Long-Term Care Homes Quality Inspection Program (LQIP)
~ from Transformation to Steady State ~

Family Councils’ Program Conference
June 21, 2013

Performance Improvement & Compliance Branch
Ministry of Health and Long-Term Care

Agenda

1. Up-date on the MOHLTC | LQIP program
2. Future Directions of LQIP
3. Inspection Statistics ~ inspection volumes
4. APPENDIX:
   - Inspection Protocols (IPs)
   - Overview ~ Resident Quality Inspection (RQI)
   - Inspection Statistics ~ Top 10 Non-compliances
5. Questions & Answers / Discussion
Performance Improvement & Compliance Branch (PICB)  
LQIP function

- Branch established in 2007  
- LQIP introduced in July 2010  
- 80 inspectors *(soon to be increased)*  
- **Inspectors:** Nursing, Dietary, Environmental Health  
- **5 Service Area Offices:** Toronto, Hamilton, Ottawa, London, Sudbury  
- 1 Manager, Quality, Intake & Innovation  
- 2 Senior Managers  
- **Types of inspections:** comprehensive (RQI), complaint, critical incident, follow-up and others

Compliance Transformation

**Key objectives**

- **Alignment** with the new *Long-Term Care Homes Act, 2007 (LTCHA)* legislation and regulations.  
- Ensure that residents in LTC homes continue to be protected and cared for, and their dignity and rights respected.  
- **Assure the public** that our first priority is the care and safety of residents.  
- Build a new evidence-based and resident-centred inspection process.  
- **Focus on residents’ quality of care and quality of life.**  
- Improve objectivity and consistency through a structured information gathering process.  
- Greater automation for better organization of inspection findings and enhanced documentation.  
- **Target inspection resources** on homes with the largest number of quality concerns for improved risk management and resource deployment.
The Long-Term Care Homes Act, 2007 (the Act) is the foundation of the government’s commitment to reforming the accountability of the long-term care home system. The Act and its regulations came into force on July 1, 2010.

The new comprehensive inspection program, Long-Term Care Homes Quality Inspection Program (LQIP), focuses on the residents’ quality of care and quality of life.

The cornerstone of LQIP is the comprehensive inspection – Resident Quality Inspection (RQI)

Resident-centred process:
- Residents are surveyed, documentation is reviewed
- Residents and families feel heard and valued
- The outcomes of these activities determine where the inspectors need to conduct an in-depth inspection in RQI Stage 2 to determine compliance with the Act and regulations

The new inspection model supports the Quality Agenda in LTC Homes in a number of ways:
- Inspections refocus attention in homes on residents and their experience of care
- Provides consistent, structured and evidence-based approach
- More objective and predictable results encourage providers to focus on problem-solving and continuous improvement. Prompts them to follow up and address resident and family concerns
- Detailed evidence provided by RQI to support non-compliance findings should reduce controversy and be less adversarial
- Ministry resources can be focused on homes demonstrating highest risk to residents
- RQI provides rich data directly related to resident experience to identify trends, monitor and improve performance
Program Up-date
MOHLTC | LTCHs

Implemented

- **Resident Quality Inspections** (RQI)
  - commenced February 2011 (after training & certification of inspectors completed)
  - Increased numbers planned after Minister’s June 10th announcement
  - represents a comprehensive inspection of a LTCH
  - team inspection (3 or 4 inspectors) | approx. 10 days
  - foundation of LQIP ⇒ all other inspection types aligned to RQI methodology
  - After inter-jurisdictional review – adapted from USA-based QIS (made-in-Ontario solution) ⇒ represented inspection system most aligned to objectives of Compliance Transformation
Implemented (cont’d)

❖ Complaint Inspections
  ✔ Focused inspection on specific issue(s) in complaint

❖ Critical Incident Inspections
  ✔ Focused inspection on specific issue(s) reported via CIS

❖ Follow-up Inspections
  ✔ all Orders require a follow-up inspection

Implemented (cont’d)

