Providence
Mission Hospital

Advancing Health Equity for Patients with Limited English Proficiency (LEP), Reducing Length of Stay and Readmissions

Meet the team:

Providence Mission Hospital

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Project Lead

Supervisor, Interpreter Services
Providence Health Equity Fellow

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Project Co-Lead

Sepsis Clinical Coordinator

Providence Health Equity Fellowship

In 2020, Providence made a 6-year, $50 million commitment to reduce health disparities for communities who have historically been underserved or marginalized.

As part of this commitment, Providence launched its Health Equity Fellowship in March 2023. The program aims to build caregivers' capacity and expertise through mentorship, comprehensive training, and the real-time application of health equity principles.

Twenty fellows from across the Providence system joined the program's inaugural year. Each fellow designed, implemented, and managed a process improvement health equity project addressing the needs of marginalized patient populations in their local communities.

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Glossary

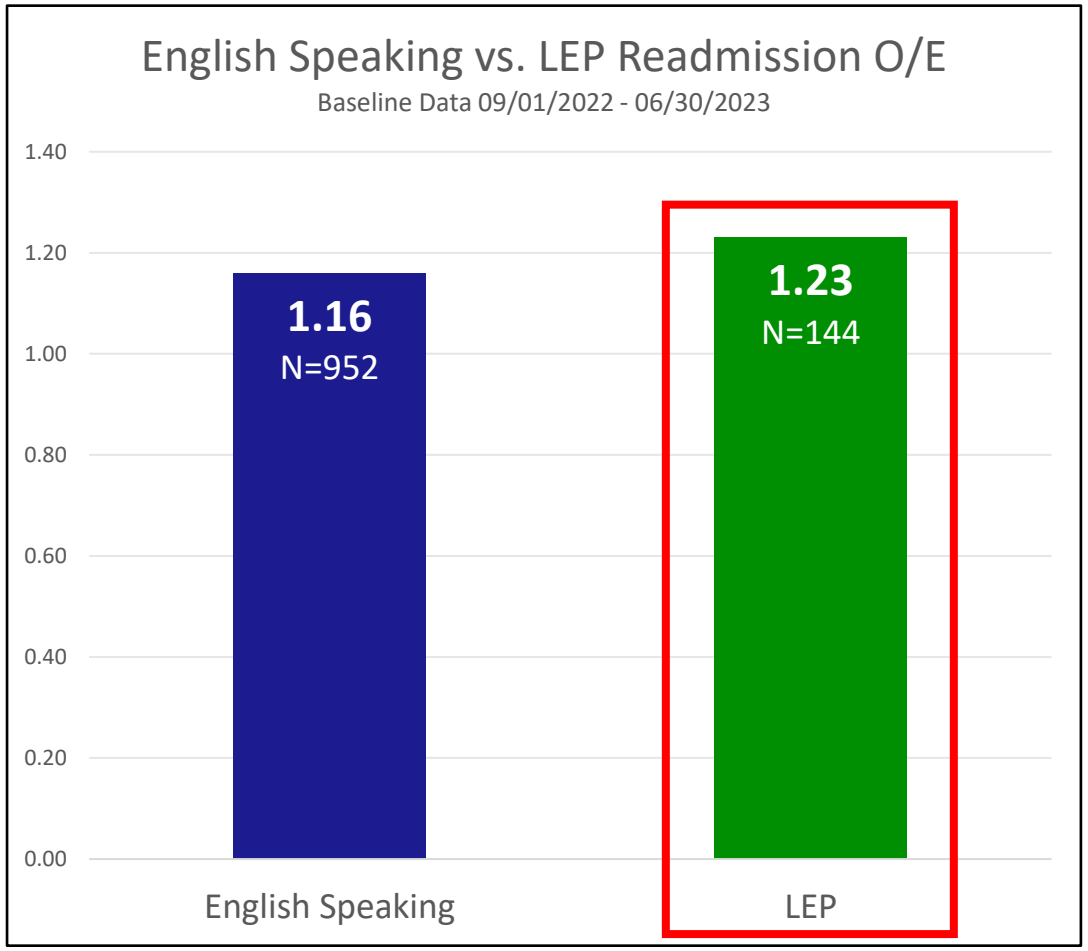
LEP Person: A person with limited English proficiency (LEP) is someone who does not speak English as their primary language and has a limited ability to read, speak, write, or understand English.

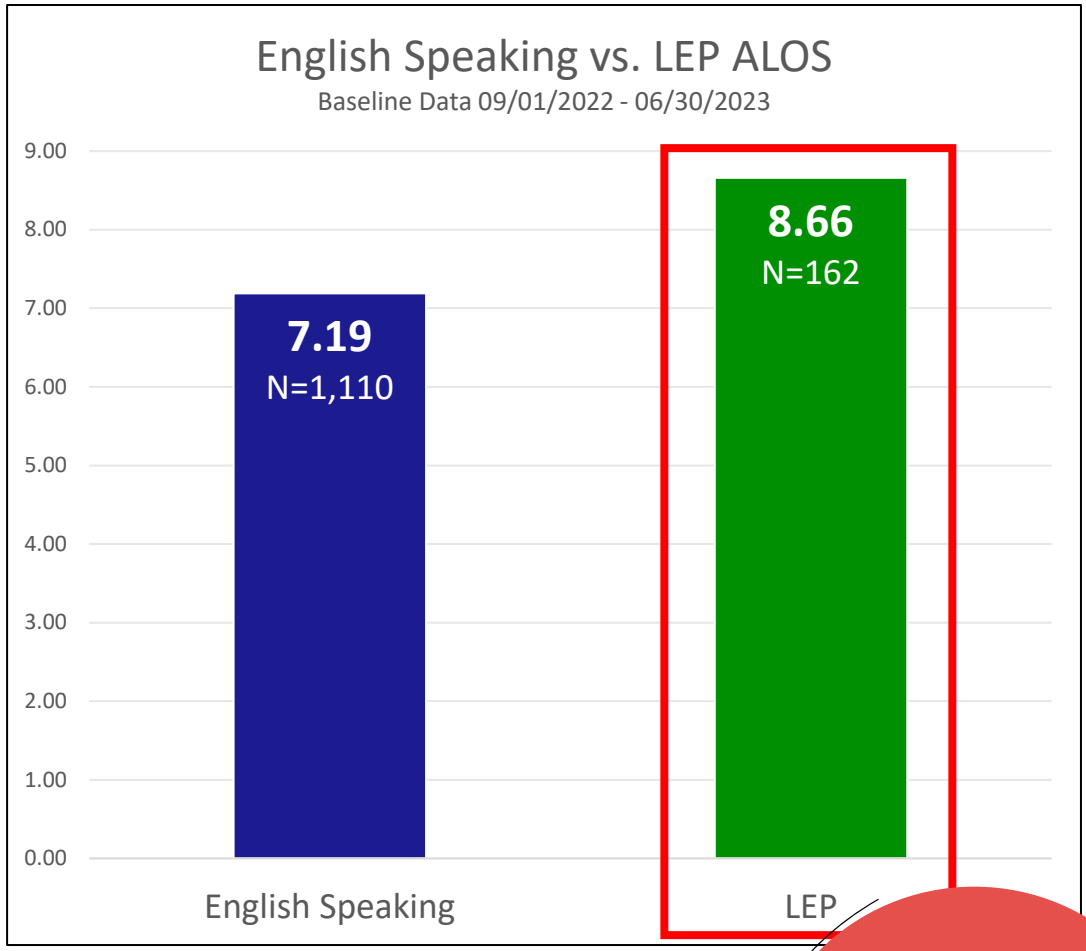
Length of Stay (LOS): The duration of a single episode of hospitalization. Length of stay is calculated by subtracting day of admission from day of discharge.

