



# Final Changes to Section 7B Healthcare-Associated Infections for the 2026 Leapfrog Hospital Survey and Responses to Public Comments

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Leapfrog obtains healthcare-associated infection (HAI) data for the Leapfrog Hospital Survey (Section 7B Healthcare Associated Infections) directly from the CDC's National Healthcare Safety Network (NHSN). In response to changes to NHSN's baseline and risk-adjustment model, Leapfrog proposed two updates to the **2026 Leapfrog Hospital Survey** and held a public comment period from September 14 through October 13, 2026. The two proposed updates included:

1. Update to the scoring algorithm used to place hospitals into performance categories (e.g., Achieved the Standard, Considerable Achievement, Some Achievement, and Limited Achievement; symbolized in public reporting as four, three, two, or one out of four bars)
2. Update to the reporting period used for small hospitals (<=50 beds)

We received nearly 100 comments from a range of stakeholder groups, and feedback from Leapfrog's national technical expert panels, which were reviewed by Leapfrog and our research team at Johns Hopkins Medicine and used to help finalize the changes outlined in this document.

These finalized changes will be implemented when scoring and [publicly reporting 2026 Leapfrog Hospital Survey Results](#) in November 2026 for hospitals that have:

- Joined Leapfrog's NHSN Group and reviewed/accepted Leapfrog's Data Rights Template by October 21, 2026
- Entered a valid NHSN ID in the Hospital Profile of their 2026 Leapfrog Hospital Survey, and
- Responded "Yes" to Section 7B and submitted the 2026 Leapfrog Hospital Survey by October 31.

**Note: If your hospital completed the above steps earlier in the Survey Cycle, no action is required.**

## BACKGROUND

For scoring and publicly reporting performance on five healthcare-associated infection (HAI) measures (CLABSI, CAUTI, MRSA, CDI, and SSI Colon) for the Leapfrog Hospital Survey, Leapfrog, like the Centers for Medicare and Medicaid Services (CMS), uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Surveillance Network (NHSN), which compares a hospital's observed number of infections to a predicted number of infections. The number of predicted infections for each measure is based on the standard population (i.e., NHSN Baseline) and adjusted based on patient population, hospital characteristics, and other factors. A SIR of 1.0 indicates the facility had the same number of infections as predicted. A SIR greater than 1.0 indicates that the facility had more observed infections than predicted infections whereas a SIR less than 1.0 indicates the facility had less observed infections than predicted infections. Based on NHSN's model, a SIR is not calculated if the predicted number of infections is less than 1, which can result in many smaller hospitals not being assigned a SIR. Additional resources from NHSN on the calculation of the SIR are available [here](#).

Since 2017, Leapfrog has utilized SIRs that use the 2015 Baseline (i.e., Standard Population Data Year) and 2015 risk-adjustment model to calculate the predicted number of infections. NHSN has recently updated its [SIR models](#) to use a 2022 Baseline and updated risk-adjustment model. NHSN SIR reports with the 2022 Baseline and new risk-adjustment model have been available to hospitals within NHSN for over two years. Additionally, CMS announced they will start publicly reporting SIRs calculated using NHSN's new 2022 Baseline and risk-adjustment models on the Care Compare [website](#) in October 2026.

As previously announced in November 2025 (in the 2026 Leapfrog Hospital Survey Proposed Changes), to align with NHSN and CMS' public reporting, Leapfrog is downloading and using SIRs calculated using the 2022 Baseline and risk-adjustment model for the final two NHSN data downloads of the 2026 Survey Cycle (October 22 and December 17, 2026).

## FINAL CHANGES TO SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

### UPDATE TO THE SCORING ALGORITHM USED TO PLACE HOSPITALS INTO PERFORMANCE CATEGORIES (E.G., ACHIEVED THE STANDARD, CONSIDERABLE ACHIEVEMENT, SOME ACHIEVEMENT, AND LIMITED ACHIEVEMENT)

Leapfrog is updating the cut-points used to place hospitals into one of four performance categories for each of the five HAI measures in Section 7B. Updating these cut-points was necessitated by both the updated NHSN 2022 Baseline as well as the new risk-adjustment model.

