

2022 Magnet®-recognized and  
Pathway to Excellence®-designated Organizations  
**Success Stories**



**SPECIAL  
SECTION**

# Pathway to Excellence®: A framework to combat PTSD

This resource helps organizations create a positive practice environment.

By Patience Harris, BSN, RN; Leigh Hume, MN, RN, NE-BC; Debra Fox, MS, RN, CNS, CENP, PhD Candidate; Cathleen Hamel, MS, RN, NEA-BC; and Moya Flaherty, RN BSc Critical Care PgCert Clinical Education FHEA

The image of the nurse holding up an iPad so a dying patient can say good-bye to his family speaks volumes about the stress experienced by nurses during the COVID-19 pandemic. Themes already prevalent in everyday conversation about nurse well-being, such as emotional exhaustion and burnout, have escalated to conversations around post-traumatic stress disorder (PTSD). Healthcare organizations have an obligation to address the potential for PTSD by creating structures and processes that support building resilience and provide treatment resources. (See *About PTSD*.)

Many interventions already exist. For example, the Post-Traumatic Stress Syndrome 10-question inventory, a self-report scale based on *Diagnostic and Statistical Manual of Mental Disorders* criteria, can help organizations assess staff risk for the condition. In addition, organizations

can provide support services that help staff feel safe to share what they're feeling and provide access to therapeutic interventions such as yoga, meditation, and "oasis rooms" during the workday to aid resilience, a characteristic Mealer and colleagues (2012) found to be associated with a significantly lower prevalence of PTSD. Other strategies include minimizing triggers associated with PTSD, such as enforcing zero-tolerance measures for workplace violence.

However, these efforts can't occur piecemeal. They function as part of an integrated well-structured, comprehensive approach. The Pathway to Excellence® Framework provides this structure.

## How Pathway to Excellence addresses PTSD

The American Nurses Association (ANA) reports that



self-care, stress management, and resilience can help lower PTSD risk. The Pathway to Excellence Framework, with its dedicated standard for well-being, guides organizations in creating a positive practice environment where nurses feel cared for and valued. Melnyk and colleagues found elevating staff well-being and addressing their mental health critical to ensuring safety and high-quality care delivery. The six evidence-based standards included in the *2020 Pathway to Excellence® and Pathway to Excellence in Long-Term Care® Application Manual* are designed to ensure organizational prioritization of staff and patient safety. (See 6 standards.)

### Testimonials from the field

Two organizations that have received Pathway to Excellence designation demonstrate how they used the Pathway to Excellence Framework to support staff well-being, minimize PTSD risk, and foster resilience during challenging times.

#### University Medical Center of Southern Nevada

University Medical Center (UMC) of Southern Nevada found that using the Pathway to Excellence Framework helped build a positive practice environment essential to staff well-being. After a traumatic incident that occurred several years before the COVID-19 pandemic, the organization began using the framework to respond to staff psychological needs.

On October 1, 2017, a shooter opened fire on a crowd of concertgoers on the Las Vegas Strip, killing 58 people and injuring 869. Veronica Dunn-Jones, MSN, RN, a nurse at UMC's Burn Center, wrote, "Our focus was to try and make our patients feel safe. But, for those moments, the look of fear and panic in everyone's eyes as they continued to do their work is something I will never forget. Some of our staff had friends or family who were at the Route 91 concert and were missing. Some were just in shock of what was going on around us. We would all have to sit and process all of what had occurred on that night. It was 7:30 AM before I could head home. I tried to sleep and could not. My head could not shut off. I tossed and turned for several hours and eventually got up and went back to work for debriefing."

Already well into their Pathway to Excellence journey, UMC had strategies in place to address staff well-being. During the incident, UMC highlighted three Pathway to Excellence Standards: Shared Decision Making, Leadership, and Well-being. Leadership committed to being accessible, providing reinforcement and support to facilitate decisions. The staff received daily updates from leadership, chief executive officer weekly messaging, and chief nursing officer virtual and live rounds.

To minimize post-traumatic stress, the organiza-



### About PTSD

Mealer and colleagues (2009) define post-traumatic stress disorder (PTSD) as "exposure to a traumatic event or extreme stressor that is responded to with fear, helplessness, or horror." PTSD symptoms include

- avoidant behavior
- difficulty concentrating
- flashbacks
- nightmares
- panic attacks
- sleep disturbances.