30-Day Readmission: Unplanned readmissions to the hospital within the 30 days after being discharged. Unplanned hospital readmission is not always related to the previous visit.

Readmission Observed to Expected (O/E) ratio: Observed readmission is the actual number of readmissions. Expected readmission is a predicted number based on the patient's readmission risk. The ratio is calculated by dividing the observed by the expected. If an O/E ratio is less than 1, a readmission has theoretically been prevented.

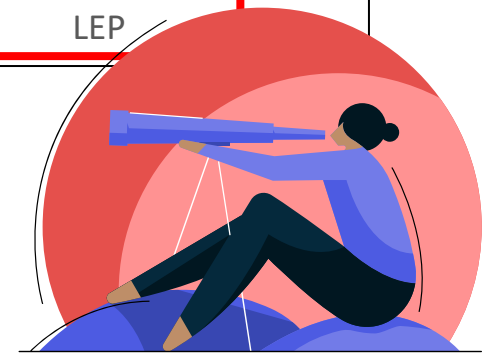
Average Length of Stay and Readmission O/E Baseline Data





Project SMART Aim. By June 30th, 2024:

- To reduce ALOS from 8.66 days to 7.66 days
- To decrease 30-day Readmission rate from 1.23 to 1.00



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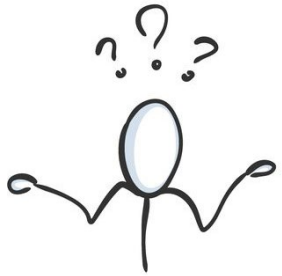
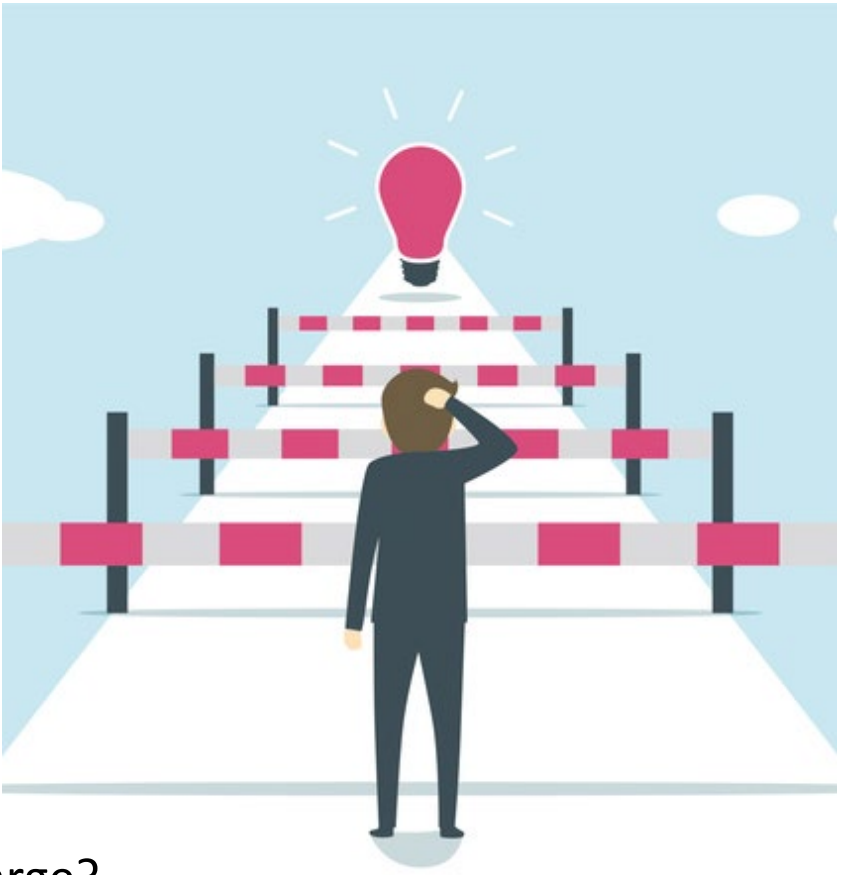
What are the barriers?





- Was an interpreter used for every encounter?
- Was an interpreter used during discharge planning?
- Was there a delay in Case Management assessment?
- Were there barriers in providing home health needs?
- Were there cultural barriers that we could help support?
- Was there a post discharge call made using an interpreter?
- Did the patient receive translated educational materials upon discharge?

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Patient Focus Group 1 – Aug 2023

Spanish Speaking Patients and Family Members

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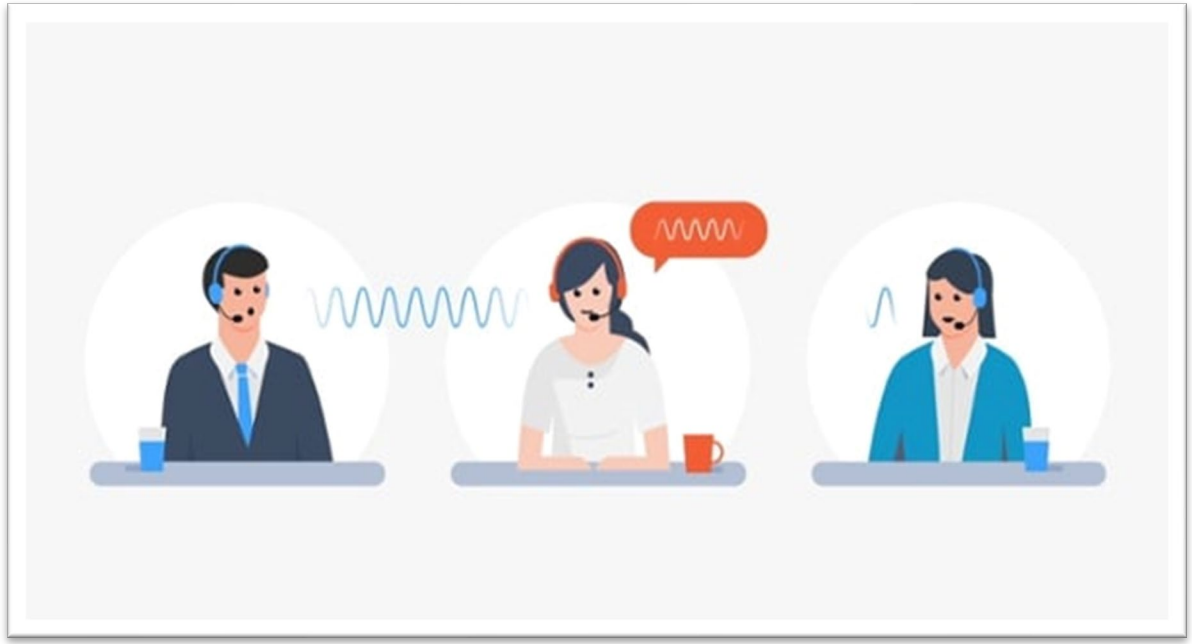
Process:

- We contacted 90 patients who:
  - Were treated for Sepsis as one of their diagnoses in the past 12 months
  - Had a longer than expected length of stay based on their diagnosis
  - Had a readmission within 30 days of discharge
- Out of the 90 patients we contacted, 16 patients agreed to join us for a Patient Focus Group
- Out of the 16 who agreed to come, 8 respondents arrived on the scheduled date.

Room Set up

Room 1 – Focus Group
Participants and moderators
Spanish conversations only

Room 2 – Broadcasting from Room 1
The team and a Spanish interpreter
providing simultaneous interpretation



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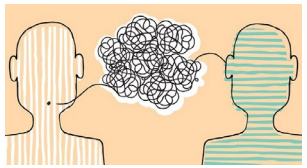
Patient Focus Group 1 – Aug 2023

Opportunities Identified for Improvement

Understanding of the disease process

Listening to build trust



Enhancing communication with the care team

Post discharge care

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Understanding of their disease process

"I went to the hospital because my blood pressure was dropping quite a bit-but **they never told me what I had, only theories…no one knew the reason**…They are the ones who study so much but they didn't know what was wrong."

