

# Mobile Care

Moumtzoglou, Anastasius

Mobile C.A.R.E. Sarang Deo,2017 Mobile C.A.R.E. Foundation is a Chicago-based nonprofit that provides chronic asthma care to inner-city public school students using a community outreach model. The organization faces a lot of uncertainty in future funding, and executive director Steve Samuelson wants to undertake an operational improvement drive. Samuelson now faces the challenge of deciding which operational metrics most closely correlate with the organization's mission metrics and also have the usual desirable properties of process measures: actionable, real-time, and disaggregate. To sensitize students to the challenges in linking mission metrics of a nonprofit organization to its operational performance measures.

**Mobile Point-of-Care Monitors and Diagnostic Device Design** Walter Karlen,2018-09-03 Efficient mobile systems that allow for vital sign monitoring and disease diagnosis at the point of care can help combat issues such as rising healthcare costs, treatment delays in remote and resource-poor areas, and the global shortage of skilled medical personnel. Covering everything from sensors, systems, and software to integration, usability, and regulatory challenges, Mobile Point-of-Care Monitors and Diagnostic Device Design offers valuable insight into state-of-the-art technologies, research, and methods for designing personal diagnostic and ambulatory healthcare devices. Presenting the combined expertise of contributors from various fields, this multidisciplinary text: Gives an overview of the latest mobile health and point-of-care technologies Discusses portable diagnostics devices and sensors, including mobile-phone-based health systems Explores lab-on-chip systems as well as energy-efficient solutions for mobile point-of-care monitors Addresses computer vision and signal processing for real-time diagnostics Considers interface design for lay healthcare providers and home users Mobile Point-of-Care Monitors and Diagnostic Device Design provides important background information about the design process of mobile health and point-of-care devices, using practical examples to illustrate key aspects related to instrumentation, information processing, and implementation.

Mobile C.A.R.E. Sarang Deo,2017 Mobile C.A.R.E. Foundation is a Chicago-based nonprofit that provides chronic asthma care to inner-city public school students using a community outreach model. The organization faces a lot of uncertainty in future funding, and executive director Steve Samuelson wants to undertake an operational improvement drive. Samuelson now faces the challenge of deciding which operational metrics most closely correlate with the organization's mission metrics and also have the usual desirable properties of process measures: actionable, real-time, and disaggregate. To sensitize students to the challenges in linking mission metrics of a nonprofit organization to its operational performance measures.

The Caregiver's Toolbox Carolyn P. Hartley,Peter Wong,2015-08-03 Millions of Americans are or will be amateur caregivers for ill spouses, parents, or friends. Caregivers today, more than ever, use technology to help manage schedules, medication routines and pharmacy reminders, legal and financial affairs, as well as travel and expenses. Yet recent insurance options and health care's emerging digital world make for an overwhelming, complex process. If you are one of the 64 million current caregivers, could you access your parents' critical documents in an emergency, using their user IDs and passwords? Do you know how often your parents or parents-in-law are taking medications, how often your loved one goes to the doctor, and how to be involved in medical and life decisions? Statistics show 85 percent of caregivers are not trained in caregiving, so many people are likely winging it, picking up pieces of information here and advice there. The Caregiver's Toolbox is your guide to cool apps and online tools, insider tips on how to reduce your medical bills, your privacy rights as a caregiver, where to go for free and low-cost help, and much more. It clearly shows which tools will relieve your stress, and those that may add stress. The authors dedicate much of their professional lives to helping people navigate the health care matrix. For updates on tools, applications, and emerging technology, visit the authors' website, [www.caregivers-toolbox.com](http://www.caregivers-toolbox.com).