PTSD symptoms tend to increase during a global crisis, but more concerning are the nurses suffering from PTSD related to everyday practice.

- Before the pandemic, a study by Sanchez and colleagues reported PTSD indicators in as high as 48% of ICU nurses and 17% of nurses working outside of the ICU.
- Inoue and colleagues found that 21% of psychiatric nurses who had been exposed to workplace verbal abuse or violence experienced severe psychological effects.
- According to Falkenberg and colleagues, only two out of five people seek help during the first year they experience PTSD symptoms.

tion encouraged staff to access the employee assistance program and in-house psychiatric personnel for debriefing and individual or team counseling sessions. In addition, employees participated in hospital blood drives, and UMC social services spearheaded distributing victim and family assistance resources information. Each of these activities permitted staff to voice a personal commitment to recovery.

Earlier in 2017, a nurse-driven well-being initiative resulted in the first staff tranquility room. Staff used it around the clock for respite in the days after the disaster. The tranquility room has since evolved into the Tranquility @ UMC program with additional staff interventions, including healing touch, music, aromatherapy, and workstation diffusers. The program also includes integrative therapy nurses who round on staff and encourage them to step away and regroup when necessary. These interventions have been essential during the pandemic.





## 6 standards

The six Pathway to Excellence Framework standards guide organizations in creating a positive practice environment. The standards described here apply within the context of post-traumatic stress disorder prevention.

- 1 Shared decision-making.** Nurse involvement in efforts to decrease workplace stress includes facilitating collaboration, improving resource availability, and addressing staffing concerns.
- 2 Leadership.** Leaders set the tone for a healthy work environment. Dans and Lundmark found that leader accessibility and staff involvement in decision-making processes facilitate nurse empowerment and adaptability.
- 3 Safety.** This standard addresses several factors related to well-being: workplace violence, adverse events, repeated stressors, and post-traumatic stress syndrome (PTSD). It helps organizations foster integrative solutions that enhance staff well-being, build resilience, and manage PTSD in challenging times.
- 4 Quality.** Pathway to Excellence organizations embrace a quality framework driven by a mission to create a culture that enhances organization, patient, and staff well-being. According to a study by Owens and colleagues, a positive relationship between staff and the organizational mission improves engagement and reduces burnout.
- 5 Well-being.** Research, including an American Nurses Association report, indicates that rigid system structures can result in poor staff health and well-being outcomes. Nurses frequently don't prioritize their self-care, requiring organizations to foster well-being and build a foundation for resilience. According to Melnyk and colleagues, organizations that involve staff in selecting and developing well-being processes not only safeguard the health of their employees, but also enhance care quality.
- 6 Professional development.** Comprehensive new staff orientation that highlights the reduction of bullying is foundational for developing competent and collaborative staff. ANA promotes nurses' commitment to creating a welcoming and supportive atmosphere for new nurses.

To address increased demand, UMC is working with a company to convert sleep pods into additional tranquility rooms. In alignment with the Pathway to Excellence Quality and Well-being standards, UMC plans to conduct a research pilot study on the effects of the Tranquility @ UMC program in decreasing stress and improving coping.

### Northampton General Hospital

Northampton General Hospital NHS Trust (NGH), the first hospital in the United Kingdom to achieve Pathway to Excellence designation, developed the Supporting our Staff (SoS) program based on the understanding that listening is fundamental to healing.

The SoS team includes nurses and other health-care staff trained in Trauma Risk Management (TRiM), which was pioneered by the Royal Marines. After a traumatic event, the TRiM process uses an evidence-based risk assessment tool to evaluate and manage colleagues' psychological needs. TRiM also includes a whole-incident response plan to assess the event and develop strategies to address it—for example, briefings for the whole team or one-on-one risk assessments 72-hours after the incident, 1-month follow-up risk assessments, and referrals for professional support.

When the pandemic reached the United Kingdom, the SoS referral system went silent. Despite clear distress among colleagues and high levels of activity within the hospital, no one was accessing it. It wasn't until a staff member died of COVID-19 that an avalanche of referrals came through. Initially, individuals felt their experience wasn't "bad enough" and felt shame that they were struggling. Many staff members suffered moral injury when they weren't able to provide needed care. In addition, a resurgence of pre-existing mental health conditions occurred.

