Summer Training at
World Health Organization,
Zeneva, Switzerland

Prevention and Management of Patient Falls in Healthcare Facilities

By
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Under the guidance of
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MBA Hospital and Health Management
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The IIHMR University, Jaipur
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Dr. Sukriti Sud** student of **MBA Hospital and Health Management** from the IIHMR University; Jaipur has undergone summer training at **World Health Organization, Geneva, Switzerland** from 1st April to 31 st May, 2016.

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific & analytical.

The internship is in fulfilment of the course requirements.

I wish her all success in all her future endeavours.

Col. (Dr.) Ashok Kaushik
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02 June 2016

To Whomsoever It May Concern

Dr Sukriti Sud, Masters Student from Indian Institute of Health Management Research University, Jaipur, Rajasthan, India has successfully completed her internship from 1 April 2016 to 31 May 2016 under Dr Neelam Dhingra, Coordinator, Patient Safety and Quality Improvement Unit, Service Delivery and Safety Department, World Health Organization (WHO) Headquarters, Geneva.

Dr Sud participated and also assisted in the organization of a consultative meeting, including preparation of background documents for the 'Planning of WHO Global Patient Safety Challenge on Medication safety, held at WHO-Geneva. This helped her to enhance her knowledge in understanding the functioning of a consultative meeting and also gave her an opportunity to put her ideas in front of the other expert participants.

As a member of a team, she also assisted in the organization of a Side Event on Medication Safety at the 69th World Health Assembly. This allowed her to interact with delegates representing ministries of health from several countries and international organizations.

She conducted a literature research on 'Prevention and Management of Patient Falls on Healthcare Facilities' and prepared first draft a review paper.

Dr Sud contributed to the initiation of a project on 'Assessing Patient Falls in Healthcare Facilities in Lower and Middle Income Countries' and also prepared a draft questionnaire to collect base line information from national patient safety focal points on availability of national policies and guidelines on patients falls in healthcare facilities.

During her internship she showed a lot of interest in learning about the patient safety and quality of care. She has drafted a patient safety brochure, which is still in its initial stages of development.

Dr. Sukriti worked with great sense of responsibility and sincerity. The enthusiasm and the dedication with which she worked will take her a long way. She has a quick grasp over the subject and is a good team player. I wish her success in all her endeavors in future.

Yours Faithfully,

Dr Neelam Dhingra
Coordinator
Patient Safety and Quality Improvement
Service Delivery and Safety

ACKNOWLEDGEMENTS

All good things have to come to an end, but they leave behind memories to cherish & experiences to learn from. I feel overwhelmed at the successful completion of my summer training within the stipulated time.

On the very outset of this report, I would like to extend my sincere and heartfelt obligation towards all the personages who have helped me in this endeavor. Without their active guidance, help, cooperation and encouragement, I would not have made headway in the project.

First of all, I express my sage sense of gratitude and indebtedness to our Dean, **Col. (Dr.) Ashok Kaushik of "Indian Institute of Hospital and Healthcare Management, Jaipur"**, from the bottom of my heart, for his immense support and faith.

I am ineffably thankful to **Dr. Santosh Kumar** for his conscientious encouragement and valuable guidance.

I am extremely thankful and pay my gratitude to my supervisor **Dr.Neelam Dhingra, coordinator – Patient Safety and Quality Improvement Unit, World Health Organization** for making all the resources available at the right time and providing valuable insights in leading to the successful completion of my project.

I would also like to thank my project guide at IIHMR UNIVERSITY, **Associate Dean Research Arindam Das** who has been very helpful in the completion of this report.

I sincerely express my thanks to our lecturers for their valuable guidance and intellectual suggestions.

I express my deep thanks to my senior **Ms. Mehak Batla** who did her best to help me familiarize me with a new country and a new organization.

Furthermore, I am highly thankful to all the department heads & staff of Service delivery and Safety, World Health Organization with whom I interacted during the entire tenure of summer training.

