FAMILY HEALTH SYSTEM MAP

Stage 4 — Integrate the Information — Companion to the Family Health Coherence Method

Purpose: An analytical worksheet showing how the people, providers, services, decisions, information, and resources around a family actually connect — or fail to connect.

This is the text-based worksheet version of the System Map. A visual, diagram-based version is planned as a future capability once this content has been validated through real family use — not part of this build.

This resource is an educational and family-coordination tool. It is not a diagnosis, medical directive, emergency assessment, legal instrument, or substitute for a physician, attorney, licensed care provider, or lawful decision-maker.

Privacy: complete and share this document only through methods appropriate for the sensitivity of the information.

A. Center of the Map

Person at the center:

Current location or care setting: **Current central concern:**

Stated goals and quality-of-life priorities:

Top three priorities from the Family Risk Review:

B. Four Mapping Rings (Reference)

RING 1 — Family and decision authority
Person, spouse/partner, healthcare agent, adult children, primary caregiver, backup decision-maker.

RING 2 — Clinical and care team
Primary clinician, specialists, nurses, therapists, pharmacy, hospital, rehabilitation, hospice, home-care or other providers.

RING 3 — Household and daily operations
Paid caregivers, household manager, estate manager, scheduling, meals, transportation, supplies, equipment, home environment.

RING 4 — Advisors and external resources
Attorney, family office, wealth or benefits advisor, insurer, community supports, faith supports, emergency and public resources.

C. Node Record (complete for each key person or service)

One card per person or service across the four rings above. Use the Additional Nodes field if more than 6 apply.

Node #1

Name or organization:

Role in the system (which ring):

What they know:

What they need to know:

What they control or own:

What they depend on / who depends on them:

How they communicate:

Current reliability or capacity:

Boundary or limitation:

Node #2

Name or organization:
Role in the system (which ring):
What they know:
What they need to know:
What they control or own:
What they depend on / who depends on them:
How they communicate:
Current reliability or capacity:
Boundary or limitation:

Node #3

Name or organization:
Role in the system (which ring):
What they know:
What they need to know:
What they control or own:
What they depend on / who depends on them:
How they communicate:
Current reliability or capacity:
Boundary or limitation:

Node #4

Name or organization:
Role in the system (which ring):
What they know:
What they need to know:
What they control or own:
What they depend on / who depends on them:
How they communicate:
Current reliability or capacity:
Boundary or limitation:

Node #5

Name or organization:
Role in the system (which ring):
What they know:
What they need to know:
What they control or own:
What they depend on / who depends on them:
How they communicate:
Current reliability or capacity:
Boundary or limitation:

Node #6

Name or organization:

Role in the system (which ring):

What they know:

What they need to know:

What they control or own:

What they depend on / who depends on them:

How they communicate:

Current reliability or capacity:

Boundary or limitation:

Additional nodes (if more than 6 apply):

D. Connection Types (Reference, for the future visual)

Solid line: Regular active relationship or information flow

Dotted line: Occasional, informal, or weak connection

Single arrow: Information or responsibility generally moves one way

Double arrow: Active two-way coordination

Broken line: Expected connection is missing

Warning marker: Conflict, contradiction, repeated delay, privacy concern, or unclear authority

Dependency marker: One action cannot occur until another person, document, service, or decision is available

E. Information Flow

Who receives clinical updates first?

Who translates or relays information to the family?

Who may communicate with providers?

Where are instructions recorded?

What information repeatedly fails to reach the proper person?

Where do different versions of the plan exist?

What permissions or authorizations affect information flow?

F. Decision Flow

Who identifies that a decision is needed?

Who has lawful authority to decide?

Who must be consulted?

Who communicates the decision?

Who converts the decision into action?

Who confirms that the action occurred?

G. Resource and Service Flow

How are medications and supplies obtained?

How is staffing arranged and covered?

How are appointments, transportation, and schedules coordinated?

How are insurance, benefits, or financial approvals handled?

What happens if the usual person or vendor becomes unavailable?

H. Integration Gaps

Clinical instruction that is difficult to carry out at home:

Responsibility duplicated across people or entities:

Important task with no owner:

Family goal not reflected in the current plan:

Caregiver willingness exceeding caregiver capacity:

Information held by one person but needed by another:

Resource that exists but is inaccessible, unapproved, or unknown:

Plan that depends on one person, location, provider, or technology:

I. System Sustainability Test

Can the current plan continue for the next 30 days?

What happens if the primary caregiver is unavailable for 24 hours?

What happens after a hospitalization or new diagnosis?

What happens if a provider, agency, or household employee changes?

Which part of the plan is most fragile?

What must be redesigned rather than merely monitored?

J. Integration Summary

Connections that are strong:

Connections that must be strengthened:

Connections that must remain separate:

Contradictions requiring professional clarification:

Dependencies that shape the order of action:

Top gaps to address in the Health Strategy:

K. Transfer to the Family Health Governance Charter

First point of accountability:

Documented decision authority:

Key document locations:

Communication protocol:

Crisis-response ownership:

Caregiver backup and continuity:

Home safety and staffing risks:

Review and update cadence:

Method Handoff

Stage 4 output: a whole-system interpretation of the family's situation. The Strategy Session uses this map to build the individualized Stage 5 written strategy: priorities, decisions, owners, dependencies, contingencies, timing, and review points.

Charter alignment: the Map shows the current living system, including weak or missing connections. The Charter records the family's agreed governance structure. Stable decisions identified here should be transferred into the corresponding Charter sections rather than duplicated in conflicting language.