"I came in and things were **explained poorly** …They did a lot of studies but they didn't find anything and they sent me back home."

"**They didn't tell me what was wrong**, but they told my husband."

"I was very sick to my stomach, couldn't stand up…They explained what they would do but **I didn't understand**."

Listening to Build Trust

"I had a bad experience with one nurse – my arm was always swollen so my veins would clog. So, they would put in an IV and it would get clogged right away, I asked her not to give me an IV there because it hurt**, I tried with what little English I had** and said "it hurts". My son was there and said, 'don't you see she says it hurts, don't put it there,' **she didn't listen**."

"… nurses **don't listen to you**, they don't give medications on time."

"When one doesn't understand the language, how can you explain – **they don't pay attention to you**."

"I felt very poorly, like I was choking. I took the pill and I was choking. I was desperate, I was turning and spinning and I still have back pain from that. The doctor had me do a swallow type study and they did x-rays. They didn't say a thing, not even the nurses…**She made me take pills**…"

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Enhancing communication with the care team

Ensuring important symptoms are communicated to the team

Expected LOS based on DRG: 9.6 days
Actual LOS: 48.75 days

"After the surgery, I had stomach pain and I felt nauseous. I kept complaining. **After 4-5 days** when my son spoke up, they did more imaging and found a stomach abscess. **I needed surgery again."**

Expected LOS based on DRG: 5 days
Actual LOS: 23.7 days

"I had trouble sometimes **asking for an interpreter."**

"I didn't want more insulin because I wasn't eating, I kept throwing up but **they didn't listen to me**, they didn't want to hear it."

How to care for themselves post DC

"They told her it was a minor issue so they went back home. Then she had a high temp. Weeks went by and she didn't get better. **She was worse.** Her main doctor **never saw her again**." – Family member

"They did a lot of studies, but they didn't find anything, and they sent me back home. Whatever I ate I threw up and I **got very sick and I went back to the hospital**."

"They just told me to check my blood pressure. **I left all the medications they gave me**. I didn't want anything to do with that."

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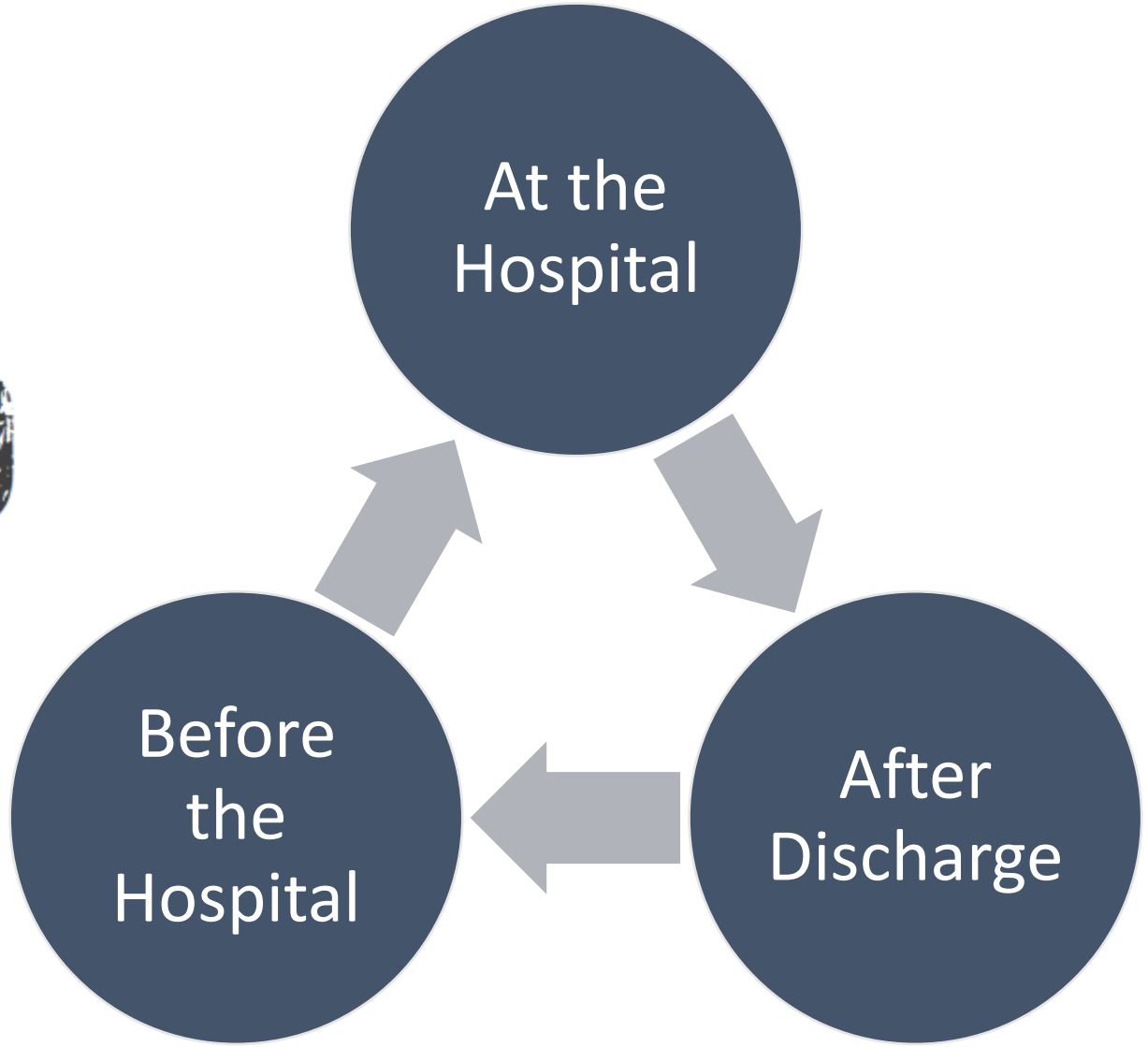
IT'S ALL CONNECTED



Focus of Project Interventions

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Before the Hospital	Partnering with a community clinic and our Community Health Investment team to provide education, increase access to care, and address barriers in the community.
At the Hospital	Providing translated educational materials to build understanding of the disease process, utilizing “teach back” method, and support enhanced communication with the care team. Oversight of the patient’s progress towards discharge readiness. i.e., patient mobility (has PT been ordered/done)
After Discharge	Post discharge follow up calls: - New and current medication education, scheduling follow up appointments, medication access, symptoms and signs to look for. Referral to community services such as community clinic and community nurse navigator, if needed.

Introducing our

Sepsis Nurse Navigators

Spanish Interpreter


Spanish Interpreter

Qualified Spanish Bilingual

Schedule
4-5 days a week,
08:00 - 14:30

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Communication Flyer!

Sepsis Nurse Navigators

Working with Limited English Proficiency Patients (LEP)

The sepsis nurse navigator facilitates the care of an LEP patient with the diagnosis of sepsis across the healthcare continuum.