I extend my gratitude to **IIHMR University, Jaipur** for giving me this opportunity.

At last but not the least gratitude goes to my father **Dr. Anil Sud,** whose support, guidance, encouragements and prayers made my summer training a successful experience and my mother who has been a constant source of inspiration during the preparation of this work.

Any omission in this brief acknowledgement does not mean lack of gratitude.

Thanking You

Dr. Sukriti Sud

IIHMR University, Jaipur

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ABBREVIATIONS

WHO	World Health Organization
PSQ	Patient Safety and Quality Improvement Unit
SDS	Service Delivery and Safety Department
GOI	Government of India
NCDs	Non Communicable diseases
WHA	World Health Assembly
GPSC	Global Patient Safety Challenge
GPSC- MS	Global Patient Safety Challenge – Medication Safety
UN	United Nations
AFRO	WHO African Region Office
AMRO	WHO American Regional Office
EMRO	WHO Eastern Mediterranean Regional Office
EURO	WHO European Regional Office

OBSERVATIONAL LEARNING

WORLD HEALTH ORGANIZATION

HISTORY: When diplomats met in San Francisco to form the United Nations in 1945, one of the things they discussed was setting up a global health organization. WHO's Constitution came into force on 7 April 1948 – a date we now celebrate every year as World Health Day. Delegates from 53 of WHO's 55 original member states came to the first World Health Assembly in June 1948. They decided that WHO's top priorities would be malaria, women's and children's health, tuberculosis, venereal disease, nutrition and environmental sanitation – many of which we are still working on today. WHO's work has since grown to also cover health problems that were not even known in 1948, including relatively new diseases such as HIV/AIDS.

GOAL: The goal at the World Health Organization (WHO) is to build a better, healthier future for people all over the world. Working through offices in more than 150 countries, WHO Secretariat staff work side by side with governments and other partners to ensure the highest attainable level of health for all people.

ACHIEVEMENTS:

1978-The International Conference on Primary Health Care, in Alma-Ata, Kazakhstan sets the historic goal of "Health for All" – to which WHO continues to aspire.

1979- Eradication of smallpox: The eradication of smallpox – a disease which had maimed and killed millions – in the late 1970s is one of WHO's proudest achievements. The campaign to eradicate the deadly disease throughout the world was coordinated by WHO between 1967 and 1979. It was the first and so far the only time that a major infectious disease has been eradicated.

1988- Global Polio Eradication Initiative established: Since its launch in 1988, the Global Polio Eradication Initiative has reduced the number of cases of polio by more than 99% – from more than 350 000 per year to 1956 in 2006. Spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF, it has immunized more than two billion children thanks to the mobilization of more than 20 million volunteers and health workers. As a result, five million children are today walking, who would otherwise have been paralyzed, and more than 1.5 million childhood deaths have been averted.

The goal is to eradicate polio World Wide so that no child will ever again be paralyzed by this disease.

2003- WHO Framework Convention on Tobacco Control 21 May 2003 was a historic day for global public health. After nearly four years of intense negotiations, the World Health Assembly unanimously adopted WHO's first global public health treaty. The treaty is designed to reduce tobacco-related deaths and disease around the world.

2004- Adoption of the Global Strategy on Diet, Physical Activity and Health.

AREAS IN WHICH WHO WORKS

Some of the work done by WHO is visible and familiar. The response teams sent to contain outbreaks, the emergency assistance to people affected by disasters, or the mass immunization campaigns that protect the world's children from killer diseases. Other work is visible because the diseases being addressed – HIV/AIDS, tuberculosis, and malaria – have such a high profile for global health. The work of WHO is also visible in statistics, as we chart changing trends and sound the alarm when needed. As one example, we need to be concerned about the sharp rise of chronic diseases. Long thought to be the companions of affluent societies, diseases such as heart disease, cancer, and diabetes are now occurring in larger numbers and at an earlier age throughout the developing world. Some activities undertaken by WHO are largely invisible, quietly protecting the health of every person on this planet, every day. By assigning a single international name to drugs, WHO helps ensure that a prescription filled abroad is what the doctor ordered back home. Our standards help protect the safety of everyone's food and the quality of medicines and vaccines. When pollution in air or water reaches a dangerous level, it is WHO standards that are used as the measure. Our greatest concern must always rest with disadvantaged and vulnerable groups. These groups are often hidden, living in remote rural areas or shantytowns and having little political voice.