Based on feedback received during the public comment period, Leapfrog has updated its approach to finalizing cut-points from what was originally proposed. (To view the preliminary cut-points proposed prior to receiving public comments, see Appendix A). For hospitals performing better than the national mean for each measure (i.e., a SIR between 0 and 1.0), cut-points for the top two performance categories will be set at 0.333 for “Achieved the Standard” and 0.667 for “Considerable Achievement.” A SIR of 1.0 (i.e., the national mean) will serve as the cut-point between “Some Achievement” and “Limited Achievement” as originally proposed. Meaning that hospitals with 1 observed infection for every 3 expected infections will be scored and publicly reported as “Achieved the Standard” and hospitals that have 2 observed infections for every 3 expected infections will be scored and publicly reported as “Considerable Achievement.”

These updated cut-points retain Leapfrog’s commitment to recognizing excellence in infection prevention while establishing achievable goals for improvement. We estimate that over 50% of hospitals will be placed in the top two performance categories (Achieved the Standard or Considerable Achievement) for CLABSI, CAUTI, MRSA, and CDI and approximately 40% of hospitals will be placed in the top two performance categories for SSI Colon.

These cut-points will remain in place for the remainder of the 2026 Leapfrog Hospital Survey Cycle. Leapfrog will re-evaluate these cut-points for the 2027 Leapfrog Hospital Survey and may include a proposal for an updated scoring methodology in the Proposed Changes to the 2027 Leapfrog Hospital Survey which will be published and open for public comment in November 2026.

#### Final 2026 Leapfrog Hospital Survey Scoring Algorithm for Section 7B Healthcare-Associated Infections Starting November 2026

(To view the preliminary cut-points proposed prior to receiving public comments, see [Appendix A](#))

| HAI Score<br>(Performance Category) | CLABSI SIR                                                                                                                                                                                                                                                                                          | CAUTI SIR | MRSA SIR | CDI SIR | SSI Colon SIR |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------|---------------|
| <b>Achieved the Standard</b>        | <= 0.333                                                                                                                                                                                                                                                                                            |           |          |         |               |
| <b>Considerable Achievement</b>     | > 0.333 and <= 0.667                                                                                                                                                                                                                                                                                |           |          |         |               |
| <b>Some Achievement</b>             | > 0.667 and <= 1.000                                                                                                                                                                                                                                                                                |           |          |         |               |
| <b>Limited Achievement</b>          | > 1.000                                                                                                                                                                                                                                                                                             |           |          |         |               |
| <b>Unable to Calculate Score</b>    | The hospital reported too small of a sample size to calculate their results reliably (i.e., the number of predicted infections across all locations is <1) or the number of observed MRSA or CDI infections present on admission (community-onset prevalence) was above a pre-determined cut point. |           |          |         |               |

| HAI Score<br>(Performance<br>Category) | CLABSI SIR                                                                                                                                                                                                                                                       | CAUTI SIR | MRSA SIR | CDI SIR | SSI Colon SIR |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------|---------------|
| <b>Does Not Apply</b>                  | The measure did not apply to the hospital during the reporting period (e.g., zero device days or procedures, no applicable locations, etc.) or the hospital is a PPS-Exempt Cancer Hospital as classified by CMS (only applies to CLABSI and CAUTI).             |           |          |         |               |
| <b>Declined to Report</b>              | The hospital did not join Leapfrog's NHSN group, did not provide a valid NHSN ID, did not complete the 2025 Patient Safety Component - Annual Hospital Survey in NHSN, answered "no" to question #1 in Section 7B, or did not submit a Leapfrog Hospital Survey. |           |          |         |               |

Note: These cut-points will be used to score and publicly report the final two NHSN downloads of the 2026 Survey Cycle (October 22 and December 17, 2026).

Hospitals are encouraged to download their CMS IPPS Reports on October 22 (Leapfrog's next NHSN Data Download Date) using the 2022 Baseline to help understand their updated performance. New HAI data and performance will be available for review within the first seven (7) business days of November. For instructions on downloading reports, see our [NHSN Guidance](#) document.

