**Additional material**

**RECALMIN III. Patient care in internal medicine units of the Spanish National Health System 2008-2021**

Table 1. RECALMIN 2021 Form

|  |  | **Definitions and observations** | **Response options** |
| --- | --- | --- | --- |
| **0. Hospital** | **0.1. Autonomous community** | A: Andalusia; AR: Aragon; AS: Asturias; BI: Balearic Islands; CA: Canary Islands; CAN: Cantabria; C-LM: Castile-La Mancha, C-L: Castile and León; CAT: Catalonia; EX: Extremadura; GA: Galicia; LR: La Rioja; CM: Community of Madrid; MU: Murcia; NA: Navarre; BC: Basque Country; VC: Valencian Community. | **To be completed by the IMAS Foundation  All data refer to 2020 except for those regarding activity, which is divided into two years: 2019 and 2020, due to the atypical hospital activity due to the COVID-19 pandemic.** |
| **0.2. Hospital code** | National Hospital Catalog (NHC) Code (www.msc.es/ciudadanos/centros.do). |
| **0.3. Hospital name** | Name listed in the NHC. |
| **0.4. Beds** | Information provided by the NHC. |
| **0.5. Hospital cluster** | Classification of the Ministry of Health, Social Services, and Equality (MSSSI, for its initials in Spanish). |
| **0.6. University** |  |
| **0.7 Is there another internal medicine department in the same hospital?** | Answer yes if there is another independent internal medicine department apart from the one answering the survey with its own management structure (department chief). | Yes/No |
| **0.7.1. If there is another independent internal medicine department, please indicate the total number including yours** |  | Total number of internal medicine departments in the hospital |
| **1. Characteristics of the unit** | **1.1. Name of the unit manager** |  | Name and two surnames |
| **1.2. Contact email** |  | Email address |
| **1.3. Institutional name of the department or unit** | Please indicate the option that best fits your situation. | Institute or clinical management area Department Section |
| **1.4. Population of the internal medicine department/unit’s area of influence** | Number of inhabitants in the hospital's direct area of influence. | No. of inhabitants. |
| **1.5. Number of internists** | Include, if applicable, temporary or substitute personnel who are working in the department/unit. Do not include residents, volunteer assistants, interns, etc. Use, if necessary, full-time equivalents (FTE). If, for example, a staff of 12 physicians has support from 1 physician for six months, it would be calculated as 12 + 0.5 = 12.5 physicians. |  |
| **1.6. Medical specialties included in the IM department:** | Entails hierarchical and functional dependence on the internal medicine department. |  |
| **1.6.1. Allergology** | If applicable, specify the number of allergologists | No. of allergologists/No |
| **1.6.2. Cardiology** | If applicable, specify the number of cardiologists | No. of cardiologists/No |
| **1.6.3. Dermatology** | If applicable, specify the number dermatologists | No. of dermatologists/No |
| **1.6.4. Gastroenterology** | If applicable, specify the number of gastroenterologists | No. of gastroenterologists/No |
| **1.6.5. Endocrinology** | If applicable, specify the number of endocrinologists | No. of endocrinologists/No |
| **1.6.6. Geriatrics** | If applicable, specify the number of geriatricians | No. of geriatricians/No |
| **1.6.7. Hematology** | If applicable, specify the number of hematologists | No. of hematologists/No |
| **1.6.8. Nephrology** | If applicable, specify the number of nephrologists | No. of nephrologists/No |
| **1.6.9. Pulmonology** | If applicable, specify the number of pulmonologists | No. of pulmonologists/No |
| **1.6.10. Neurology** | If applicable, specify the number of neurologists | No. of neurologists/No |
| **1.6.11. Medical Oncology** | If applicable, specify the number of medical oncologists | No. of medical oncologists/No |
| **1.6.12. Rheumatology** | If applicable, specify the number of rheumatologists | No. of rheumatologists/No |
| **1.7. Is the hospital’s emergency department under the internal medicine department?** |  | Yes/No |