WHO works to make these people – and their unmet health needs – more visible and thus worthy of our priority concern. In addressing the needs of these populations, we work together with governments and a host of agencies, foundations, nongovernmental organizations, and representatives of the private sector and civil society. One statistic from these vulnerable groups stands out as especially tragic: more than 500,000 women die each year from complications of pregnancy. To reverse this trend, WHO and its partners must address complex problems that have their roots in social and economic conditions and the failure of health services to reach the poor. These same problems account for many other needless deaths. All of our efforts – and their prospects for success – are greatly aided by today's unprecedented interest in health as a route to development, accompanied by equally unprecedented energy, initiatives, and funds. This brochure provides some highlights from our broad range of activities – both high-profile and behind-the-scenes – that are working to improve world health

Health systems

WHO's priority in the area of health systems is moving towards universal health coverage. WHO works together with policy-makers, global health partners, civil society, academia and the private sector to support countries to develop, implement and monitor solid national health plans. In addition, WHO supports countries to assure the availability of equitable integrated people-centered health services at an affordable price; facilitate access to affordable, safe and effective health technologies; and to strengthen health information systems and evidence-based policy-making.

Noncommunicable diseases

Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, and mental health conditions - together with violence and injuries - are collectively responsible for more than 70% of all deaths worldwide. Eight out of 10 of these deaths occur in low- and middle-income countries. The consequences of these diseases reach beyond the health sector and solutions require more than a system that prevents and treats disease.

Promoting health through the life-course

Promoting good health through the life-course cuts across all work done by WHO, and takes into account the need to address environment risks and social determinants of health, as well as gender, equity and human rights. The work in this biennium has a crucial focus on finishing the agenda of the Millennium Development Goals and reducing disparities between and within countries.

Communicable diseases

WHO is working with countries to increase and sustain access to prevention, treatment and care for HIV, tuberculosis, malaria and neglected tropical diseases and to reduce vaccine-preventable diseases. MDG 6 (combat HIV/AIDS, malaria and other diseases) has driven remarkable progress but much work remains.

Preparedness, surveillance and response

During emergencies, WHO's operational role includes leading and coordinating the health response in support of countries, undertaking risk assessments, identifying priorities and setting strategies, providing critical technical guidance, supplies and financial resources as well as monitoring the health situation. WHO also helps countries to strengthen their national core capacities for emergency risk management to prevent, prepare for, respond to, and recover from emergencies due to any hazard that pose a threat to human health security.

Corporate services

Corporate services provide the enabling functions, tools and resources that makes all of this work possible. For example, corporate services encompasses governing bodies convening Member States for policymaking, the legal team advising during the development of international treaties, communications staff helping disseminate health information, human resources bringing in some of the world's best public health experts or building services providing the space and the tools for around 7000 staff to perform their work in 1 of WHO's more than 150 offices.

WORLD HEALTH ASSEMBLY

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

THE PROCESS AT THE WORLD HEALTH ASSEMBLY

At the Health Assembly two main types of meeting are held, each with a different purpose:

- **Committees** meet to debate technical and health matters (Committee A), and financial and management issues (Committee B), and approve the texts of resolutions, which are then submitted to the plenary meeting.

- **Plenary** is the meeting of all delegates to the World Health Assembly. The Health Assembly meets in plenary several times in order to listen to reports and adopt the resolutions transmitted by the committees. The Director-General and Member States also address the delegates at the plenary.

