2022 TPOPP/POLST New Edition Training Clinical Guide and Form

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11/3/22

KANSAS-MISSOURI



Transportable Physician Orders for Patient Preferences A Participating Program of National POLST

> A Guidebook for Health Care Providers in Kansas and Missouri



• Update on Changes to the TPOPP/POLST Initiative

- Review Form
- Review Clinical Guide
 - Get Feedback
 - Address Questions

Objectives for today



Form Changes

Color and Distinction (per National POLST) guidelines

 Changed from all Pink to pink rimmed with white background
 Ease of copying. Forms still must be ordered in bulk for tracking.
 National POLST Logo
 Name will be standardized as TPOPP/POLST

		for that section. The origin	HALL ACCOMPANY PERSO ransportable Physician sed on the patient's current medical cond	Orders for	Patient 1	Preferences (TROPP)
	Last N	lame:	sed on the patient's current medical cond nal form need not be present at the time First Name, MI:	of emergency. A com	Any section	D OR DISCHARGED Preferences (TPOPP/POI not completed indicates default treatment dectronic version of this form is valid
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		Attempt Resusci				or earning. If patient is not in
		S CI I IN 300	non 4 pominent 1	test in Consist	Do Not	Attempt Resuscitation
	B. HECK		TORDERS: Follow these and	10		CFR/Allow Natural Death)
	NE	Reassess and discuss	T ORDERS: Follow these order treatments with patient on A	s if patient has a	pulse and/o	or is breathing.
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		Provide appropriate m	required if CPR chosen in Se	ction A) cour	0	to ensure patients care goals are
		mechanical ventilation	and a condition as indicated in an att	J. OUAL.	Attempt to su	stain life by all - II -
		defibrillation and cardia	and deribrillation/cardioversion, incli- nts. <u>COAL: Attempt to restore function</u> <u>version</u>]. May use non-invasive positive reatment needs cannot be met in current preatments connot be met in current	acting intensive care		advanced airway interventions,
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		oxygen, suction and mark	reatments. GOAL: Attempt to man	imite com	and an	
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C.		MEDICALLY ADMINIS	TERED NUTRITION: Offer for	more cannot be achi	leved in current	nt setting.
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Form Changes

Clarifying language

- "Treatment" is used throughout
- Goals section broader covers both Section B and C,
- Nutrition section allows for no decision as yet.

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Last	Name:	iginal form need not be present at the	time of emergency. A c	es. Any section n	O OR DISCHARGED Preferences (TPOPP/PO tot completed indicates default treatment ectronic version of this form is valid.
A. CARDIOPULMONA cHECK cardiopulmonary arr		First Name, MI:		opsed, tased of el	ectronic version of this form is valid.
		Last 4 SSN or Patient ID#:	_		
		ARY RESUSCITATION (CP	P), p		
		rest, follow orders in B and C	(): Person has no p	ulse and is not	breathing. If patient is not in
		citation/CPR			
В.	INITIAL TREATM	Citation/CPR Section A requires selecting Full Ti	eatment in Section B)	Do Not A (DNAR/no	Attempt Resuscitation CPR/Allow Natural Death)
CHEC	K Ressources 1 1	ENT ORDERS: Follow these	orders if patient has	a pulse and/or	n in here dit
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	Full Treatment	s (required if CPR chosen	e c et	ve regularly t	o ensure patients care goals an
	mechanical ventilati	on and to Groupeurs as indicated in	an attempt	 Attempt to sust 	tain life by all at an
	□ Selective Treatm	nents. GOAL: Attempt to put	, including intensive ca	re, including into re.	tain life by all medically effective means ubation, advanced airway interventions irrespectation efforts (i.e. ventilator, IV fluids as indicated, Avoid irrespectation)
	Transfer to hospital	May use non-intraction	while avoiding i	Diensive care and	
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	unless consistent with	nanual treatment of airway obstruct comfort goal. Transfer to hospital	tion as needed for com	ort Amotom ma	inagement only: allow natural door an
C.	MEDICALLY ADMIN	TETEDER AND	if comfort cannot be ac	hieved in curren	nents listed in full or selective treatment t setting.
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Form Changes

- Reverse side expands Info from side 1.

 includes additional supportive information for ACP,
 emergency contact information
 hospice enrollment if applicable
 uniform language for support persons.
- More consistency with National POLST form recommendations

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TPOPP/POLST Clinical Guide

Changes to TPOPP/POLST Clinical Guide

- 1. New Table of Contents with jump links (4 sections)
- Resource available digitally (downloadable) and hard copy (individual) Quantity discounts – pending.
- Contents: Greater clarity and more consistent use of language (e.g., terms "interventions" "aggressive" stricken)
- 2. ACP Resources for training and support (e.g., Ariadne Labs, Vital Talk, CAPC, Caring Conversations [CPB])
- 3. Evidence based references and updated research added.