| **1.7.1. If 1.6 is yes: No. of physicians (in FTE) who belong to the emergency department** |  | No. of physicians in the internal medicine department who belong to the emergency department |
| **2. Resources assigned to the internal medicine department/unit** | **2.1. Does the hospital have a short-stay unit?** |  | Yes/No |
| **2.1.1. If 2.1 is yes, is it under the internal medicine department?** |  | Yes/No |
| **2.2. Does the hospital have an assigned intermediate-stay hospital?** |  | Yes/No |
| **2.3.1. Specialized HIV clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.2. Specialized infectious disease clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.3. Specialized cardiovascular risk clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.4. Specialized rapid diagnosis clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.5. Specialized pluripathology clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.6. Specialized genetics clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.7. Specialized thromboembolic disease clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.8. Specialized collagenosis/immunology clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.9. Specialized heart failure clinic?** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Yes/No |
| **2.3.10. Other (specify)** | Answer yes if the IM department/unit has one of these specialized clinics and it has regular activity | Specify |
| **2.4. Does the hospital have a medical day hospital (DH)?** |  | Yes/No |
| **2.5. Has the department/unit developed a care program for chronic complex patients?** | Answer yes if the care program for chronic complex/pluripathological patients meets the following requirements: 1. A link between the unit physician(s) and primary care physicians for the systematic care of pluripathological/chronic complex patients. 2. Availability of a wide range of care types in the department that allow for guaranteeing care for chronic complex or pluripathological patients in the most suitable time and place. Pluripathological patient unit. Standards and Recommendations | Yes/No |
| **2.5.1. If 2.5 is yes. Number of inhabitants in the chronic complex patient program’s area of influence** | Estimation of the population covered by the chronic complex patient program. For example: if the department has developed a program with two physicians from a primary care team who have an assigned population of 2,500 inhabitants together with three physicians who each have 2,000 inhabitants assigned to them and another primary care physician who has 1,750 inhabitants assigned to him/her, the number of inhabitants included in the program’s area of influence would be: (2\*2,500)+(3\*2,000)+1,750 = 12,750 inhabitants. | Number of inhabitants in the chronic complex patient care program’s area of influence. |
| **2.5.2. Number of physicians assigned to the chronic complex patient program** | Use full-time equivalents (FTE) is necessary. | Number of physicians assigned to the chronic complex patient programs |
| **2.6. Relationship with primary care. Regardless of whether there is a chronic complex patient/pluripathological patient care program. Is there any relationship method with primary care apart from cross-consultations?** |  | Yes/No |
| **2.6.1. Email** |  | Yes/No |
| **2.6.2. Mobile phone** |  | Yes/No |
| **2.6.3. In-person health center visit** |  | Yes/No |
| **2.6.4. Video conference** |  | Yes/No |
| **2.7. Does IM perform cross-consultations for other hospital departments?** | **This entails the permanent, scheduled allocation of resources to this activity and shared care of patients on the ward with another department or unit** | Yes/No |
| **2.7.1. If 2.7 is yes.: Number of physicians assigned to cross-consultation in full-time equivalents** | Estimate the number of physicians in FTE. | Number of physicians assigned to the cross-consultation unit |
| **2.7.2. If 2.7 is yes, indicate which departments shared care is done with** |  | Yes/No |
| **Angiology and Vascular Surgery** |  | Yes/No |
| **Cardiovascular Surgery** |  | Yes/No |
| **General and Gastrointestinal Surgery** |  | Yes/No |
| **Oral and Maxillofacial Surgery** |  | Yes/No |