- Promoting optimal outcomes
- Preventing readmissions
- Patient education
- Decreasing length of stay
- The coordination of transition of care starts from the time of admission through 30-day post discharge

Call us to help support our LEP Sepsis Patients

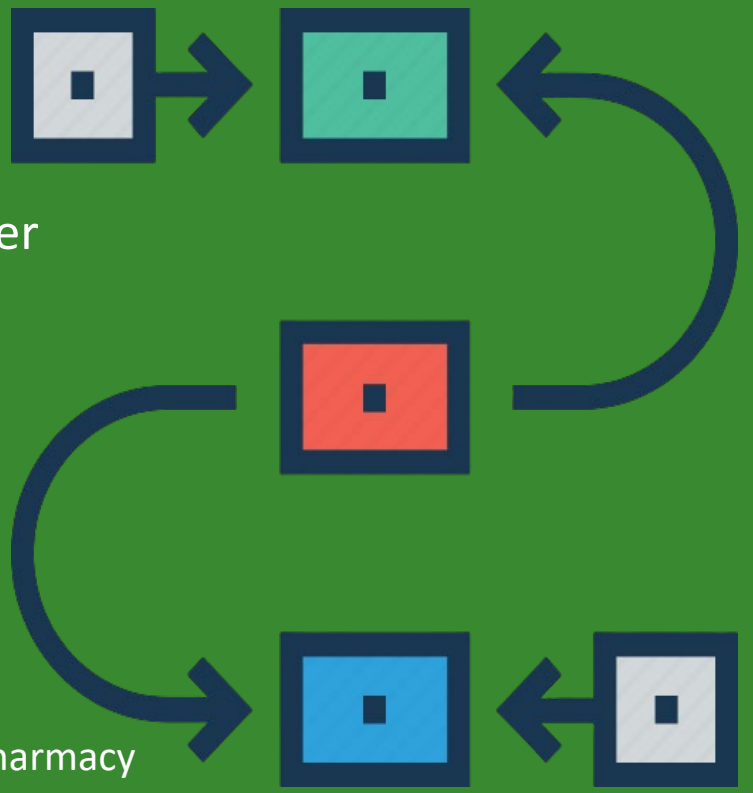
(949) 426-xxxx

variable shifts 0800-1430

Sepsis Nurse Navigator Lab Coat

Different Color Scrubs

Navigators' workflow – Inpatient



- ✓ Identify the sepsis patients and add them to the Epic list and Excel tracker
- ✓ Review patients' medical record
- ✓ Check in with case management
- ✓ Check in with bed side nurse, empower, and educate
  - ✓ *Are you comfortable using an interpreter to communicate with this patient?*
- ✓ Round on new patients:
  - ✓ Confirm patient's insurance or insurance needs, best contact number, and preferred pharmacy
  - ✓ Determine any barriers or unmet needs
  - ✓ Provide referrals or take note of needed resources
  - ✓ Assess patient's knowledge of the sepsis disease process and provide educational handouts in their preferred language
- ✓ Follow up with patient's primary RN to summarize patient interaction and document the encounter on Epic
- ✓ Perform follow up round on existing patients

Navigators' workflow – Inpatient

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Clinical Progression Pathway for Sepsis Patients

DRG 870: Septicemia Or Severe Sepsis with MV >96 Hours
TARGET CMS GLOS: 13.5 days

DRG 871: Septicemia Or Severe Sepsis Without MV >96 Hours with MCC
TARGET CMS GLOS: 5.1 days

DRG 872: Septicemia Or Severe Sepsis Without MV >96 Hours W/O MCC
TARGET CMS GLOS: 3.6 days

KEY PLAYERS	Day 0 – Admit & Stabilize	Day 1 – Treat All Pts	Day 2 – Treat All Pts	Day 3 – DC Planning Pts w/o MCC's	Day 4 - Discharge Pts w/ MCC's
NURSE	☐ Complete Sepsis Bundle Elements ☐ Strict I&O ☐ Close monitoring for deterioration ☐Bedside Nursing Swallow Eval ☐ Sepsis Education Folder ☐ Infectious Process Care Plan ☐ Med Rec	☐ Review Micro C&S and escalate to ID/Hospitalist ☐ Initiate Early Mobility Program (IS & Meals OOB/Side of Bed) ☐ Daily O_2 Weaning Trial ☐ Strict I&O ☐ Assess nutritional status ☐ Collaborate on Plan of Care w/ MD, CM, Therapy	☐ Review Micro C&S ☐ Discuss DC Plan in Care Coordination Rounds ☐ Daily O_2 Weaning Trial ☐ *Based on Cx results discuss w MD if isolation can be DC'd @ DC & Inform CM ORRRR Collaborate with IP Team to DC Isolation (?)* ☐ Consider Desat Study by RT	☐ If unable to wean O_2, document RA SpO_2 and notify MD/CM. ☐ Stop Light Discharge Information Packet (to decrease readmissions) ☐ Tele-Health Flyer ☐ Sepsis Alliance Education Videos & verify teach back ☐ Ensure F/U Appt with PCP ☐ Finalize DC Planning w/ CM if no barriers identified ☐ DC barriers to be identified in Care Coordination Rounds	☐ F/U Teach back education from Stop Light Discharge Information Packet ☐ Sepsis Alliance Educational Videos ☐ Collaborate w/ CM for finalized DC Planning ☐ If no DC plans in place, establish Action Plan in Care Coordination Rounds – identify any barriers ☐ Ensure F/U Appt with PCP ☐ Finalized Discharge Paperwork Completed & given to pt to DC ☐ Finalize SNF Paperwork & given to EMS

MCC's = Major Comorbid Conditions	MOST COMMON MCC'S				
• Patients <u>with NO MCC's</u> should be expected to discharge by Day 3 • Patients <u>with MCC's</u> should be expected to discharge by Day 4	A/C Systolic/Diastolic HF Abscess Liver/Lung Anemia due to Chemo Aneurysm Appendicitis, Acute Perf Acute Chole with Obs	Brain Compression Brain Death Cerebral Edema Coma Diabetic Coma, DKA DIC GI with Acute Bleed	Embolism-Thrombosis/Fat Encephalopathy-Met/Hep Endocarditis, Acute ERSD A/Tubular Necrosis (ATN) Respiratory Failure Acute SAH, ICH, Stroke	Hepatic Coma Infarction – MI 1 or 2 Ischemic Bowel, Acute Malnutrition, Severe Myocarditis, Acute Necrosis of Liver Pancreatitis, Acute	Pancytopenia/Chemo Peritonitis, Acute Pneumonia, ARDS Pulmonary Emboli Quadriplegia – Func Press Ulcer, stage 3 or 4 Shock – Septic – or type

Daily Tracker

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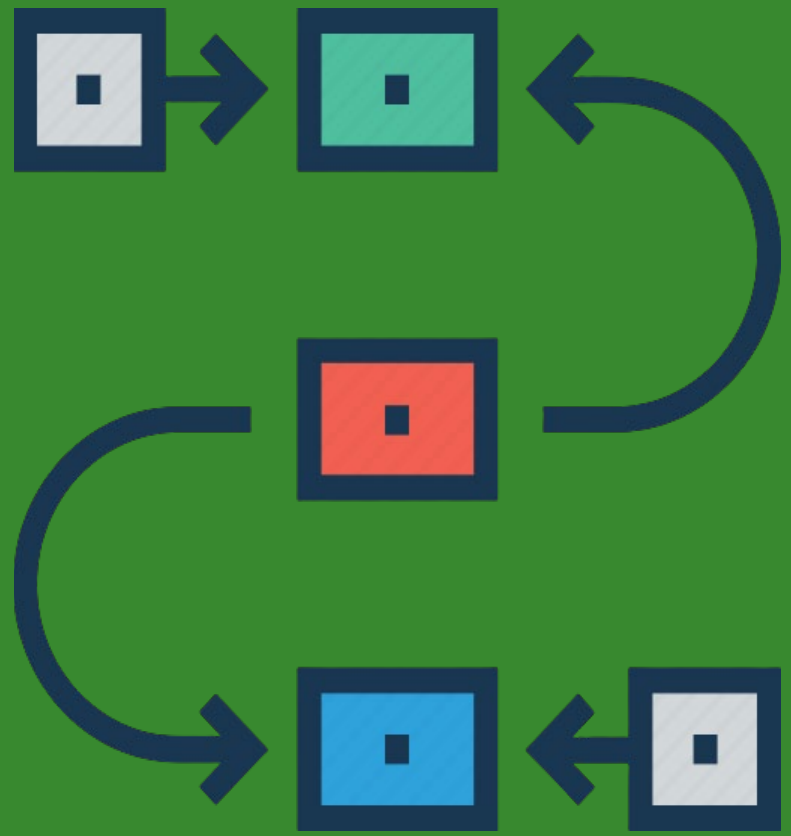
MOST IMPORTANT													
Adm Date	Round Date And Navigator Name	Number of Rounds	Patient Name (Last, First)	MRN	Unit & Room	Language	DC Date	DC Location	Phone number	Insurance	Clinical Indication of Sepsis	Education provided/ Teach back	Community Services Referral

