

Parents should listen to their children and acknowledge their fear or anxiety about the bully. Talk about what the child has done when the bully confronts them and what seemed to work and what didn't. It's often appropriate for the child to tell the bully to stop and remain firm and assertive.

Other options may include walking away or using humor, such as making a joke. A parent may want to

role play different situations with their child to help them feel more at ease with the next potential confrontation.

Always encourage the child to seek out a teacher or other adult to help diffuse the situation and avoid getting injured or into trouble because they responded inappropriately. It may also help if the child avoids certain areas where the bully is known to hang out. One of the primary target areas seems to be the bathroom.

Allow the child to try to take care of the situation on their own. This helps them

become assertive and improves self esteem.

If the bullying persists and begins to affect the child emotionally or results in physical injury, contact the child's teacher, school counselor or principal to make sure your child remains safe. The most important thing a parent can do is support their child and reassure them that they are not what the bully says.

Allow the child to gain confidence in themselves by becoming involved in extracurricular activities. If bullying is a big problem in the school, the parent may also suggest the school implement an anti-bullying program.

For more information on bullying, call  
Linda Richards at (573) 596-0552.

# Beware of ticks and their diseases

## Missouri Department of Health and Senior Services

In the United States, ticks are responsible for more human disease than any other insect. They transmit disease by taking blood from a large variety of small and large mammals, reptiles and birds.

At least six different human tick-borne diseases have been reported in Missouri: Rocky Mountain spotted fever, ehrlichiosis, tularemia, Q-fever, Lyme or a lyme-like disease, and the southern tick-associated rash illness.

Many tick-borne diseases were first recognized in the last 30 years, and the number of human cases increase each year. This upward trend is due to better recognition and disease reporting, but also reflects changes in the environment that fosters increased exposure and transmission to humans.

Fortunately, not all ticks are infected with disease-causing agents, so a tick bite doesn't necessarily mean you'll get a disease. More importantly, the Missouri Department of Health and Senior Services wants people to know that when they take precautions, they can reduce their chance of being bitten.

Understanding a little about tick be-

havior offers clues on how to avoid being bitten. For example, one tried-and-true prevention measure is to walk in the center of trails and avoid overhanging brush and tall grass. This is effective because of the way some ticks seek a host, which is called "questing."

A questing tick will perch itself, front legs extended, on the stems of grass, low brush, or on the edges of leaves on the ground. Using this ambush strategy, the tick waits until a suitable host brushes against the vegetation.

Ticks don't jump, fall or fly and are generally found within three feet of the ground. Carbon dioxide, which humans exhale while breathing, as well as heat and movement seem to stimulate a tick's questing behavior.

To protect yourself against ticks, use an insect repellent that contains DEET on your skin. This interferes with ticks' ability to locate you.

Another repellent, called permethrin, which is used on clothing, actually kills ticks (as well as mosquitoes and chiggers). Permethrin products are designed to bind with fabric and persist through launderings when used according to label directions.

Once on a host, the tick seeks a place to attach and take a blood meal. Ticks

attach on people in many places, but are most frequently found around the head, neck, underarms and groin.

Light-colored clothing helps you spot ticks easier, and tucking or even taping your pant legs into your socks helps slow them down in their quest for your skin. Removing ticks promptly and carefully is an important method of preventing disease.

If you find an attached tick, remove it right away. The longer it's attached, the greater the risk of infection.

There are many "old wives tales" about how to remove a tick. But to reduce the chance of transmitting disease, experts recommend using tweezers or commercial tick removal tools.

The key to using tweezers correctly is to position the tips of tweezers around the area where the tick's mouthparts enter the skin. Then use a slow, steady motion when pulling the tick a way from the skin.

After removing the tick, disinfect the skin with soap and water or other available disinfectants.

For more information, visit <http://www.dhss.mo.gov/TopicsA-Z/index.html> or call (573) 596-0491/0519.

## SERVICE, from Page 1

The second way Westhoff said patients could help is by knowing what appointment types are available and being prepared to go to providers off post with acute-type illnesses if no appointments are available at GLWACH.

Appointments come in three varieties – same-day, routine and follow-up. Same-day appointments are 20 minute modules that are reserved for a single acute care need that's developed

in the last 24 hours such as a sore throat.

Routine appointments allow patients more time with their provider but are reserved for things like back pain and other ailments that can wait a few days before being treated. Follow-up appointments are reserved for following up on current visits, wellness exams and other cases that could be treated anytime in a 28-day window.

"Many times people take a same-day appointment and

try to have the doctor treat several different problems," Westhoff said. "Then, the patient gets frustrated because the doctor focuses on only one due to time limits and the patient then translates that into the physician having an uncaring attitude. That entire situation could be remedied if the patient would have known to get a routine appointment versus a same-day."

"The leaders at our higher headquarters are aware of

the staffing situation and everyone involved is doing all they can to rectify it," Sullivan said. "Recently, with assistance from our higher headquarters, we hired three contract physicians for our primary care clinic.

"Until we're fully staffed, we ask that you help us help you by filling out the customer service cards and critically evaluating what type of appointment you really need. We appreciate your patience and understanding."