| **Orthopedic Surgery and Traumatology** |  | Yes/No |
| **Plastic, Esthetic, and Reconstructive Surgery** |  | Yes/No |
| **Thoracic Surgery** |  | Yes/No |
| **Neurosurgery** |  | Yes/No |
| **Obstetrics and Gynecology** |  | Yes/No |
| **Ophthalmology** |  | Yes/No |
| **Otorhinolaryngology** |  | Yes/No |
| **Psychiatry** |  | Yes/No |
| **Urology** |  | Yes/No |
| **Others (specify)** |  | Yes/No |
| **2.8. Acute Palliative Care Hospital Unit (PCU) in the Hospital** | Organization of healthcare professionals which offers multidisciplinary palliative care through different forms of healthcare that necessarily includes hospitalization in specific beds and which meets functional, structural, and organizational requirements that guarantee adequate conditions of quality, safety, and efficiency in order to conduct this activity (Palliative Care Unit. Standards and Recommendations). | Yes/No |
| **2.8.1. Is the PCU assigned to the IMU?** |  | Yes/No |
| **2.8.2. No. of beds in the PCU (only if 2.8.1. is yes)** |  | No. of PCU beds |
| **2.9. Home Hospitalization (HH) in the hospital** | Home hospitalization (HH) Form of healthcare that provides diagnostic, therapeutic, and care procedures at home similar to those provided in the hospital and for a limited period of time. (Pluripathological Patients Unit. Standards and Recommendations). | Yes/No |
| **2.9.1. Is HH assigned to the IMU?** |  | Yes/No |
| **2.10. No. of physically present on-call internal medicine physicians** | Count only on-call positions from the medical area, excluding those from the specialization (if an internal medicine physician and a cardiologist are physically present and on call and the cardiologist only attends to cardiology patients, you should answer: 1. If, on the contrary, the cardiologist attends to all patients, you should answer 2. Do not include professionals dedicated to the emergency department. | No. of on-call IM positions |
| **2.11. Nursing department staff** |  |  |
| **2.11.1. Ratio of hospitalized patients attended to by the internal medicine/nursing department during a workday morning shift** | Only count nurses (registered nurses with a university degree) including, if applicable, supervisors. It should be expressed as no. of patients per nurse (for example 8:1) | No. of patients per nurse, weekday morning shift |
| **2.12. No. of nurse case managers/liaison nurses** | Nurse case manager/community liaison nurse: a nurse with a high degree of clinical knowledge and organizational skills for the set of care processes in a specific disease(s) who facilitates the coordination of healthcare, public health, and social resources and continuity of care. | No. of nurse case managers |
| **3. Activity** | **3.1. Number of discharges/year (conventional hospitalization)** |  | No. of discharges in conventional hospitalization beds |
| **3.2. Mean length of stay (conventional hospitalization)** |  | Expressed and days and to the tenth decimal (for example: 5.4 days) |
| **3.3. Number of discharges/year (PCU)** | Only for units which have assigned PCU beds. Indicate data from the fiscal years 2019 and 2020. | No. of discharges in PCU hospitalization beds |
| **3.4. Mean length of stay (PCU)** | Only for units which have assigned PCU beds. Indicate data from the fiscal years 2019 and 2020. | Expressed and days and to the tenth decimal (for example: 12.5 days) |
| **3.5. No. of patients in HH** | No. of patients treated through the HH care type in 2019 and 2020 | No. of patients |
| **3.6. No. of hospital cross-consultations** | No. of hospital cross-consultations in 2019 and 2020 | No. of cross-consultations (reports) |
| **3.6.1. Mean no. of visits until closure of the cross-consultation** |  | Mean no. of cross-consultations per cross-consultation report |
| **3.7. Number of HH sessions** | Number of contacts that internal medicine patients have had in HH, regardless of the care needed for each one of the sessions. | No. of sessions |
