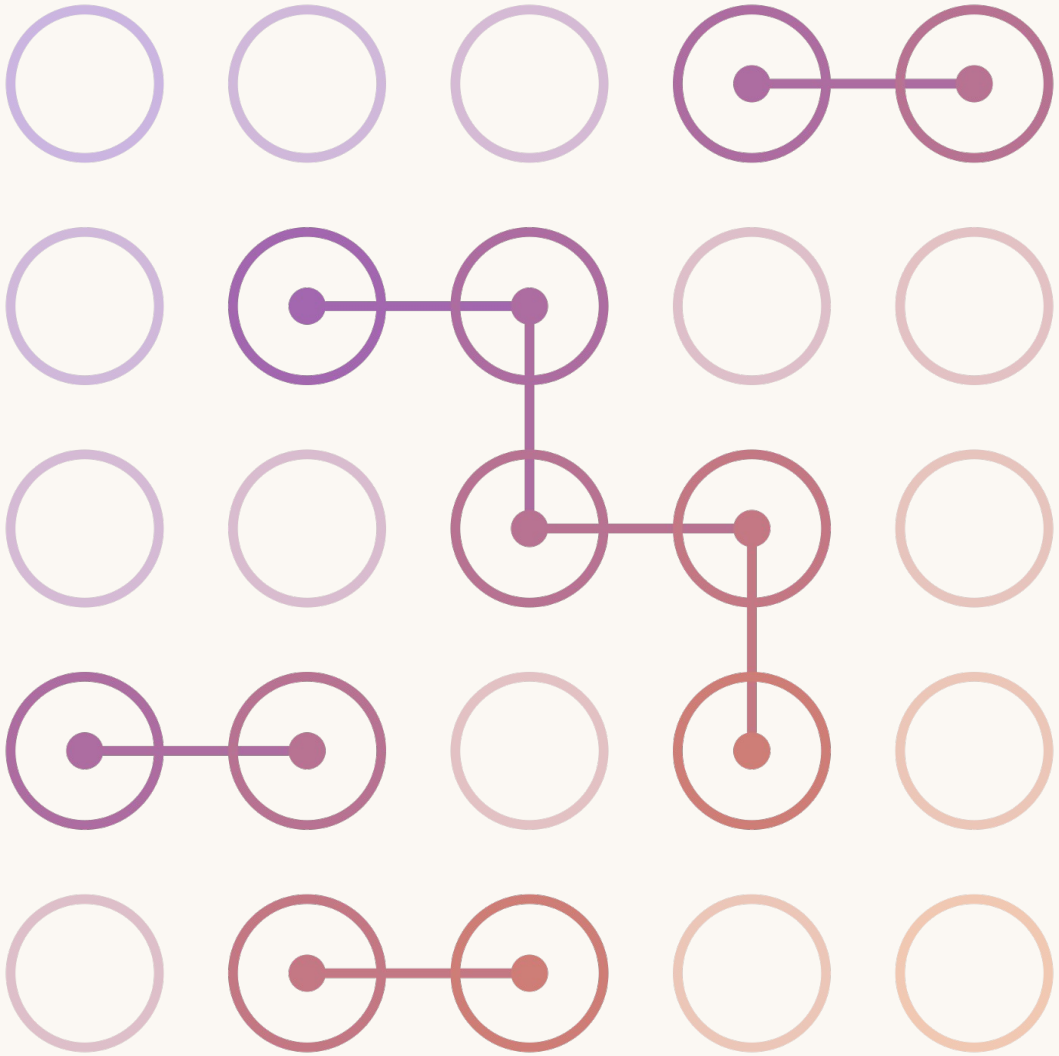
CONNECTED CARE · DECISION TOOLKIT

The Technology Filter

Care is a relationship. Everything else is infrastructure.