In addition, **technical briefings** are organized separately on specific public health topics to present new developments in the area, provide a forum for debate and to allow for information sharing.

SPECIFIC PROJECT REPORT

Literature Review

Background

World Health Organization defines falls as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.[1]The global health estimates mention that there are about 693,000 death occur due to falls out of which approximately 320,000 are females and 370,000 are males. Adults suffer a great number of fatal falls, majority of which is experienced by aged 65years and above and most serious complications are experienced by 85 years and above. To address the serious issue of fall relating injuries by a person at any stage of his or her life course WHO developed an inter-departmental taskforce. The task force includes seven departments- the general injury prevention, healthy ageing, Patient safety, occupational health, child and adolescent health, physical activity as a preventive intervention, and disability and rehabilitation. Based on the inter-departmental meetings, Patient Safety and quality improvement unit, WHO HQ took the responsibility to look into patient falls in healthcare facilities.A literature review was conducted by me in order to understand the nation- wise action which has already been taken for prevention and management of patient falls.

Objective

To assess the extent of awareness on the risk factors causing patient fall in healthcare facilities, avoidable deaths due to patient falls and methods of prevention and management of patient falls globally.

Specific Objectives:

1. To find out countries having national action plans on prevention and management of patient falls in healthcare facilities.
2. To find out countries having guidelines on patient falls.
3. To be aware about the success stories shared by countries on prevention and management of patient falls in hospitals.

Methodology

Literature Review:

1. Database search for review papers and research
   1.1 PubMed
   1.2 Cochrane
2. Grey literature from ministry of health New Zealand, Australia, Canada, Malaysia 3
3. Agency for Healthcare Research and Quality

RATIONALE

WHO fact sheets of October 2012 mentions that over 80% of fall related fatalities occur in low- and middle income countries. Falls are reported as the second leading cause of accidental/ unintentional injury deaths world-wide[1]. Falls rank as the 12th leading cause of death among 5–9 year olds and 15-19 year olds[2].Falls lead to substantial morbidity and mortality. Mortality rates are highest among those aged 70 and over, but begin to increase after 30 years of age and also have a significant peak in the neonatal period. Mortality is the tip of the iceberg, with morbidity and disability important burdens for survivors of falls, their families, and societies.

Significant number of patient falls are noticed every year in healthcare facilities globally. Approximately 37.3 million falls severe enough to require medical attention occur each year[1]. Various factors may lead to in-patient falls causing serious injuries and sometimes death.Patient Falls are largest single category of reported incidents in hospitalsaccording to Joint commission [3]. Falls are the most frequently reported incident in adult inpatient units. The incidence rate of falls in inpatients is three times that for community-dwelling persons aged ≥65 years[4]. In-hospital newborn falls occur at a rate of 1.6 to 4.4 per 10,000 live births (Helsley et al. 2010)[5]. Falls are associated with increased length of hospital stay and greater health care costs. Operational costs for fallers with serious injury are about $14,000 higher than non-fallers. In one study, a fall with injury added 6.3 days to the hospital stay[6].

KEY FINDINGS

1. **Definition**: A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient, and occurs on an eligible reporting nursing unit. All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Include assisted falls, such as when a staff member attempts to minimize the impact of the fall [7].

2. **Joint Commission International:** (JCI) JCI is the recognized leader in international health care accreditation. It identifies, measures, and shares best practices in quality and patient safety with the world. They provide leadership and innovative solutions to help health care organizations across all settings improve performance and outcomes. JCI focuses on the highest patient care standards. JCI Board introduced International Patient Safety goals.International Patient Safety Goals (IPSG) help accredited organizations address specific areas of concern in some of the most problematic areas of patient safety.