*Mobile Intensive Care Units* R. Frey,P. Rheindorf,E. Nagel,P. Sands,P. Safar,2012-12-06 Emergency care is improving throughout the world and thousands of lives are being saved each year. However, there are still too many patients who die before help reaches them in the form of advanced rescue

and definitive emergency care techniques. In an effort to improve emergency care throughout the world, the International Committee of Emergency and Disaster Medicine meets bi annually. This meeting takes place in Mainz, Germany in September in order to discuss issues, exchange information, and establish recommendations designed to improve emergency care. The group is independent of political, national, racial, religious, or commercial influences and, in this sense, similar to the Club of Rome which attempts advances in sociology, biology and natural sciences. Therefore, the organization could be called the Club of Mainz for the field of emergency and disaster medicine. The following book contains the proceedings of the International Symposium on Mobile Intensive Care Units and Advanced Emergency Care Units at Mainz from September 24-27, 1973, and the discussions evoked by the first activities of the Club of Mainz and the internationally acknowledged Recommendations. At this time we also announce the next meeting and International Symposium on Disaster Medicine, open to the public, organized by the Club of Mainz (October 1 - 2, 1977).

**Primary Care of the Newborn** Henry M. Seidel, Beryl J. Rosenstein, Ambadas Pathak, 1996 The new edition of this essential handbook includes user-friendly modified outline format for easy access to information, new color dermatology photographs to aid in accurate diagnosis, updated information on AIDS, blood gases, and a new section on neonatal complications of various maternal conditions.

Mobile Technologies as a Health Care Tool Pelin Arslan, 2016-02-22 This book presents a state-of-the-art overview of the available and emerging mobile technologies and explores how these technologies can serve as support tools in enhancing user participation in health care and promoting well-being in the daily lives of individuals, thereby reducing the burden of chronic disease on the health care system. The analysis is supported by presentation of a variety of case studies on the ways in which mobile technologies can be used to increase connectivity with health care providers and relevant others in order to promote healthy lifestyles and improve service provision. Detailed information is also provided on a sample project in which a set of tools has been used by teens at risk of obesity to record their sociopsychological environment and everyday health routines. Specifically, it is evaluated whether video diaries, created using a mobile platform and shared in real time via a social network, assist subjects in confronting obesity as a chronic disease. The book will be of interest to all who wish to understand the impressive potential of mobile health or to conduct research in the field.

*Design of a Mobile Care Unit for Rural Area* Helby Paul, 2011-12 The primary health centres are less in rural area of India. The literature study highlights that the preventive measures and treatments are still lacking across the country. The quality health care services are very much required for decreasing the mortality within the communities. This report outlines the actions that are required to make a mobile care unit which can accelerate health progress in rural area. A research is done to observe the health requirements at the rural area. The related queries are asked to the patients, physicians, nurses, drivers, attendants and PROs and then list out the lack of facilities there on existing vehicles and future requirements on the new vehicles. The new design concept is conceived the ergonomic features with the reference to Indian anthropometrical data. The location of the equipment and tools are well organised inside the patient cabin. The storage space for medicine and other accessories are taken care of. A scale model of quasi-prototype is created to validate the concept.

*Mobile Integrated Healthcare* MedStar Mobile Healthcare, 2014-08-15 The healthcare landscape in the United States is evolving rapidly but has largely ignored EMS, until recently. As the country focuses on cost containment and more appropriate methods to deliver services as a result of healthcare reform, EMS will need to undergo dramatic change to fill a new role in the healthcare system. The current traditional delivery method for EMS is financially unsustainable and will soon not be a viable option for care. EMS has a choice to make--adapt to the new environment or be left behind. A viable alternative to the current structure of EMS is Mobile Integrated Healthcare (MIH)--community-based health management that is fully integrated with the overall health system. Various programs like this have appeared across the United States, but a definitive resource that describes how to successfully implement such a program has not been available. Mobile Integrated Healthcare:

Approach to Implementation fills this void by serving as a reference not only to the EMS community, but also to other medical professionals working toward implementation of a successful MIH program. Mobile Integrated Healthcare: Approach to Implementation provides a step-by-step approach for the identification of community needs, forming the appropriate partnerships, selection of staff, acquiring resources, patient identification, and overcoming hurdles to a successful program. Examples from successful programs across the country are included. The author team of Mobile Integrated Healthcare: Approach to Implementation has developed and implemented a functioning, successful program. Their experiences with community partners and other healthcare specialists provide a broad-based view of the future of EMS in the healthcare industry. Mobile Integrated Healthcare: Approach to Implementation is written by leaders in the field of EMS who are committed to guiding the successful evolution of EMS. Their approach to integration should be considered by EMS management, hospital-based social workers, and community partners such as county health authorities, homeless coalitions, and psychiatric services. The type of care EMS providers give needs to evolve with the changing landscape of healthcare. This text describes how healthcare professionals and community partners can work together to facilitate that change and define a successful MIH program.

