

Report on a QI Project Eligible for Part IV MOC

Assessment and Documentation of Influenza Vaccination in a Subspecialty Outpatient Clinic

Instructions

Determine eligibility. Before starting to complete this report, go to the UMHS MOC website [ocpd.med.umich.edu], click on “Part IV Credit Designation,” and review sections 1 and 2. Complete and submit a “QI Project Preliminary Worksheet for Part IV Eligibility.” Staff from the UMHS Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-16 and 27a-b.) Staff from the UMHS Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font and answers should be in regular font (generally immediately below the questions). To check boxes electronically, either put an “X” in front of a box or copy and paste “☑” over the blank box.

For further information and to submit completed applications, contact either:

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Report Outline

Section	Items
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B. Plan	7-10. General goal, patient population, IOM quality dimensions addressed, experimental design 11-12. Baseline measures of performance, specific performance objectives 13. Data review and identifying underlying (root) causes
C. Do	14-16. Intervention(s), who is involved, initiated when
D. Check	17-18. Post-intervention performance measurement, data collection, performance level
E. Adjust – Replan	19. Review, continuing/new underlying causes,
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G. Recheck	22-23. Post-adjustment performance measurement, data collection, performance level
H. Readjust plan	24. Review, continuing/new underlying causes to address
I. Future plans	25-28. Subsequent PDCA cycles, standardize processes, “spread” to other areas
J. Physician involvement	29-31. Physician’s role, requirements, reports, reflections, participation, number
K. Sharing results	32. Plans for report, presentation, publication
L. Project Organization	33. Part of larger initiative, organizational structure, resources, oversight, Part IV opportunity

QI Project Report for Part IV MOC Eligibility

A. Introduction

1. **Date:** April 15, 2016
2. **Title of QI project:** Assessment and Documentation of Influenza Vaccination in a Subspecialty Outpatient Clinic
3. **Time frame**
 - a. **Date physicians begin participating (may be in design phase):** October 1, 2015
 - b. **End date:** February 4, 2016
4. **Key individuals**
 - a. **QI project leader** *[also responsible for attesting to the participation of physicians in the project]*
Name: Terri Stillwell, MD
Title: Clinical Assistant Professor
Organizational unit: Pediatric Infectious Diseases
Phone number: 734-232-2096
Email address: tstillwe@med.umich.edu
Mailing address: 1500 E Medical Center Dr
D5101 Medical Professional Bldg
Ann Arbor, MI 48109
 - a. **Clinical leader to whom the project leader reports regarding the project** *[responsible for overseeing/"sponsoring" the project within the specific clinical setting]*
Name: Jason Weinberg, MD
Title: Associate Professor
Organizational unit: Pediatric Infectious Diseases
Phone number: 734-764-6265
Email address: jbwein@umich.edu
Mailing address: 7510A MSRB I
1150 W Medical Center Dr
Ann Arbor, MI 48109
5. **Approximately how many physicians were involved in this project categorized by specialty and/or subspecialty?** Pediatric Infectious Diseases Physicians (7 Peds ID faculty, 2 Peds ID fellows, 1 resident in Pediatrics)
6. **Will the funding and resources for the project come only from internal UMHS sources?**
 Yes, only internal UMHS sources
 No, funding and/or resources will come in part from sources outside UMHS,
which are: _____

The Multi-Specialty Part IV MOC Program requires that projects engage in change efforts over time, including at least three cycles of data collection with feedback to physicians and review of project results. Some projects may have only three cycles while others, particularly those involving rapid cycle improvement, may have several more cycles. The items below are intended to provide some flexibility in describing project methods. If the items do not allow you to reasonably describe the methods of your specific project, please contact the UMHS Part IV MOC Program office.

B. Plan**7. General goal****a. Problem/need. What is the “gap” in quality that resulted in the development of this project? Why is this project being undertaken?**

Influenza vaccines are important for the prevention of influenza infections. Because we do not know how well receipt of influenza vaccine is being assessed and documented in our subspecialty outpatient clinic setting, it is difficult to know if we are properly educating patients and their families about the benefits and risks of vaccination and offering the vaccine to those patients who have not yet received the vaccine. In otherwise busy clinics, this opportunity is sometimes missed and, anecdotally, we feel that we can improve in this area of patient care.

b. Physician’s role. What is the physician’s role related to this problem?

