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**National VA
Quality Improvement Survey
2000 Report**

Results of FY00 Survey
and Summary of Trends

HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE

OFFICE OF RESEARCH AND DEVELOPMENT
DEPARTMENT OF VETERANS AFFAIRS

**National VA Quality Improvement Survey (NQIS)
2000 Report
Results of FY00 Survey and Summary of Trends**

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National VA Quality Improvement Survey 2000 Report: Highlights

The HSR&D Management Decision and Research Center (MDRC) administered the National VA Quality Improvement Survey (NQIS) to samples of VHA clinical, managerial and general staff in 1997, 1998 and again in 2000. All three data collections utilized paper-and-pencil questionnaires distributed by interoffice mail. National response rates ranged from 70 percent (n=12,406) in 1997 to 52 percent (n=8,454) in 2000. Organizational culture and five other dimensions related to the integration of quality improvement and a focus on customer service into daily work life were measured over time. Overall, the study results suggest that there were low to modest levels of risk taking and group culture within VHA, and that these levels declined while the level of hierarchical culture increased over the period of the study; see Table 1. Modest levels of general support for total quality improvement (TQI) were observed initially, but there were preliminary signs that this support is eroding. Emphasis on TQI among facility leaders declined, and general staff perceived a decline in the extent to which their efforts to improve service quality were recognized and rewarded; see Table 2. Because there is evidence in the literature suggesting that these organizational factors enhance performance, they are especially important to monitor.

Table 1. VA National Culture Profile Over Time


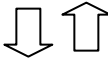

Measure	Interpretation	Current Level Total: 100	Trend 1997 to 2000*
Risk Taking Culture	Facility culture emphasizes innovation and risk taking	13	↓
Group Culture	Facility culture emphasizes teamwork and cooperation	19	↓
Rational Culture	Facility culture emphasizes efficiency, productivity, and the achievement of performance goals	24	↔
Hierarchical Culture	Facility culture emphasizes rules and conformity with established processes and procedures	44	↑

*Over for key.

Table 2. Schematic Summary of Measures of TQI Implementation and Support






Measure	Interpretation	Current Level*	Trend 1997 to 2000*
QSS Scale	Facility is committed to total quality improvement	●	↓
Leadership	Facility top managers are committed to quality improvement	●	↓
Performance Goals	Job performance goals are related to service quality improvement	●	↔
Evaluation & Feedback	Staff receive sufficient feedback regarding their performance	●	↔
Reward & Recognition	Efforts to improve service quality are recognized and rewarded	●	↓

*Over for key.

Key: Trend 1997 to 2000	
	Statistically significant decline (down arrow) or increase (up arrow)*
	Noteworthy decline (down arrow) or increase (up arrow), but not statistically significant *
	Statistically stable; no significant change*

*To be declared statistically significant at the national level, a score change had to be sufficiently large as to be both (a) unlikely to have occurred by chance ($p < .05$), and (b) at least moderately strong (effect size $\geq .40$ as measured by Cohen's *d* statistic). Changes that met one but not both criteria were declared "noteworthy." Changes that met neither criterion were regarded as statistically stable.

General note. Statistical significance (defined as $p < .05$) does not depend solely on the magnitude (2 points, 5 points, etc.) of the change in score. If, for example, there is greater variability on measure X than on measure Y, then a larger score change will be necessary on measure X before one can confidently distinguish true change from random fluctuation. Thus a two-point change on one measure may be significant whereas a two-point change on another measure would not be significant.

Key: Current Level			
Response Option		Color Code	Scale Score Range
1	Strongly disagree		1.00 to 1.50
2	Disagree		1.51 to 2.50
3	Neither agree nor disagree		2.51 to 3.50
4	Agree		3.51 to 4.50
5	Strongly agree		4.51 to 5.00

National VA Quality Improvement Survey 2000 Report

Table of Contents

	Page
Highlights.....	1
1. National Summary.....	4
Background	
Methods and Procedures	
Measures	
Main Findings	
2. Network Results.....	10
Introduction	
Summary	
Overview Table	
Facility-Specific Breakdown Tables	
3. Appendices.....	21
Response Rates	
Questionnaire Item-to-Scale Listing	
Significance of Findings: Background Information	

National VA Quality Improvement Survey 2000 Report

1. National Summary

	Page
Background.....	5
Methods and Procedures.....	5
Measures.....	5
Main Findings.....	7
Significance of Findings.....	8

National VA Quality Improvement Survey 2000 Report: National Summary

Background

Since 1995, the Veterans Health Administration (VHA) has undertaken an extensive reorganization in an effort to improve the quality and efficiency of the delivery of health care. During this period 54 facilities have been integrated into multi-site healthcare systems, and some variant of service line structure has been implemented in primary care, mental health, or other clinical areas at more than 110 facilities. Staff and financial resources have been shifted from inpatient to outpatient care, exemplified by the opening of over 300 new Community-Based Outpatient Clinics. Perhaps most fundamentally, what had been a highly centralized organization was restructured into 22 geographic networks of facilities with considerable flexibility in determining how to reach national quality and performance goals.

These changes in reporting relationships and budget authority were not ends unto themselves, but were seen as providing an environment more conducive to the values, attitudes, and behaviors necessary to achieve the vision of "the new VA." The expectation was that this transformed organization would have a less bureaucratic, more entrepreneurial and team-oriented culture that practiced total quality improvement. The importance of service quality would be consistently communicated by leaders at all levels of the organization and exemplified in their behavior. Service quality goals would also be explicitly incorporated into individual employee performance goals. Staff at all levels would receive timely and helpful feedback about their progress toward those goals, and efforts to improve service quality would be recognized and rewarded.

The National Quality Improvement Survey (NQIS) was designed to measure and monitor these less tangible but nonetheless crucial aspects of the organizational change process within VHA. This report presents the results of the third administration of the NQIS by the HSR&D Management Decision and Research Center (MDRC). The first round of data collection was completed during the first half of fiscal year 1997, the second during the last half of fiscal year 1998, and the third during the first half of fiscal year 2000.

Methods and Procedures

Procedure. As was done in 1997 and 1998, data for 2000 were collected by means of a confidential paper-and-pencil questionnaire distributed to staff at each VHA facility through inter-office mail. A postage-paid business reply envelope was provided so that respondents could send completed questionnaires directly to the data entry vendor. A second copy of the questionnaire was sent to all staff who did not respond to the first mailing.

Sample. Three samples were drawn at each facility: middle managers (service chiefs), front-line supervisors, and general staff. All managers were included; supervisors and general staff were randomly sampled. Up to 150 employees were selected at each facility depending on the size of the workforce. The sample was also stratified by service (e.g., fiscal, medical administration) to ensure representation from all service groups.

Measures

Aggregate facility-level scores representing six aspects of a facility's potential for and commitment to service quality and customer satisfaction were derived from the questionnaire responses.

