### 1 | DEFINE AND MONITOR

<table>
<thead>
<tr>
<th>Improvement Category &amp; Measurement Description</th>
<th>Baseline</th>
<th>Goal</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Online Learning: 60 minutes of learning (4, web-based case studies)</td>
<td>0</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>Completed 9/10/15</td>
</tr>
<tr>
<td>Quality In-Person Training: Two, 1.5 day workshops (SLC, UT)</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Will be complete 10/28/15</td>
</tr>
<tr>
<td>Quality Improvement process: 3 follow-up remote coaching sessions (web)</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-</td>
<td>1 complete (8/31/15)</td>
</tr>
<tr>
<td>Service Engage 10 teams (4/6 team) from 5 regional and 5 national health centers</td>
<td>0</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>Goal met 5/15/2015</td>
</tr>
<tr>
<td>Service Share 10 local value improvement projects</td>
<td>0</td>
<td>10</td>
<td>-</td>
<td>5 (regional)</td>
<td>-</td>
<td>5 (national)</td>
<td>In process</td>
</tr>
<tr>
<td>Cost Develop a low cost, sustainable business model for a sustainable program</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-</td>
<td>Goal met: Utah Revolution</td>
</tr>
</tbody>
</table>

### 2 | PROBLEM AND GOAL STATEMENTS (SMART Problems/SMART Goals)

- **Internal:** There are multiple training programs that do not address the institutional call to action of “get better faster.”
- **External:** Current training programs do not measurably improve healthcare value (quality, service, and cost).

- University of Utah was awarded funding from the Robert Wood Johnson Foundation to develop and pilot a value-based national training program.
- Engage 10 teams (5 regional 5 national) to learn and share value by December 31, 2015

### 3 | ANALYSIS AND INVESTIGATION

**FY13 Value Training Inventory (Baseline Analysis):**
- FY13 value training reached a total of 2,536 individuals (16% total workforce)
- Of these, 254 individuals completed rigorous project-based training, 20 of those projects resulted in nearly $3 million in savings for the organization
- Estimated cost to train these individuals using traditional methods was ~$4,000 per person
- At this rate, it would take 64-years and 64M dollars to train the organization.

**Evidence-Based Findings:**
- **Promising new research** suggesting modularization paired with mastery-based learning as best practice in achieving meaningful learning that is scalable and cost effective
- Research surrounding “transformative” and “self-directed” adult learning principles
- Participant/site selection was informed by previous collaborative QI CME work

### 4 | IMPROVEMENT DESIGN AND IMPLEMENTATION

**Implementation Start Date:** January 2015  
**Implementation Completion Date:** (anticipate December 2015)

Based on findings from baseline analysis and investigation, our improvement design is a competency-based blended learning platform that:
- incorporates online case-based modules (4)
- supported by in-person training that builds on the online training, and
- provide a method for sharing and applying those lessons (Value Summary)

Our philosophy is that by sharing the collective wisdom of many organizations, teams, and individuals, we will all improve faster.

All content developed for this available online at: [www.healthsciences.utah.edu/value-university](http://www.healthsciences.utah.edu/value-university)