#### UPDATE TO THE REPORTING PERIOD USED FOR SMALL HOSPITALS (<=50 BEDS)

For the final two NHSN downloads of the 2026 Survey Cycle (October 22 and December 17, 2026), Leapfrog will finalize its proposal to use a 24-month reporting period (07/01/2024 – 06/30/2026), rather than a 12-month reporting period, for hospitals that reported 50 or fewer staffed beds (<=50) on their 2025 NHSN Patient Safety Component – Annual Survey. Hospitals with more than 50 reported staffed beds will continue to utilize a 12-month reporting period.

This reporting period change only applies to hospitals that have:

- Joined Leapfrog's NHSN Group and reviewed/accepted Leapfrog's Data Rights Template by October 21, 2026\*,
- Entered a valid NHSN ID in the Hospital Profile of their 2026 Leapfrog Hospital Survey,
- Reported 50 or fewer staffed beds on the 2025 NHSN Patient Safety Component – Annual Survey, and
- Responded "Yes" to Section 7B and submitted the 2026 Leapfrog Hospital Survey by October 31.

**Note: If your hospital completed the above steps earlier in the Survey Cycle, no action is required.**

This reporting period will remain in place for the remainder of the 2026 Leapfrog Hospital Survey Cycle. Leapfrog will re-evaluate this bed-size criteria and/or reporting period for the 2027 Leapfrog Hospital Survey and may include a proposal for an updated bed-size criteria and/or reporting period in the Proposed Changes to the 2027 Leapfrog Hospital Survey which will be published and open for public comment in November 2026.

## UPDATES TO LEAPFROG'S NHSN GROUP BEGINNING IN OCTOBER

Details regarding Leapfrog's last two join by dates, NHSN download dates, and updates to the reporting periods are below and updated on Leapfrog's [website](#). The new scoring algorithm details [above](#) will be applied to the October 22 and December 17, 2026 NHSN downloads.

| Join By Date                                                                    | NHSN Download Date                                                                      | NHSN Baseline                                                                         | HAI Reporting Period                                                                                          | Leapfrog Survey Submission Date                                                                                         | Verify Results                                                                                                                     |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>Hospitals must have joined and completed all required steps by this date</i> | <i>Hospitals should download their reports on this date (the same date as Leapfrog)</i> | <i>Hospitals should download reports with this baseline on the NHSN Download Date</i> | <i>Hospitals should download reports with this reporting period on the NHSN Download Date</i>                 | <i>HAI data will not be publicly reported if hospitals have not submitted and provided a valid NHSN ID by this date</i> | <i>Data pulled by Leapfrog will be available to review on the Hospital Details Page or Public Reporting Website by these dates</i> |
| Oct 21, 2026                                                                    | Oct 22, 2026                                                                            | <b>2022 Baseline</b>                                                                  | <b>50 or fewer beds*:</b><br>07/01/2024 – 06/30/2026<br><b>More than 50 beds*:</b><br>07/01/2025 – 06/30/2026 | Oct 31, 2026                                                                                                            | Nov 10, 2026                                                                                                                       |
| Dec 16, 2026                                                                    | Dec 17, 2026**                                                                          | <b>2022 Baseline</b>                                                                  | <b>50 or fewer beds*:</b><br>07/01/2024 – 06/30/2026<br><b>More than 50 beds*:</b><br>07/01/2025 – 06/30/2026 | Nov 30, 2026                                                                                                            | Jan 12, 2027                                                                                                                       |

\*Bed size reported via the 2025 NHSN Patient Safety Component - Annual Survey's "Total Number of Beds Set Up and Staffed"

\*\*The Leapfrog Hospital Survey closes on November 30, 2026. The last NHSN data download is on December 17, 2026, to incorporate any facilities and corrections from facilities that joined prior to this last download date.

Hospitals are encouraged to download their CMS IPPS Reports using the 2022 Baseline on October 22 (Leapfrog's next NHSN Data Download Date) to help understand their updated performance. New HAI data and performance will be available for review within the first seven (7) business days of November. For instructions on downloading reports, see our [NHSN Guidance](#) document.