## SCHOOL, from Page 1

an appointment. They should keep in mind that GLWACH is experiencing a provider shortage that has created a large backlog, said Dr. (Maj.) John Westhoff, Primary Care and Community Medicine Division chief.

"It's taking, on average, three to four weeks or more to get an appointment for school or sports physicals," he said. "When you call, our clerks will put you on a waiting list and call you when an appointment becomes available. We apologize for any inconvenience this may cause, but we're doing all we can with the resources we currently have."

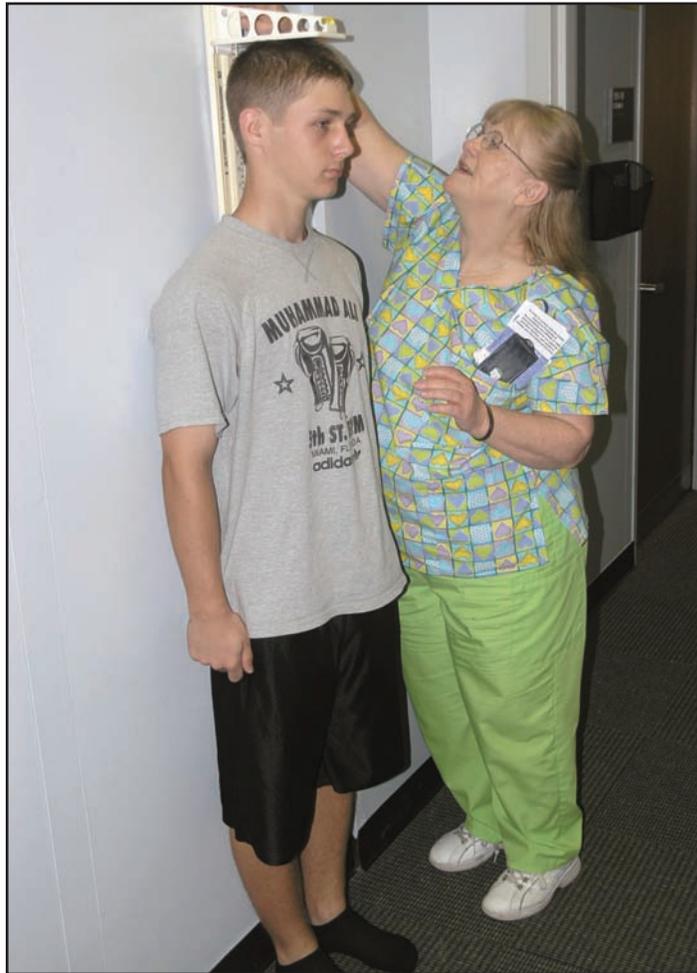
Westhoff encouraged parents to have their child's full medical history available at the appointment. He said that's more important than examining what appears to be a healthy child.

"Details that may seem little and inconsequential now could lead to more serious problems later on," Westhoff said. "We're not looking to disqualify anyone from playing sports; we simply want to make sure their current condition will allow them to take part with no long-term impacts to their health."

Westhoff emphasized that GLWACH offers school and sports physicals year round and recommends that people needing them later in this school year make their appointments now.

"You can never call too far in advance from our perspective," Westhoff said. "The only time limit people have is determining how far in advance their respective school will accept the physical."

School and sports physical appointments are for physicals



Shirley Butler, a licensed practical nurse in the Blue Eagle Clinic, checks 16-year-old William Young's height before his sports physical appointment. Young attends Plato High School. (Photo by Carl Norman)

only, Westhoff emphasized. Beneficiaries must make a separate appointment for their children's other health care concerns.

If no appointments are available at GLWACH, beneficiaries may think about getting their child's physical from an off-post provider. But Diane Hell, TRICARE service representative supervisor, warns people to tread carefully and be fully aware of the associated pitfalls.

"Physicals required for a child, age 5-11, to enter school are a covered benefit and TRICARE will pay for those that are authorized," Hell said.

"Physicals to play sports, however, are not a covered benefit. People who have their child's sports physical done with an off-post provider will be responsible for the entire bill, which could be \$30 to \$120."

The bottom line, Hell encouraged, is people should talk with the TRICARE clerk when making appointments for physicals to discuss their options. And they should call far enough in advance that any future backlogs will not be a burden.

To make a school or sports physical appointment, call 1-866-299-4234. For other information, call (573) 596-0462.

## SBAR, from Page 1

This standardized communication helps caregivers speak in a concise and complete way which also enhances efficiency.

SBAR stands for:

Situation

Background

Assessment

Recommendation

SBAR offers hospitals and care facilities a solution to bridge the gap in hand-off communication through a standardized approach to patient reporting at shift changes and during patient transfers, experts said.

It also provides an opportunity for caregivers to ask and respond to questions.

Here is an example of a call to a physician using SBAR:

"Dr. Jones, this is Deb McDonald, RN, I'm calling from ABC Hospital about your patient Jane Smith."

**Situation:** "Here's the situation: Mrs. Smith is having increasing dyspnea and is complaining of chest pain."

**Background:** "The supporting background information is that she had a total knee replacement two days ago. About two hours ago she began complaining of chest pain. Her pulse is 120 and her blood pressure is 128/54. She is restless and short of breath."