The SoS team provided a listening service. As part of this service, the team normalized emotions (it's okay not to be okay) and provided education about restoring balance. The team also sat, listened, shared, and cried during each shift. The trauma was palpable, and all staff were given the opportunity to be heard. When necessary, the team made referrals for professional services. In addition, interprofessional SoS teams ensure the right listening ears are matched with the right individuals. Most importantly, support comes from the board to the ward. NGH has long understood the importance of well-being, a value reinforced in the Pathway to Excellence Standards.

### Committed to well-being

The Pathway to Excellence Framework fosters the health and well-being of staff, equipping them and their organi-

*(Continued on page 32)*



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zations to manage the many stressors—from a single catastrophic event to daily stressors that build over time—that contribute to PTSD. UMC and NGH have created cultures committed to staff well-being. Each organization's program was well established before COVID-19 reared its ugly head, better preparing them psychologically for the agonizing months that followed. **AN**

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# Uplifting clinical nurses through Magnet® exemplar writing

These contributions enhance engagement, empowerment, and professional development.

By Tiffany Nawabi, BSN, RN, CMSRN, and Darlene Frie, MSN, RN, CHFNP

Clinical nurses play a critical role in collecting evidence for and writing and editing exemplars (detailed descriptions of projects and activities that support nursing excellence) for the American Nurses Credentialing Center Magnet® application. Nurse involvement enhances their engagement and empowers them to advance within the profession. (See *Personal story: Tiffany Nawabi.*)

## Enhancing engagement

The sense of ownership that comes from active participation in the evidence-based Magnet application process

helps advance nurses' knowledge of current best practices and encourages sharing projects and innovations across units and departments. Ultimately, this involvement inspires frontline nurses to advance their education and accelerate their career path, developing future leaders.

Although much has been written about including clinical nurses in an organization's research, little information exists on how to integrate them, with their holistic patient-centered viewpoint, into the Magnet exemplar writing process. Combining a clinical nurse's perspective with a bird's eye view of nursing leadership enhances exemplars





and ongoing quality improvement projects. In addition, the reflective writing process helps clinical nurses network, broaden their horizons, build organization-wide interdisciplinary connections, and develop a renewed sense of pride in their profession and organization, all of which aids organization succession planning.

## Recommendations

Tailor nurse involvement in Magnet exemplar writing to the unique characteristics of your organization. For example, assign interested clinical nurses to write or collect evidence for specific exemplars they have some familiarity with, such as their unit's quality improvement projects. Such an assignment encourages nurses to look more closely at the evidence-based Magnet tenets and makes them aware of the organizational structures in place to support them. If you want to encourage nurses to dive into a new subject, ask them to gather data, collect evidence, and write about a project they aren't familiar with. For example, an inpatient nurse could review an ambulatory clinic's work.

Some may argue that nurses, already overextended, don't have the bandwidth for extra work. However, many staff nurses are already interested in advancing their careers, developing professionally, and flexing their muscles with a new skill set. The inspirational world of Magnet provides an excellent place to start.

## Let's start writing

Because Magnet exemplars highlight nursing practice excellence and depict a culture of high-quality, evidence-based, patient-centered care, they demonstrate that an organization empowers nurses to develop professionally and promotes innovation. The exemplars underscore the five components of the Magnet Model: transformational leadership; structural empowerment; exemplary professional practice; and new knowledge, innovations, and improvements—with empirical outcomes embedded throughout.

The two types of exemplars consist of nonempirical outcomes (non-EO), with corresponding evidence, and empirical outcomes (EO), with a graph reflecting outcome data. (See *Exemplar writing tips*.)

When writing an exemplar, start by reflecting on the project and gathering any evidence you may have, such as A3s (a problem-solving and process improvement tool, so named for the large A3 paper it's printed on), literature reviews, policies, presentations, meeting minutes, email correspondence, and data. Then develop a timeline of the project. Include major dates and then fill in details. When writing, be concise and ensure that your topic stays on track. Exemplars don't need to be polished gems, but they do need to be accurate and reflective chronicles of your work and clinical outcomes.