   Goal 1: Identify patients correctly

   Goal 2: Improve effective communication

   Goal 3: Improve the safety of high-alert medications

   Goal 4: Ensure correct-site, correct-procedure, correct-patient surgery

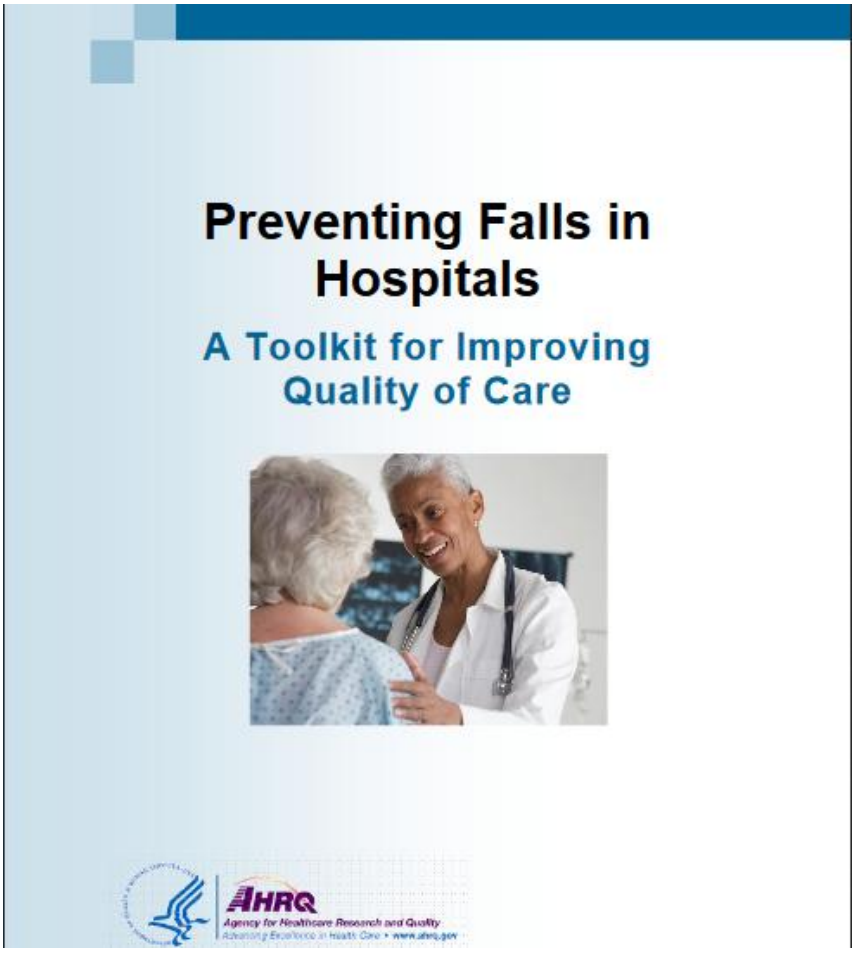
   Goal 5: Reduce the risk of health care-associated infections

   Goal 6: Reduce the risk of patient harm resulting from falls[8].

3. Table 1.1 - Country wise Action Taken

SL. No.	NAME OF THE COUNTRY	ACTION TAKEN TO PREVENT PATIENT FALLS
1.	USA	TOOLKIT PREPARED TO BE FOLLOWED BY HOSPITALS
2.	CANADA	a) AUDIT CONDUCTED b) GETTING STARTED TOOLKIT DEVELOPED FOR THE USE OF CLINICIANS c) VIDEO SPREADING AWARENESS d) BEST PRACTICES SHARED
3.	ENGLAND AND WALES	AUDIT CONDUCTED BASED ON WHICH RECOMMENDATIONS WERE ANNOUNCED
4.	AUSTRALIA	GUIDELINES FOR FALL PREVENTION IN HOSPITALS
5.	NEW ZELAND	TOOLKITS PREPARED
6.	HONG KONG. CHINA	WORKSHOP CONDUCTED FOR NURSING STAFFS, IMPLEMENTED PATIENT FALLS PREVENTION IN SCHOOLS
7.	MALAYSIA	ONE OF THE MISSION GOAL OUT OF 13 PATIENT SAFETY GOALS
8.	SRI LANKA	ONE OF THE MISSIONS TO REDUCE FALL RISK IN PATIENTS

USA



Every year around 700,000 and 1,000,000 people in the United States fall in hospital. Hospital personnel have huge responsibility of not only treating the cause for which a patient has been admitted to the hospital, but also has to keep the patient safe and help him recover. Whenever a patient is admitted to the hospital, fall risk assessment should be done in order to prevent further injury by experiencing a fall.