(1) Organizational Culture

One sub-set of survey questions focused on organizational culture. Employees were asked to characterize their facility by distributing 100 points across four cultural attributes: risk taking/innovation, group orientation/teamwork, hierarchical/bureaucratic, and rational/task orientation. The more points assigned to an attribute, the more employees believed that attribute characterized their facility. In contrast to the other culture dimensions, a *lower* score for hierarchical/bureaucratic orientation would generally be considered *more favorable*. Employees typically did not allocate all 100 points to any one attribute.

(2) Quality System Survey -- Overall Commitment to Quality Improvement

The NQIS survey also included a modified version of the VHA Quality System Survey (QSS), an instrument that is based on the Baldrige criteria and has been used in VHA for several years to assess facility commitment to service quality. The modified version of the QSS incorporated into the NQIS instrument consisted of 42 questions representing five dimensions: management efforts to promote quality, the availability and use of quality-related data, planning for quality, human resources and quality improvement, and overall quality focus. All QSS questions utilized a five-point response scale ranging from “strongly disagree” to “strongly agree.” Five subscale scores were created by averaging respondents’ answers to the items associated with each of the five dimensions listed above. An overall QSS summary score was then created by averaging together the five subscale scores. The higher this QSS score, the stronger the perceived commitment to service quality.

(3) Leadership Commitment to Quality

Mid-level managers were asked a series of 10 questions about whether they believe their facility's top management team was committed to and involved in efforts supporting total quality improvement.¹ These items also utilized a 5-point agree/disagree response scale and were averaged together to create a summary scale score for each staff member. The higher the scale score, the stronger the perceived commitment to quality among top leadership at that facility.

(4) Performance Goals, (5) Evaluation & Feedback, (6) Reward & Recognition

Employees were also asked a series of 5-point agree/disagree questions about whether they believed:

- their own **performance goals** were related to service quality
- they received adequate **evaluation and feedback** about their performance
- efforts to improve service quality were **recognized and rewarded** at their facility.

Each of these groups of survey items was averaged to create a summary scale. Items were scored so that a higher scale score was indicative of a stronger perception of synergy between the job characteristic in question – performance goals, evaluation and feedback, rewards and recognition – and the goal of service quality.

These measures are summarized in Table 1 below.

¹ In an effort to shorten the survey, an item that did not enhance the reliability of the Leadership scale was dropped in 2000. The 1997 and 1998 scores for this scale were then recomputed without that item. The Leadership scores that appear throughout this report are for this shortened, revised scale and therefore may differ slightly from Leadership scores that appear in previous NQIS reports.

Table 1
Summary of Study Measures

Measure	Interpretation	Score Range
Risk Taking Culture	Facility culture emphasizes innovation and risk taking	0-100
Group Culture	Facility culture emphasizes teamwork and cooperation	0-100
Hierarchical Culture	Facility culture emphasizes rules and conformity with established processes and procedures	0-100
Rational Culture	Facility culture emphasizes efficiency, productivity, and the achievement of performance goals	0-100
QSS Scale	Facility is committed to total quality improvement	1-5
Leadership	Facility top managers are committed to quality improvement	1-5
Performance Goals	Job performance goals are related to service quality improvement	1-5
Evaluation & Feedback (1997 and 1998 only)	Staff receive sufficient feedback regarding their performance	1-5
Reward & Recognition (1997 and 1998 only)	Efforts to improve service quality are recognized and rewarded	1-5

Main Findings

Response Rate. Questionnaires were mailed to staff at 141 VHA facilities in 2000 as compared to 147 facilities in 1998 and 161 facilities in 1997. This change in the number of facilities over the life of the project reflects facility integrations.

Nationally, completed questionnaires were received from 52 percent (n=8454) of staff contacted in 2000 (n=16,405). This compares to response rates of 62 percent in 1998 and 70 percent in 1997. This decline in response rate may reflect “survey fatigue” on the part of VHA staff. Also, due to administrative complications, the survey procedure followed in 2000 involved a longer delay between first and second questionnaire mailings than in previous years. This procedural variation may also account for the decline in participation.

As a consequence of this decline, the 2000 results should be interpreted with greater caution than past results. Response rates for individual facilities for 2000 may be found in Appendix A.

Organization Culture (Figure 1). Over the three years of the study, staff rated facility culture as increasingly bureaucratic (up from a baseline allocation of 41 out of 100 total points in 1997 to 44 points in 2000) and less risk taking and innovative (down to 13/100 from a baseline of 15/100). Ratings of group orientation/teamwork also declined from about 21 percent to 19 percent. Ratings of the level of rational/task orientation were stable at about 24 out of 100 possible points over this same period.

Quality System Survey (QSS) Scale (Figure 2). Staff perceptions of their facility's overall commitment to total quality improvement (TQI) have hovered around 3.4 on the 5-point scale. Given that 4 equals "Agree" on this scale, this score suggests only modest commitment and orientation toward TQI, and the lower score in 2000 suggests that even this may be slipping.

Leadership (Figure 2). This scale was based on responses from mid-level managers (service chiefs) only and reflects their perceptions of the commitment of top management at their facilities to continuous quality improvement. Scores for all three years were about midway between 3 (neutral) and 4 (agree) and suggest only modest perceived commitment to TQI. The 2000 score of 3.3 was a statistically significant decrease from 1998. Factoring in the lower response rate in 2000, it is best to regard that decline as a potential early warning signal that requires further confirmation.

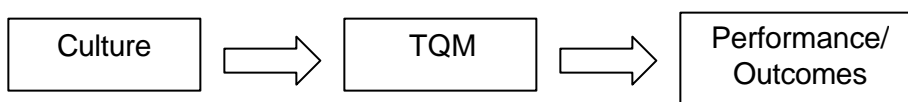
Performance Goals (Figure 2). This scale assessed staff perceptions of the extent to which their performance goals were related to and emphasized service quality. Scores on this scale were stable at about 3.7 out of 5 over all three years of the study. Given that 3 was the neutral mid-point of the scale and 4 indicated "Agree," scores on this measure suggest that a majority of staff saw some reference to service excellence in their performance goals, but that this was not the dominant value represented in their performance expectations.

Evaluation and Feedback (Figure 2). The Evaluation and Feedback score has been stable at about 3.4 out of 5, suggesting that staff do not feel that they receive adequate constructive feedback regarding their performance nor have information available to assess their own progress.

Reward and Recognition (Figure 2). With scores of 3 or less on the 5-point disagree/agree scale, Reward and Recognition has been the least favorably rated of the five measures of quality focus. Respondents did not feel that their efforts to improve service quality were being noticed and reinforced.

