5 REASONS PARTNERING WITH FAMILIES IN QUALITY IMPROVEMENT CHANGES THE GAME!

**EQUITY**

An improvement team cannot improve quality without input from the children and families that directly benefit from the services.

Moreover, recognizing the expertise and experience of each member of the team, including families, and valuing each member’s contributions equally will lead to meaningful and authentic teamwork.

Equity demands partnership with lived experience.

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**GOT MAP?**

Care Maps are a type of GEMBA walk to learn about what is and is not working in the system of care for a child. Families have or can make a map for any nook or cranny of a system of care.

Ask family partners to share their existing maps or to create one specific to an aspect of care, for exam-ple home health care, to learn about opportunities for quality improvement.

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**OUR LIFE IS A PDSA CYCLE!**

Families of CYSHCN run mini-quality improvement projects every single day as they function in a myriad of roles for their children.

Such as: primary caregiver, communicator-in-chief, care coordinator-in-chief, manager of staff, etc.. They are content experts in every aspect of their CYSHCN’s life.

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**FAMILIES ARE CULTURAL LIAISONS**

They know the culture of their family, those who provide care to their children, schools, and communities. They are the constant in their child’s life & charged with translating and liaising between all providers, professionals and systems.

Families are adept at shifting focus from medical models to social models of disability. They are experts at communication and relationships; ensuring family centered care is a verb, not a noun or adjective.

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**FAMILIES ARE MEASUREMENT AND DATA EXPERTS**

Collecting, recording, analyzing, and sharing data is a daily, hourly and minute-by-minute part of family-life and caring for a CYSHCN. Families recognize its importance on individual and systems levels.

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This project is supported by HRSA of the U.S. Department of Health and Human Services (HHS) under grant number UJ6MC32737, Health Care Delivery System Innovations for Children with Medical Complexity, $2,700,000 (annually). This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.