❖ SAO-Initiated Inspections
  ✔ originally designed to fulfill transitional requirement for inspections in all LTCHs by Dec.31/2011
  ✔ aligned with RQI framework
  ✔ short inspection (usually one day)
  ✔ risk-based approach
  ✔ features: tour of LTCH, interview with Residents’ Council, dining observation, (IPs: Residents’ Council Interview, Quality Improvement, Dining Observation)
Implemented (cont’d)

- **Inspector training in RQI**
  - completed April / May 2011; on-going as required
  - inspectors trained and “adhered” (certified) in RQI

- **Inspectors’ Handbook**
  - policies and procedures, reference and support manual for inspectors
  - ensure inspection process integrity and standardization

- **Satisfaction Surveys**
  - post-RQI
  - residents, families, LTCHs

Implemented (cont’d)

- **Inspection Protocols – 2nd version released in April 2011**
  - posted on ltchomes.net
  - Available in both French and English
  - Regular cycle of up-dates/revisions as per CQI next version planned for early Fall 2013

- **Inspection data reporting**
  - quantity & quality of available reports is increasing

- **Continuing education and support for inspectors**

- **Extensive I.T. systems development & implementation**
  - supports inspection process
  - critical to RQIs (abaqis and IQS)
  - instrumental in data collection and reporting
Implemented (cont’d)

- **Publishing of Inspection Reports** [LTCHA s. 173]
  - Via MOHLTC public website
  - narrative/ explanatory portion up-dated & written in “plain language”
  - all Reports up to June 30th, 2011 posted in February 2012 and completed as at May 31st, 2012 ➔ now on a regular posting schedule
  - Anticipate there will be in excess of **3,000 reports** and Orders a year published through this website (approximately 250 per month)
  - goal (benchmark established) is to publish the Report within 2 months of serving the Report on the Licensee

Implemented (cont’d)

**Centralized Intake, Assessment and Triage Team (CIATT)**

- Critical & key component of strategy to address inspection efficiency, timing and backlogs
- Designed to provide consistency and standardization in this critical function ➔ previously carried out by DIs in each of 5 SAOs
- Implementation ➔ September 10th, 2012
- Partnered with Info-line and other stakeholders involved previously in handling LTC home complaints
- Communications plan implemented to message to public and LTC Homes
- **Orientation and Training**
  - start date for Triage Inspectors: September 10, 2012
  - 5-week orientation for inspectors
  - phased implementation of SAO intake operations to CIATT
  - CIATT fully operational: as of November 26, 2012
**Implemented (cont’d)**

**LQIP Risk and Priority Assessment Framework**

1) For day-to-day operation of LQIP, it provides:
   - data to assist SAOs in scheduling inspections, esp. Resident Quality Inspections (RQI) & the allocation of staff resources
   - Provides longitudinal record of home’s performance / level of risk on key data elements / performance criteria

2) Continuous Performance Improvement – use as an ‘Early Warning System’:
   - to identify trends within LTC Homes
   - to assist in the evaluation of strategies to assist homes that are struggling; mentorship programs, education, enforcement strategies, etc.

3) Information can provide decision support to ministry in roll out of new programs to LTC homes:
   - e.g. when implementing a pilot program, can identify and utilize consistently high performing homes

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**Risk Levels/Coaching Interventions**

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Select possible ministry actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Note: additional actions are available)</td>
</tr>
<tr>
<td><strong>Level 1</strong></td>
<td></td>
</tr>
<tr>
<td>Compliant/substantially compliant</td>
<td>Routine inspections, as required</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Non-compliant = risk issues identified, not corrected within required time frames, appear to be issues related to licensee’s ability to correct concerns | Voluntary action to acquire external coaching supports  
|                                     | *meetings with SAO and licensee*                                                                |
| **Level 3**                          |                                                                                                |
| Non-compliant = moderate to high risk issues identified, high risk orders re-issued, ongoing inability to rectify the concerns | Coaching/management support required  
|                                     | *Can issue a Mandatory Management Order – need to validate that the licensee is unwilling or unable to resolve issues themselves* |
| **Level 4**                          |                                                                                                |
| Continued non-compliance with Orders in high risk areas; on-going evidence of serious risk | Licence Revocation                                                                 |
In progress ...