Significance of Findings

Why should we care about these findings? The measures included in the NQIS were selected because of the evidence in the research literature that an organizational culture that emphasizes empowerment, autonomy and risk-taking is related to the implementation of total quality management in healthcare, and that TQM in turn has a positive impact on performance and outcomes (see Appendix C). In summary:



In addition, the QSS scale used to measure TQM implementation was based on the Baldrige Award dimensions of leadership, information and analysis, human resource utilization, quality management, and strategic quality planning.

Overall, then, the three-year trends from the NQIS survey suggest that VHA's organizational culture is becoming less participative, flexible and entrepreneurial and more hierarchical and bureaucratic. This in turn could lead to less leadership support for TQM, a deterioration of the values and reward infrastructure necessary to sustain a focus on customer service, and less front-line initiative to make process improvements – in short, a more negative VHA profile on the Baldrige criteria. In the longer run, the cumulative effect of these changes could result in a decline in performance and quality outcomes.

Figure 1
Three Year Culture Trends: VA National Averages
 Scale: 0-100 / Higher score indicates greater similarity to respondent's facility

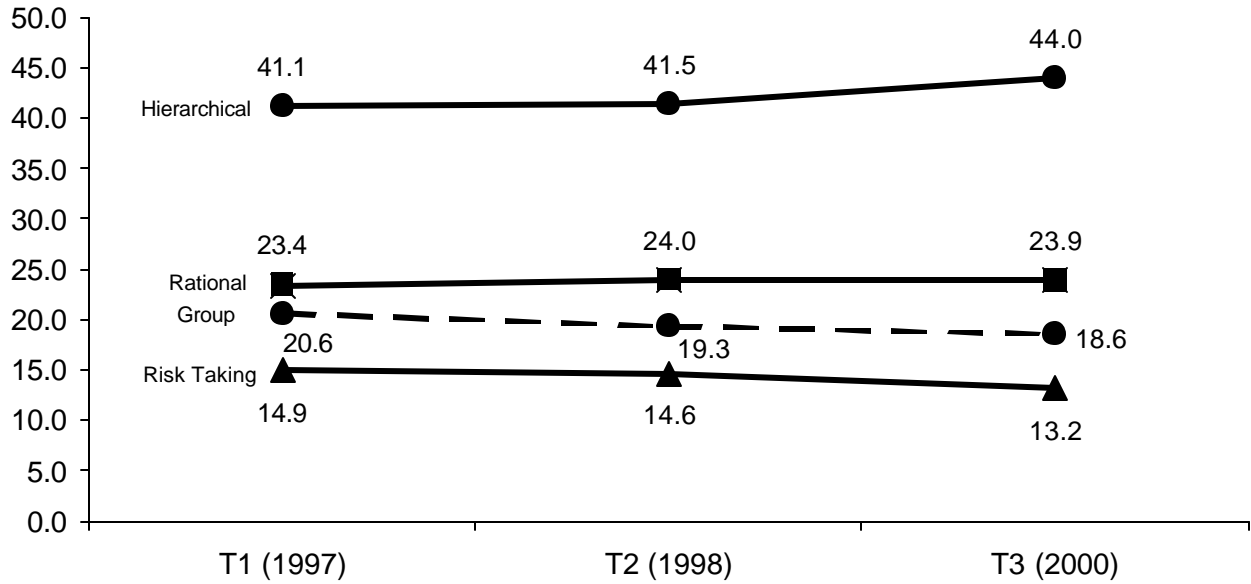
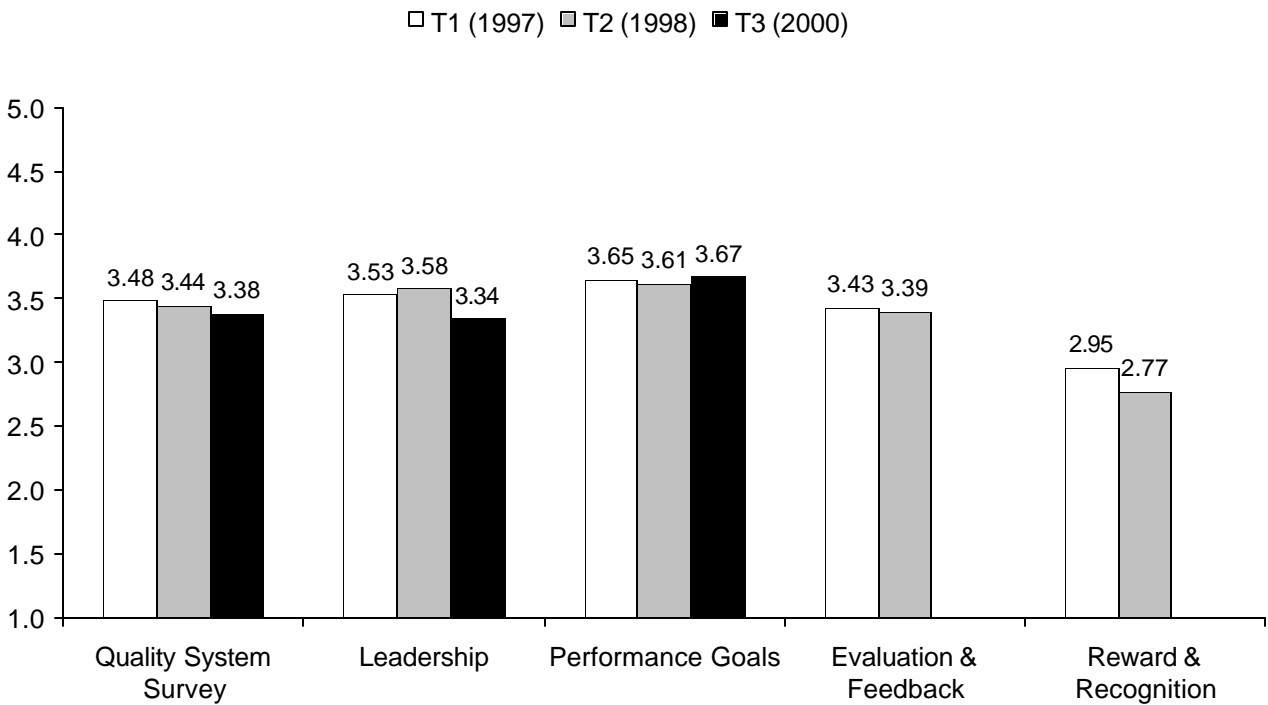


Figure 2
Measures of Quality Focus: VA National Averages
 Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither, 4=Agree, 5=Strongly Agree



National VA Quality Improvement Survey 2000 Report

2. Network Results

	Page
Introduction.....	11
Summary.....	12
Overview Table.....	13
Facility-Specific Breakdown Tables	
Risk Taking Culture.....	14
Group Culture.....	15
Hierarchical Culture.....	16
Rational Culture.....	17
QSS Score.....	18
Leadership.....	19
Performance Goals.....	20

National VA Quality Improvement Survey 2000 Report: Network Results

Introduction

This chapter consists of the following:

1. **VISN Summary.** A written overview of the results for your VISN, including a description of the low and high performing facilities.
2. **VISN Overview Table.** A one-page table that reports the VISN average and the VA national average for each measure for each of the three survey administrations (1997, 1998, 2000). This table also reports the number of facilities within your VISN that were significantly different from the national average and the number of facilities that changed significantly over time on each measure.
3. **Facility Breakout Tables.** This section consists of a series of seven tables, one for each of the NQIS measures for which comparable data was available for all three data collections: the four culture dimensions (risk taking, group, hierarchical and rational), plus the QSS, Leadership and Performance Goals scales. For each measure, individual facility scores are reported for the three NQIS administrations. Facility scores that were significantly different from the national average are flagged. The VISN and national averages are included for reference.

