Ring in the New Year!

We hope you had a great holiday season and had an opportunity to visit and renew ties with family and friends. These are the people who have had a role in making us the people we are today. Just as we have family and friends who made an impact on our personal lives, we also have colleagues and co-workers who have influenced who we are professionally.

All of us can remember a colleague that we wanted to be like (or not be like) when we ‘grew up’ as a professional. Nancy Nurse always knew what to do in an emergency, Sally Secretary always kept calm no matter how many crises were happening at the same time, and Ellen EBP always knew the latest practices and practice changes. Maybe it was the co-worker who should be the poster child for Jean Watson’s Caritas or the nursing assistant on your unit who worked full-time while she progressively earned her RN, BSN, and then MSN. Perhaps it was all of them that made you who you were today.

These people were mentors to you. Mentor, in Greek mythology, was the friend that Odysseus entrusted the care of his son to when he went off to fight the Trojan Wars. In current usage a mentor is usually a more experienced person who is seen as a “trusted friend, counselor, or teacher”, serving as an advisor and/or example as the mentee advances in his/her career. These relationships both formal and informal can be invaluable as you advance and become the ‘kind of nurse you always wanted to be.’

This newsletter recognizes those who have made strides in their professional careers and highlights the mentoring contributions of Abby Pimenta, RN ICU and Met Team. As you read please reflect on those who have mentored you and consider your opportunity to mentor others. Assisting with another’s professional growth can be a great source of satisfaction.
Celebrating the Success of our Staff

Congratulations: We are over the Moon for our staff!!

Certifications:

Amanda Eugenio, RN, BSN (Emergency Department) received her CEN (Certified Emergency Nurse).

Jennifer Adrian, RN, MSN (Cardiac Renal) received her PCCN (Progressive Care Certified Nurse)

Thorsten Evert, RN (Behavioral Health Unit) received his certification in psychiatric and mental health nursing (RN-BC)

New Degrees:

Christa Castiglione RN received her MSN from CSULB with a Women’s Health nurse practitioner.

Congratulations to the following RNs who completed their BSNs

Laura Derr – Emergency Department-CSUF
Nicole Hooper – Emergency Department-CSUF
Paola German – Emergency Department-APU
Traci Warren – Medical Telemetry-CSUF
Roxanne Hainey –Medical Telemetry - CSUF
Gita Markus – Cardiac Renal–University of Phoenix
Suzanne Torres–Cardiac Renal –CSUF
Filomena Pahamotang –Orthopedics-CSUF

Congratulations to Julie Ruhlen and Kara Russell, Emergency Department PCTs and Jeremy Miller, NA from Medical Telemetry for finishing their basic RN education.

Accepted for publication: Suzanne Engelder, Kathy Davies, RN, MSN, Terry Zeilinger, RN, MSN, Dana Rutledge, RN, PhD. Should neonatal nurses advocate for perinatal comfort care? Advances in Neonatal Care.


Thank you to our nurses who have accepted the challenge to mentor their peers by becoming certified instructors

New Instructors: Kent Lee, RN, MSN, CEN, CPEN has become an ENPC (Emergency Nurse Pediatric Course) instructor. Mother-Baby Unit nurses Jillian Grice, RN and Julie Gonzales-Morton, RN joined Labor and Delivery nurses Julie Landicho, RNC, Melissa Pedregon, RN, Kam Rice, RN, and Darby Servais, RN in becoming NRP (Neonatal Resuscitation Program) instructors.
Clinical Advancement

Initial Application for CN III
Catherine Shinto, RN ~ CVSSU
Abigail Malig, RN ~ Med/Surg/Gyn
Jennifer Orio, RN ~ Emergency Department
Shawn O’Leary, RN ~ Emergency Department
Terri Kelley, RN ~ Infusion Center
Niki Head, RN ~ Observation Unit
Neda Kheirkhah, RN ~ Observation Unit
Kam-Lin Rice, RN ~ Labor & Delivery
Lisa Muller, RN ~ Observation Unit
Aaron Gebutavicius, RN ~ Emergency Depart
Samantha Ward, RN ~ Emergency Department