## RESPONSES TO PUBLIC COMMENTS

### ADOPTION OF THE 2022 BASELINE AND RISK-ADJUSTMENT MODEL

**Several commenters expressed support for the adoption of the 2022 Baseline and risk-adjustment model and for an update to the cut-points used in scoring and public reporting.**

We thank you for your comments and the support offered for the cut-points proposed in September. After reviewing the public comments, we have finalized alternate cut-points that retain Leapfrog's commitment to recognizing excellence in infection prevention while establishing achievable goals for improvement.

**Several commenters suggested that Leapfrog delay adopting the 2022 Baseline SIRs until after the close of the 2026 Leapfrog Hospital Survey to avoid publishing performance category changes (e.g., improvements or declines in performance) caused solely by the re-baselining and to have a 'clean break' for trending analysis.**

It is unusual for Leapfrog to make a change like this before the conclusion of a Survey Cycle, but it is essential that Leapfrog align with CDC and CMS reporting. We previewed this issue in November 2025, with the publication of the Proposed Changes to the 2026 Leapfrog Hospital Survey. CMS announced they will start publicly reporting SIRs calculated using NHSN's new 2022 Baseline and risk-adjustment models on the Care Compare [website](#) in October 2026.

**One commenter suggested that Leapfrog delay adopting the 2022 Baseline SIRs until the spring 2027 Hospital Safety Grade launch.**

The Hospital Safety Grade uses HAI data from the Leapfrog Hospital Survey as a primary data source and HAI data from CMS as a secondary data source. Therefore, to ensure the HAI data is comparable, our experts recommended aligning with CMS on the adoption of the 2022 Baseline and risk-adjustment model.

**One commenter suggested that Leapfrog delay adopting the 2022 Baseline SIRs until there is a nationally available NHSN Summary Report reflecting the distribution of HAI performance across the country, which will include all NHSN participants, and not just those that have joined Leapfrog's NHSN Group.**

While we have not had the benefit of reviewing a national NHSN Summary Report, we have performed historical analysis and found similar performance trends between hospitals in our NHSN Group, hospitals in the CMS Provider Data Catalog, and NHSN Summary reports. At this time, we have no reason to believe the update to the baseline and risk-adjustment model would result in significant discordance between Leapfrog's NHSN Group and all NHSN participants.

**Three commenters suggested that Leapfrog publish an 'impact report' to describe the impact of the 2022 Baseline and risk-adjustment model and Leapfrog's new scoring cut-points on hospital's publicly reported performance.**

We appreciate this suggestion. Leapfrog will publish an 'impact report' later this calendar year.

**One commenter suggested that Leapfrog evaluate whether other values, such as confidence intervals or predicted event counts, could be incorporated into performance categorization rather than using the SIR.**

CMS uses the SIR as the primary data point for reporting hospital HAI performance on [Care Compare](#). Leapfrog has chosen to align with that approach. If CMS were to consider moving to an alternative approach, Leapfrog would review that decision at that time.

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## PROPOSED CUT-POINTS USED IN SCORING AND PUBLIC REPORTING

**Several commenters questioned which hospitals were included in the establishment of the original proposed cut-points and questioned how the cut-points were determined.**

In the original proposed cut-points, Leapfrog included hospitals that had joined Leapfrog's NHSN Group and submitted a 2026 Leapfrog Hospital Survey by August 31, which included over 2,500 hospitals. Leapfrog used a 12-month reporting period and only included hospitals with a SIR for each applicable infection for the 12-month reporting period. Please note that Leapfrog's finalized cut-points (see [above](#)) do not rely on a national distribution or percentile performance, but rather recognize hospitals that have fewer observed than expected infections.

**Several commenters expressed concern about only including hospitals that had joined Leapfrog's NHSN Group and had submitted a Leapfrog Hospital Survey in the calculation of the cut-points as other 'non-participating' hospitals may have worse performance on the HAI measures.**

As previously described, we have performed historical analysis and found similar performance trends between hospitals in our NHSN Group, hospitals in the CMS Provider Data Catalog, and NHSN Summary reports. At this time, we have no reason to believe the update to the baseline and risk-adjustment model would result in significant discordance between Leapfrog's NHSN Group and all NHSN participants.