Each table also reports for each facility the change in score from 1998 to 2000, and from 1997 to 2000. Changes that were sufficiently large to be statistically significant are flagged.

In the case of facilities that were involved in mergers, separate scores are reported in pre-merger years. After the merger, scores for the combined system are listed under the division whose station number was retained. If the merger occurred between two NQIS survey administrations, change scores across that time period were not computed for the combined system because it would not be possible to distinguish between true change and change due to the aggregation of data across multiple facilities. Such cases are flagged as NA (not applicable) in the change score column.

A small number of facilities opted not to participate in the NQIS survey in one year or another. These facilities are flagged as NA (not available) for the year(s) in question.

Response rate information for your VISN overall and for each facility within the VISN may be found in Appendix A.

VISN 19 Summary

- **Overview:** Scores in VISN 19 generally remained stable over all three administrations of the NQIS and, with one exception, were statistically equivalent to the VHA national average on all dimensions. The exception was Risk Taking Culture, which actually increased in VISN 19 between 1997 and 2000 to the point where VISN 19 was significantly above the national average in 2000. This finding is particularly noteworthy given the significant national trend toward less Risk Taking Culture. Indeed, only one other VISN (VISN 2) demonstrated an increase on this dimension from 1997 to 2000. VISN 19 should also be recognized as the most responsive to the 2000 NQIS survey by far. At 76.3%, the VISN 19 response rate was 14% higher than the next most responsive VISN (62.3%) and was almost 25% above the national average (51.5%).
- **Weaknesses:** From 1997 to 2000, Sheridan declined on Group Culture and QSS Score. Indeed, the declines at Sheridan on these two dimensions were respectively the 6th and 15th largest observed at any facility during that time period. From 1998 to 2000, Cheyenne's Leadership score declined significantly. In 2000, Sheridan scored below the VHA national Group Culture score, and Salt Lake City scored below the national Leadership score.
- **Strengths:** From 1997 to 2000, Cheyenne and Denver significantly improved on Risk Taking Culture. The increase at Cheyenne was the largest observed at any facility on this dimension for that time period. Also from 1997 to 2000, Grand Junction improved on Group Culture (the largest increase observed at any facility on that dimension) and Sheridan improved on Leadership (2nd largest increase of any facility on that dimension). From 1998 to 2000, Grand Junction again improved on Group Culture (3rd largest increase observed at any facility on that dimension for that time period) and QSS Score. In 2000, Cheyenne and Grand Junction scored above the VHA national Risk Taking Culture average, Fort Lyon and Grand Junction scored above the national Group Culture average, Cheyenne and Grand Junction scored above average on QSS Score, and Grand Junction scored above average on Leadership.

VISN 19 Overview Table

Number of facilities surveyed: seven in 1997, eight in 1998, seven in 2000

Scale	Year	VA National Average	VISN Average	Number of Facilities					
				Significantly Different from VA National Average		Changed Significantly from 1998 to 2000		Changed Significantly from 1997 to 2000	
				Below	Above	Decreased	Increased	Decreased	Increased
Risk Taking Culture	1997	14.90	14.21	3	0				
	1998	14.64	15.37	0	1	0	0	0	2
	2000	13.20	15.23	0	2				
Group Culture	1997	20.61	21.54	1	1				
	1998	19.32	22.53	0	3	0	1	1	1
	2000	18.57	21.85	1	2				
Hierarchical Culture¹	1997	41.13	41.43	0	1				
	1998	41.45	38.54	2	0	0	0	0	0
	2000	44.00	39.18	4	0				
Rational Culture	1997	23.41	22.82	0	0				
	1998	23.96	23.35	1	0	0	1	0	0
	2000	23.89	23.69	1	0				
QSS Score	1997	3.48	3.37	2	0				
	1998	3.44	3.38	1	0	0	1	1	0
	2000	3.38	3.45	0	2				
Leadership	1997	3.53	3.29	1	0				
	1998	3.58	3.56	2	0	1	0	1	1
	2000	3.34	3.36	1	1				
Performance Goals	1997	3.65	3.60	0	0				
	1998	3.61	3.59	0	0	0	0	0	0
	2000	3.67	3.71	0	0				
Evaluation and Feedback	1997	3.43	3.40	0	0				
	1998	3.39	3.36	0	0	NA	NA	NA	NA
	2000	NA	NA	NA	NA				
Reward and Recognition	1997	2.95	2.94	0	0				
	1998	2.77	2.72	0	0	NA	NA	NA	NA
	2000	NA	NA	NA	NA				

¹For hierarchical culture, lower scores/declining scores would generally be regarded as more favorable.

VISN 19 Facility-Specific Breakdown Tables

National VA Quality Improvement Survey (NQIS) Results

VISN=19
Risk Taking Culture

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MI	16.03		16.82		13.93		.	NA	.	NA
CHEYENNE WY	10.57	SD-	18.82	SD+	18.24	SD+	-0.58		7.67	SC+
DENVER CO	11.91	SD-	12.93		15.88		2.96		3.98	SC+
FORT LYON CO	17.11		14.85		15.51		0.66		-1.60	
GRAND JUNCTION CO	15.42		15.07		16.42	SD+	1.35		1.00	
MILES CITY MI	16.22		15.59		.		.	NA	.	NA
SALT LAKE CITY UT	.		13.04		13.50		0.46		.	NA
SHERIDAN WY	12.22	SD-	15.83		13.16		-2.67		0.94	
VISN Average	14.21		15.37		15.23	SD+	-0.13		1.02	
VHA National Average	14.90		14.64		13.20		-1.44	SC-	-1.70	SC-

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant improvement

SC- = Significant decline

NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey (NQIS) Results

VISN=19
Group Culture

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MI	18.62		22.14		21.38		.	NA	.	NA
CHEYENNE WY	23.71		24.03	SD+	20.35		- 3.68		- 3.36	
DENVER CO	16.24	SD-	18.63		16.91		- 1.72		0.67	
FORT LYON CO	20.50		24.37		28.30	SD+	3.92		7.79	
GRAND JUNCTION CO	22.14		24.50	SD+	32.61	SD+	8.11	SC+	10.48	SC+
MILES CITY MI	26.76	SD+	24.35	SD+	.		.	NA	.	NA
SALT LAKE CITY UT	.		24.33		19.50		- 4.83		.	NA
SHERIDAN WY	22.77		17.87		13.86	SD-	- 4.01		- 8.91	SC-
VISN Average	21.54		22.53	SD+	21.85		- 0.68		0.31	
VHA National Average	20.61		19.32		18.57		- 0.75		- 2.05	

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant improvement

SC- = Significant decline

NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey (NQIS) Results

VISN=19

Hierarchical Culture

Note. For hierarchical culture, lower scores/declining scores would generally be regarded as more favorable.