KANSAS-MISSOURI



Transportable Physician Orders for Patient Preferences A Participating Program of National POLST

A Guidebook for Health Care Providers in Kansas and Missouri



TPOPP/POLST Initiative

- Part of National POLST 1.
- Community-based approach 2.
- Sponsored by CPB with 3. **Bi-state collaborators**

*Acute/Post- and Non-acute settings, Palliative Care, EMS, etc.

KANSAS-MISSOURI



Transportable Physician Orders for Patie A Participating Program of Nation

> A Guidebook for Hea Care Providers in Kai and Missouri

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Program Development & Goals

- Program Development
 - TPOPP/POLST Initiative
 - Adapted from the National POLST Program.
 - Purpose to communicate individual patient's preferences for treatments who are living with advanced illness or frailty by providing current medical orders sets that will be honored across healthcare settings.
 - Designed for use by all providers including first responders, acute, post- and nonacute and institutional long-term care settings and community-based providers.
- Goals
 - **Primary Objective** is to achieve goal concordant care by communicating selective treatments that reflect patient's current condition and goals of care, thereby ensuring higher family/patient satisfaction and health outcomes.

Core Elements of TPOPP/POLST

Core Elements

- Is recommended for individuals with advanced, chronic, progressive disease, clinical frailty, and/or terminal conditions.
- May be used to indicate a preference to receive all medically indicated treatments or to limit medical interventions including attempts at cardiopulmonary resuscitation (CPR).
- Provides explicit direction about resuscitation status ("code status") if the patient is without a pulse and/or is not breathing (apneic).
- Includes directions about other treatments that the patient may or may not select.
- Accompanies the patient to and from all settings
- Is based on the individual's current medical condition
- Accompanies the patient to and from all settings and should be reviewed periodically

ACP Documents VS. TPOPP/POLST form

Note: Completed TPOPP form is **one possible** outcome of serious illness care planning.

- For clinical resources on how to conduct serious illness care planning conversations visit:
- Ariadne Labs (Serious Illness)
- <u>VitalTalk</u>
- <u>Caring Conversations®</u> and <u>CPB resources</u>
- PREPARE For Your Care

ACP Documents

a. For all adults

b. Completed ahead of time to address a person's wishes in a potential future state of illness.

c. Applies only when decision-making capacity is lost

d. Contains no actionable medical orders

e. Often does not accompany patient

TPOPP/POLST Form

a. For those with advanced, chronic, progressive disease or terminal conditions

 b. Applies right now and translates patient wishes in the current state of illness into medical orders

c. Not conditional on losing decision-making capacity

d. Constitutes actionable medical orders

 Accompanies patient across care settings

Who Should Complete a TPOPP/POLST form?

Health care professionals should discuss TPOPP/POLST with their patients if the patient/resident:

- Wants all medically indicated treatments.
- Wants to select specific re: avoiding ICU Txs.
- Wants to maximize comfort and AND.
- Has advanced chronic and/or progressive disease Dx or terminal condition
- Advanced age and medical frailty
- No requirements for where patient reside; many living in long-term care or receiving home-based clinical support may be appropriate.



How to Complete a TPOPP/POLST Form: A Section-by-section Breakdown

Overview of:

Section A: Cardiopulmonary Resuscitation (CPR)
 Section B: Initial Treatment Orders
 Section C: Medically Administered Nutrition
 Section D: Additional Orders
 Section E: Information & Signatures

Section A: Cardiopulmonary Resuscitation (CPR)

Section A orders apply when the person is in cardiopulmonary arrest (i.e., has no pulse and is not breathing).

For other situations, refer to Sections B and C.