Dr Fatih Mehmet Gul · connected.care/tools

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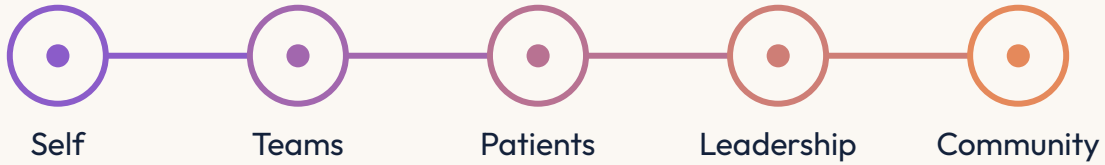
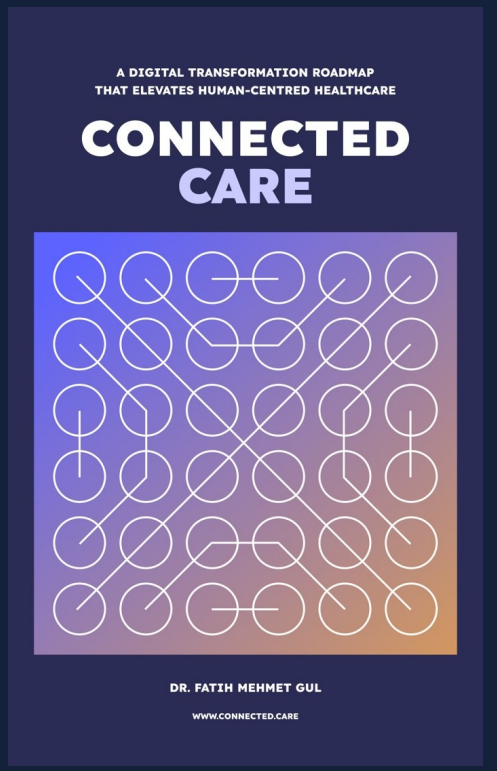
Care is a relationship. Everything else is infrastructure.

Connected Care is a method for putting human relationships at the centre of every technology decision in healthcare. It asks one question of every system, screen and machine: which relationship is this for?

It began in 2015 with Dr Fatih Mehmet Gul, a physician and hospital leader who has built and run hospitals across Europe, the United Kingdom and the Middle East. This toolkit is one of seven practical tools built on the method.

THE FIVE CONNECTIONS





THE BOOK

Connected Care

A Digital Transformation Roadmap that Elevates Human-Centred Healthcare

Dr Fatih Mehmet Gul

Published 2026 · Paperback, hardback and Kindle

The framework behind this toolkit, in eleven chapters.

connected.care/the-book

Buy on Amazon

HOW IT WORKS

From a vendor's promise to a shared verdict

STEP 1 · 10 MIN

Frame

Name the technology and the problem it solves, in a patient's or caregiver's words.

STEP 2 · 20 MIN

Score

Each member scores the eight questions alone, before any discussion.

STEP 3 · 15 MIN

Test the rules

Walk the design against the five rules, moment by moment.

STEP 4 · 10 MIN

Decide

Add up, check the rules and place the decision in a band.

STEP 5 · 5 MIN

Act

Give every weak answer an owner and a fix in the business case.

Who should be in the room

The people who will buy it and the people who will live with it: a doctor, a nurse, the front desk or contact centre, IT, finance and a patient partner.

Ground rules

A filter, not a procurement checklist. Score what will be true on day one, not what the brochure promises. Discuss disagreement before you average it.

Does it serve the relationship, or replace it?

Question	Ask	A 5 looks like	Score 1 to 5
01 Strategic fit	Does it solve a real problem for caregivers or patients?	A problem patients or staff named	○ ○ ○ ○ ○
02 Empathy by design	Does it enhance face-to-face time, rather than interrupt it?	Frees the clinician to look at the patient	○ ○ ○ ○ ○
03 Data responsibility	Can patients see and understand their own data?	Plain-language access to their own data	○ ○ ○ ○ ○
04 Workflow	Does it remove friction, rather than add it?	Fewer clicks, steps and handoffs	○ ○ ○ ○ ○
05 Interoperability	Does it work with what we already have?	Shares data from day one	○ ○ ○ ○ ○
06 Measurable value	Will we track trust and staff wellbeing, not only cost and throughput?	Trust and wellbeing are on the scorecard	○ ○ ○ ○ ○
07 Change readiness	Is there a plan to prepare staff and patients?	Training funded before go-live	○ ○ ○ ○ ○
08 Augmentation	Does it give caregivers more time with patients, not less?	Measurably more time with patients	○ ○ ○ ○ ○