*Furthest Peoples First* Glenn Geelhoed, 2020-10-20 When the world's remotest populations need medical care and training, Mission to Heal takes the operating rooms to them—no matter how far away they are. Dr. Glenn W. Geelhoed is a medical doctor, humanitarian, and the founder of Mission to Heal (M2H), an organization through which he has conducted medical mission trips around the globe for over forty years. Using mobile surgery units made from repurposed rugged vehicles, M2H provides needed surgery to some of the world's most destitute people in some of the most desolate places on the planet. Just as—or even more—important is the crucial surgical training M2H provides to local citizens so that they can take over after Dr. Geelhoed and his teams move on to their next mission. *Furthest Peoples First* tracks Dr. Glenn Geelhoed's latest missions in three African transects during the first seven months of 2019. Humanity and humility underscore the essence of M2H's efforts to reach the neediest first. With powerful stories of overland treks and culturally rich photojournalism, Dr. Geelhoed shares the people he met and the challenges his team faced—and the determination, patience, and partnerships that make his work successful, rewarding, and essential. Readers will be surprised, shocked—and uplifted—by how this team persevered in the face of countless unimaginable obstacles. The title *Furthest Peoples First* refers to individuals and groups who are the furthest from care and whom the author considers his primary focus. The resourcefulness of the furthest peoples embodies the hope they have for their own progress. Dr. Geelhoed believes that this hope should be enhanced through education and training and not be smothered by handouts, takeovers, or a one-size-fits-all standardization of medical care from first-world redundancy. Dr. Geelhoed received his BS and AB from Calvin College and his MD cum laude from the University of Michigan. He completed his surgical internship and residency through Harvard University at Peter Bent Brigham Hospital and Boston Children's Hospital Medical Center. To continue his work of creating further volunteer surgical services in underserved areas of the developing world, he completed master's and doctoral degrees in international affairs, epidemiology, health promotion and disease prevention, anthropology, tropical medicine, educational leadership, and philosophy. Dr. Geelhoed has received numerous recognitions for his work in global healthcare, including the prestigious humanitarian award for outreach to the underserved from the American College of Surgeons, one of the highest honors in the surgical field. He is professor of surgery and international medical education at George Washington University Medical Center in Washington, DC, and is a member of numerous medical, surgical, and international academic societies. Dr. Geelhoed is also an avid game hunter and runner. He has completed more than 165 marathons across the globe, and he is a widely published author, credited with several books and more than 800 published journal articles. When he is not on overseas M2H missions, he resides at his home in Derwood, Maryland, and enjoys spending time with his two sons and five grandchildren. With the proceeds from this book, the author hopes to sustain, support, and institutionalize M2H's vital work and attract volunteers to join him in that work and his

educational efforts. To learn more about Dr. Geelhoed, M2H, and how you can participate in or contribute to future missions, please visit [www.missiontoheal.org](http://www.missiontoheal.org).

*Homelessness, Health, and Human Needs* Institute of Medicine, Committee on Health Care for Homeless People, 1988-02-01 There have always been homeless people in the United States, but their plight has only recently stirred widespread public reaction and concern. Part of this new recognition stems from the problem's prevalence: the number of homeless individuals, while hard to pin down exactly, is rising. In light of this, Congress asked the Institute of Medicine to find out whether existing health care programs were ignoring the homeless or delivering care to them inefficiently. This book is the report prepared by a committee of experts who examined these problems through visits to city slums and impoverished rural areas, and through an analysis of papers written by leading scholars in the field.