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MT	41.25		37.31		42.36		.	NA	.	NA
CHEYENNE WY	45.25		33.63	SD-	37.78	SD-	4.14		-7.48	
DENVER CO	46.98	SD+	40.46		40.04		-0.43		-6.94	
FORT LYON CO	38.68		38.15		32.15	SD-	-6.00		-6.54	
GRAND JUNCTION CO	40.70		39.09		32.05	SD-	-7.03		-8.64	
MILES CITY MT	35.63		37.38		.		.	NA	.	NA
SALT LAKE CITY UT	.		42.26		42.04		-0.22		.	NA
SHERIDAN WY	41.51		40.02		47.83		7.81		6.32	
VISN Average	41.43		38.54	SD-	39.18	SD-	0.64		-2.25	
VHA National Average	41.13		41.45		44.00		2.55	SC+	2.87	SC+

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant increase

SC- = Significant decrease

NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey (NQIS) Results

VISN=19
Rational Culture

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MT	24.09		24.06		19.95	SD-	.	NA	.	NA
CHEYENNE WY	20.47		24.64		25.85		1.21		5.38	SC+
DENVER CO	24.87		26.66		25.33		-1.33		0.46	
FORT LYON CO	23.70		20.83		26.02		5.20	SC+	2.32	
GRAND JUNCTION CO	21.74		21.35		20.23		-1.11		-1.51	
MILES CITY MT	21.39		22.19		.		.	NA	.	NA
SALT LAKE CITY UT	.		20.95	SD-	23.39		2.44		.	NA
SHERIDAN WY	23.49		26.15		25.08		-1.07		1.59	
VISN Average	22.82		23.35		23.69		0.34		0.87	
VHA National Average	23.41		23.96		23.89		-0.07		0.48	

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant improvement

SC- = Significant decline

NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey (NQIS) Results

VISN=19
QSS Score

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MT	3.28		3.41		3.49		.	NA	.	NA
CHEYENNE WY	3.44		3.61		3.72	SD+	0.11		0.28	
DENVER CO	3.20	SD-	3.46		3.30		-0.16		0.10	
FORT LYON CO	3.13	SD-	3.15	SD-	3.41		0.26		0.27	
GRAND JUNCTION CO	3.51		3.42		3.70	SD+	0.29	SC+	0.20	
MILES CITY MT	3.53		3.42		.		.	NA	.	NA
SALT LAKE CITY UT	.		3.27		3.35		0.08		.	NA
SHERIDAN WY	3.48		3.27		3.16		-0.12		-0.32	SC-
VISN Average	3.37		3.38		3.45		0.07		0.08	
VHA National Average	3.48		3.44		3.38		-0.06		-0.10	

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant improvement

SC- = Significant decline

NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey (NQIS) Results

VISN=19
Leadership

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MI	3.29		3.29		3.11		.	NA	.	NA
CHEYENNE WY	3.50		3.89		3.44		- 0.45	SC-	- 0.06	
DENVER CO	3.26		3.70		3.38		- 0.32		0.13	
FORT LYON CO	3.61		3.90		3.41		- 0.49		- 0.19	
GRAND JUNCTION CO	3.07		3.90		3.55	SD+	- 0.35		0.48	
MILES CITY MI	3.06		2.92	SD-	.		.	NA	.	NA
SALT LAKE CITY UT	.		3.03	SD-	3.06	SD-	0.03		.	NA
SHERIDAN WY	3.01	SD-	3.87		3.55		- 0.32		0.54	SC+
VISN Average	3.26	SD-	3.56		3.36		- 0.21		0.10	
VHA National Average	3.53		3.58		3.34		- 0.24	SC-	- 0.20	SC-

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant improvement

SC- = Significant decline

NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey (NQIS) Results

VISN=19
Performance Goals

Name of Facility	FY97 Score (a)	FY97 Sig Diff(b)	FY98 Score (a)	FY98 Sig Diff(b)	FY00 Score (a)	FY00 Sig Diff(b)	FY98- FY00 Change	FY98- FY00 Sig Change(c)	FY97- FY00 Change	FY97- FY00 Sig Change(c)
FORT HARRISON MT	3.45		3.48		3.82		.	NA	.	NA
CHEYENNE WY	3.65		3.75		3.83		0.08		0.17	
DENVER CO	3.53		3.77		3.53		-0.24		-0.00	
FORT LYON CO	3.55		3.46		3.79		0.33		0.24	
GRAND JUNCTION CO	3.56		3.57		3.77		0.20		0.21	
MILES CITY MT	3.66		3.77		.		.	NA	.	NA
SALT LAKE CITY UT	.		3.49		3.64		0.14		.	NA
SHERIDAN WY	3.80		3.50		3.60		0.10		-0.19	
VISN Average	3.60		3.60		3.71		0.11		0.11	
VHA National Average	3.65		3.61		3.67		0.06		0.02	

(a) Joint values are reported for integrated facilities.

(b) Significant difference (SD) compared to VHA national average (95% confidence interval)

SD+ = Significantly above national average

SD- = Significantly below national average

(c) Significant change (SC) over time (95% confidence interval)

