

## Open School

### Video Activity: Why should patients have input in care design?

(<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/Activities/Balik-IncludingPatientsInDesign.aspx>)

*Barbara Balik, RN; IHI Senior Faculty, Common Fire Healthcare Consulting*

#### Facilitator Instructions

- Review the learning objectives and description with your group.
- Watch the [video](#) together (4 min 14 sec).
- As a group, discuss your reactions to the video, using the discussion questions as a guide.

#### Learning Objectives

At the end of this activity, you will be able to:

- List three types of relationships between patients and providers.
- Identify at least two consequences of leaving patients out of health care design.
- Discuss an example of program design involving patients and families.

#### Description

In an ideal world, patients and families have input into the design of health care. But in the real world, doesn't that take more time and work?

In this video, Barbara Balik, RN, IHI Senior Faculty and Principal of Common Fire Healthcare Consulting, explains why involving patients and families in health care design is better for both patients and health care systems. She offers a framework for thinking about the relationship between health care providers and patients, and gives examples of how designing health care without patients and families can lead to unnecessary costs and additional work.

#### Related IHI Open School Online Courses

- [PFC 101: Dignity and Respect](#)

## Key Topics

Engage patients and families in care, Person- and family-centered care, Quality improvement, Redesign processes and systems, Satisfaction: patient and family

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**Facilitator**, show [the video on this page](#). For your group's discussion after the video, feel free to adjust these questions and/or add your own.

## Discussion Questions

1. What ways do you see health care providers doing things “to” or “for” patients and families?
2. When have you seen providers doing things “with” patients? How was it different than doing things “to” or “for” patients?
3. What do you think it means to have programs professionally and organizationally centered instead of patient-centered? Can you give an example?
4. Why do you think it's so rare that health systems include patients and families in program design? What stands in the way?
5. Have you ever seen or been part of a health care design process that included patients and families? What kind of input did they give? How did it change the outcome?