The USA toolkit has been prepared in a way to overcome challenges associated with developing, implementing, and sustaining a fall prevention program. It is a unique kit which has six major questions. The toolkit also contains an "Action Plan", which provides a quick overview of the steps needed to implement and sustain a fall prevention program.To implement a successful initiative to improve fall prevention on a sustained basis, an organization will need to address six questions:

1. Are you ready for this change?
2. How will you manage change?
3. Which fall prevention practices do you want to use?
4. How do you implement best practices in your organization?

5. How do you measure fall rates and fall prevention practices?
6. How do you sustain an effective fall prevention program?

CANADA

Falls account for Up to 40% of inpatient incidents of which

30% is physical injury and 2 – 5 % is moderate to serious injury.

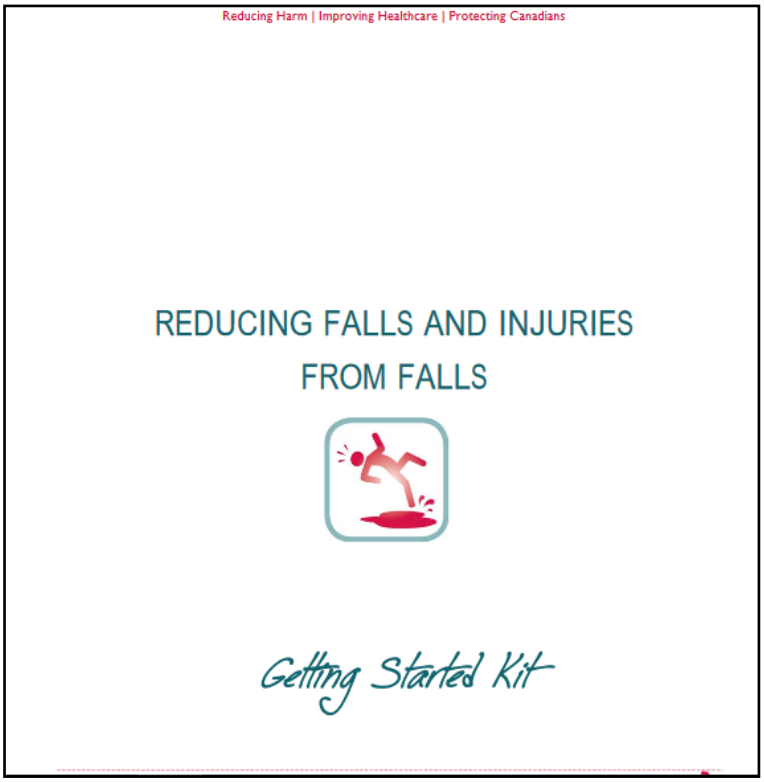
A National movement to establish baseline on quality of prevention and management of patient falls an Audit was conducted in hospitals.

A tool – Getting started kit was prepared for clinicians use. It consists of few interventions to be implemented in every organization.