DISCHARGE READINESS													
LACE Score	Organ Disfunction/ Resolved?	Pressors	Lactate trend	Suppl. O2	Stable Cardiac	Fever trend	Electrolytes normal	Cultures assessed	Nutrition Status	Oral abx transition date	Probiotic	Early Mobility	Pain

POST DISCHARGE							
Follow Up Call Dates and Navigator Name	Number of Follow Up Call	Re-Education Provided	Follow up Appointment Assistance Provided	Medication Accesses/ Assistance Provided	Medication Education Provided	Referral to Community Services	Notes – Include Info on Referral/Support given if Applicable

Navigators' workflow – Post Discharge

- ✓ Follow up with patients or family members within 2 days of DC:
  - ✓ Re-education on signs and symptoms
  - ✓ Follow up appointment support
  - ✓ Medication compliance
  - ✓ New medication education
  - ✓ Referral to community health navigator as needed
  - ✓ Referral to community resources as needed



Navigators' workflow – Post Discharge

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Medication Compliance

- Have you picked up your new medication?
- Are you taking your medication as prescribed?
- What medications are you currently taking?

Readmission Prevention

- Have you scheduled a follow-up appointment?
- Do you need help scheduling your appointment?
- If Home Health, have you experienced any issues?

Open-Ended Questions

- Re-education about their disease.
- What symptoms should you watch out for?
- What color zone best describe how you feel today?

Readmission Risk

- Call us if you have any questions.
- Call us if you come to the ED

Navigators' workflow – Post Discharge

SEPSIS

What You Need to Know

Patient and Family Education

Mission Hospital achieved the Gold Seal of Approval® and certification by the Joint Commission in Disease-Specific Care of Sepsis

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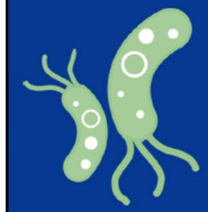
What Is Sepsis?



SEPSIS FACTS

In the U.S., more than **1.5 million people** get sepsis each year.

At least **250,000 Americans** each year die from sepsis.

SEPSIS IS A MEDICAL EMERGENCY

Sepsis is a serious condition caused by the body's exaggerated response to an infection. Common sources of infection are:

- Pneumonia
- Urinary tract infections (UTIs)
- Wounds
- Abdominal infections (e.g., appendicitis, diverticulitis)

Not all infections lead to sepsis. However, if an infection goes untreated, bacteria can enter the bloodstream and cause infection to spread to other parts of the body. If this happens, sepsis will be categorized into three stages – **sepsis, severe sepsis, and septic shock.** If treatment is delayed, there is a possibility of organ failure and death.

WHO IS AT RISK FOR DEVELOPING SEPSIS?

Anyone with an infection can get sepsis. However, certain people are at higher risk:

- Older patients
- Children less than one year old
- Post-operative patients
- Patients with a history of diabetes
- Patients with liver or kidney disease
- Patients with chronic respiratory diseases
- Patients with cancer or immune disorders
- Patients with implanted medical devices or invasive catheters

STAGES OF SEPSIS

	SEPSIS	SEVERE SEPSIS	SEPTIC SHOCK
Typical unit where care is provided	Medical-Surgical	Medical-Surgical or Intensive Care	Intensive Care
Requiring additional care	20% of patients	30% of patients	50% of patients

4

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Spanish

Farsi / Persian

Arabic

Simplified Chinese

POST-DISCHARGE SEPSIS INFORMATION

Common infections can lead to sepsis. It is important to keep track of your symptoms daily to identify and treat sepsis in its earliest stage before it becomes dangerous.

My Plan to Identify Infection and/or Sepsis

Green Zone: No Signs of Infection

- ✓ My heartbeat feels normal to me
- ✓ My breathing feels normal to me
- ✓ I do not have a fever
- ✓ I do not have chills or feel cold
- ✓ I can think clearly
- ✓ My energy level is normal
- ✓ Any wound or IV site I have is healing well

I appear to be doing well! Continue to monitor for any signs or symptoms of Sepsis.

Yellow Zone: Caution

- ✓ My heartbeat feels faster than usual
- ✓ My breathing is faster than usual
- ✓ I have a slight fever (100˚F-100.4˚F)
- ✓ I feel cold, I am shivering - I can't get warm
- ✓ My thinking is slow/ My head is "fuzzy"
- ✓ I do not feel well - I'm too tired to do things
- ✓ Any wound or IV site I have looks different

I have 2 or more of the above: Contact your doctor. Ask "Do I have an Infection or Sepsis?"

TAKE ACTION!

Red Zone: Medical Alert

- ✓ My heartbeat is very fast
- ✓ My breathing is very fast
- ✓ I have a fever (101.5˚F or greater)
- ✓ My temperature is below 96.8˚F
- ✓ I am confused or my caregivers say I am not making sense
- ✓ I feel sick, very tired, weak, and achy
- ✓ My skin is pale
- ✓ My fingernails are pale or blue
- ✓ My wound or IV site is painful, red, smells, or has pus

Act Fast! Sepsis is Serious! Go to nearest Emergency Room or call 9-1-1 and say, "I am concerned about Sepsis."

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POST-DISCHARGE SEPSIS INFORMATION

Things I can do to prevent infection	How I will do these things
✓ Follow all discharge instructions	
✓ Take all medications as prescribed	
✓ Wash my hands often, using soap and water	
✓ Keep wounds or IV sites clean	
✓ Get recommended vaccines such as Flu and Pneumonia	
✓ Eat healthy foods and drink water	
✓ Make a list of questions to ask your doctor when you go in for a check up	
✓ Know the signs of Sepsis	

Who is at risk for getting Sepsis?