SC+ = Significant improvement

SC- = Significant decline

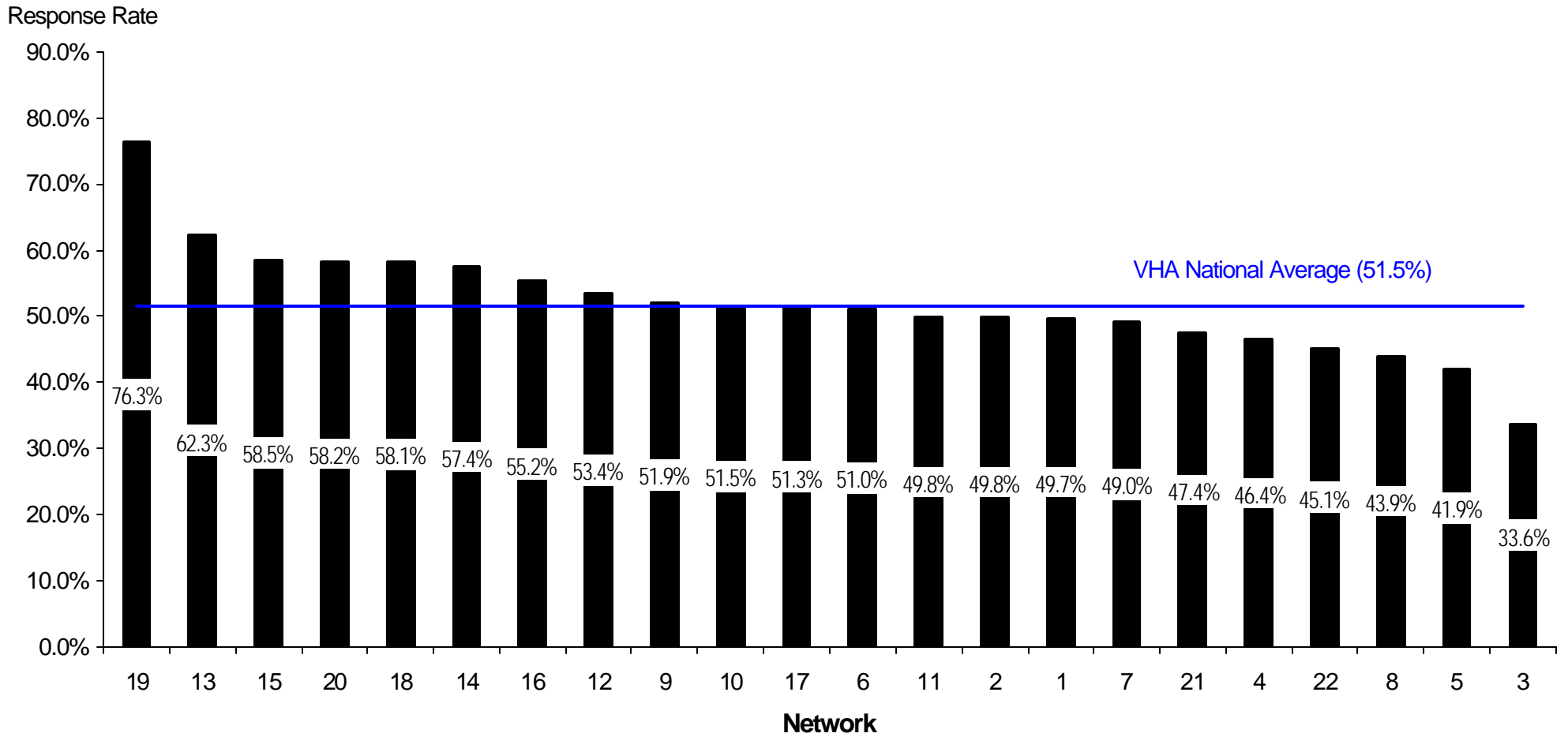
NA = Not appropriate: integration occurred between the two data collections involved, or
Not available: non-participating facility for one or both data collections

National VA Quality Improvement Survey 2000 Report

3. Appendices

	Page
A. Response Rates	
Response Rates by VISN.....	22
Response Rates by Facility.....	23
B. Item-to-Scale Listing.....	24
C. Significance of Findings: Background Information....	31

Appendix A, Figure 1
Response Rates by VISN
National Quality Improvement Survey (NQIS) 2000
 Response Rate = (N Respondents/N Contacted) x 100
 Sample: All Respondents (Managers and General Staff Combined)



Appendix A, Table 1
VISN 19 Response Rates by Facility
National VA Quality Improvement Survey 2000

VISN	STA3N	Facility Name	General Staff				Managers				Total						
			Selected	Unable to Contact ¹	Contact-ed	Responded Count Pct ²	Selected	Unable to Contact ¹	Contact-ed	Responded Count Pct ²	Selected	Unable to Contact ¹	Contact-ed	Responded Count Pct ²			
19	442	CHEYENNE WY	80	3	77	41	53.2%	19	1	18	10	55.6%	99	4	95	51	53.7%
19	554	DENVER CO	0:00	20	102	57	55.9%	21	0	21	11	52.4%	143	20	123	68	55.3%
19	436	FORT HARRISON MT	82	0	82	38	46.3%	20	0	20	10	50.0%	102	0	102	48	47.1%
19	567	FORT LYON CO	82	5	77	41	53.2%	15	0	15	7	46.7%	97	5	92	48	52.2%
19	575	GRAND JUNCTION CO	78	4	74	55	74.3%	17	1	16	11	68.8%	95	5	90	66	73.3%
19	660	SALT LAKE CITY UT	122	14	108	49	45.4%	18	0	18	9	50.0%	140	14	126	58	46.0%
19	666	SHERIDAN WY	81	6	75	44	58.7%	15	6	9	6	66.7%	96	12	84	50	59.5%
19	ALL	VISN TOTAL	445	52	393	325	82.7%	125	8	117	64	54.7%	570	60	510	389	76.3%
ALL	ALL	VHA TOTAL	15086	1201	13885	7057	50.8%	2675	155	2520	1397	55.4%	17761	1356	16405	8454	51.5%

¹Survey returned as undeliverable

²Respondents as a percent of the number contacted

Appendix B
National VA Quality Improvement Survey 2000
Item-to-Scale Listing

The following table lists the component items for each of the summary scales derived from the NQIS instrument and analyzed for this report.

With the exception of background information questions, all items utilized a 5-point Likert response scale as follows:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree nor Disagree
- 4 = Agree
- 5 = Strongly Agree

Scale: QSS Scale Subscale: Management Role Sample: General staff	
1.	The director of my facility works hard to promote an image of "quality first" to the facility community.
2.	My immediate supervisor makes quality a priority.
3.	Senior managers take an active part in promoting quality throughout my facility.
4.	My supervisor actively promotes quality throughout our service.
5.	People in this facility feel that quality is everyone's responsibility.
6.	Goals and objectives related to improving the quality of work in this facility are clearly spelled out.
7.	When employees attempt to improve quality, senior management is supportive and provides resources (such as time, money, etc.).
8.	In this facility, managers from all levels get involved in promoting quality.
9.	Senior managers have a thorough understanding of how to improve the quality of services.
10.	Senior management encourages all employees to think of the "customer" first, even if the "customer" happens to be another employee from a different part of the facility.
11.	The managers in my service take advantage of every opportunity to promote quality awareness among our external suppliers and vendors.

Scale: QSS Scale Subscale: Information and Analysis Sample: General Staff	
1.	In my service, we routinely collect quality data related to most of our important work.
2.	Whenever I need information on a quality issue, I can count on getting the data promptly.
3.	In my service, we try to use data about quality to prevent problems, not just fix them once they have occurred.
4.	In my service, when we discover a defect or problem in work, we set aside time to study the problem in order to find its cause.
5.	The right kinds of training on problem-solving techniques for improving quality have been made available to my service.
6.	In my service, we continually try to improve the use of data and information on quality.
7.	In my service, when we take action to improve quality we always follow up to see how successful our ideas are.