- Provide proper education and counseling to patients and their families regarding seasonal influenza vaccine.
- Order influenza vaccines for patients when they are in the outpatient clinic.
- Supervise clinic staff who administer influenza vaccines in the outpatient clinic.
- Document immunization status and confirm documentation of vaccines given during the clinic visit.
- Communicate with patients’ primary care physicians regarding influenza vaccination administration (or lack thereof) in the outpatient clinic.

c. Project goal. What general outcome regarding the problem should result from this project? (Specific aims/targets are addressed in #12b.)

- Increase physician assessment and documentation of our patients’ seasonal influenza vaccine status.
- Increase administration of influenza vaccine to our patients when appropriate opportunities are identified.

8. Patient population. What patient population does this project address.

Pediatric patients that are seen in the Pediatric Infectious Diseases Outpatient Clinic.

9. Which Institute of Medicine Quality Dimensions are addressed? [Check all that apply.]

- | | | |
|----------------------------------------|----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Effectiveness | <input type="checkbox"/> Equity | <input checked="" type="checkbox"/> Safety |
| <input type="checkbox"/> Efficiency | <input checked="" type="checkbox"/> Patient-Centeredness | <input checked="" type="checkbox"/> Timeliness |

10. What is the experimental design for the project?

- Pre-post comparisons (baseline period plus two or more follow-up measurement periods)
- Pre-post comparisons with control group
- Other: _____

11. Baseline measures of performance:**a. What measures of quality are used? If rate or %, what are the denominator and numerator?**

Sampling. For auditing purposes, each participating Attending was asked to gather data on 5-10 clinic patients per cycle. Seven Attendings participated, therefore, which should have resulted in 35-70 patients per cycle. (Participating fellows and the participating resident do not have their own clinic schedules, but see patients off of the Attendings’ schedule.) While this was our goal at the outset of the project, each Attending was not always able to provide this number of patients per cycle due to the number of patients scheduled and the number of clinic “no shows” or appointment cancellations that may have occurred throughout the project time period. Patients were audited on a sequential basis as they appeared on the clinic schedule during the described cycle time frames; once an individual Attending reached 10 patients for that cycle, the Attending did not contribute additional data. Also of note, the number of patients eligible for influenza vaccine generally wanes

over the duration of the influenza season, as some patients will have already received vaccine from other locations.

Measures.

1. Percent of patients who have their seasonal influenza vaccine status documented in the EMR
 - a. Numerator: those whose vaccine status was documented in the EMR
 - b. Denominator: total number of patients audited during a given cycle
2. Percent of eligible patients that received the seasonal influenza vaccine in our Pediatric Infectious Diseases Clinic
 - a. Numerator: those who received the vaccine in our clinic
 - b. Denominator: of patients audited, those eligible to receive vaccine (i.e. > 6 mos of age, not yet received the vaccine this season)
3. Percent of patients who refuse/decline vaccination that have this refusal/declination documented in the EMR
 - a. Numerator: those whose refusal/declination documented in the EMR
 - b. Denominator: of patients audited, those who are eligible for vaccine, but refuse/decline the vaccine
4. Percent of patients who refuse/decline vaccination who have vaccine counseling documented in the EMR
 - a. Numerator: those who have counseling documented in the EMR
 - b. Denominator: of patients audited, those who are eligible for vaccine, but refuse/decline the vaccine

b. Are the measures nationally endorsed? If not, why were they chosen?

These measures are not nationally endorsed. However, after discussion within the Pediatric Infectious Diseases division, these measures were determined to be relevant measures needed to assess the impact of our interventions on patient-level care.

c. What is the source of data for the measure (e.g., medical records, billings, patient surveys)?

Patients' charts within the electronic medical records (EMR).

d. What methods were used to collect the data (e.g., abstraction, data analyst)?

Data abstraction from the EMR.

e. For what time period was the sample collected for baseline data?