- ✓ Sepsis can impact anyone– young or old, sick or healthy.
- ✓ Those with increased risk of infection include:
  - People with chronic illnesses, such as diabetes, lung disease and cancer
  - People with weakened immune systems

Look for signs of Infection and/or Sepsis:

- ✓ Use this form daily
- ✓ If you are experiencing 2 or more symptoms in the **YELLOW ZONE** call your physician and ask: ***Do I have an infection or Sepsis?***
- ✓ If you are experiencing any symptoms in the **RED ZONE** go to your nearest emergency room or call 9-1-1 and ask: ***Could this be Sepsis?***

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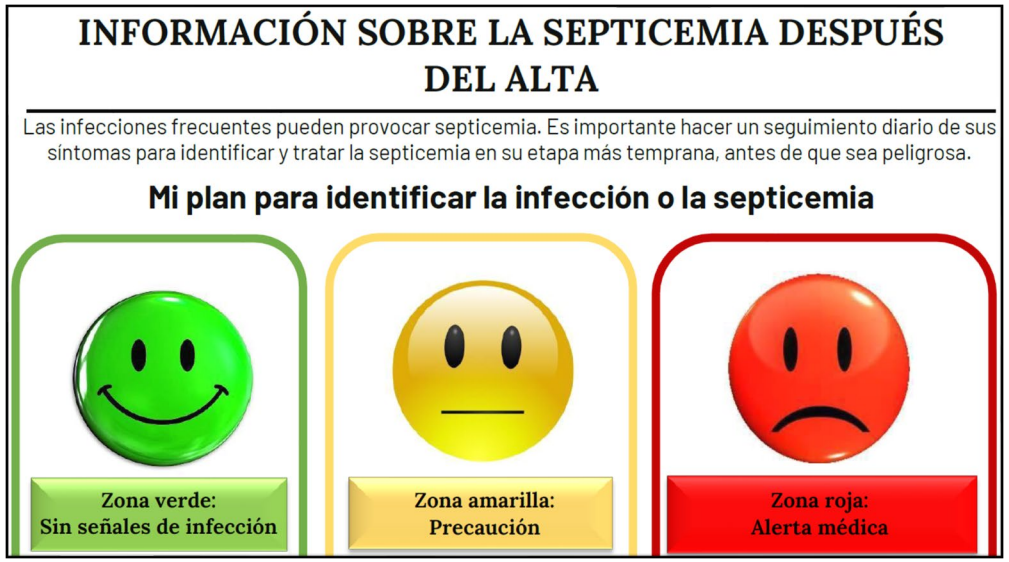
Spanish



Farsi / Persian

Simplified Chinese

Arabic

Educational Videos Created in 5 Languages

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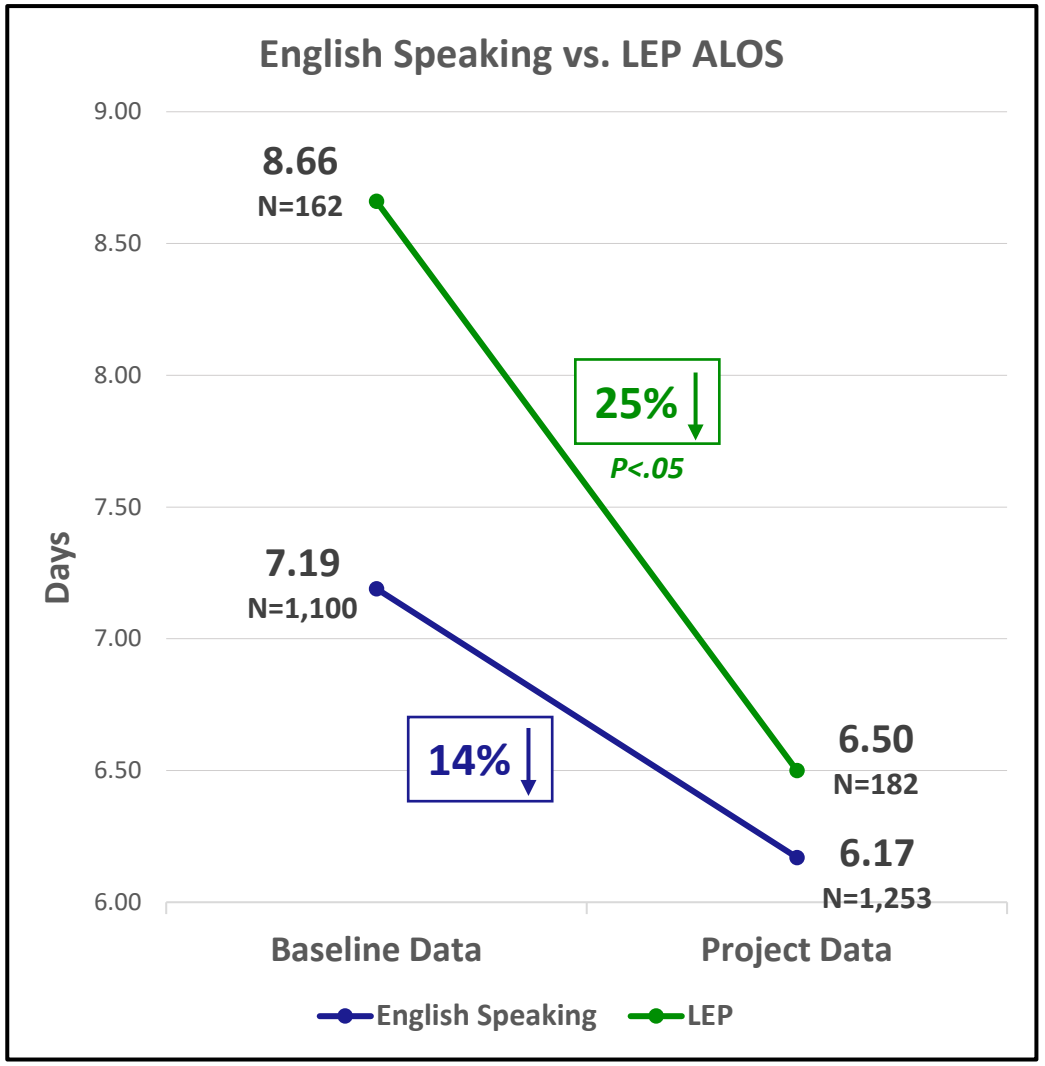
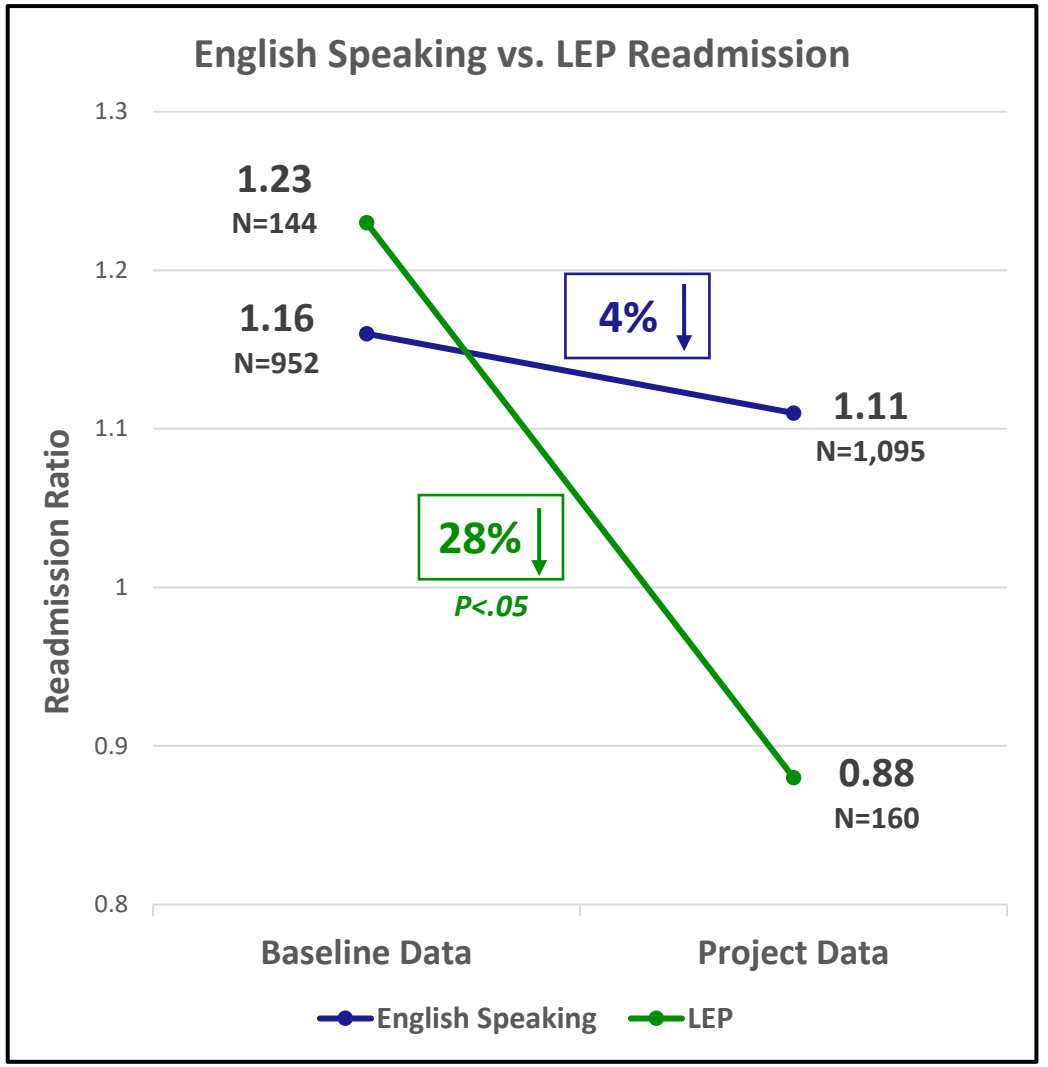
English	Spanish	Farsi	Arabic	Simplified Chinese