Scale: QSS Scale Subscale: Planning for Quality Sample: General Staff	
1.	I have a clear understanding of my service's goals and objectives for improving quality.
2.	My facility's long-range goal is to be the "quality leader" in health care.
3.	In my facility, non-managerial employees are playing a key role in setting priorities for quality improvement.
4.	In my service, the specific behaviors and actions required to meet service quality objectives are clear to employees.
5.	In my facility, we believe it is important to compare the quality of our work to that of similar facilities.
6.	In my service, we use the data we collect on the quality of our work for planning purposes.
7.	In my service, when we undertake an effort to improve the quality of our work we first look at successful strategies both inside and outside our facility.

Scale: QSS Scale Subscale: Human Resources Utilization Sample: General Staff	
1.	My supervisor is usually responsive to feedback from employees.
2.	In my facility, we are encouraged to take necessary risks to improve the quality of services.
3.	Senior management believes that people are the key to good quality.
4.	In my service, we are encouraged to participate as members of quality improvement teams.
5.	Senior management gives serious consideration to employee suggestions for improving quality.
6.	Employees in my service have control over their quality of work.
7.	Employees in my service serve or have served on quality improvement teams with employees from other services and/or other facilities.
8.	In my service, we are given sufficient training on how to evaluate and improve quality.
9.	In my service, the service chief makes an effort to recognize the employee for his/her contribution when the employee suggests a way to improve quality.
10.	Senior management provides employees with feedback related to how well the facility is doing in accomplishing its quality objectives.

Scale: QSS Scale Subscale: Quality Assurance of Products & Services Sample: General Staff	
1.	The quality management staff effectively coordinate their efforts with other employees to improve the quality of services the facility provides.
2.	In my facility, we use information on patient preferences and desires as a basis for decisions about design of new programs and services.
3.	In my facility, we view quality as the joint responsibility of all services.
4.	In my facility, we have policies and guidelines designed to promote quality throughout the entire facility.
5.	In my facility, we view quality assurance as a continuing search for ways to improve.
6.	In my facility, we are always searching for better indicators of quality.
7.	In my service, we are encouraged to keep records of our quality measurements.

Scale: Performance Goals Sample: General Staff and Managers	
1.	My performance is evaluated against my progress toward accomplishing specific performance goals.
2.	My performance goals focus on my contribution to improving service quality.

Scale: Evaluation and Feedback Sample: General Staff and Managers, 1997 & 1998 Only	
1.	My performance is evaluated against my progress toward accomplishing specific performance goals.
2.	I have access to the information I need to assess my own progress toward accomplishing my performance goals.
3.	My supervisor provides me with timely feedback about my progress toward accomplishing my performance goals.
4.	My supervisor provides me with constructive feedback about my progress toward accomplishing my performance goals.
5.	In developing my performance appraisal, my supervisor obtains feedback about my work from the employees with whom I work.
6.	My supervisor understands when errors or defects are outside my individual control.

Scale: Reward and Recognition Sample: General Staff and Managers, 1997 & 1998 Only	
1.	Efforts to improve one's job skills are given recognition.
2.	Financial rewards are tied to individual and team contributions concerning improvements in service quality.
3.	Financial rewards for good work are distributed fairly among employees.
4.	Participation in teams is given recognition.

Scales: Risk Taking Culture, Group Culture, Hierarchical Culture, Rational Culture Sample: General Staff									
<p>This set of questions relates to your facility's culture. The following items contain four descriptions of health care facilities. Please distribute 100 points among the four descriptions depending on how similar each description is to your facility. None of the descriptions is any better than the others; they are just different.</p> <p><i>For example: In question 1, if Facility A seems very similar to mine, B seems somewhat similar, and C and D do not seem similar at all, I might give 70 points to A and the remaining 30 points to B.</i></p> <p>Facility Character (Please distribute 100 points)</p> <table style="margin-left: 40px;"> <tr><td>4.</td><td>70</td></tr> <tr><td>2.</td><td>30</td></tr> <tr><td>3.</td><td>0</td></tr> <tr><td>4.</td><td>0</td></tr> </table> <p>Each should total 100 points.</p>		4.	70	2.	30	3.	0	4.	0
4.	70								
2.	30								
3.	0								
4.	0								

1.	<p>Facility Character (Please distribute 100 points)</p> <p>A. _____ Facility A is a very personal place. It is a lot like an extended family. People seem to share a lot of themselves.</p> <p>B. _____ Facility B is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.</p> <p>C. _____ Facility C is a very formalized and structured place. Bureaucratic procedures generally govern what people do.</p> <p>D. _____ Facility D is very production oriented. A major concern is with getting the job done. People aren't very personally involved.</p> <p>Total = 100</p>
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2.	<p>Facility Managers (Please distribute 100 points)</p> <p>A. _____ Managers in Facility A are warm and caring. They seek to develop employees' full potential and act as their mentors or guides.</p> <p>B. _____ Managers in Facility B are risk-takers. They encourage employees to take risks and be innovative.</p> <p>C. _____ Managers in Facility C are rule-enforcers. They expect employees to follow established rules, policies, and procedures.</p> <p>D. _____ Managers in Facility D are coordinators and coaches. They help employees meet the facility's goals and objectives.</p> <p>Total = 100</p>
----	---

3.	<p>Facility Cohesion (Please distribute 100 points)</p> <p>A. _____ The glue that holds Facility A together is loyalty and tradition. Commitment to this facility runs high.</p> <p>B. _____ The glue that holds Facility B together is commitment to innovation and development. There is an emphasis on being first.</p> <p>C. _____ The glue that holds Facility C together is formal rules and policies. Maintaining a smooth running operation is important here.</p> <p>D. _____ The glue that holds Facility D together is the emphasis on tasks and goal accomplishment. A production orientation is commonly shared.</p> <p>Total = 100</p>
----	---

4.	<p>Facility Emphases (Please distribute 100 points)</p> <p>A. _____ Facility A emphasizes human resources. High cohesion and morale in the organization are important.</p> <p>B. _____ Facility B emphasizes growth and acquiring new resources. Readiness to meet new challenges is important.</p> <p>C. _____ Facility C emphasizes permanence and stability. Efficient, smooth operations are important.</p> <p>D. _____ Facility D emphasizes competitive actions and achievement. Measurable goals are important.</p> <p>Total = 100</p>
----	--

5.	<p>Facility Rewards (Please distribute 100 points)</p> <p>A. _____ Facility A distributes its rewards fairly equally among its members. It's important that everyone from top to bottom be treated as equally as possible.</p> <p>B. _____ Facility B distributes its rewards based on individual initiative. Those with innovative ideas and actions are most rewarded.</p> <p>C. _____ Facility C distributes rewards based on rank. The higher you are, the more you get.</p> <p>D. _____ Facility D distributes rewards based on the achievement of objectives. Individuals who provide leadership and contribute to attaining the facility's goals are rewarded.</p> <p>Total = 100</p>
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Scale: Leadership Sample: Managers Only	
1.	The top management team is personally involved in setting quality assurance/improvement goals, objectives and plans.
2.	The top management team personally participates in quality assurance/improvement activities.
3.	The facility director is the biggest promoter of quality assurance/improvement values.
4.	The top management team is not as involved as it might be in teaching quality assurance/improvement to others.
5.	The top management team regularly reviews quality assurance/improvement principles and methods.
6.	The top management team is not as educated as it might be in quality assurance/improvement principles and methods.
7.	The top management team does not do as good a job as it might in establishing quality standards for suppliers of products and services needed by the facility.
8.	The top management team has a good understanding of physician needs.
9.	The top management team has a good understanding of external community needs.
10.	The facility at large looks to the top management team as a role model for implementing quality assurance/improvement values.