CQI Activities:

- **CQI Framework** – built on four Quadrants of Quality:
  1. Program performance (internal)
  2. Employee engagement – including education & other support activities (internal)
  3. LTCHs inspection results / sector performance (external)
  4. Resident experience & stakeholder engagement (external)

- **RQI Integrity Reviews** (“audits”) – designed & piloted “embedded” review process to ensure on-going integrity of inspection methodology

- **RQI Improvement & Efficiency** – ensure maximized use of inspector resources; inspection efficiency & streamlining

Future Directions
Future Directions

Future directions ~ align with & build upon key characteristics of LQIP [identified during LQIP Up-date]:

- Conduct inspections using a consistent, structured and evidence-based approach
- Focus Ministry resources on homes demonstrating highest risk to residents
- Utilize rich data (esp. from RQIs) directly related to resident experience to identify trends, monitor and improve performance

Future directions ~ utilize feedback and discussions with LTCHs to inform Ministry about latest developments & practical trends in LTCHs ☛ what is happening “on the ground”

June 10, 2013 ~ Announcement by Hon. Deb Matthews, Minister of Health and Long-Term Care that the number of comprehensive inspections of LTCHs are being increased and that up to 100 new inspectors would be hired ☛ planning is currently underway

Future Directions ~ Top 4 Strategies

<table>
<thead>
<tr>
<th>Key compliance strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support LTCHs with education, resources</td>
</tr>
<tr>
<td>Resources such as:</td>
</tr>
<tr>
<td>✓ Abuse Decision Trees &amp; accompanying roll-out / education</td>
</tr>
<tr>
<td>✓ “helpful hints” (ex. understanding legislative requirements)</td>
</tr>
<tr>
<td>✓ Increased communication via Bulletins etc.</td>
</tr>
<tr>
<td>✓ Support identification of learning needs / gaps in understanding through communication of “Top 10 Non-Compliances”</td>
</tr>
<tr>
<td>2. Shift from reactive to proactive inspection mode</td>
</tr>
<tr>
<td>✓ Conduct an RQI in every LTCH in 2014</td>
</tr>
<tr>
<td>✓ Paradigm shift ☛ from Complaints &amp; CIs to RQIs</td>
</tr>
<tr>
<td>✓ Consultation re strategies that LTCHs can implement to support optimum RQI outcomes (ex. incorporate IPs &amp; Resident Interviews into CQI programs; robust complaints management processes)</td>
</tr>
</tbody>
</table>
### Future Directions ~ Top 4 Strategies (cont’d)

<table>
<thead>
<tr>
<th>Key compliance strategies (cont’d)</th>
</tr>
</thead>
</table>
| **3. Identify homes with highest number of compliance challenges** | - Examine volumes of inspections to identify:  
  - homes with highest number of issues requiring inspection  
  - driving highest inspection volumes  
  - incorporated into Risk Management Framework |
| **4. Address homes w/ most serious compliance challenges** | - Take proactive measures to address compliance (ex. RQIs, meetings w/ Licensees, etc.)  
  - LQ/IP application of full range of actions / sanctions:  
    - Use internal risk management framework to inform decision-making re application of sanctions  
    - Utilize full range of actions / sanctions available in legislation (ex. Compliance Orders for Coaching support where required, WAO, MMO, etc.) |

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**Inspection Statistics**

*Inspection Volumes*
Provincial Inspections
July 1, 2010 – June 10, 2013

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th># Inspections (July 1, 2010 – June 10, 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaint Inspection</td>
<td>3387</td>
</tr>
<tr>
<td>Critical Incident Inspections</td>
<td>2258</td>
</tr>
<tr>
<td>Follow-up</td>
<td>766</td>
</tr>
<tr>
<td>Other *</td>
<td>364</td>
</tr>
<tr>
<td>RQI</td>
<td>128</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6903</strong></td>
</tr>
</tbody>
</table>

* Other inspections include: SAO-Initiated inspections, Post-occupancy, Special Inspection, etc.