Five rules for a people business

Rule	What breaking it looks like	Met?
R1 A person within sight of every machine and every screen	A wall of kiosks, no staff in sight	☐ Yes ☐ Partly ☐ No
R2 Where emotion is high, the software is a choice, never the only door	A bot as the only way to cancel treatment	☐ Yes ☐ Partly ☐ No
R3 No software stands as a gate before care	Pay at a machine before the consultation	☐ Yes ☐ Partly ☐ No
R4 Information travels, so the patient does not have to repeat it	The same history asked at every desk	☐ Yes ☐ Partly ☐ No
R5 Time saved by technology is reinvested in people, by decision	Scribe time saved turned into more slots	☐ Yes ☐ Partly ☐ No

Rules 2 and 3 are critical. A "No" on either flags the decision for review whatever the score in Part A.

DECIDE

A high score never outweighs a broken critical rule

PART A SCORE

_____ / 40

Sum of the eight questions

RULES MET

_____ / 5

Full “Yes” answers only

CRITICAL RULE BROKEN?

_____ Y / N

Rule 2 or 3 answered “No”

BAND

_____

From the table below

Part A score	Band	What it means
32 to 40	Proceed	The technology serves the relationship. Keep the weakest question on the agenda through go-live.
24 to 31	Proceed with conditions	Worth doing, but only once the low-scoring questions have an owner and a fix written into the business case.
8 to 23	Rethink	As planned, this technology is more likely to replace a relationship than to serve it. Revisit the problem, the design or the choice.
Any score	Review	Rule 2 or 3 is broken. Make the software a choice and never a gate, then filter again.

ACT

Every weak answer needs an owner before signing

Question or rule	Action	Owner	First step this week	Measure	Check-in

BEFORE GO-LIVE

- A person within sight of every screen
- Staff and patients trained first

WRITE IT INTO THE CASE

- Attach to the Human-Touch Business Case
- Name where saved time goes

REMEMBER

- Technology is the enabler. Humanity is the goal.
- Re-run the filter 90 days after go-live.

Five connections, from the inside out

01

Connected Self

Equip the caregiver first. Caregivers confident with their tools give their attention to the patient, not the screen.

02

Connected Teams

One team starts with a relationship. Everyone knows who is who, and can reach them fast.

03

Connected Patients

Heard before, known during, accompanied after: from home, back to home.

04

Connected Leadership

The open door, at scale. Data sends leaders to the corridor, not away from it.

05

Connected Community

A 50-year neighbour, present on the community's good days and bad days.

Technology runs across three layers and 37 touchpoints: patient-facing, caregiver-facing and the hospital foundation. Every touchpoint should serve at least one connection.

The four Rights: a method, not a product

Right Technology

Does it serve the relationship, or replace it? Eight questions and five design rules before anything is bought.

Right Ethics

Is it fair and dignified, built for our population, language and culture, with another door for those who can't use it?

Right People

Are the staff and patients who use it trained and confident, with clinical champions who own the change?

Right Measures

Do we measure human outcomes beside technical ones, and decide to scale, fix or drop?

Plan, test, measure and improve: the same cycle every quality team already knows, with the human relationship as the outcome.

Seven free tools, one book, one conversation

Tool	Use it online, save results, get the toolkit
Human Touch Assessment	connected.care/human-touch-assessment
Technology Filter	connected.care/technology-filter
Journey Walk	connected.care/journey-walk
Hospital Technology Map	connected.care/technology-map
Human-Touch Business Case	connected.care/human-touch-business-case
Reachability Test	connected.care/reachability-test
Caregiver Digital Readiness Check	connected.care/caregiver-digital-readiness

THE AUTHOR

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Physician and healthcare leader with more than 25 years in hospital leadership across Europe, the United Kingdom and the Middle East. Author of the book Connected Care (2026), host of The Chief Healthcare Officer podcast, and Honorary Professor at UCL Global Business School for Health.