**Health Care in Mobile** Joy HP Harriman, 2011-09-01 Health Care in Mobile: An Oral History of the 1940s presents a small oral history of the delivery of health care in Mobile, Alabama, from the late 1930s to the early 1950s. It includes the beliefs, behaviors, expectations and experiences of individuals whose lives have been entwined with community and health care: men and women from different cultures, social classes, and ethnic and racial groups whose differences and similarities combine to present their memories. Collectively they present common experiences that offer a glimpse of a very real health culture that has been mostly forgotten, as it existed before interstates, insurance, and intensive care units. This is a work of local health and medical history. The spoken memories in this book are faithfully reproduced to allow an understanding of the emotions, thoughts, perspective, culture, and assessment of the times. These narratives provide recollections about self and relationships that are seldom provided in such depth. That is their gift - coming to know each person as if you'd joined them at the dinner table. The individuals profiled in here include: A.A. Wood, MD Marguerite Wiggins Russell Franklin James B. Foster Ernest G. DeBakey, MD Socrates N. Rumpanos, MD Harry N. Webster, MD Samuel Eichold, MD Annelle Woodall Jerome, RN E. Chandler Bramlett Margie Ward Gatti, RN

*M-Health Innovations for Patient-Centered Care* Moumtzoglou, Anastasius, 2016-01-26 The integration of mobile technology into the medical industry has revolutionized the efficiency and delivery of healthcare services. Once limited by distance and physical barriers, health professionals can now reach patients and other practitioners with ease. M-Health Innovations for Patient-Centered Care is a pivotal reference source for the latest scholarly research on the incorporation of mobile telecommunication devices in the health field and how this technology has increased overall quality of care. Highlighting various types of available technologies, necessary support infrastructures, and alterations in business models, this publication is ideally designed for medical professionals, upper-level students, and e-health system designers interested in the effects of mobile technology on healthcare delivery.

*Customer Service in Health Care* Kristin Baird, 2014-07-25 Research confirms that it is six times more costly to attract a new customer than it is to retain an existing one. Creating a culture of service excellence requires planning, preparation, and persistence. Customer Service in HealthCare is designed to provide readers with the fundamental information and skills to start or strengthen a customer service initiative within a health care organization. This book concentrates on action as opposed to theory. It offers a practical, step-by-step process for creating a culture shift toward customer service excellence at all levels of an organization, and presents the essentials to improving performance that will bring the individuals closer to the mission, values, and standards. Chapters focus on: Tools for establishing and measuring customer service team goals Creating customer service standards unique to your organization Tips on training sessions Strategies for maintaining top-of-mind awareness of customer service among employees Customer service techniques for physicians and nurses An overview of customer service as an essential component of business development and marketing

**Long Term Care Customer Service Participant Workbook** Rob Anderson, 2014-03-23 NOTE: PLEASE ALSO SEE THE INSTRUCTOR'S GUIDE. The Long Term Care Customer Service Improvement

Program is designed to accelerate your skills and your resident's satisfaction. This course includes:

- A systematic and simple method for improving customer service skills
- Learning sessions as short as 15 minutes
- Practical skills you can apply immediately to improve how you work with your colleagues and your residents

The Customer Service Improvement Program provides consistent reinforcement of what's learned through dozens of role plays and other learning exercises, testing, repetition of the basic principles and immediate application. The evidence-based curriculum is designed to meet the objectives of key national long term care initiatives including the Advancing Excellence in America's Nursing Homes Campaign, Quality Assurance and Performance Improvement (QAPI), and the AHCA Quality Initiative. Through careful study of the dozens of 15 minute learning modules you will learn the importance of:

1. Skillfully Resolving Intercultural Conflict
2. Employing Strategies for Handling Conflict
3. Asserting Yourself Respectfully
4. Identifying Your Conflict Style
5. Using Active Listening Skills Effectively
6. Overcoming Barriers to Listening and Understanding
7. Learning Why You Aren't Listening to Others
8. Developing Rapport with Different Personality Types
9. Managing Your Attitude
10. Avoiding Rapport Killer Words and Phrases
11. Tailoring Communication to Fit a Customer
12. Improving Customer Interactions
13. Managing Stress in a Long Term Care Facility
14. Relaxing with Visualization and Abdominal Breathing
15. Understanding Who the Customers in Your Facility Are
16. Communicating with Authority and Credibility
17. Demonstrating the Power of Friendliness and Approachability
18. Providing Excellent Customer Service at Mealtimes
19. Understanding The Costs of a Dissatisfied Customer
20. Identifying Customer Touch Points
21. Adhering to Your Facility's Dress Code
22. Reducing the Risk of Lawsuit
23. Placing Your Facility Above the Competition
24. Employing the Power of First Impressions
25. Understanding Customer Expectations
26. Building Relationships with Empathy and Compassion
27. Understanding Emotional Triggers
28. Creating Unforgettable Customer Experiences
29. Learning to Ask Questions Effectively
30. Employing Strategies to Manage Difficult Customers
31. Taking Effective Steps to Resolve Complaints...