Provincial Non-Compliances
July 1, 2010 – December 31, 2012

<table>
<thead>
<tr>
<th>Non-compliance</th>
<th>#</th>
<th>% of non-compliances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Notification (with no other action)</td>
<td>5,060</td>
<td>47%</td>
</tr>
<tr>
<td>Voluntary Plan of Correction (VPC)</td>
<td>4,436</td>
<td>42%</td>
</tr>
<tr>
<td>Compliance Orders (CO)</td>
<td>1,194</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,690</strong></td>
<td></td>
</tr>
<tr>
<td>Referral to the Director (DR)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

*Total does not include Written Notifications associated with a VPC, CO or DR.
APPENDIX

Inspection Protocols

Overview ~ Resident Quality Inspection (RQI)

Inspection Statistics ~ Top 10 Non-compliances

Inspection Protocols (IPs)
### Inspection Protocols – Definition

**What are Inspection Protocols (IPs)?**

- Serve as inspection tools, utilized during all inspection types (RQI, Complaints, Critical Incident inspections, Follow-ups)
- Contain inspection instructions, guidance, probes and questions for inspectors to determine status of a LTC home’s compliance with legislative requirements
- Responses to questions lead directly to a determination of compliance or non-compliance
- All questions within the IPs are:
  - directly linked to provisions in either the *Long-Term Care Homes Act, 2007* or Regulation 79, or both
  - the cross-walk between QCLIs (Quality of Care and Quality of Life Indicators) and the Act and Regulations
- 31 distinct documents organized into 3 over-arching categories [Mandatory, Home-related Triggered, Resident-related Triggered]

### Inspection Protocols – Template Description

- Each IP is linked to the LTCHA, including its Regulation
- Contains:
  - Definition / Description of key terms
  - Indications for Use
  - Procedures
  - Questions which are focused on risks and negative care outcomes
- Probes are used to guide information collection to determine whether each IP question is compliant or non-compliant
- Reflects inspection best practices:
  - Assessment
  - Interview (resident, family, staff)
  - Record Review
Inspection Protocol Summary (31)

**Home-Related Mandatory**
1. Admission Process
2. Dining Observation
3. Family Council Interview
4. Infection Prevention and Control
5. Medication
6. Quality Improvement
7. Resident Charges
8. Residents’ Council Interview

**Home-Related Triggered**
1. Accommodation Services: Housekeeping
2. Accommodation Services: Laundry
3. Accommodation Services: Maintenance
4. Critical Incident Response
5. Food Quality
6. Hospitalization and Death
7. Prevention of Abuse, Neglect, and Retaliation
8. Reporting and Complaints **
9. Safe and Secure Home
10. Snack Observation
11. Sufficient Staffing
12. Training and Orientation **
13. Trust Accounts

**Resident-Related Triggered**
1. Continence Care and Bowel Management
2. Dignity, Choice and Privacy
3. Falls Prevention
4. Minimizing of Restraining
5. Nutrition and Hydration
6. Pain
7. Personal Support Services
8. Recreation and Social Activities
9. Responsive Behaviours
10. Skin and Wound Care

**Inspector-Initiated IPs**
- Continence Care and Bowel Management
- Dignity, Choice and Privacy
- Falls Prevention
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Personal Support Services
- Recreation and Social Activities
- Responsive Behaviours
- Skin and Wound Care

Uses of Inspection Protocols

**By inspectors**
- **During the RQI** (Resident Quality Inspection, i.e. the comprehensive inspection):
  - IPs usage clearly prescribed as part of basic RQI methodology
  - A set number of IPs must be reviewed during the RQI, i.e. “mandatory” IPs
  - Two IPs are “inspector-initiated”, i.e. inspectors use their judgement and discretion to determine utilization based upon evidence uncovered during inspection
  - Remainder of IPs are “triggered” by evidence from the inspection and when set thresholds are breached for individual QCLIs
- **During CCF** (Complaints, Critical Incident and Follow-up) inspections:
  - IPs are used in accordance with the focus of the particular inspection type – e.g. Skin and Wound Care, Recreation and Social Activities, Dignity, Choice & Privacy, Prevention of Abuse, Neglect and Retaliation.
Uses of Inspection Protocols (cont’d)