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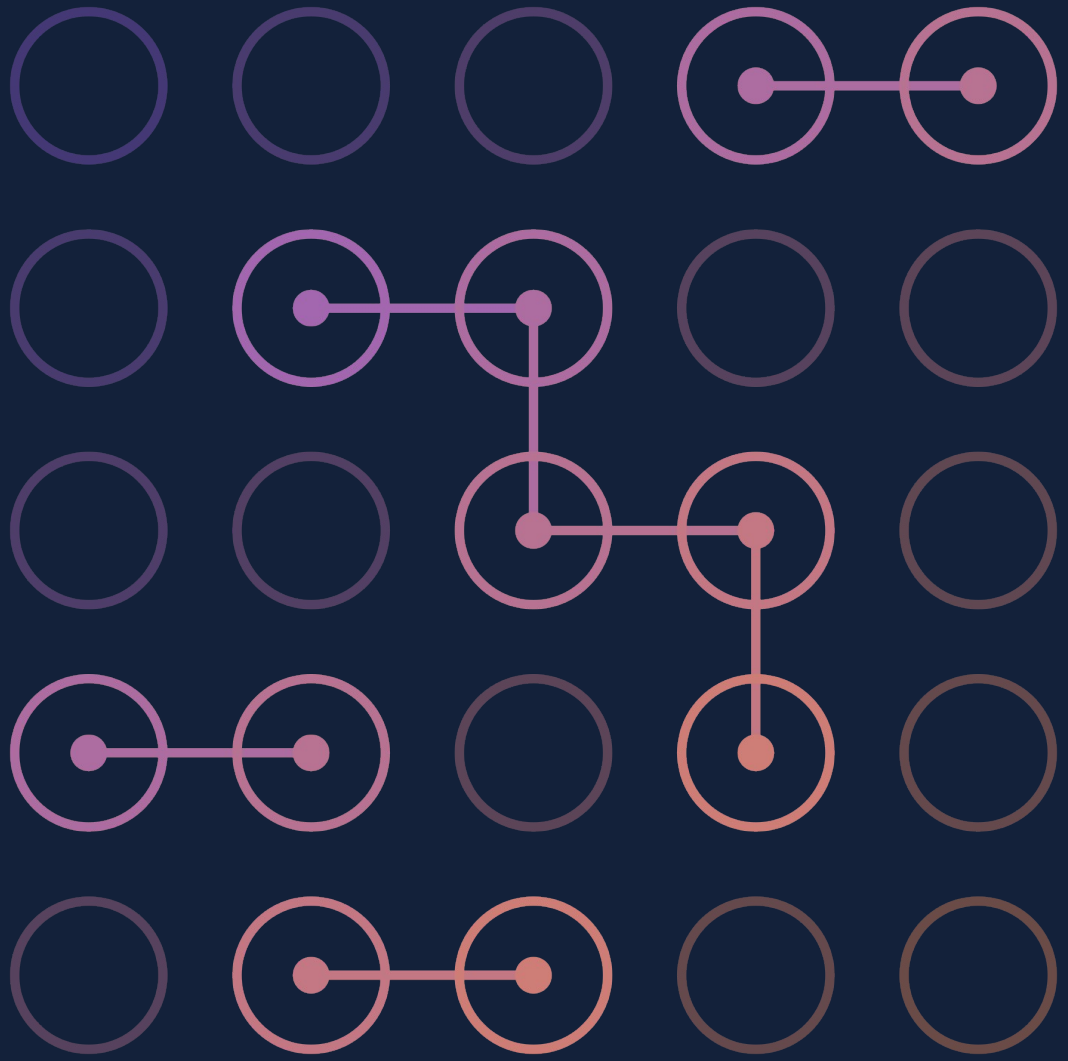

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