Re-Application for CN III
Regina Richardson, RN ~ MICU
Kent Lee, RN ~ Emergency Department
Leila Balete, RN ~ Gen/Surg
Myrna Mendez, RN ~ Gen/Surg
Robin Underwood, RN ~ Labor & Delivery
Josie Gonzalez, RN ~ Emergency Department
Kelly Breuer, RN ~ Labor & Delivery
Linda Fossell, RN ~ Renal Center
Rosana Alvarez, RN ~ Pre-op Surgicenter
Leslie Critz, RN ~ Emergency Department
Sarah Asmine, RN ~ Emergency Department
Gloria Morgan, RN ~ Labor & Delivery
Cara Buenaventura, RN ~ SICU
Jeanine Cevallos, RN ~ Emergency Department

Re-Application for CN IV
Victoria Randazzo, RN ~ MICU
Christine Marshall, RN ~ Emergency Department
Amber Wilson, RN ~ Emergency Department
Mandatory RN Education on Sepsis - Classes in January and February

It is estimated that worldwide, 1,400 people die each day from sepsis, with up to 30% dying within one month of diagnosis. Comparatively, more people die from sepsis than from breast or colon cancer” (Surviving Sepsis Campaign, 2009). Sepsis is one of the leading causes of death in St. Joseph Health System (SJHS) with variation among ministries in average mortality rates (15-21%) and average variable cost per case ($7000-$14,500). Early identification of sepsis cases within SJHS is sometimes missed, which can result in death within 24-48 hours. Sepsis typically begins as an infection, such as pneumonia or a urinary tract infection, but can develop into something more serious by overwhelming the body’s immune system. The SJHS goal is to reduce overall sepsis mortality and decrease variable costs per case.

In order to accomplish these goals, the St. Joseph Health System is embarking on a sepsis campaign to raise awareness of sepsis and to educate health care providers on how to identify and treat patients who present with signs or symptoms of sepsis. As part of the campaign, St. Joseph Hospital is providing Sepsis classes for all clinical RN staff during the months of January and February. Every RN who works in a clinical area must complete the required sepsis education. The following is a description of the education requirements:

**Mandatory Sepsis Education**

- A Self Learning Module must be completed by each RN prior to attending the Sepsis classes. The Self-Learning Module is available on Health Stream – “Sepsis – A Nurse’s Primer”. Print the certificate of course completion and bring with you to one of the classes below. The Self-Learning Module will take approx. 30 minutes to complete.

- All Nurses including Critical Care Nurses must register for this 1- hour class on HealthStream found in the catalog tab named:

  - **Sepsis Stop the Clock on Septic Shock: RN Course**

- All Critical Care Nurses must also register for an additional 1- hour class on HealthStream found in the catalog tab named:

  - **Sepsis Stop the Clock on Septic Shock: Critical Care Course**
“Dimensions of Pediatric Care” was held at St Joseph Hospital’s Zoul Auditorium on November 12th. This annual educational event is dedicated to topics of special interest to the St Joseph Hospital Shared Services staff. Approximately 30 people attended this year’s event which featured cardiology, renal, and pulmonary topics. The St Joseph Hospital Renal Services team reviewed the multi-faceted care and services provided to the pediatric renal patient. This comprehensive presentation included services provided by inpatient and outpatient nursing, roles of the nutritionist, social worker, and child life specialist as well as treatment options available for these very vulnerable pediatric patients. Jennie Peterson, RN, MS, the CHOC pediatric ICU clinical nurse specialist presented an overview on single ventricle anatomy. Connie Carcel RN, BSN, AE-C, the CHOC Breathmobile and ACLD educator updated the attendees on asthma and other frequently encountered respiratory conditions. The 2012 conference is planned for Saturday November 10th.

Medication Waste Management

What if…. We could make a difference?

• St. Joseph Hospital of Orange (SJO) has estimated that the misuse of the Medication Waste Stream is costing the Hospital in excess $150,000 to $300,000 per year.
• We have observed that anywhere from 50 to 80% of the volume of waste deposited into the blue/white medication waste buckets is in the wrong container.
• The blue/white medication waste buckets comprise one of the most expensive streams of trash for the hospital, at $29.00 per bin.
• We are charged by the volume of trash we throw away every day

Please refer to page 6 for the Waste Management Grid

What can I do to help?