By long-term care homes

- To enhance understanding of:
  - the inspection process and methodology
  - legislative requirements
- Contribute to LTCHs’ quality management activities:
  - carry out “mock” or practice inspections based upon IP content and other educational and inspection-related materials available on ltchomes.net
  - test own level of compliance
- Assist staff and residents to become comfortable and familiar with inspection process and topics being addressed by inspectors

Overview
Resident Quality Inspection (RQI)
RQI: How it works

Two-stage inspection process

Stage 1:
A preliminary inspection is conducted using interviews, records and observations of 40 residents (randomly selected) to target Stage 2 in-depth inspections. No non-compliances are determined at this stage.

Stage 2:
In-depth inspection in care areas targeted based on Stage 1 to determine compliance with the *Long-Term Care Homes Act, 2007* and Regulations.
Made-in-Ontario Solution – Resident Quality Inspection (RQI)
(Based on USA QIS Methodology)

Stage 1: Comprehensive Inspections (RQI)
- Resident, family and staff interviews
- Residents’ Council and Family Council interviews
- Team inspections
- Standard sample of residents randomly selected from RAI-MDS data feed
- Mandatory audits of core requirements
- Data is categorized and compared against pre-set thresholds
- Aligned to LTCHA with adaptations and Ontario thresholds validated through field tests
- If thresholds are exceeded, compliance with minimum standards in resident care areas and practices may be at risk, triggering a further inspection protocol for Stage 2
- System includes extensive training and reliability checks for inspectors

Made-in-Ontario Solution – Resident Quality Inspection (RQI)
(Based on USA QIS Methodology)

Stage 2: All Inspections (i.e. comprehensive, complaint, critical incident and follow-up)
- Care areas and Inspection Protocols (IPs) map to LTCHA regulations (IPs have made available to LTCH operators via ltchomes.net)
- Inspector is able to determine if there is non-compliance
- Uses internally developed Inspectors’ Quality Solution (IQS) to complete detailed inspection protocols and summarize evidence data
- Generates inspection reports
- Enables inspector to identify sanctions, including Orders
Quality of Care and Life Indicators (QCLIs)

Where does information come from?

- Resident Interview: 13%
- Resident Observation: 21%
- Family/Designate Interview: 12%
- Record Review: 10%
- Staff Interview: 6%
- MDS - includes Risk Indicators: 40%

Each Care Area is related to one or more Stage 1 Quality of Care and Life Indicators (QCLIs).

Care Area

A domain of long-term care home care that has a corresponding Stage 2 Inspection Protocol (IP) that is tied to the Act and Regulations.

Each Care Area is related to one or more Stage 1 Quality of Care and Life Indicators (QCLIs).
Quality of Care and Life Indicators (QCLIs)

Resident-centered outcome and process indicators based on the Stage 1 screening and MDS information.
Each QCLI has a defined numerator, denominator and relevant exclusions.

Thresholds

The QCLI rate established to govern the decision of whether to conduct a focused Stage 2 inspection in the mapped Care Area.
QCLI Thresholds

- Each QCLI within a Care Area has a separate threshold
- Each threshold is based on the sensitivity and specificity of the questions corresponding to that QCLI
- The QCLIs in the Care Area cover different aspects of care and come from different sources of information
- If any QCLI for a Care Area flags, then the Care Area flags

Goal in Setting Thresholds

*Appropriate balance between:*

**Sensitivity**, so that a care area is flagged when there is non-compliance

And

**Specificity**, so that Inspectors are only inspecting non-compliance when it is reasonably likely to occur
QCLI: Falls Prevention

Stage 1 Screening

410512 (Staff Interview) Fall in Last 30 Days
Threshold 1.0%

610711 (MDS) Fall in Last 30 Days
Threshold 15.5%

Stage 2
Falls Prevention IP

QCLI: Prevention of Abuse, Neglect and Retaliation

Stage 1 Screening

125253 (Resident Interview) Abuse
1. Have you ever been treated roughly by staff?
2. Has staff yelled or been rude to you?
3. Do you ever feel afraid because of the way you or some other resident is treated?
Threshold 0.0%