		Advance Directive (Living Will) Other Instructions or Documents Advance Directives Unavailable No Advance Directives Exist Appointment of Durable Power of Attorney for Health Care. Of the Statement			
Date of Bi	irth:	Last 4 SSN or Patient ID#:			
A.	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow orders in B and C.				
ONE	Attempt Resuscitation/CPR Do Not Attempt Resuscitation (Selecting CPR in Section A requires selecting Full Treatment in Section B) Do Not Attempt Resuscitation				
В.	CHECK Reassess and discuss treatments with national and/or representative regularly to ensure nationals are met				
CHECK ONE					
		Uting TPOPP/POLST (Aay incomplete section of TPOPP/POLST implies full treatment for that section).			

- The person is transferred from one care setting or care level to another, or - There is a substantial change in the person's health status, or - The person's treatment preferences change, or

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ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS

Review of Advance Directives (Check all that apply) Healthcare Directive (Living Will)

Patient Last Name:

· SECTION B:

Reviewing TPOPP/POLST

TPOPP/POLST form should be reviewed when:

- The care provider changes. Modifying and Voiding TPOPP/POLST

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

If found pulseless and not breathing, no defibrillator (including automated external defibrillator:) or chest compressions should be used on a person if "Do Not Attempt Resuscitation" is selected.

 When comfort cannot be achieved in the current setting, the person, including someone with "Comfort-focused Treatments" should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture). - Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure

A patient with capacity can, at any time, request alternative treatment or revoke a TPOPP/POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and darine A legally recognized decision-maker may request to modify the orders, in collaboration with the physician/APRN/PA, based on the known Access of the pariant or if molecular the restant's bast interaction

For information, clinical guidance resources or to obtain more forms, contact: TPOPP@practicalbioethics.org HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT

2021

Kansas-Missouri TPOP

Last 4 SSN/Patient ID#

Section B: Initial Treatment Orders

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED Patient Last Name ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS Last 4 SSN/Patient ID# Review of Advance Directives (Check all that apply) ☐ Healthcare Directive (Living Will) Advance Directives Unavailable Other Instructions or Documents Appointment of Durable Power of Attorney for Health Care (Name): No Advance Directives Exist Patient's Emergency Contact (if other than INITIAL TREATMENT ORDERS: Follow these orders if patient has a pulse and/or is breathing.

Section B orders apply to other emergency medical circumstances.

Accompanying each treatment option is a GOAL statement to share with the patient/representative.



- The care provider changes. Modifying and Voiding TPOPP/POLST

- The person is transferred from one care setting or care level to another, or - There is a substantial change in the person's health status, or - The person's treatment preferences change, or

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For information, clinical guidance resources or to obtain more forms, contact: TPOPP@practicalbioethics.org HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT

Kansas-Missouri TPOPP

Section C: Medically Administered Nutrition

Section C orders apply to long-term medically administered nutrition.

It is intended that all feeding options are fully explained to the patient/representative.

Boxes are checked after thoroughly discussing patient preferences and goals.



Section D: Additional Orders

Section D applies to additional medical orders or instructions that are otherwise not specified in this form.

The medical provider should work directly with the patient to ensure consistency across sections.

	ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS Review of Advance Directives (Check all that apply) Healthcare Directive (Living Will) Other Instructions or Documents
C.	MEDICALLY ADMINISTERED NUTRITION: Offer food by mouth if desired by patient, is safe and tolerated.
CHECK ONE	 Provide feeding through new or existing surgically-placed tubes Trial period for medically assisted nutrition but no surgically-placed tubes No medically assisted means of nutrition desired Not discussed or no decision made
D.	ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C: Includes e.g., time trials, blood products, and other orders. [EMS Protocols may limit emergency responder ability to act on orders in this section.]
	C mng IPOPP/POLST
	 (Any incomplete section of TPOPP)/POLST implies full treatment for that section). • SETION A: • Section S: • When confider cannot be achieved in the current setting, the person, including someone with "Comfort-focused Treatments" should be solved an apering able to provide comfort (ag., reatment of a high fractare). • Section S: • When confider cannot be achieved in the current setting, the person, including someone with "Comfort-focused Treatments" should be reviewed with (BTAP), and be grave mark (BTAP) statistical respirations. • Business and the person is transferred to another (ag., reatment of a high fractare). • Description of the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another, or the person is transferred form once care setting or care level to another or the person is transferred form once care setting or care level to another. T
	For information, clinical guidance resources or to obtain more forms, contact: TPOPP@practicalbioethics.org HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT O Center For Practical Bioethics, 1111 Main, Suite 500 (Harzfeld Building), Kansas City, MO 64105 816-221-1100 2021 CO Karsas-Missouri TPOPP practical Bioethics, 1111 Main, Suite 500 (Harzfeld Building), Kansas City, MO 64105 816-221-1100 2021 CO Karsas-Missouri TPOPP

ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

Section E: Information & Signatures

Completing the form: the medical provider checks the box(es) indicating with whom they discussed the orders.