## Looking forward

If you're interested in embarking on Magnet exemplar writing or editing, approach your organization's Magnet



## Exemplar writing tips

Follow these tips when writing exemplars for your organization's Magnet® Application.

- Comply with the Health Insurance Portability and Accountability Act guidelines and remove all patient identifiers and protected health information.
- To ensure you capture multiple perspectives and accurately describe the project, speak to those involved, including unit managers, clinical nurses, case managers, and physicians.
- If citing sources, include a reference section at the end of each exemplar.
- When writing about colleagues, include their credentials and official titles.
- For a nonempirical exemplar (narrative), start by verifying your five sources of evidence and use them to write the exemplar. Explain how each is operationalized within the organization.
- For an empirical-outcome exemplar, verify your data before writing. You'll need preintervention data, information collected during the intervention, and three postintervention data points that demonstrate improvement. The outcome data (not process data) must be in uniform time increments across the timeline.
- Don't rush. Writing a little, letting it sit, and then coming back to it can refresh your perspective.
- After you've written the exemplar, ask a peer to review it for accuracy.
- Enjoy the process of reflecting on and writing about your organization's exceptional work and innovations.
- If the project was published or presented at a conference, include those details at the end of the exemplar. If not, consider publishing or presenting your work.

program director, who has strategic oversight over the Magnet Recognition Program and exemplars. They can help you focus your narrative's scope, assign exemplars for you to write, and serve as a resource for you throughout the process.

Writing exemplars may seem daunting at first, but what better way to advance your practice than by reflecting on your work and your organization's commitment to excellence. Writing and editing exemplars can help you prepare to return to school, advance your career, explore a new career path, or strengthen your evidence-based bedside practice.

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## A personal story: Tiffany Nawabi

I recently embarked on a life-changing journey. As a clinical nurse, I had the opportunity to not only edit but help write my organization's Magnet® Application exemplars. When I delved into the inspiring work we do under the Magnet model, I envisioned a brighter world for nursing.

When I asked other clinical nurses to explain their projects, they shared heartfelt memories when describing their undertakings, including what sparked the initial ideas. This heart and soul behind exemplars are the bread and butter of organizations that receive Magnet designation.

Being exposed to the exemplars renewed my passion for the nursing profession and re-energized my bedside patient care. Having the opportunity to view the breadth of my organization's behind-the-scenes work, improvement projects, and quality data through the critical lens of a Magnet writer empowered me. The reflective writing and editing process translated into a renewed sense of pride in my organization and for the profession of nursing. It prompted me to return to school to obtain my master's in nursing.

Tiffany Nawabi and Darlene Frie are clinical nurses at Stanford Health Care in Stanford, California, and they helped with the organization's 2016 and 2020 Magnet submissions.

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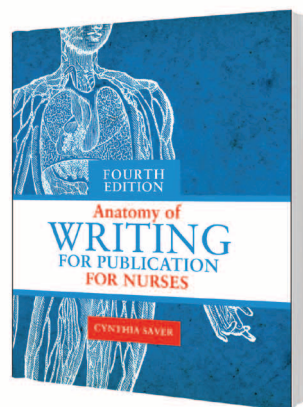
## Anatomy of Writing for Publication for Nurses, Fourth Edition

by CYNTHIA SAVER, MS, RN

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# Use data to drive empirical outcomes

Follow the evidence to improve satisfaction and efficiency.

By Christie Tomaseski, MSN, RN-BC, NEA-BC

**D**ata speak louder than words. Empirical outcomes, grounded in scientific findings and derived from validated evidence, demonstrate real change has occurred because of a particular action or intervention. They can be used to measure a hospital's performance compared to its own baseline and national benchmarks. Organizations with Magnet® designation, for example, have demonstrated a history of excellence in nursing sensitive indicators, patient experiences, and nurse satisfaction outcomes over a minimum of 2 years.

The Magnet model empirical outcomes component incorporates expectations for accountability and evidence related to quality care. Organizations have several options for evaluating and measuring healthcare

performance improvement (PI) initiatives. Bayhealth, a Magnet-designated organization, used the Donabedian framework (structure–process–outcomes) in its perioperative services PI project aimed at increasing patient and staff satisfaction and cost efficiency. Each component of the framework directly influences the next.