| **3.8. Non-hospital consultation/cross-consultation activity** | All of section 3.8. : Non-hospital consultation/cross-consultation activity is a new section that concerns consultation activity for patients who are not hospitalized or cross-consultations with primary care physicians. This activity has increased notably in recent years and also includes remote consultations |  |
| **3.8.1. Number of initial consultations/year** | Do not include “high complexity” consultations. Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.2. No. of “high complexity” consultations/year** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.3. Number of follow-up consultations/year** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.4. Remote consultations with patients** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.4.1. Real-time telephone consultations** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.4.2. Real-time video consultations** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.4.3. Deferred consultations via email** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.8.5. Remote consultations with primary care physicians** | Indicate data from fiscal years 2019 and 2020. |  |
| **3.11. No. of emergencies (hospital)** | **Total number of hospital emergencies. Indicate data from the fiscal years 2019 and 2020.** | No. of emergencies |
| **4. Information System** | **4.1. Does the hospital have electronic medical records (EMR)?** |  | Yes/No |
| **4.1.1. If yes, can you share the electronic record with primary care?** |  | Yes/No |
| **4.1.2. In the event EMRs are shared with primary care, is it a single EMR that can be consulted and both hospital and primary care professionals use the same platform?** |  | Yes/No |
| **5. Research** | **5.1. No. of professionals within the internal medicine department dedicated to research in full-time equivalents** | Include all professionals in full-time equivalents | No. of full-time investigators |
| **5.2. Is there a stable organizational structure (RETIC or CIBER) sponsored by the Carlos III Institute of Health integrated into the unit?** |  | Yes/No |
| **5.3. Research projects funded through competitive national or international public calls (with at least one department/unit member as an investigator)** | Indicate data from the fiscal year 2020. | No. of trials |
| **5.4. Research projects funded through competitive national or international private calls with at least one department/unit member as an investigator** | Indicate data from the fiscal year 2020. | No. of trials |
| **5.5. Clinical trials (CT) in which at least one department/unit member participates** | Indicate data from the fiscal year 2020. | No. of trials |
| **5.6. No. of studies not included in clinical trials that have been authorized by the hospital’s ethics committee** | Indicate data from the fiscal year 2020. | No. of other studies |
| **5.7. How many publications in journals with an impact factor (JCR) have at least one department/unit member participated in?** | Indicate data from the fiscal year 2020. | No. of publications |
| **5.7.1. Total impact factor** | Σ (sum) impact factor of all works published in the last three years | Total impact factor |
| **5.8. Has any department member registered a patent or similar instrument, entered into any research results transfer agreement, or created a spin-off company to commercialize research results?** |  | Yes/No |
| **6. Teaching** | **6.1. Is the unit accredited for medical resident training in IM?** |  | Yes/No |
| **6.1.1. No. of 1st year residents** |  | No. of residents |
| **6.1.2. No. of 2nd year residents** |  | No. of residents |
| **6.1.3. No. of 3rd year residents** |  | No. of residents |
| **6.1.4. No. of 4th year residents** |  | No. of residents |
| **6.1.5. No. of 5th year residents** |  | No. of residents |
| **6.2. No. of university professors (associate and adjunct) in the department** |  | No. of university professors |
| **6.2.1. No. of adjunct professors** |  | **No. of university adjunct professors** |
| **6.2.2. No. of associate professors** |  | **No. of university associate professors** |
| **6.2.3. No. of full professors** |  | **No. of university full professors** |