September 2015 - October 2015

12. Specific performance objectives

a. What was the overall performance level(s) at baseline? (E.g., for each measure: number of observations or denominator, numerator, percent. Can display in a data table, bar graph, run chart, or other method. Can show here or refer to attachment with data.)

See data table attached at the end of the report.

b. Specific aim: What was the target for performance on the measure(s) and the timeframe for achieving the target?

By the end of the second cycle of improvement effort (1/29/16):

1. Documentation of vaccination status: increase by 25 percentage points, this would bring percent of documentation from 67% to >90%
2. Clinic vaccination rate: increase by 10 percentage points, this would bring percent of vaccination from 45% to 55%, close to national coverage averages
3. Documentation of declination: increase by 45 percentage points, this would bring percent of documentation of declination from 47% to >90%
4. Documentation of counseling: increase by 50 percentage points, this would bring percent of documentation of counseling from 16% to 66%

c. How were the performance targets determined, e.g., regional or national benchmarks?

There are no national benchmarks related to our specific performance measures. However, based on the most recent CDC vaccination coverage data (2013), pediatric seasonal influenza vaccination coverage is approximately 60%. Based on our baseline data, we felt that an increase of 10% in the clinic vaccination rate would bring our rates closer to national rates. Without benchmarks to guide our other performance measures we felt that the other targets represented meaningful improvements that were attainable within the project's time period.

13. Data review and identifying underlying (root) causes.

a. Who was involved in reviewing the baseline data, identifying underlying (root) causes of the problem(s), and considering possible interventions ("countermeasures") to address the causes? Briefly describe:

- **Who was involved?** Pediatric Infectious Diseases Division (faculty and fellows, plus one resident in pediatrics who regularly sees patients in our subspecialty clinic), as well as the Medical Assistants (MAs) that triage Pediatric Infectious Diseases clinic patients.
- **How?** Baseline data review, root causes analysis, and planning for possible interventions occurred through a combination of actions, including: discussion at one of our weekly clinical care conferences, via electronic communications, and with ongoing discussion in the clinic setting.
- **When?** The first week of November 2015

b. What were the primary underlying/root causes for the problem(s) that the project can address? (Causes may be aspects of people, processes, information infrastructure, equipment, environment, etc. List each primary cause separately.)

People

- Lack of physician awareness regarding vaccine status
- Lack of understanding by physicians and staff where/how vaccine documentation occurs in MiChart

Process

- Limited visit time with a complex patient population
- Updates to vaccination status not included as a routine part of visit workflow

C. Do

14. Intervention(s). Describe the interventions implemented as part of the project.

People

- Lack of physician awareness of vaccine status:
 - Education on the expectation to assess vaccination status at each visit
- Lack of physician understanding where/how to document vaccines:
 - Education on how to appropriately document administration and declination of vaccines

Process

- Limited visit time with a complex patient population
 - Not addressed in this project
- Updates to vaccination status not included as routine part of visit workflow
 - Set expectation of including assessment, documentation of vaccine status and of any relevant counseling as standard workflow

15. Who was involved in carrying out the intervention(s) and what were their roles?

Education regarding these expectations was provided during one of the weekly clinical care conferences and via electronic communications. All faculty members and fellows were responsible for assessing and documenting relevant information for each of their respective clinic patients.

16. When was the intervention initiated? (For multiple interventions, initiation date for each.)

Second week of November 2015

D. Check

17. Post-intervention performance measurement. Did this data collection follow the same procedures as the initial collection of data described in #11: population, measure(s), and data source(s)?

Yes No – If no, describe how this data collection

18. Performance following the intervention.

a. The collection of the sample of performance data following the intervention occurred for the time period: Second week of November 2015-end of November 2015.

b. What was post-intervention performance level? (E.g., for each measure: number of observations or denominator, numerator, percent. Can display in a data table, bar graph, run chart, or other method. Can show here or refer to attachment with data.)

See the data table attached at the end of this report.

c. Did the intervention produce the expected improvement toward meeting the project's specific aim (item 12.b)?