Bayhealth predicted that moving to streamlined interprofessional staff communication (structure) to enable increased awareness of operating room first case on-time starts (process) could ultimately improve staff satisfaction, patient satisfaction, and cost efficiency (outcomes). It used interprofessional communication and real-time monitoring of empirical data to improve performance that exceeds national benchmarks.





## Background and significance

Satisfaction and cost efficiency are essential not only to Magnet designation, but also to the business of health-care. They affect knowledgeable and competent staff retention, patient satisfaction, and continued hospital operation.

Sound structures and processes help generate continuous empirical data (which describe the steps taken, how they were implemented, and the differences they made) for ongoing analysis and continuous PI planning. Sharing these data provides transparency and communicates the value and impact of team structures and processes on overall outcomes.

Patient care demands, time constraints, availability of staff resources, and technology limitations can make developing an infrastructure conducive to reliable measuring, real-time monitoring, and improving outcomes challenging for healthcare organizations. However, organizations must take steps to overcome these challenges so they can develop strategies to improve outcomes.

## Perioperative PI project

The Bayhealth OR and PI teams collaborated to identify the need for the perioperative services PI project. They assessed the overall OR and support team care delivery processes, staff and patient satisfaction data, and cost efficiency. According to research by Chua and colleagues, improving first case on-time starts can help enhance each of these components.

## Understanding the problem

In November 2016, Bayhealth OR data demonstrated that only 37% of the Kent campus first cases and 66% of the Sussex campus first cases started on time. The national mean was about 70%.

In addition, Bayhealth OR nurse satisfaction NDNQI RN survey scores deviated from desirable results.

- “Unit RNs reporting more than 12 hours worked last shift” was well above the national benchmark, which negatively affected budgets (increased overtime pay) and staff satisfaction (burnout), compared to hospitals of similar size.
- OR and perioperative nurses reported low probability of their “plan to remain in direct patient care on the same unit.”
- Unit-specific collegial nurse–physician relationship scores were lower than the national mean and Magnet benchmarks, indicating a low level of trust between care providers.
- Lower-than-benchmark results were reflected in the staffing resource and adequacy category when compared to other Magnet organizations. (Meeting or exceeding Magnet benchmark is the Bayhealth target.)

Unit nurse leaders sparked PI project initiation by being transparent with the first case on-time start data and nurse and patient satisfaction results. Research by Foglia and colleagues on the effects of starting first OR cases were shared with the team. Lower first case on-time start

percentages are associated with decreased OR efficiency, increased staff overtime, increased preventable errors, and decreased staff, surgeon, patient, and family/support person satisfaction.

OR and support team brainstorming identified several barriers to first case on-time starts, which the NDNQI RN survey results reinforced. The barriers included

- incomplete preoperative documentation and pre-admission testing from surgeons’ offices
- disconnects between surgeons and the OR team related to perceived lack of trust
- needed relationship repair between the sterile processing and OR teams
- lack of a defined preoperative process
- first case set-up inefficiencies
- inefficient instrument packaging.

Through open face-to-face communication, the team quickly realized that improved overall efficiency and satisfaction required collaboration among all perioperative areas in addition to sterile processing, central supply, and surgeons. In addition, changes in practice and routine were needed. For example, environmental services was included in team meetings and huddles, and packaging of equipment and supplies was revised for easier room set-up.

## Establishing goals

Nursing leadership engaged the OR team to establish a goal for process improvement and encouraging staff buy-in. The team set an initial 4-month goal of improving first case on-time starts at both campuses to at least 75%. This goal exceeded the 70% national benchmark. Vassell notes that increasing case turnover rates also correlates with improved cost efficacy and staff satisfaction.

## Implementing the process

During PI meetings, the team used the 5 Whys method to perform root-cause analysis of late starts. For example, the team might ask the following:

- Why was the surgeon late?
- Why was preoperative paperwork incomplete?
- Why were patient care needs not met?
- Why was staff unaware?
- Why was the environment (room temperature, humidity, setup, and correct equipment) inadequate?

Using the PDCA (plan–do–check–act) cycle helped us organize operations. (See *Improvement strategies*.)

## Evaluating and recognizing results

Evaluating and monitoring cycles of improvement and continuously sharing performance data with staff enhanced motivation and trust. Private and public recognition provided positive personal reinforcement on the journey to the team’s goal.