**One commenter urged Leapfrog to ensure the original proposed cut-points were appropriate for small hospitals using 24 months of data.**

The originally proposed and finalized cut-points were evaluated and appear to be appropriate for small hospitals using 24 months of data.

**Many commenters recommended that Leapfrog reconsider the originally proposed cut-points as they viewed those cut-points as too stringent and penalized hospitals for changes caused by the updated SIR baseline and model, rather than a deterioration in performance. Additionally, some hospitals expressed ongoing concerns about the NHSN risk-adjustment model.**

We are grateful for the many thoughtful comments and have finalized updated cut-points (see [above](#)) because of the significant and valuable feedback that we received. Additionally, we are committed to hearing ongoing comments and will be proposing additional updates for the 2027 Leapfrog Hospital Survey when we publish the Proposed Changes for the 2027 Leapfrog Hospital Survey in November 2026.

Further, while we appreciate concerns about the NHSN risk-adjustment model, Leapfrog and our experts have concluded that the NHSN model is the most evidence-based and reliable model available for use on a national level for public reporting. We also believe it is essential, where possible, for Leapfrog to align with other publicly reported sources like CMS.

**Some commenters suggested that Leapfrog align its scoring cut-points with the Achievement Threshold (50<sup>th</sup> percentile) used in the CMS Value Based Purchasing Program for FY2029.**

Leapfrog applauds CMS for continuing to administer a national value-based purchasing program for hospitals that includes performance on national HAI measures. However, Leapfrog does not believe that the median performance used in a payment program should be equivalent to top performance in our public reporting program. Leapfrog sets high, not average standards, designed to ensure that the public can identify the safest hospitals and that hospitals can use our standards to set attainable quality improvement goals. While being more assertive than CMS' benchmark, we believe the finalized cut-points strike the right balance.

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## REPORTING PERIOD FOR HOSPITALS WITH 50 OR FEWER BEDS

**Many commenters expressed support for using a 24-month reporting period for hospitals with 50 or fewer reported staffed beds.**

We thank you for your comments of support and examples of how this change would impact your hospital(s). We also thank the large hospitals that submitted comments of support, noting the importance of having this data available for quality improvement. As previously described, we are committed to extending the reporting period from 12-months to 24-months for the final two NHSN downloads of the 2026 Leapfrog Hospital Survey (October 22 and December 17, 2026) and we welcome ongoing feedback while we consider additional updates for the 2027 Leapfrog Hospital Survey, which will be published in November 2026.

**Some commenters expressed concern over updating the reporting period from 12 to 24-months only for hospitals reporting 50 or fewer staffed beds and suggested we use the same 24-month reporting period for all hospitals participating in the Leapfrog Hospital Survey and Leapfrog's NHSN Group.**

Given that the majority of hospitals have adequate data over a 12-month period, Leapfrog is not considering any proposal that would utilize a 24-month reporting period for all hospitals.

**Some commenters expressed concern that using a 24-month reporting period for small hospitals could make it more difficult for them to show improvement and others suggested it could mask emerging performance concerns.**

Leapfrog shares these concerns and welcomes additional feedback on this issue. The goal is to report reliable performance data for as many hospitals as possible, but we recognize that for smaller hospitals that may involve trade-offs. We will revisit this issue as we prepare to publish Proposed Changes for the 2027 Leapfrog Hospital Survey in November 2026.

**Several commenters suggested either using a higher bed threshold for the 24-month reporting period (e.g., 100 beds or more) or using a combination of bed size and average daily census to determine when the 24-month reporting period is applied.**

Leapfrog will explore some of the suggestions we received via public comment and are grateful to commenters for the very thoughtful approaches submitted.

**One commenter suggested that Leapfrog use the 24-month reporting period for any hospital with an expected number of infections <1.0 for any applicable infection.**

Leapfrog is concerned that hospitals would find it difficult to download multiple reports from NHSN with different reporting periods. We welcome additional feedback on this issue as we prepare to publish Proposed Changes for the 2027 Leapfrog Hospital Survey in November 2026.

**Two commenters requested information on how hospitals could correct their NHSN Annual Survey if they reported an incorrect total number of staffed beds.**

Leapfrog downloads NHSN Annual Survey information four times a year, the same day we download the HAI data. Any updates submitted prior to Leapfrog's published download dates will be captured by Leapfrog and applied to that download.