1. Please follow the new guidelines for disposing of medical waste posted in the soiled utility room
2. Refer to policy: EOC-HAZ-420 DISPOSAL OF PHARMACEUTICAL WASTE
3. If you have any questions, please contact your department manager, Victoria Randazzo @ 28306, Bob Wilkinson @ 18031, Asif Khattak @ 18165, or Tina Retrosi @ 17798

Look for the Waste Management Grid posted on your unit
## Waste Management

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**S**
- No Patient Identifiers (HIPAA)
- No Medications

**S$**
- Patient Identifier Allowed
- No Shards

**S$$**
- Patient Identifier Allowed
- No Medications

**S$$$**
- Patient Identifier Allowed
- No Chemotherapy Drugs

**S$$$$**
- Patient Identifier Allowed
- All Chemotherapy Drugs

**S$$$$$**
- Patient Identifier Allowed
- ***Radioactive***
- Tox, Explosive/Fammable, Corrosive, Reactive Materials

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**IV Bags containing base solutions ONLY:**

- Saline
- Lactated Ringers
- Dextrose

**Electrolytes:**

- Sodium (Na)
- Potassium (K)
- Vitamins
- Magnesium (Mg)
- Phosphorus (PO4)
- NaHCO3

**Materials:**

- Blood tinged dressings
- Sanitary Napkins
- Chux/Disposer/Gloves
- Trash
- Paper
- Wrappers

**Empty Devices:**

- Intact glass bottles
- Drainage Bags
- Foley Catheter and Bags
- Saline Lock/Artificial Catheters
- Empty IV tubing and IV Bag
- Empty syringe without sharps or medication

**Dressings Soaked with blood or body fluids:**

- Suction lines containing bloody body fluids

**CVC Lines**

**ALL SHARPS:**

- Needles
- Ampules
- Blades
- Scalpels
- Razors
- Pins, clips, staples
- Lancets
- Trocars
- Introducers
- Guide wires
- Broken glass bottle (with or without tubing attached)

**Blood tubing / blood bags**

**Any item with sharp attached**

**Any IV medication or vial with more than 10% of the original volume**

**Any IV medication with less than 10% of the original volume**

**Medications:**

- IV
- Creams
- Ointments
- Oral liquids
- Eye drops / ointment
- Ear drops
- Tablets/capsules (all solids)
- Vials/Ampules

**Chemotherapy Supplies**

- Tubing
- Bags
- Empty Bottles
- Vials
- Syringes
- Gloves
- Pads
- Masks
- Gowns
- Wipes

**CHEMOTHERAPY TO PHARMACY**

**Nuclear Medicine Patients Only**

- Any items soiled with body fluids from patient receiving radiation or nuclear diagnostic test.
- Flush urine/stool down the toilet
- Batteries
- Place in designated bin

**RETURN ALL HAZARDOUS R.C.R.A PHARMACEUTICALS TO PHARMACY**

- Inhalers
- Nicotine patch
- Nicotine gums
- Nitroglycerine tablets
- Acetone
- Coumadin
- Cough syrups with more than 24% alcohol

**Mercury**

- Call 15000 for Pick up

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Partial Trace / Partial Quantity - Any volume of non-hazardous medication that is less than 10% of the total volume of the original quantity dispensed.

Revised: 7/15/11   Policy: EOC-4412-A20
Clinical Narrative

In my role as a MET nurse responder, I have come to the realization that in order to provide the safe delivery of care, it takes a community. A community of nurses that is willing to take that extra step and go above and beyond that comfort zone, by being a patient and family advocate, a voice for those that might not comprehend or understand the workings of the hospital environment. The delivery of safe patient care encompasses all facets of nursing care; it is holistic in its approach while meeting the physical needs of the patient; within a culture of caring. Thus in my role as MET nurse responder, I am there to help educate and empower the nursing staff with knowledge and tools that they need to deliver the best possible care to their patients in a safe and healing environment.