**Assessment:** "My assessment of the situation is that she may be having a cardiac event or a pulmonary embolism."

**Recommendation:** "I recommend you see her immediately and we start her on O2 stat."

For more information, call the GLWACH Patient Safety Manager at (573) 596-1705.

## Community Health Resource Center Classes

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for August 2008.

All classes are conducted in the Community Health Resource Center except for breathing techniques which will be held in the MEDDAC Classroom, and others as noted.

Those interested can sign up for classes by calling (573) 596-0491. Sign up for tobacco cessation classes by calling 1-866-299-4234, or call the CHRC for more information. Sign up for the Post-deployment Spiritual Wellness class by calling (573) 596-1678.

Classes offered are:

— **Asthma Awareness:** Discuss the causes, signs, symptoms and aggravating factors of asthma. Adults and children, 9 years old and older, who have asthma are encouraged to attend. Class date:

Aug. 22, 9 – 11 a.m.

— **Breathing Techniques:** Learn techniques to help you breathe more efficiently when in labor. Class dates are:

Aug. 14, 5:30 – 7:30 p.m.

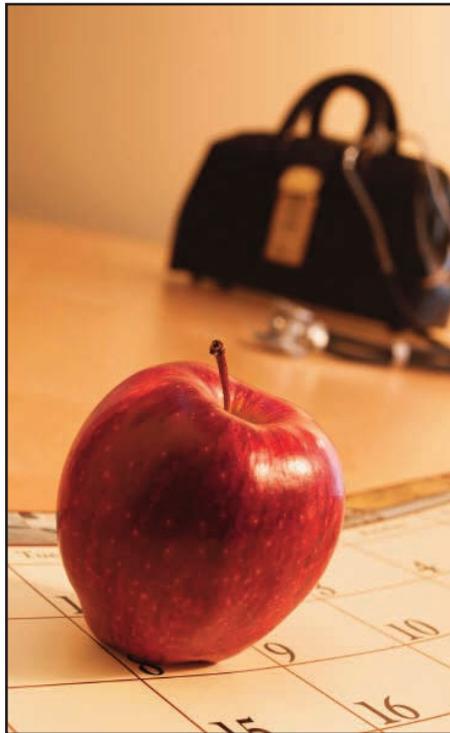
Aug. 21, 5:30 – 7:30 p.m.

Aug. 25, 5:30 – 7:30 p.m.

— **Cholesterol Control:** Understand the pitfalls of shopping, cooking and eating for a low-cholesterol diet. Cardiovascular disease risk factors such as poor fitness, smoking and obesity are also discussed. Class dates are:

Aug. 11, 1 – 2:30 p.m.

Aug. 25, 1 – 2:30 p.m.



— **Diabetes Management:** Learn about treatment, complications and how to prevent them, exercise, and self-care for diabetes. The dietician will instruct patients on how to follow a diabetic diet. Class date:

Aug. 15, 9 a.m. - noon

— **Glucometer Education:** Patients will be given instructions and a demonstration on how to properly use a Glucometer. Class dates are:

Aug. 13, 2:30 – 4 p.m.

Aug. 14, 9:30 – 11 a.m.

Aug. 15, 1 – 2:30 p.m.

Aug. 19, 1 – 2:30 p.m.

Aug. 20, 2:30 – 4 p.m.

Aug. 27, 2:30 – 4 p.m.

Aug. 28, 9:30 – 11 a.m.

— **High Blood Pressure/Hypertension:** Discuss the causes, treatment and steps taken to beat high blood pressure. Class dates are:

Aug. 12, 9 – 10:30 a.m.

Aug. 19, 9 – 10:30 a.m.

Aug. 26, 9 – 10:30 a.m.

— **Infant Care:** Parents-to-be learn how to properly bathe and care for their new baby, to include diapering. Class date:

Aug. 13, 9 – 11 a.m.

— **Infant CPR:** New and expectant parents, baby sitters and other care givers learn how to properly resuscitate a baby if its heart should stop beating. Class dates are:

Aug. 26, 5:30 – 7:30 p.m.

— **Nutritious Weigh:** Learn about low-fat eating, weight management techniques, cooking methods and dietary trends. Learn how you can lose pounds safely, the importance of exercise and reading food labels, and weight management theories. Class dates are:

Aug. 18, 12:30 – 2 p.m.

— **Self-Care Intervention Program:** Learn how to avoid illness and pursue wellness; learn the importance of healthy habits, how to treat common illness at home, and how to use medications. Participants will receive a pharmacy card to receive non-prescription medication through the pharmacy. Class dates are:

Aug. 13, 1 – 3 p.m.

Aug. 20, 1 – 3 p.m.

Aug. 27, 1 – 3 p.m.

## Editor's Note:

*The Community Health Resource Center will relocate to the University of Missouri Technology Park soon. No firm date is known at this time.*

*(573) 596-0491 before each class to double check location. Further details will be published when they are known.*

*The staff encourages everyone to call Thank you for your patience and understanding.*