1. Documentation of vaccination status: No, our goal was an increase of 25 percentage points from baseline; after our first intervention we only saw an increase of 5 percentage points from our baseline rate.
2. Clinic vaccination rate: No, our goal was an increase of 10 percentage points from baseline; after our first intervention we saw a 2 percentage point decline from our baseline vaccination rate.
3. Documentation of declination: No, our goal was an increase of 45 percentage points; after our first intervention we saw a 16 percentage point increase from baseline.
4. Documentation of counseling: No, our goal was an increase of 50 percentage points; after our first intervention we only saw a 22 percentage point increase from baseline.

E. Adjust – Replan

19. Review of post-intervention data and identifying continuing/new underlying causes.

a. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of the continuing/new problem(s), and considering possible adjustments to interventions (“countermeasures”) to address the causes? Briefly describe:

- **Who was involved?** Pediatric Infectious Diseases Division (faculty and fellows, plus one resident in pediatrics who regularly sees patients in our subspecialty clinic), as well as the Medical Assistants that triage Pediatric Infectious Diseases clinic patients.
- **How?** Cycle 1 performance data was reviewed and compared to baseline data, root causes analysis was performed, and planning for possible interventions occurred at one of our weekly clinical care conferences, via electronic communications, and with ongoing discussion in the clinic setting.
- **When?** First week of December 2015

- b. What were the primary underlying/root causes for the continuing/new problem(s) that the project can address?** *(Causes may be aspects of people, processes, information infrastructure, equipment, environment, etc. List each primary cause separately.)*

Workflow:

- Workflow did not integrate influenza vaccine information to patient visits
 - Vaccination information sheet (VIS) for influenza was given at the end of visit and only to families wishing to receive the influenza vaccine
 - Patients are coming for various reasons, influenza vaccine is generally an afterthought and saved for the end of the visit, when families are rushing to leave and physicians are thinking about next patients.
- Lack of real time documentation
 - Physician note writing usually occurs later, after visits, as many physicians are not comfortable using MiChart for documentation while in the clinic room with families and therefore, physicians are forgetting to incorporate documentation of counseling given during the visit.

F. Redo

20. Second intervention. What additional interventions/changes were implemented?

We continued the previous interventions from cycle 1 and added two more interventions based on our root cause analysis discussion.

Workflow:

- Workflow did not integrate influenza vaccine information to patient visits
 - To allow patients/families time to think about the influenza vaccine, we worked with clinic medical assistants (MAs) to give out the influenza vaccine information sheet (VIS) to all patients (even those that decline) at the beginning of their visit, when MAs are rooming the patient, so families can review and then ask their physicians any questions during the visit. Additionally, the presence of the VIS will hopefully serve as a physical reminder to physicians to discuss the influenza vaccine with their patient during the visit.
- Lack of real time documentation
 - To assist physicians with their documentation, we created of an EMR “dot phrase”. While this will not help with real time documentation, it will serve as a reminder for physicians to document when they are writing their notes later.

21. The second intervention was initiated when? (For multiple interventions, initiation date for each.)

- Use of the “dot phrase” was initiated with our December 7, 2015 clinic.
- MAs began to distribute the VIS with our December 14, 2015 clinic.

G. Recheck

22. Post-second intervention performance measurement. Did this data collection follow the same procedures as the initial collection of data described in #11: population, measure(s), and data source(s)?

- Yes No – If no, describe how this data collection

23. Performance following the second intervention.

- a. The collection of the sample of performance data following the intervention(s) occurred for the time period:** December 14, 2015 – January 29, 2016

- b. What was the performance level?** (E.g., for each measure: number of observations or denominator, numerator, percent. Can display in a data table, bar graph, run chart, or other method. Can show here or refer to attachment with data.)

See the data table attached at the end of this report.

- c. Did the second intervention produce the expected improvement toward meeting the project's specific aim (item 12.b)?**

- Documentation of vaccination status: Yes, we saw an increase of 26 percentage points from our baseline rate (goal was 25 percentage point increase).
- Clinic vaccination rate: Yes, we saw a 10 percentage point increase from our baseline rate, this was our goal.
- Documentation of declination: No, our goal was a 50 percentage point increase and we only saw a 20 percentage point increase from baseline; however, this was a greater increase than we saw during the post-intervention period.
- Documentation of counseling: No, our goal was to increase 50 percentage points and we only saw a 28 percentage point increase; however this was a greater increase than we saw during the post-intervention period.