In my role as MET nurse I have had the privilege of working side by side with many wonderful nurses, who are enthusiastic and most especially compassionate in their approach to patient care. These nurses are the unsung heroes, the embodiment of the core values of this hospital: dignity, Excellence, Justice, and Service. On this particular day I was making my usual proactive rounds when I received a call from General-Surgery that a patient had become difficult to arouse, low blood pressure in the 80’s and oxygen saturation in the low 90’s. Before arrival I asked the RN to recycle the blood pressure and if it was still low to start a 250 mL fluid bolus of normal saline, and to notify the MD. When I arrived, the 250 mL NS fluid bolus was in progress, the initial assessment revealed shallow labored breathing with bilateral rales and O2 saturation in the 80’s, and a distended firm abdomen with a one day status post midline surgical incision with absence of bowel sounds on auscultation. As I was auscultating and palpating the patient’s abdomen, he began to vomit small amounts of bile colored fluid; with the help of the charge nurse we inserted a nasogastric tube to low continuous suction that immediately drained greater than 1500cc’s of dark bile colored gastric contents.

The patient was placed on an O2 mask at 10 liters and an ABG with lactate level was drawn. After the first 250 mL NS bolus the blood pressure remained low, a second 250 mL NS bolus was started. AM lab results showed a WBC count that was elevated greater than 12,000 and vital signs revealed that patient was febrile, tachycardia, tachypneic, along with low blood pressure, altered level of consciousness with an elevated lactate level; evidence of sepsis. In addition, upon inspection of the abdomen the patient would groan and complain of nonspecific generalized abdominal pain. The nurse stated that she took care of this patient yesterday and that his abdomen was not as distended as today. While waiting for the surgeon to return our call, I consulted with the Intensivist. The Intensivist came to see the patient and agreed that he needed to be transferred to the ICU and started on vasopressors because he did not respond to fluid resuscitation. When I spoke with the patient’s surgeon, I reiterated my assessment findings and suggested that the patient needed to be transferred to MICU. I also reassured the surgeon that I had consulted with the Intensivist and that he agreed with my recommendation.

As we were waiting for transfer, the bedside nurse asked me why I suspected sepsis. I began to explain the mechanics of sepsis and how a patient can rapidly deteriorate if it is not detected quickly. I showed her the sepsis pathway that I carry with me and explained the rational for the steps taken. As we were talking I began to notice that 2 or 3 nurses had gathered to listen, and were eager to learn and recognize the early signs of sepsis; this was an excellent teaching opportunity as I reinforced that I was always available to answer any questions or concerns.
Minutes before we left, the patient’s wife walked into the room. I explained who I was and why we were transferring her husband to ICU. She began to cry and did not understand how this could happen. Together with her husband’s nurse we reassured her that her husband would be closely monitored. I also assured her that the nurse was prompt in recognizing that her husband’s condition was unstable. She then thanked me for helping her husband. I replied that it was not only me, but the excellent teamwork of these nurses in noticing that something was wrong. As we began to leave to transport the patient to ICU, I put my hand on her shoulder for reassurance. She looked at me and smiled; no words were spoken, just a smile.

I am extremely fortunate to be involved as a MET nurse responder; this role has allowed me to be part of a team that has a direct impact in the quality of care that is delivered. I have had the opportunity to work with wonderful and caring nurses and it is through their team work and collaboration that we are able to deliver competent and compassionate care to our patients.

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**Proper Identification of Medication Patches**

**How many, and what kind does my patient have?**

Please remember :

- Two nurses are to confirm that any previous patches have been removed before administering new patches (Transdermal Fentanyl, Buccal Fentanyl, and Transmucosal Fentanyl – for transdermal fentanyl therapy) refer to: RX-444, pg. 10 of 15, #9
- Properly document the patch on the Medication Administration Record
- Patch applied/re-applied – Document application of each new patch on the MAR and the site patch is placed with double check signature.
- Place the date/time of patch applied on the patch edge with a permanent marker
- Document the integrity of the patch on the MAR every shift.
- Patch removal and/or discontinued – Note on MAR when patch is discontinued and removed (refer to: RX-467, pg. 4 of 4, V.)

*To enhance patient safety, please know the location, amount, & type of medication patches your patient has on them at all times*
Jean Watson Theory of Human Caring: Part Two: Caritas Process Two

In evolution: A new beginning, 30 years after Jean Watson first developed the Theory of Human Caring, the theory is evolving from carative to caritas. As the nursing profession evolves, so does our deep capacity to care, to connect, to “be one with” our patients. Taking care of patients does not only involve the competence in our assessments and tasks, but our ability to minister to our patients holistically, considering the mindbodyspirit as one.