And many other critical skills. Human beings are complex and our behavior consistently misunderstood. To enhance how we work together takes time and commitment. The Customer Service Improvement Program is an effective tool you can use to improve your skills and the lives of your residents.

**Taking Care of the People Who Matter Most** Sybil Stershic, 2007-10-01

*Mobile Intensive Care* Linda Baldwin, Ruth Pierce, 1978

**Customer Service for Professionals in Health Care** Wendy Leebov, Wendy Leebov Ed

D, 2012-10-29 Providing great customer service in healthcare is an ongoing challenge. This short book is a terrific guide to customer service essentials for front line staff. Rich with interactive exercises and self-help tools, staff become clearer on the Sixteen House Rules of Customer Service. They also raise their awareness of their own current behavior compared to the behaviors that reflect great customer service. This booklet makes a great recognition gift and support for individual coaching or staff development with groups. Customer Service has the concrete skills that can lead you and your team to significant progress.

**Aging with Dignity** Sofia Widén, William A. Haseltine, 2017-05-24 Demographic change is a defining issue of our time. As the worldwide population ages, the healthcare systems of every country will meet challenges of scale in providing for their elderly. *Aging with Dignity: Innovation and Challenge in Sweden: The Voice of Elder Care Professionals* is a study in the future of elder care through the lens of the Swedish healthcare system. Over one year, ACCESS Health has conducted extensive interviews with more than thirty elder care professionals in Sweden. *Aging with Dignity* collects these in depth interviews alongside summary chapters and analysis.

**Does mHealth contribute to improved care for people with non-communicable diseases in developing countries?** Stephani, Victor, Opoku, Daniel, Quentin, Wilm, 2015-06-02 Background: mHealth refers to the use of mobile phones for health care and public health practice. The reasons of deaths in developing countries are shifting from communicable diseases towards non-communicable diseases (NCDs). We review studies assessing the health-related impacts of mobile health (mHealth) on NCDs in low- and middle- income countries (LAMICs) with the aim of giving recommendations for

their further development. Methods: A systematic literature search of three major databases was performed in order to identify randomized controlled trials (RCTs) of mHealth interventions. Identified RCTs were reviewed concerning effects of the interventions on health-related outcomes. Results: The search algorithms retrieved 733 titles. 6 RCTs were included in the review, including a total of 1850 participants. MHealth was found to have positively influenced clinical outcomes, compliance rates, as well as quality of life related aspects. Furthermore, other outcomes such as patients' anxiety or patient-physician trust improved significantly. We also found that tailored interventions using a single service for the transmission (e.g. only SMS) showed the most positive effect. Limiting factors of the evaluation however, were the few numbers of RCTs, the heterogeneity of outcome measures and the fact that all included studies were conducted in middle income countries and mostly in urban areas. Conclusions: Although mHealth is still in its infancy, it can emerge as an important tool for fighting NCDs in LAMICs. Therefore, further support by governmental institutions for coordinating and promoting the development of the required tools, as well as further research especially in low-income economies, with a focus on the evaluation of the long-term effects of mHealth is needed. Hintergrund: Die Todesursachen in Entwicklungsländern verschieben sich kontinuierlich von übertragbaren hin zu nicht-übertragbaren Krankheiten (NCDs). Deshalb werden in diesem systematischen Review gesundheitsbezogene Einflüsse von mobile Health (mHealth) Interventionen zur Bekämpfung von NCDs in Entwicklungs- und Schwellenländern (LAMICs) untersucht, um Einschätzungen zur bisherigen und Empfehlungen zur weiteren Entwicklung zu geben. Methode: Eine systematische Literatursuche in drei großen Datenbanken wurde durchgeführt um randomisiert-kontrollierte Studien (RCTs) von mHealth Interventionen in LAMICs zu identifizieren. Die ermittelten RCTs wurden hinsichtlich der Effekte von mHealth Interventionen auf gesundheitsbezogene Parameter ausgewertet. Resultate: Von insgesamt 733 erfassten Titeln wurden 6 RCTs mit 1850 Teilnehmern einbezogen. Es wurde festgestellt, dass mHealth einen positiven Einfluss auf klinische Resultate, Compliance-Raten, sowie Lebensqualitäts-bezogene Aspekte hat. Zudem verbesserten sich im Rahmen der Interventionen weitere Faktoren wie das Vertrauen zwischen Patient und Arzt oder Ängste der Patienten. Ferner wurde festgestellt, dass individualisierte Interventionen bessere Resultate als generalisierte Interventionen erzielen. Limitierende Faktoren bei diesem Review waren die geringe Anzahl an RCTs, die Heterogenität der evaluierten Parameter und der Umstand, dass fast alle inkludierten Studien in urbanen Gebieten von Schwellenländern durchgeführt worden sind. Schlussfolgerung: mHealth kann zu einem wichtigen Instrument bei der Bekämpfung von NCDs in LAMICs heranwachsen. Dazu ist jedoch eine stärkere Unterstützung insbesondere von staatlichen Institutionen unumgänglich. Zudem müssen zukünftige Forschungen einen Fokus auf Langzeit-Effekte insbesondere in einkommensschwachen Ländern haben.