225205 (Resident Observation) Abuse
Are staff treating the resident in a manner that may indicate abuse (yelling at resident, striking resident, treating resident in a rough manner, etc.)?
Threshold 0.0%

335306 (Family Interview) Abuse
1. Have you ever noticed any staff member being rough with, talking in a demeaning way or yelling at [resident's name] or any other resident?
2. Did you report it?
3. Did home staff act promptly to investigate and correct the situation?
Threshold 0.0%
QCLI: Continence Care and Bowel Management

Stage 1 Screening

- 205300 (Resident Observation) Are there signs of incontinence such as odour and/or wetness?
- 405079 (Staff Interview) Is there use of an indwelling catheter?
- 605047 (MDS) Incidence of incontinence decline since admission
- 605706 (MDS) Prevalence of bladder or bowel incontinence (low risk)
- 605707 (MDS) Prevalence of an indwelling catheter
- 605708 (MDS) Prevalence of worsening bladder or bowel incontinence (high risk)
- 605713 (MDS) Prevalence of urinary tract infection
- 605716 (MDS) Prevalence of fecal impaction

Stage 2
Continence Care and Bowel Management IP

Top 10 Non-Compliances
(All Inspections)
Main Themes
Top 10 Most Frequently Cited Non-Compliances
(All Inspections)
July 1, 2010 – December 31, 2012

1. Plan of Care *(3 of 10 most frequently cited)*
2. Policies to be followed *(2 of 10 most frequently cited)*
3. Residents’ Bill of Rights
4. Duty to Protect
5. Reporting certain matters to Director
6. Transferring and positioning techniques
7. Accommodation Services

<table>
<thead>
<tr>
<th>Rank</th>
<th>Code/Section</th>
<th>Description</th>
<th># of unique LTCHs</th>
<th># of times issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LTCHA s. 6 (7)</td>
<td>Plan of Care — The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan</td>
<td>298</td>
<td>483</td>
</tr>
<tr>
<td>2</td>
<td>LTCHA s. 6 (1)</td>
<td>Plan of Care — sets out the planned care, goals and provides clear direction</td>
<td>248</td>
<td>407</td>
</tr>
<tr>
<td>3</td>
<td>LTCHA s. 3 (1)</td>
<td>Residents’ Bill of Rights</td>
<td>227</td>
<td>360</td>
</tr>
<tr>
<td>4</td>
<td>O. Reg. 79/10 s. 8 (1)(a)</td>
<td>Policies — in compliance with the LTCHA</td>
<td>228</td>
<td>319</td>
</tr>
<tr>
<td>5</td>
<td>LTCHA s. 6 (1)(c)</td>
<td>Plan of Care — clear directions to staff and others who provide care</td>
<td>161</td>
<td>253</td>
</tr>
</tbody>
</table>
Top 10 Most Frequently Cited Non-Compliances
(All Inspections)
July 1, 2010 – December 31, 2012

<table>
<thead>
<tr>
<th>Rank</th>
<th>Non-Compliance</th>
<th>Description</th>
<th># of unique LTCHs</th>
<th># of Times Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>LTCHA s. 19 (1)</td>
<td>Duty to protect ~ every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff</td>
<td>166</td>
<td>222</td>
</tr>
<tr>
<td>7</td>
<td>LTCHA s. 24 (1)</td>
<td>Reporting certain matters to Director</td>
<td>171</td>
<td>219</td>
</tr>
<tr>
<td>8</td>
<td>O. Reg. 79/10 s. 8 (1)(b)</td>
<td>Policies ~ home to comply with own policies</td>
<td>131</td>
<td>185</td>
</tr>
<tr>
<td>9</td>
<td>O. Reg. 79/10 s. 36</td>
<td>Transferring and positioning techniques</td>
<td>143</td>
<td>169</td>
</tr>
<tr>
<td>10</td>
<td>LTCHA s. 15(2)</td>
<td>Accommodation Services ~ cleanliness and repairs</td>
<td>123</td>
<td>141</td>
</tr>
</tbody>
</table>

Thank you.