H. Readjust

24. Review of post-second intervention data and identifying continuing/new underlying causes.

- a. Who was involved in reviewing the data, identifying underlying (root) causes of the continuing/new problem(s), and considering additional possible adjustments to interventions ("countermeasures") to address the causes? Briefly describe:**

- **Who was involved?** Pediatric Infectious Diseases Division (faculty and fellows, plus one resident in pediatrics who regularly sees patients in our subspecialty clinic), as well as the Medical Assistants that triage Pediatric Infectious Diseases clinic patients.
- **How?** Cycle 2 performance data was reviewed and compared to baseline data, as well as Cycle 1 data, root causes analysis was performed and planning for possible interventions for next season occurred at one of our weekly clinical care conferences, via electronic communications, and with ongoing discussion in the clinic setting.
- **When?** The first week of February 2016

- b. What were the primary underlying/root causes for the continuing/new problem(s) that the project can address?** (Causes may be aspects of people, processes, information infrastructure, equipment, environment, etc. List each primary cause separately.) Workflow:

- Despite the planned intervention with MAs distributing VIS at the beginning of the visit, many faculty and fellows infrequently saw the VIS in the clinic rooms, therefore it did not truly serve as a reminder.
 - We are not sure if this was due to the MAs not handing the VIS out or if this was because families would read the sheet and then put them away. Something to investigate further.
- Faculty and fellows would occasionally forget to include the "dot phrase" in their notes, making it difficult to accurately document counseling that occurred during a visit.
 - The "dot phrase" was a standalone and not incorporated into our new note templates, so still something that needed to be remember to bring into the note.

If no additional cycles of adjustment are to be documented for the project for Part IV credit, go to item #25.

If a few additional cycles of adjustments, data collection, and review are to be documented as part of the project to be documented, document items #20 – #24 for each subsequent cycle. Copy the set of items #20 – #24 and paste them following the last item #24 and provide the information. When the project to be documented for Part IV credit has no additional adjustment cycles, go to item #25.

If several more cycles are included in the project for Part IV credit, contact the UM Part IV MOC Program to determine how the project can be documented most practically.

I. Future Plans

25. How many subsequent PDCA cycles are to occur, but will not be documented as part of the “project” for which Part IV credit is designated? In preparation for next influenza season, we will discuss with our clinic MAs regarding their thoughts on handing out the VIS, including barriers and what might work better for next season. Additionally, we plan to incorporate our current “dot phrase” regarding influenza vaccine into part of our template note form, so that it is not an extra step that has to be remembered.

26. How will the project sustain processes to maintain improvements? For next influenza season, we plan to continue the interventions we began this season as well as incorporate any additional improvements that may come out of the discussions mentioned above. We will plan to begin discussions prior to the start of next influenza season to re-educate everyone on the expectations of assessment and documentation.

27. Do other parts of the organization(s) face a similar problem? If so, how will the project be conducted so that improvement processes can be communicated to others for “spread” across applicable areas?

Although we do not have specific data for other subspecialty clinics, it is likely that other outpatient clinics struggle with similar challenges in assessing and providing influenza vaccine to their patients. We have presented early results of our project at a departmental level QI meeting, and we can provide follow-up to that group regarding our final results so that other clinics may benefit from our findings.

28. What lessons (positive or negative) were learned through the improvement effort that can be used to prevent future failures and mishaps or reinforce a positive result?

- We had good group engagement from all physicians, who contributed to root cause analysis and helped to develop interventions.
- It would have been helpful during cycle 2 if we had some method of assuring that the VIS were distributed to families at the beginning of each visits. Formally auditing this step as an additional performance measure may be useful next season.
- Our initial efforts have been focused on interventions planned by clinic physicians. In future iterations of this project, we will seek input from MAs and other clinic staff (our patient coordinator, for instance) to improve our ability to identify barriers to vaccination and overcome them.
- Including the influenza vaccination “dot phrase” in our templated notes, rather than adding them as a separate step, will likely improve documentation rates.