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## LEAPFROG'S PUBLIC REPORTING WEBSITE

**Several commenters have requested that Leapfrog make clear on its public reporting website information regarding the new baseline and reporting periods.**

Leapfrog will provide updated information on its public reporting website regarding the update to the scoring algorithm and indicate whether a 12- or 24-month reporting period was used in calculating the SIR.

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## USE OF HAI DATA IN THE HOSPITAL SAFETY GRADE

**Some commenters questioned how the adoption of the 2022 Baseline SIRs will impact the fall 2026 and spring 2027 Hospital Safety Grades.**

The Data Snapshot Date for the fall 2026 Hospital Safety Grades was August 31. Therefore, both Leapfrog Hospital Survey Results and CMS data utilize the 2015 Baseline and risk-adjustment model.

The Data Snapshot Date for the spring 2027 Hospital Safety Grades will be January 31. Therefore, both Leapfrog Hospital Survey Results and CMS data will utilize the 2022 Baseline and risk-adjustment model. The spring 2027 Hospital Safety Grades will also utilize SIRs calculated on the 24-month reporting period for eligible hospitals.

## Appendix A: Original Proposal for Updated Cut-Points Prior to Receiving Public Comments

Prior to receiving public comments, Leapfrog proposed the following cut-points. A SIR of 1.0 (i.e., the national mean) will serve as the cut-point between “Some Achievement” and “Limited Achievement.” For hospitals performing better than the national mean for each measure (i.e., a SIR between 0 and 1.0), cut-points for the top two categories will be set at the 27.5th and 50th percentiles. This results in approximately 27.5% of hospitals earning “Achieved the Standard” and 22.5% of hospitals earning “Considerable Achievement.”

| HAI Score<br>(Performance Category)  | CLABSI SIR                                                                                                                                                                                                                                                                                          | CAUTI SIR              | MRSA SIR               | CDI SIR                | SSI Colon SIR          |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|------------------------|
| <b>Achieved the Standard</b>         | <= 0.247                                                                                                                                                                                                                                                                                            | <= 0.236               | <= 0.381               | <= 0.302               | <= 0.453               |
| <b>Considerable Achievement</b>      | > 0.247 and<br><=0.563                                                                                                                                                                                                                                                                              | > 0.236 and<br><=0.542 | > 0.381 and<br><=0.663 | > 0.302 and<br><=0.567 | > 0.453 and<br><=0.809 |
| <b>Some Achievement</b>              | > 0.563 and<br><=1.000                                                                                                                                                                                                                                                                              | > 0.542 and<br><=1.000 | > 0.663 and<br><=1.000 | > 0.567 and<br><=1.000 | > 0.809 and<br><=1.000 |
| <b>Limited Achievement</b>           | > 1.000                                                                                                                                                                                                                                                                                             | > 1.000                | > 1.000                | > 1.000                | > 1.000                |
| <b>Unable to Calculate Score</b>     | The hospital reported too small of a sample size to calculate their results reliably (i.e., the number of predicted infections across all locations is <1) or the number of observed MRSA or CDI infections present on admission (community-onset prevalence) was above a pre-determined cut point. |                        |                        |                        |                        |
| <b>Does Not Apply</b>                | The measure did not apply to the hospital during the reporting period (e.g., zero device days or procedures, no applicable locations, etc.) or the hospital is a PPS-Exempt Cancer Hospital as classified by CMS (only applies to CLABSI and CAUTI).                                                |                        |                        |                        |                        |
| <b>Declined to Report</b>            | The hospital did not join Leapfrog’s NHSN group, did not provide a valid NHSN ID, did not complete the 2025 Patient Safety Component - Annual Hospital Survey in NHSN, answered “no” to question #1 in Section 7B, or did not submit a Leapfrog Hospital Survey.                                    |                        |                        |                        |                        |
| <b>Pending Leapfrog Verification</b> | The hospital’s responses are undergoing Leapfrog’s standard verification process.                                                                                                                                                                                                                   |                        |                        |                        |                        |