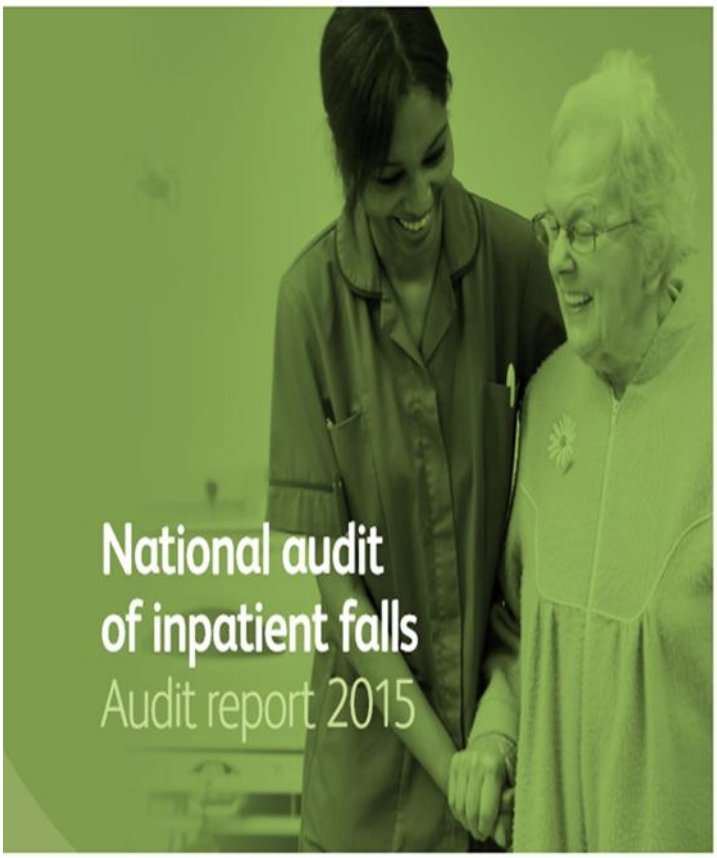
Videos to guide patients and their care givers were prepared.

Few Key Interventions included are:

- Safe Environment
- Multifactorial Risk Assessment
- Communication and Education
- Personalized Action Plan
- Provide personalized devices



ENGLAND AND WALES



Every year 240,000 patient falls are reported from hospitals and mental health units

Direct cost of falls - around £15 million a year.

The mean rate of falls per 1,000 Occupied Bed Days as 5.6 for acute hospitals, 8.6 for community hospitals, 3.8 for mental health hospitals.

Few Key Recommendations included:

1. Review multifactorial risk assessments
2. Audit bed rails.
3. Formation of falls steering group that should regularly review their data on falls and moderate harm, severe harm and deaths per 1000 occupied bed days and assess the success of their practice against trends in these figures.
4. Fall Multidisciplinary Working group – should be formed who meet regularly to meet the activities of this group to ensure it is fit for the purpose.

DATA COLLECTION TOOL

Based on the literature review and these key findings I found out that very less attention is being paid in lower- and middle income countries to prevent and manage patient falls.

A questionnaire was prepared in order to collect the information from lower and middle income countries to analyze how many countries are having national action plans/ guidelines/ on prevention and management of patient falls.

DATA COLLECTION TECHNIQUE

The questionnaire is targeted to be filled by national patient safety experts of lower and middle income countries.

This questionnaire also intends to be filled by the directors of Patient safety department in ministry of health of the respective countries.

The questionnaire will be send through email to selective people and the response is expected to be received within two weeks. This questionnaire will be going to the selected personnel through all the regional offices of WHO.

LIMITATIONS

1. Difficulty to collect data for literature review as not much research has been done specifically on patient falls in healthcare facilities.
2. Guidelines have not been implemented on prevention and management of patient falls in many MIC's and LIC's.
3. Before any document is to be published under the name of WHO, Ethical clearance is required. Any document going under ethical clearance requires a background which contains answers to the questions like who is going to conduct the survey, whom are we expecting to fill this tool. It may take a month or more to get ethical clearance
4. The questionnaire is still under ethical clearance hencecould not collect the response of these questions.

CONCLUSION

The overall study concludes that there is a necessity to make the lower and middle- income countries realize the need to adopt guidelines for preventing and managing patient falls in healthcare facilities. There are very few middle and lower income countries which have mentioned "reduce risk of harm to patient by falls" as their mission goals. If adopted by all the countries significant number of avoidable deaths can be reduced, hence increasing their life expectancy.