| **7. Good practices** | **7.1. Are there multidisciplinary healthcare team meetings?** | Periodic meetings of the department/unit team, including the nursing department and, if applicable, social workers, to analyze care processes, patient management, quality aspects, etc. | Yes/No |
| **7.2. Has a patient safety committee been formed and is operating in the hospital?** | Periodic meetings of the department/unit team to systematically analyze safety incidents that have occurred in the unit and, in particular, establish the pertinent preventive measures. | Yes/No |
| **7.2.1. If 7.2 is yes, does the internal medicine department participate in the patient safety committee?** |  | Yes/No |
| **7.3. Does the department/unit hold clinical meetings?** |  | Yes/No |
| **7.4. Management according to processes** |  |  |
| **7.4.1. Has the IM department/unit created a process map?** |  | Yes/No |
| **7.4.2. Has management according to processes been implemented for the most relevant processes the unit attends to?** |  | Yes/No |
| **7.4.3. No. of processes created by the unit** | The department/unit is considered to systematically manage a process if the following requirements are met: 1. The process, beginning, and end are defined. 2. There is a process manager 3. The actions of the various agents who take part in it have been specified 4. The process is diagrammed 5. All the agents who take part in the process know and apply it | No. of processes |
| **7.5. Is there a multidisciplinary care protocol for…** |  | Yes/No |
| **7.5.1. Plan for shared care with primary care** | The shared care model between primary care and the pluripathological patient unit for the pluripathological patient is called a continued care plan.  Pluripathological Patient Unit. Standards and Recommendations | Yes/No |
| **7.5.2. Heart failure** | Created in collaboration, if applicable, with the cardiology unit/department | Yes/No |
| **7.5.3. Other diseases** | Created in collaboration, if applicable, with other units involved in the management of the disease | Yes/No |
| **7.6. Are multidisciplinary rounds (on the ward) done?** | This entails a joint visit of at least one attending physician and nurse to conventional hospitalization beds | Yes/No |
| **7.7. Has a care process/protocol based on the NICE Clinical guideline [CG50] *Acutely ill adults in hospital: recognizing and responding to deterioration* been created and implemented?** | This entails the existence of a document (it can be in electronic format) for adapting the clinical pathway to the specific circumstances of the IM and the hospital | Yes/No |
| **7.8. Is discharged planned since the patient’s admission?** | Nursing unit in acute multipurpose hospitalization. Standards and recommendations. | Yes/No |
| Abbreviations: IM: Internal Medicine; DH: Day Hospital; PCU: Palliative Care Unit; HH: Home Hospitalization; CCU: Continued Care Unit; PPU: Pluripathological Patient Unit; CPG: clinical practice guidelines. | | | |

Table 2. Data on resources, activity, and productivity obtained on the RECALMIN survey for 2020 out of 100 internal medicine departments/units

|  | **Mean** | **Median** | **SD** | **Min** | **Max** |
| --- | --- | --- | --- | --- | --- |
| **Beds** | 447 | 306 | 381 | 80 | 1,395 |
| **Name** | 87% Departments; 13% Units/Clinical Management Units | | | | |
| **Population (hospital area of influence)** | 229,267 | 127,252 | 198,000 | 42,700 | 545,680 |
| **No. of internists** | 18.7 | 9.8 | 17.5 | 4.0 | 46.6 |
| **Percentage of internists** | 8.1 internal medicine physicians per 100,000 inhabitants | | | | |
| **Emergency department** | 1% of IMUs have an integrated emergency department | | | | |
| **Short-Stay Unit (SSU)** | 32% of hospitals have an SSU | | | | |
| **IM SSU** | 41% of SSUs are under the IMU | | | | |
| **Mean length of stay** | 28% of hospitals have an associated intermediate-stay center. | | | | |
| **Specialized clinics (SC)** |  | | | | |
| **HIV SC** | 73% | | | | |
| **Infectious diseases SC** | 66% | | | | |
| **Cardiovascular risk SC** | 65% | | | | |
| **Rapid diagnosis SC** | 23% | | | | |
| **Pluripathological SC** | 49% | | | | |
| **Genetic SC** | 9% | | | | |
| **Thromboembolic disease SC** | 71% | | | | |