Discover tales of courage and bravery in is empowering ebook, Unleash Courage in **Mobile Care** . In a downloadable PDF format ( PDF Size: \*), this collection inspires and motivates. Download now to witness the indomitable spirit of those who dared to be brave.

## Table of Contents Mobile Care

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Understanding the eBook Mobile Care <ul style="list-style-type: none"> <li>◦ The Rise of Digital Reading Mobile Care</li> <li>◦ Advantages of eBooks Over Traditional Books</li> </ul> </li> <li>2. Identifying Mobile Care <ul style="list-style-type: none"> <li>◦ Exploring Different Genres</li> <li>◦ Considering Fiction vs. Non-Fiction</li> </ul> </li> </ol> | <ul style="list-style-type: none"> <li>◦ Determining Your Reading Goals</li> </ul> <ol style="list-style-type: none"> <li>3. Choosing the Right eBook Platform <ul style="list-style-type: none"> <li>◦ Popular eBook Platforms</li> <li>◦ Features to Look for in an Mobile Care</li> <li>◦ User-Friendly Interface</li> </ul> </li> <li>4. Exploring eBook Recommendations from Mobile Care <ul style="list-style-type: none"> <li>◦ Personalized Recommendations</li> <li>◦ Mobile Care User Reviews and</li> </ul> </li> </ol> |
|---|--|

## Ratings

- Mobile Care and Bestseller Lists

## 5. Accessing Mobile Care Free and Paid eBooks

- Mobile Care Public Domain eBooks
- Mobile Care eBook Subscription Services
- Mobile Care Budget-Friendly Options

## 6. Navigating Mobile Care eBook Formats

- ePub, PDF, MOBI, and More
- Mobile Care Compatibility with Devices
- Mobile Care Enhanced eBook Features

## 7. Enhancing Your Reading Experience

- Adjustable Fonts and Text Sizes of Mobile Care
- Highlighting and Note-Taking Mobile Care
- Interactive Elements Mobile Care

## 8. Staying Engaged with Mobile Care

- Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Mobile Care

## 9. Balancing eBooks and Physical Books Mobile Care

- Benefits of a Digital Library
- Creating a Diverse Reading Collection Mobile Care

## 10. Overcoming Reading Challenges

- Dealing with Digital Eye Strain
- Minimizing Distractions
- Managing Screen Time

## 11. Cultivating a Reading Routine Mobile Care

- Setting Reading Goals Mobile Care
- Carving Out Dedicated Reading Time

## 12. Sourcing Reliable Information of Mobile Care

- Fact-Checking eBook Content of Mobile Care
- Distinguishing Credible Sources

## 13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

## 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

**Mobile Care Introduction**

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4

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web complete student instructions for the dissection of the frog starting with the external anatomy and the anatomy of the mouth student guide requires them to label images and answer questions students continue with the internal anatomy where they open the abdominal cavity to reveal the major organs

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