Both the medical provider and the patient/representative include their contact information and signature.

NOTE: Authorized Provider signs.

Currently in KS that is physician and PA (APRNs not yet eligible)

In MO it is still physician only.

		FORM SHALL ACCOMPANY PERSON WHE atient Last Name: First Name, MI: DOE DVANCE CARE DIRECTIVES & EMERGENCY CON Review of Advance Directives (Check all that apply) Healthcare Directive (Living Will) Dot	EN TRANSFERRED OR DISCHARGED B: Last 4 SSN/Patient ID#: TACTS
E. CHECK ALL THAT APPLY	INFORMATION AND SIGNATURES (E-Si Discussed with: Patient	DPOA Health Care Parent of min	10r □ Legal guardian
	Signature of patient or recognized decision m voluntarily acknowledges that this treatment order is	naker (all fields required): By signing th	
	Print name:	Signature:	The most recently completed valid TPOPP/ POLST form supersedes all previously completed TPOPP/POLST forms.
	Address:	Relationship:	Phone:
	Signature of authorized healthcare provider orders are consistent with the person's medical cond	· · · · · · · · · · · · · · · · · · ·	, , ,
	Print name of authorized provider and/or	Physician:	Phone:
	Signature of authorized provider:		Date:
	HIPAA PERMITS DISCLOSURE TO HEALTH CARE		MAKERS AS NECESSARY FOR TREATMENT
	For info For info	and Voiding TPOPP/POLST twith capacity can, at any time, request alternative treatment or revoke a 1 mmended that revocation be documented by drawing a line through Section the partient or, if unknown, the patient's best interests. commation, clinical guidance resources or to obtain more form EMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY ical Bloethics, 1111 Main, Suite 500 (Harzfeld Buiding), Kanas City, MO 64105 810	ration with the physician/APRN/PA, based on the known

Advance Directives & Emergency Contacts

Note:

- 1. TPOPP/POLST Form is an element of ACP
- 2. Other ACP documents can be noted on the TPOPP/POLST form.
- 3. Provide the Patient's Emergency Contact Information.
- 4. Check off the individuals assisting with the form.

	EOBM SHA	ADVANCE CAI Review of	RE DIRECTIVES & EMERGENCY Advance Directives (Check all that app are Directive (Living Will) Other be Directives Unavailable	ply) Instructions or Documents
tient	Last Name:	First Name, MI:	DOB:	Last 4 SSN/Patient ID#:
DVA	ANCE CARE DIRE	CTIVES & EMERGENCY	CONTACTS	
	☐ Healthcare Direct ☐ Advance Directiv ☐ Appointment of D Patient's Emergenc Full Name: Primary Care Pr Hospice Care Ag	y Contact (if other than perso	er Instructions or Documen Advance Directives Exist lth Care (Name): on signing form) and P Phone (voice tex Phone:	(Phone): rovider(s) xt): Phone:
	 Social Worker Health Care Agent Patient Advocate 	 ☐ Nurse ☐ Parent of Minor ☐ Legal Guardian 	Family 1	Member Palliative Care Provider
		For information, clinic	at any time, request alternative treatment or re- ccation be documented by drawing a line through no-maker may request to modify the orders, in co aknown, the patient's best interests.	voke a TPOPP/POLST by any means that indicates intent to revoke. h Sections A through D, writing "VOID" in large letters, and signing ollaboration with the physician/APRN/PA, based on the known e forms, contact: TPOPP@practicalbioethics.org PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT 05/ 816-521-100 2021

Comparison Between TPOPP/POLST Form and Kansas DNR Directive

How does the TPOPP/POLST Form compare to the Kansas DNR Directive?

See below for a comparison.