QR codes to access the videos on YouTube

Baseline Data vs. Project Data



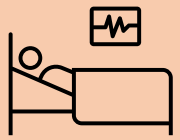


Baseline Data: 09/01/2022 – 06/30/2023
Project Data: 09/17/2023 – 06/30/2024

233 patients were followed by our program from 9/17/2023 to 6/30/2024 (10 Months)

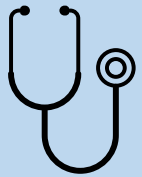
Received a round while inpatient

90% of the patients were rounded on. Total of **452** rounds on **210** patients



Needed help with f/u app

14 patients needed help with scheduling a follow up appointment



Received a f/u call after DC

87% of the patients received a f/u call. Total of **450** f/u calls for **203** patients

Needed Medication Edu

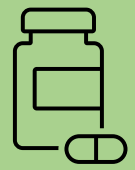
25 patients needed education on their prescribed medication after discharge

EPIC Edu

94% of the patients rounded on received the EPIC education

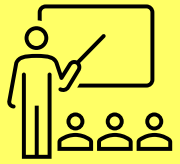
Needed Medication Access

18 patients needed help accessing their medication after discharge



Mission Hospital Sepsis Edu

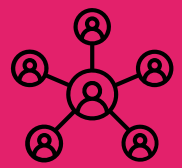
86% of the patients rounded on received Mission created education



Referral to Community Resource

24 referrals to Comm Clinic

28 referrals to Comm Nurse Navigator



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Patient Focus Group 2 – April 2024

Spanish Speaking Patients and Family Members

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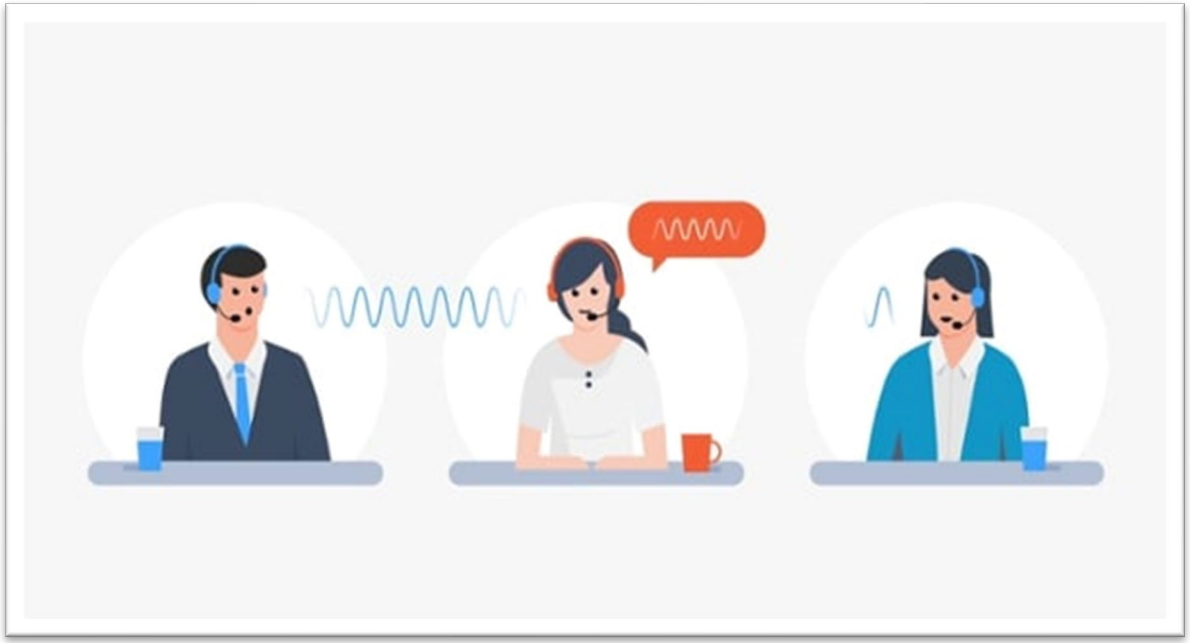
Process:

- We contacted 101 patients who:
  - Were treated for Sepsis as one of their diagnoses since the beginning of our project Received at least one intervention through our project
    - Example: inpatient round, education, follow up call, etc.
- Out of the 101 patients we contacted, 29 patients agreed to join us for a Patient Focus Group
- Out of the 29 who agreed to come, 19 respondents arrived on the scheduled date.

Room Set up

Room 1 – Focus Group
Participants and moderators
Spanish conversations only

Room 2 – Broadcasting from Room 1
The team and a Spanish interpreter
providing simultaneous interpretation



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Previously Identified Opportunities for Improvement

Understanding of the disease process

Listening to build trust

Enhancing communication with the care team

Post discharge care

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Understanding of their disease process

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First Focus Group – Aug 20234

"I went to the hospital because my blood pressure was dropping quite a bit-but **they never told me what I had, only theories…no one knew the reason**…They are the ones who study so much but they didn't know what was wrong."

"I came in and things were **explained poorly**…They did a lot of studies but they didn't find anything and they sent me back home."

"**They didn't tell me what was wrong**, but they told my husband."

"I was very sick to my stomach, couldn't stand up…They explained what they would do but **I didn't understand**."

Second Focus Group – April 2024

I was also **very well [informed],** they **used an interpreter** in person…The nurses were nice, very kind.

Hispanics don't talk about **sepsis** much, we don't think it's very common.

Before this, I hadn't heard about sepsis. Three weeks before my hospitalization, I was told I had a vaginal infection, they gave me an antibiotic, but it got worse.

They came over to **help with my diabetes**, they always came over and **taught me how to do** one thing or another. I can tell you, everyone was great. They **gave me the little guides**.

Listening to Build Trust

Providence Mission Hospital

First Focus Group – Aug 20234

"I had a bad experience with one nurse – my arm was always swollen so my veins would clog. So, they would put in an IV and it would get clogged right away, I asked her not to give me an IV there because it hurt, **I tried with what little English I had** and said "it hurts". My son was there and said, 'don't you see she says it hurts, don't put it there,' **she didn't listen**."

"… nurses **don't listen to you**, they don't give medications on time."

"When one doesn't understand the language, how can you explain – **they don't pay attention to you**."