The core principles of the Theory of Human Caring remain the same:

- Practice of loving-kindness and equanimity
- Authentic presence: enabling deep belief of other
- Cultivation of one’s own spiritual practice—beyond ego
- “Being” the caring-healing environment
- Allowing for miracles

Caritas Process Two: Being Authentically Present: Enabling, sustaining, and honoring the Faith, Hope, and Deep Belief System and the Inner-Subjective Life World of Self/Other

This Caritas Process honors the belief system of the patient, believing in the right outcome for self, but also invites the practitioner to connect with their own belief system, that which sustains them.

Faith and Hope play an important part in everyone’s lives, especially as patients are facing the unknown. We offer hope to our patients, and because we are here, we may become the hope for another person. “We may be the one who makes the difference between hope and despair in a given moment”.

In ancient times, the priest and the physician were the same person. We have all seen miracles of faith, and the role of prayer in healing. We are familiar with the term “integrated medicine” where western medicine is combined with holistic modalities, such as healing touch, acupuncture, Reiki, biofeedback, etc., in the treatment of the mindbodyspirit. Belief is at the core of this comprehensive approach.

In Caritas Process 2, we honor and seek to determine what is meaningful and important for each of our patients. Their beliefs are never disregarded; rather, the person’s beliefs are respected, encouraged and promoted to enhance the healing process, recognizing the importance that faith-hope plays in our practice.
Welcome to Vickie’s Research Corner.

Over the past several years here we have had so many interesting research studies. I would like to introduce you to Irma Patrick; she is currently the manager of Cardiac/Renal. She has worked at St. Joseph’s Hospital since 1997. She just finished her Masters in Nursing with a focus in Leadership at California State University Fullerton this past year. As part of her Master’s project, Irma decided to try her hand at research. Her study was called “Use of Healing touch Self-Care Technique to Reduce Stress in Bedside Nurses: A Pilot Study.”

When asked how she became interested in her study she stated that “I decided to research Healing Touch. I developed interest in energy work after attending a meditation seminar in Hawaii. I then decided to take a Healing Touch class. Once I started my Masters program I realized I had an avenue to perform research in this area and wanted to get away from just studying clinical practice.”

Healing Touch Program (2009) explains that human energy system is made up of an energy field (aura), energy centers (chakras), and energy tracts (meridians) and that they work interdependently and influence physical, emotional, mental and spiritual life. Desired outcomes of HT are achieved when there is an unimpeded flow of energy and balancing of the energy field.

According to her literature review nurses who perceive themselves as healers often feel unsupported in their work environments. Often many nurses do not have a good work balance and do not practice self-care. Alternative therapies allowing nurses to self heal may help to decrease stress and avoid burnout. Several studies identified that healing touch reduced stress.

Irma worked with her chair who happened to be our own Dana Rutledge. They developed the pilot study. The study questioned if performing healing touch self-care technique for 15 minutes during a work shift reduce levels of stress during the shift. This study was a randomized clinical controlled trial. Eight nurses from each shift from the Cardiac Renal Unit were invited and they must have attended a Watson’s Caritas Summit and volunteered for the study. Nurses were randomized into two groups - intervention of Healing Touch and the control group who just took a break for 20 minutes and could do whatever they wanted on their break.

The results of the study were very positive! The tool used measured positive and negative feelings of the intervention pre and post intervention. The results demonstrated that both groups experiences increased positive feelings and decreased negative feelings (p<0.001). There was a significant time effect with decreasing negative feelings (p=0.038) with nurses in the Healing Touch group having a greater decrease in negative feeling than those in the control group.