J. Physician Involvement

Note: To receive Part IV MOC a physician must both:

a. Be actively involved in the QI effort, including at a minimum:

- *Work with care team members to plan and implement interventions*
- *Interpret performance data to assess the impact of the interventions*
- *Make appropriate course corrections in the improvement project*

b. Be active in the project for the minimum duration required by the project

29. Physician’s role. What were the minimum requirements for physicians to be actively involved in this QI effort? *(What were physicians to do to meet each of the basic requirements listed below? If this project had additional requirements for participation, also list those requirements and what physicians had to do to meet them.)*

- a. Interpreting baseline data, considering underlying causes, and planning intervention. *(As appropriate, use or modify the following response.)*
Physicians participated as described in item #13a.

- b. Implementing intervention. *(As appropriate, use or modify the following response.)*
Physicians participated as described in items #14, #15, and #16.
- c. Interpreting post-intervention data, considering underlying causes, and planning changes. *(As appropriate, use or modify the following response.)*
Physicians participated as described in item #24a.
- d. Implementing further intervention/adjustments. *(As appropriate, use or modify the following response.)*
Physicians participated as described in items #20 and #21.
- e. Interpreting post-adjustment data, considering underlying causes, and planning changes. *(As appropriate, use or modify the following response.)*
Physicians participated as described in item #24a.

30. How were reflections of individual physicians about the project utilized to improve the overall project?

All physicians participating in the project were involved in the data review and root cause analyses. Additionally, they were all involved in the discussions regarding next steps and planned interventions. Having these group discussions allowed us to select the most appropriate and timely interventions for subsequent cycles.

31. How did the project ensure meaningful participation by physicians who subsequently request credit for Part IV MOC participation?

Faculty, fellows, and resident were directly involved with the clinic patients and therefore directly involved in the assessment of influenza vaccination status as well as counseling when necessary. Faculty, fellows, and resident were also involved in the documentation of vaccination status, declination, and counseling in the EMR for each clinic patient. Faculty, fellow, and resident involvement with each patient is documented with the data collection tool. Faculty performed self-audits of their individual clinic notes on a monthly basis for data collection. Finally, faculty, fellows, and resident were present at the presentation of the data reviews and discussions and played an integral role in planning subsequent project interventions.

K. Sharing Results

32. Are you planning to present this QI project and its results in a:

- Yes No Formal report to clinical leaders?
- Yes No Presentation (verbal or poster) at a regional or national meeting?
- Yes No Manuscript for publication?

L. Project Organizational Role and Structure

33. UMHS QI/Part IV MOC oversight – this project occurs within:

University of Michigan Health System

- **Overseen by what UMHS Unit/Group?** Pediatric Infectious Diseases Division

- **Is the activity part of a larger UMHS institutional or departmental initiative?**

No Yes – the initiative is:

Veterans Administration Ann Arbor Healthcare System

- **Overseen by what AAVA Unit/Group?**

- **Is the activity part of a larger AAVA institutional or departmental initiative?**

No Yes – the initiative is:

- An organization affiliated with UMHS to improve clinical care
 - The organization is:
 - The type of affiliation with UMHS is:
 - Accountable Care Organization type (*specify which*):
 - BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative (*specify which*):
 - Other (*specify*):

Performance Measure	Baseline (Sept-Oct 2015)	Post- Intervention (Nov 2015)	Post- Adjustment (Dec - Jan 2015)
Vaccination Status Documented N audited % documented in EMR (goal: >90%)	67 67%	30 72%	43 93%
Clinic Vaccination Rate N eligible for vaccine in our clinic % rec'd vaccine in Peds ID clinic (goal: 55%)	56 45%	14 43%	20 55%
Declination Documented N not vaccinated % whose refusal/declination doc'd (goal: >90%)	32 47%	8 63%	9 67%
Counseling Documented N not vaccinated % who had counseling doc'd (goal: 66%)	32 16%	8 38%	9 44%