Document Features	Kansas DNR Directive	TPOPP/POLST - Medical Order
Governed By	Statutes K.S.A. 65-4941 et.al.	Scope of Practice and Standard of Care and community consensus (DNR orders not required by KS law to be in a particular form)
Target groups	Capacitated adults called Declarants who wish to refuse CPR for personal, health or religious reasons. (No illness criteria or other health directives required)	Persons with or without capacity living with advanced illness or frailty who by expression of advance health care directives indicate treatment preferences for full, selected, or no CPR (or meet AHA criteria for no benefit/ harm*) or have elected a comfort care plan or have a representative to act on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders.
Settings	Hospital to Nursing Home (and back)	All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.
Initiated by	Declarant (Patient with capacity) requests DNR order from Physician or PA.	Physician or authorized licensed professional on behalf of patients with advanced illness/frailty in compliance with scope of practice, law/regulations.
Health Status of Patient	Not required for declaration.	Serious illness and/or advanced frailty (see POLST Intended Population)

Comparison Between TPOPP/POLST Form and Kansas DNR Directive

Adherence to Form	Directive must be substantially in the form prescribed by statute	Standardized TPOPP/POLST form adopted by consensus for transportability across settings. No required DNR form required by statute.
Immunity protections	Immunity from liability subject to K.S.A. 65-4944	Immunity from liablity provided by KSA 65-4944 to authorized provider validly executing a DNR order (see KSA 65-4941 thru 65-4944).
Measures Addressed	Addresses only CPR	Addresses Full Treatment to DNAR range of treatments to guide responders (Full to Comfort) based on patient current condition, directives, and goals of care. Medically assisted nutrition and other treatments included.
Applicability to persons without capacity	Directive law is not applicable to those without capacity	Applies to all target group populations including those with Class III Heart Failure subject to "No Benefit" or "Harm" designation for CPR*

* See Integrated 2010, 2015, 2020 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care https://cpr.heart.org/en

Comparison Between TPOPP/POLST Form and MO OHDNR "Purple Form."

How does the TPOPP/POLST Form compare to the Missouri OHDNR Purple Form?

See below for a comparison.

Document Features	Missouri OHDNR Purple Form	TPOPP/POLST - Medical Order
Governed By	Statutory citation 190.600- 190.621 RSMo (9/07)	Scope of Practice, Standard of Care and clinical consensus (Any valid DNR orders may be honored per MO DHSS guidance Long- term Care Bulletin [Summer 2010] and EMS Bureau Memo July 10, 2018)
Target groups	Capacitated adults or those represented by an agent for whom the individual has granted authority to decline CPR in the event of cardiac or respiratory arrest.	Persons with or without capacity living with advanced illness or frailty who: 1) by advance health care directives indicate treatment preferences for all, certain types or no CPR interventions (or meet CPR medical criteria for no benefit/harm*), 2) have elected a comfort care plan, or 3) have a representative to speak on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders.
Settings	All outside hospital settings.	All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.
Initiated by	Patient with capacity or agent with powers granted in notarized appointment.	Physician or authorized licensed professional on behalf of patients with advanced illness/frailty in compliance with scope of practice, law/regulations.

Comparison Between TPOPP/POLST Form and MO OHDNR "Purple Form."

Health Status of Patient	Not required for declaration.	Serious illness and/or advanced frailty (see POLST Intended Population)
Requirements to execute/validate	Capacitated Patient must authorize, or grant agent power via advance directive. Physician signature required.	Signature of physician/authorized licensed professional required. Signature of patient or representative required for validity to acknowledge/concur with medical order.
Adherence to Form	Must be in the form prescribed by statue for immunity protection.	Standardized TPOPP/POLST form adopted by consensus for transportability across settings. Acceptable per MO EMS Bureau Memo, July 10, 2018.
Immunity protections	Immunity from liability subject to 190.606 RSM0 (9/07)	Governed by Standard of Care and Scope of Practice. Proposed language for immunity under consideration.
Range of Treatments Addressed	Addresses only Full or No CPR attempt	Addresses complete range of treatments from Full Treatment to DNAR in guiding responders and providers. Based on patient current condition, directives, and goals of care. Medically assisted nutrition and other treatments included.

* See Integrated 2010, 2015, 2020 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care https://cpr.heart.org/en

New Clinical Guide

- Questions
- Comments
- Concerns
- Feedback
- Recommendations

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Thank you!