"I felt very poorly, like I was choking. I took the pill and I was choking. I was desperate, I was turning and spinning and I still have back pain from that. The doctor had me do a swallow type study and they did x-rays. They didn't say a thing, not even the nurses… **She made me take pills**…"

Second Focus Group – April 2024

The guides explaining to us and **the pamphlets** that you gave us. The truth is when you came to talk to us, **we found out things that the doctor had not told us about**. With them [nurse navigators] we could learn a little bit more and get more information that we needed.

A nurse came to see me who was an **expert in sepsis**.

I was in a coma for one month and **I appreciate all my life and the attention you gave me and everything you provided**… I couldn't walk at the beginning, I couldn't eat…They told me, "I'm here to feed you." [The food] would come out on one side of my mouth and I felt shame. **I have a lot of respect for the care**.

Enhancing communication with the care team

Providence Mission Hospital

First Focus Group – Aug 20234

"After the surgery, I had stomach pain and I felt nauseous. I kept complaining. **After 4-5 days** when my son spoke up, they did more imaging and found a stomach abscess. **I needed surgery again.**"

"I had trouble sometimes **asking for an interpreter.**"

"I didn't want more insulin because I wasn't eating, I kept throwing up but **they didn't listen to me**, they didn't want to hear it."

Second Focus Group – April 2024

They **always were available**, like Berto [one of the navigators], they always came around to see what I needed.

They always **kept me in touch with the process** of my surgery, I was always taken care of.

With [the navigators], we were **well informed**.

How to care for themselves post DC

Providence Mission Hospital

First Focus Group – Aug 20234

"They told her it was a minor issue, so they went back home. Then she had a high temp. Weeks went by and she didn't get better. **She was worse. Her main doctor never saw her again**." – Family member

"They did a lot of studies, but they didn't find anything, and they sent me back home. Whatever I ate I threw up and I **got very sick and I went back to the hospital**."

"They just told me to check my blood pressure. **I left all the medications they gave me**. I didn't want anything to do with that."

Second Focus Group – April 2024

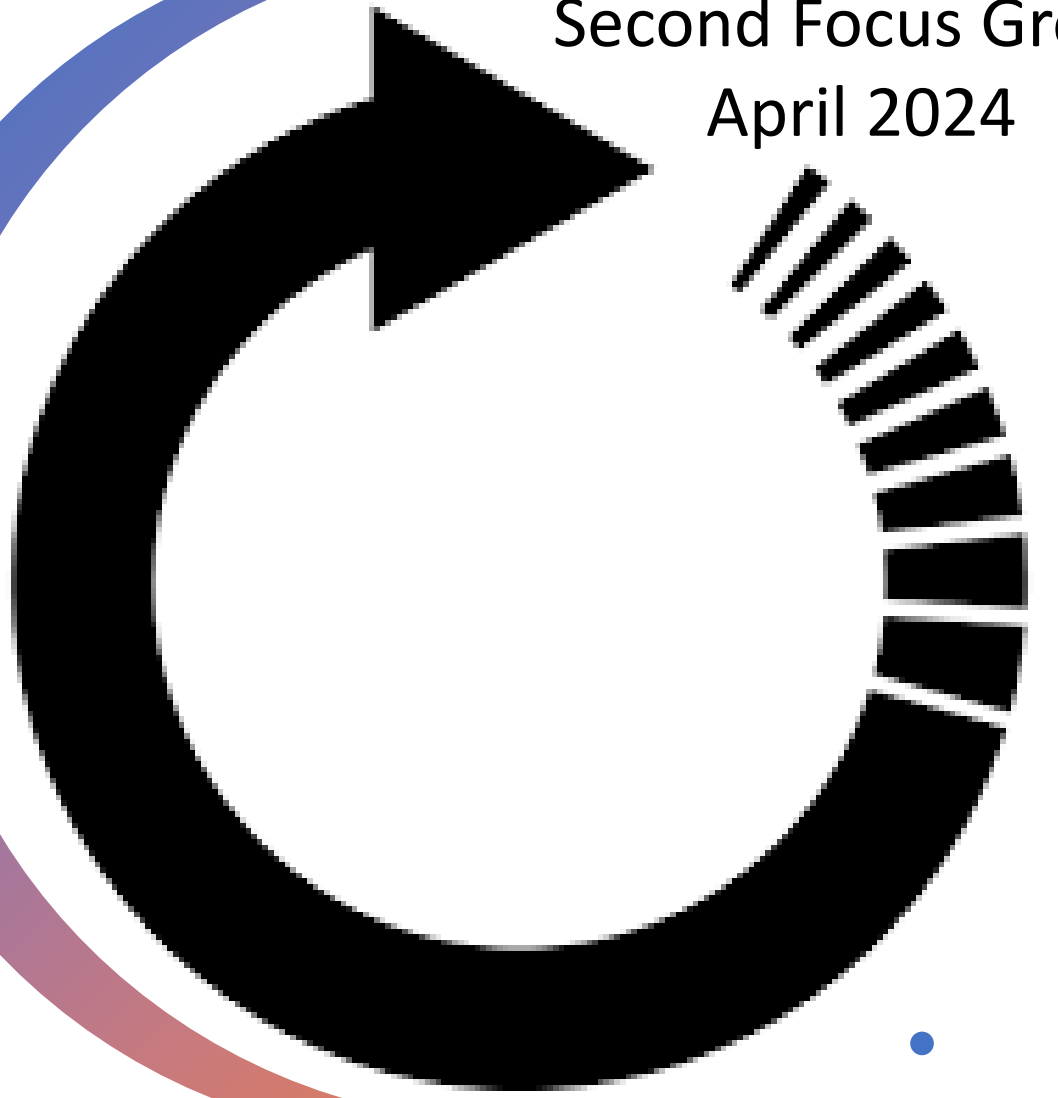
They called me too, and told me that **if I felt unwell or uncomfortable I should call**.

Well, they actually called me after I was released, **they called me at home**.

Yes, they called me and **asked if I needed help** and to call…**Thank you, thank you, thank you for all the help you gave me.**

I **finished my antibiotics** and **saw my doctor** because I needed more.

Second Focus Group
April 2024



First Focus Group
August 2023

Providence
Mission Hospital

Sharing Best Practices

THE ROLE

Nurse navigation or care navigation programs for **any diagnosis** focusing on reduction of length of stay and readmissions

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THE PLAYBOOK

Suggestions to help you provide the most equitable care for patients with limited English proficiency (LEP) with **any diagnosis**

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Providence Mission Hospital

Our Recommendations: The Role

Nurse navigation or care navigation programs for **any diagnosis** focusing on reduction of length of stay and readmissions

- **In Person Rounding**
  - Building trust and enhancing communication between the patient and the care team
- **Enhanced Education & Teach Back Method**
  - Utilizing translated educational packets and/or videos
  - Understanding their disease process and how they may feel at discharge
  - Knowing what signs and symptoms to look for when they go home
- **Follow Up Phone Calls**
  - Medication access, compliance and follow up appointment scheduling
  - Accessing care from appropriate resources such as community clinics

Our Recommendations: The Playbook

Suggestions to help you provide the most equitable care for patients with limited English proficiency (LEP) with **any diagnosis**

- **Know your LEP patient population**; top languages patients in your facilities speak.
  - Language = Culture and it's not limited to a simple transaction of exchanging information
- Diversify the workforce and **hire qualified bilingual staff** based on the top languages
  - Concordance between the provider's and the patient's language and culture can improve the patient experience
- **Translate** educational materials and important information into your top languages
- Provide reliable and timely **language assistance services** and educate your staff
  - Qualified or certified staff interpreters
  - Dual role interpreters: staff who are also trained to be interpreters
  - On-demand interpreter services using a reliable vendor:
    - Over the Phone (OPI) and Video Remote Interpreting (VRI)

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