| **Collagenosis/Immunology SC** | 58% | | | | |
| **Heart failure SC** | 60% | | | | |
| **Chronic Complex Patient Program** | 64% of IMUs have a structured care program for chronic complex patients | | | | |
| **Relationship with PC** |  | | | | |
| **Email** | 82% | | | | |
| **Mobile phone** | 81% | | | | |
| **In-person health center visits** | 42% | | | | |
| **Video conference** | 36% | | | | |
| **Cross-consultation with other departments** | 71% | | | | |
| **Physicians assigned** | 2.0 | 1.4 | 1.7 | 0.3 | 7.0 |
| **Departments with which the IMU has shared care** |  | | | | |
| **Vascular Surgery** | 27% | | | | |
| **Cardiac Surgery** | 6% | | | | |
| **General and Gastrointestinal Surgery** | 33% | | | | |
| **Maxillofacial Surgery** | 10% | | | | |
| **Orthopedic and Traumatology Surgery** | 67% | | | | |
| **Plastic Surgery** | 8% | | | | |
| **Thoracic Surgery** | 9% | | | | |
| **Neurosurgery** | 17% | | | | |
| **Gynecology** | 21% | | | | |
| **Ophthalmology** | 17% | | | | |
| **ORL** | 20% | | | | |
| **Psychiatry** | 19% | | | | |
| **Urology** | 34% | | | | |
| **Hospital Palliative Care Unit** | 64% of hospitals have an acute PCU | | | | |
| **Home Hospitalization (HH)** | 56% of hospitals have HH | | | | |
| **HH under the IMU** | In 14%, the HH is under the IMU | | | | |
| **On-call positions** | 2.2 | 1.0 | 2.0 | 1.0 | 5.0 |
| **Patients:Nurses on weekday mornings** | 9.8 | 2.1 | 10.0 | 5.0 | 20.0 |
| **Case managers** | 1.8 | 0.8 | 2.0 | 0.5 | 4.0 |
| **Hospital discharges** | 3,753 | 2,058 | 3,332 | 628 | 10,397 |
| **Discharges/Internist** | 206 | 76 | 199 | 55 | 402 |
| **Hospital consultations** | 19.0 | 9.8 | 18.3 | 2.5 | 50.3 |
| **Mean length of stay** | 7.7 | 1.6 | 7.6 | 4.4 | 13.2 |
| **PCU discharges** | 346 | 216 | 306 | 59 | 917 |
| **PCU mean length of stay** | 9.8 | 5.0 | 8.1 | 2.1 | 24.9 |
| **Patients in Home Hospitalization** | 713 | 878 | 393 | 25 | 3,542 |
| **Cross-consultations** | 1,068 | 1,590 | 572 | 62 | 12,940 |
| **No. of cross-consultation visits** | 3.6 | 1.9 | 3.0 | 1.1 | 12.0 |
| **Initial consultations** | 2,444 | 2,291 | 1,685 | 229 | 12,209 |
| **Consultations** | 10.7 initial consultations per thousand inhabitants and year | | | | |
| **Follow-up consultations: First** | 3.4 | 2.0 | 3.2 | 0.4 | 12.2 |
| **Real-time telephone consultations** | 1,613 | 2,365 | 737 | 45 | 14,000 |
| **Real-time video consultations** | 124 | 124 | 88 | 1 | 345 |
| **Deferred consultations via email** | 345 | 337 | 176 | 25 | 1,007 |
| **Remote consultations with primary care physicians** | 361 | 422 | 218 | 15 | 1,904 |
| **Carlos III Institute of Health organizational structure** | 14% of IMUs have a Carlos III Institute of Health formal organizational structure incorporated | | | | |
| **Public call research projects** | 3.8 | 4.0 | 2.0 | 1.0 | 21.0 |
| **Private call research projects** | 4.8 | 6.1 | 3.0 | 1.0 | 34.0 |
| **Clinical trials** | 5.0 | 5.0 | 3.0 | 1.0 | 25.0 |
| **Other studies** | 7.3 | 8.9 | 5.0 | 1.0 | 64.0 |
| **Journal publications** | 76% of IMUs had at least one published article in an indexed journal | | | | |
| **Medical resident training accreditation** | 75% of IMUs were accredited for Internal Medicine medical resident training | | | | |
| **University** | 43% of IMUs have at least one university professor | | | | |
| **Adjunct** | 71% adjunct professors | | | | |
| **Associate** | 33% associate professors | | | | |
| **Full** | 13% full professors | | | | |
| **Multidisciplinary meetings** | 87% | | | | |
| **Safety committee** | 57% | | | | |
| **IM safety committee** | 61% | | | | |
| **Clinical meetings** | 95% | | | | |
| **Management according to processes** | 50% of IMUs have management according to care processes implemented | | | | |
| **No. of processes** | 4.7 | 3.7 | 4.0 | 1.0 | 18.0 |
| **Protocols** |  | | | | |
| **Shared care with primary care plan** | 54% shared care plan | | | | |
| **Heart failure** | 75% heart failure process | | | | |
| **Other diseases** | 62% | | | | |
| **Multidisciplinary rounding** | 36% | | | | |
| **Follow-up and activation** | 22% | | | | |
| **Discharge planning** | 86% | | | | |