Background Information	
The versions in which each background question appeared are indicated as follows:	
GS = General staff MGR = Managers ALL = Both general staff and managers	
1.	Which statement best describes your function at your facility? (Please select one.)
GS	<input type="checkbox"/> Section Chief <input type="checkbox"/> Other Type of Manager/Supervisor <input type="checkbox"/> Non-Managerial Employee
2.	Do you work in a service line (also known as a product line, care line, patient care center, etc.)?
GS	<input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes" to Question #2, please proceed to Question #3. If you answered "No" to Question #2, please proceed to Question #6.
3.	In which service line (product line, care line, patient care center, etc.) do you work?
GS	<input type="checkbox"/> Primary Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Extended Care <input type="checkbox"/> Other _____ (Please specify.)

4. MGR	Which statement best describes your function at your facility? (Please select one.) <input type="checkbox"/> Service Chief/ Department Head <input type="checkbox"/> Associate Chief of Staff (ACOS) <input type="checkbox"/> Service Line/ Care Line/ Product Line Manager <input type="checkbox"/> Other _____ (Please specify.)
5. MGR	If you checked the third box for question #4, is this full-time or collateral duty (i.e., do you serve dual functions)? (Please select one.) <input type="checkbox"/> Full-Time <input type="checkbox"/> Collateral <input type="checkbox"/> Not Applicable
6. ALL	Is your service area clinical or administrative? (Please select one.) <input type="checkbox"/> Clinical <input type="checkbox"/> Administrative
7. GS	If clinical, are you a: (Please select one.) <input type="checkbox"/> Physician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Other _____ (Please specify.)
8. ALL	How long have you worked at this facility? (Please select one.) <input type="checkbox"/> Less than one year <input type="checkbox"/> One to two years <input type="checkbox"/> Two to five years <input type="checkbox"/> Five to ten years <input type="checkbox"/> More than ten years

9. ALL	In what type of facility are you employed? (Please select one.) <input type="checkbox"/> Medical Center <input type="checkbox"/> Freestanding Outpatient Clinic/CBOC <input type="checkbox"/> Satellite Outpatient Clinic <input type="checkbox"/> Freestanding Domiciliary <input type="checkbox"/> Other _____ (Please specify.)
10. ALL	If you selected "Medical Center" in Question #9, do you spend the majority of your time in any of the following components? <input type="checkbox"/> Nursing Home <input type="checkbox"/> Domiciliary <input type="checkbox"/> Other _____ (Please specify.) <input type="checkbox"/> Did not select "Medical Center" in Question #9.
End of NQIS Question Listing	

Appendix C Significance of Findings: Background Information

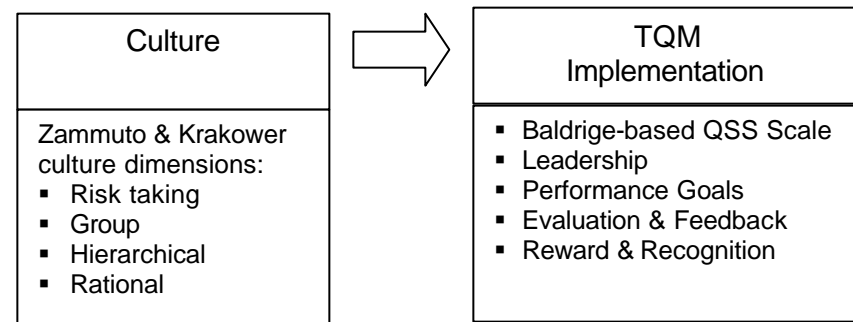
The importance of the VA National Quality Improvement Survey (NQIS) findings rests on the connections between culture, quality improvement, and performance. In a study of 61 hospitals involving data collected from over 7000 staff, Shortell, O'Brien and colleagues (1995) found a significant relationship between a participative, flexible, risk-taking culture and the implementation of continuous improvement/total quality management (CQI/TQM). CQI/TQM was, in turn, positively associated with better perceived patient outcomes and greater perceived human resource development.

In that same study, Shortell and colleagues also analyzed the relationship between quality improvement and clinical efficiency as objectively measured by length of stay and charge data for six high-cost/high-volume conditions: acute myocardial infarction, chronic obstructive pulmonary disease, congestive heart failure, pneumonia, stroke, and total hip replacement. They did not find a meaningful pattern of significant relationships between CQI/TQM implementation and these objective outcomes. However, Shortell did find that larger hospitals were less likely to have cultures that emphasized teamwork, empowerment, and risk-taking. Furthermore, when hospital size was *not* included in the prediction equation, CQI/TQM implementation was significantly associated with shorter LOS and lower charges in 11 of the 12 possible models (2 outcomes x 6 conditions). Taken together, Shortell interpreted this pattern of relationships between culture, CQI/TQM, bed size and outcomes to mean that larger hospitals experienced lower clinical efficiency (higher charges, longer LOS) in part because they tended toward more bureaucratic and hierarchical cultures that made the implementation of CQI/TQM more difficult.

An organizational culture that emphasized empowerment, autonomy and risk taking was also found to be associated with higher efficiency of utilization, lower nurse turnover, and better perceived outcomes within intensive care units (Shortell, Zimmerman et al., 1994), and with the staff satisfaction within VA long-term care facilities (Berlowitz, Young et al., under review).

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The NQIS incorporated the same measure of culture (Zammuto and Krakower, 1991) used by Shortell. Also following Shortell, the QSS component of the NQIS was based on the Baldrige Award dimensions of leadership, information and analysis, human resource utilization, quality management, and strategic quality planning. The leadership, performance goals, evaluation and feedback, and reward and recognition scales of the NQIS also measured the extent to which an ethic of customer service and a focus on process improvement have permeated the VHA value system. These relationships between key constructs and contents of the NQIS may be summarized as follows:



The studies discussed above suggest that TQM implementation, in turn, has an impact on delivery system performance and outcomes.

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