Reasons for delays were reviewed for improvement opportunities during each interprofessional team huddle, and communication boards provided daily data



## Improvement strategies

To achieve its goal of improving operating room first case on-time starts and ultimately improving patient and staff satisfaction and efficiency, Bayhealth:

- broke down silos between stakeholder teams
- discouraged the “but we’ve always done it this way” attitude
- created plan transparency
- designed a timeline for first-case start times
- developed a plan to improve sterile processing
- regularly shared relevant data (overtime, RN satisfaction survey results, patient satisfaction survey feedback, instrument packing changes, variance report reviews, and percentage of daily first case on-time starts)
- empowered team members to speak up using high-reliability concepts
- focused on and highlighted gains
- initiated a daily interprofessional team huddle.

Stakeholders represented in the daily huddle included surgeons; anesthesiologists; and those who worked in pre-admission testing, day surgery, sterile processing, environmental services, materials distribution, the postanesthesia care unit, and offices that routinely send patients to the OR. A call-in line increased huddle accessibility and participation by physician offices and other teams. In addition, a standardized agenda streamlined meaningful information exchange during huddles.

tracking. For example, daily efficiency tracking and a living Pareto chart (process improvement model) were hung in the unit. Our living Pareto chart, a daily updated graphic, displayed data for everyone to review and acted as a continuous visual progress reminder. It provided clear focus on real-time deficiencies or mistakes that required prioritization but never placed blame. When an incident occurred that potentially hindered goals, we performed an immediate root-cause analysis to elicit improvement strategies for preventing a recurrence. In ad-

dition, weekly electronic huddle notes were sent to the interprofessional team members.

## Early empirical outcomes

In October 2018, the Kent campus average first case on-time starts was 80% and for the Sussex campus it was 84%. At the time, the national benchmark was close to 80%. However, Bayhealth was driven to continue to improve. Staff overtime drastically decreased, improving cost efficiency, but according to the 2018 NDNQI RN survey results, room for improvement existed in the amount of time staff worked more than a 12-hour shift compared to other Magnet organizations.

## Continuous improvement

Bayhealth initiated another cycle of process improvement with expectations redefined for surgical documents. In an attempt to retrieve missing preoperative information, reports were sent to physician offices 72 and 24 hours before surgery. Regular town hall meetings and daily huddles reviewed first case on-time start percentages as well as other data to aid improved communication, transparency, and trust among interprofessional team members. In addition, the sterile processing team began packing surgical supplies to remove unneeded instrument sets, simplify tray handling, and decrease waste.

## Recent outcomes

In September 2021, Bayhealth’s first case on-time starts surpassed national benchmarks (70% to 75%) with the Kent campus at 84% and the Sussex campus at 91%.

## Key takeaways

These actions can influence important change outcomes.

- Provide opportunities for open interprofessional communication (via meetings and daily huddles) to improve trust among teams.
- Empower staff autonomy in creating goals.
- Use defined streamlined processes whenever possible.
- Use a process improvement model.
- Provide a clear, consistent understanding of change initiatives.
- Make process outcomes and satisfaction data accessible and transparent using visual aids (place posters and charts in public spaces and share information in meetings).
- Motivate staff with recognition and positive reinforcement.

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Compared to 2016 and 2018, Bayhealth's 2020 NDNQI RN Survey results significantly improved in three areas: unit-specific collegial nurse–physician relationship, staffing resource and adequacy, and the likelihood to remain in a position on the unit. Bayhealth Press-Ganey HCAHPS scores measuring OR patient satisfaction also demonstrated improvement.

Bayhealth continues to consistently have 85% to 100% first case on-time starts each month, exceeding current national benchmarks.

## Drive improvements

Using accurate, transparent data can drive an organization's positive empirical outcomes. Sharing the data reveals the effects of PI initiatives on patients, staff, the work environment, and the organization. Dated, trended data help document sustained change over time, motivate stakeholders, and demonstrate solid empirical outcomes. (See *Key takeaways*.)

To keep staff informed and motivated to drive improvements, Bayhealth communicated its first case on-time starts and associated them with important empirical outcomes such as nurse satisfaction, patient satisfaction, overtime use, and turnover between cases. Four years of data transparency and improved communication have led to long-standing improvements in patient and staff outcomes. Your organization can do the same. **AN**

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