RECOMMENDATIONS

ACTIONS REQUIRED AT NATIONAL LEVEL
• Quantify- scale of the problem in the developing countries • Compile - all the guidelines and toolkits which already exists. • Prepare - strategies and provide technical support for National Action Plan to prevent and manage patient falls in Healthcare system • Integrate Strategies at the national level • Designate a focal point at the national level to monitor the progress. • Prepare - set of interventions to be followed at institutional level. • Share success stories for motivation
ACTIONS REQUIRED AT INSTITUTIONAL LEVEL
Medical Superintendents - Supervise the Nursing Staff • To hourly monitor a patient at risk of falls • Develop and use health promotion videos at the waiting halls. • Provide Instruction cards for patients at risk of falls. • Regular environmental check – uncluttered corridors, soft edged furniture. • Admit high falls risk patient near to the nurse station. • Special footwear – provided to prevent slips. • Alarms in wheel chairs, • Easy access to lights for the way to toilets. • Emergency call buttons provided to all patients.

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ANNEXURE

QUESTIONNAIRE ON PATIENT FALLS

1. a). Are you aware of any initiative, policy or program for Fall prevention, Fall management or Prevention and Management of falls in your country?

   Yes ☐ No ☐

   b).If your answer to the above mentioned question is Yes, please mention the Level at which it is present:

   i) a).National ☐
   ii) b).Regional ☐
   iii) c). Local ☐

   Please give the description of the above mentioned Initiative/Policy/Program in the box provided below

   ☐

2. a). Are there any Key Partners/Non-Governmental Organizations/ Civil Society Organizations in your country who are specifically working on Patient Falls?

   Yes: ☐ No: ☐

   b). If your answer to above mentioned question is yes then please mention at which level:

   i) National ☐
   ii) Regional ☐
   iii) Local ☐
   iv)

3. a). Are there any guidelines on prevention of Patient falls/ management of Patient falls/ prevention and management of Patient falls?

   Yes: ☐ No: ☐

   b). if your answer to the above question is yes please share the details in the box provided below:

   ☐

4. a). Has your country prepared any action plan on Prevention of patient falls/ management of Patient falls/ prevention and management of Patient falls?
   Yes: ☐ No: ☐

   b). If Yes, Please provide its details in the below mentioned box:

5. Do you have any system of data collection regarding Patient Falls"?
   Yes: ☐ No: ☐

6. Do you have any system to identify high risk population group for falls in healthcare facility?
   Yes: ☐ No: ☐

7. In case of fall in hospitals do you have a designated staff to monitor prevention and management of patient falls?
   Yes: ☐ No: ☐

8. a). Do you have a focal point in your country for patient safety and specifically patient falls at any of the below mentioned levels:
   i. National
   ii. Regional
   iii. Local

   b). If your answer to the above mentioned question is Yes please mention the full name, the title, the level and the organization in which the person is working in the below provided space:

9. a) Have you documented any list of medication which may be a risk for falls?
   Yes: ☐ No: ☐

b) If your answer to part a) of this question is yes can you please share it with us. Please use the box provided below to explain how we can access the list.

10. a). Does your country have any success stories/Best practices for prevention and management of patient falls?

Yes: ☐ No: ☐

b).If your answer to the above question is yes, Is there any means use to share the success stories nation-wide?

Yes: ☐ No: ☐

Please provide the details of the methods used in the box below:

11. Does your fall prevention guidelines include

a.	Inform a health care professional of in-patient Falls	Yes: ☐	No: ☐
b.	Identify patient at fall risk	Yes: ☐	No: ☐
c.	Falls risk screening tool for all new admissions	Yes: ☐	No: ☐
d.	Post-Fall protocol	Yes: ☐	No: ☐
e.	Environmental check for prevention of falls	Yes: ☐	No: ☐