Overall Irma was very happy with her study especially since she has never done a study before. She would eventually like to do a larger study and continues to work on her Healing Touch study with a goal of certification through ANCC.- Irma and 8 other volunteers offered brief Healing Touch sessions to attendees of the Cultivating Optimal Healing Environments Conference held at St Joes on May 3, 2011. She will be taking the Level 4 Healing Touch class in February at The Sisters of St. Joseph of Orange Center for Spiritual Development.
Nurses earn FREE CEUs from CINAHL through the Burlew Medical Library

2. Under the “New User Enrollment” section, choose “Click here for pre-registration”
3. Fill out the form and click “register” (remember to write down your password!!)
4. Once you register you will be sent an “unlock” code and further instructions for confirming your account to the email you provided in the registration form. Check your spam or junk mail file if you do not receive this email within 10 minutes
5. After confirming your account you will be logged in to the home page. Click on the “available modules” tab for a list of classes. Before taking your first test you will be asked to fill out a form with your professional information and hospital affiliation. Please use the hospital’s address, 1100 W. Stewart Dr. Orange, CA 92863
6. Please see the FAQs for more information or contact CINAHL at education@cinahl.com or 800-959-7167

CINAHL / PubMed search classes scheduled for 2012!

Due to popular demand, the staff at Burlew Medical Library has scheduled more hands-on training courses on navigating our website, our online resources, and searching the nursing and medical literature in CINAHL and PubMed throughout 2012.

Registration is now available via HealthStream. Sign up soon, a wait list is already in place for January’s class!
### New Book List

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
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<tbody>
<tr>
<td>Alexander's surgical procedures</td>
<td>Alexander, Edythe Louise</td>
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<tr>
<td>Drugs in pregnancy and lactation: a reference guide to fetal and neonatal risk</td>
<td>Briggs, Gerald G.</td>
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<td>Essentials of e-learning for nurse educators</td>
<td>Bristol, Tim J.</td>
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<td>Essentials of fetal monitoring</td>
<td>Murray, Michelle L.</td>
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<td>The HCAHPS handbook: hardwire your hospital for pay-for-performance success</td>
<td>Studer, Quint</td>
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<td>Interpretation of diagnostic tests</td>
<td>Wallach, Jacques B.</td>
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<tr>
<td>Intravenous medications: a handbook for nurses &amp; health professionals</td>
<td>Gahart, Betty L.</td>
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<td>Measuring caring: international research on caritas as healing</td>
<td>Nelson, John &amp; Watson, Jean</td>
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<td>Nursing: scope and standards of practice</td>
<td>American Nurses Association</td>
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<tr>
<td>putt [electronic resource]</td>
<td>Online book available via OVID</td>
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<td>Pediatric nursing procedures</td>
<td>Bowden, Vicky R.</td>
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<tr>
<td>Psychiatric mental health nursing: concepts of care in evidence-based practice</td>
<td>Townsend, Mary C.</td>
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<tr>
<td>Shared governance: a practical approach to transform professional nursing practice</td>
<td>Swihart, Diana</td>
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### Computer Classes for Jan, Feb, March, 2012

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<thead>
<tr>
<th>Class</th>
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<tr>
<td>Introduction to Excel</td>
<td>Jan 12</td>
<td>8:30-12</td>
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<tr>
<td>Intermediate Excel</td>
<td>Feb 16</td>
<td>8:30-12</td>
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<tr>
<td>Excel Pivot Tables</td>
<td>Feb 7</td>
<td>9-12</td>
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<tr>
<td>Excel Charts &amp; Graphs</td>
<td>March 15</td>
<td>9-11</td>
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<tr>
<td>Excel Functions &amp; Formulas</td>
<td>March 15</td>
<td>1-3pm</td>
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<tr>
<td>Introduction to PowerPoint</td>
<td>Feb 28</td>
<td>9-12</td>
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<tr>
<td>Creating Powerful Presentations</td>
<td>Jan 16</td>
<td>9-12</td>
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<tr>
<td>Introduction to Word</td>
<td>Jan 19</td>
<td>8:30-12</td>
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<tr>
<td>Intermediate Word</td>
<td>Feb 9</td>
<td>8:30-12</td>
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<tr>
<td>Advanced Word</td>
<td>March 22</td>
<td>8:30-12</td>
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<tr>
<td>Basic Computer Skills</td>
<td>Jan 23, Feb 20, March 19</td>
<td>9-12</td>
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<tr>
<td>Outlook</td>
<td>Jan 31</td>
<td>9-11 &amp; March 16; 1-3pm</td>
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<td>Publisher</td>
<td>Feb 1</td>
<td>9-12</td>
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Please register for the Computer Classes on HealthStream. You may contact Phyllis Sharum x17435 with any questions.