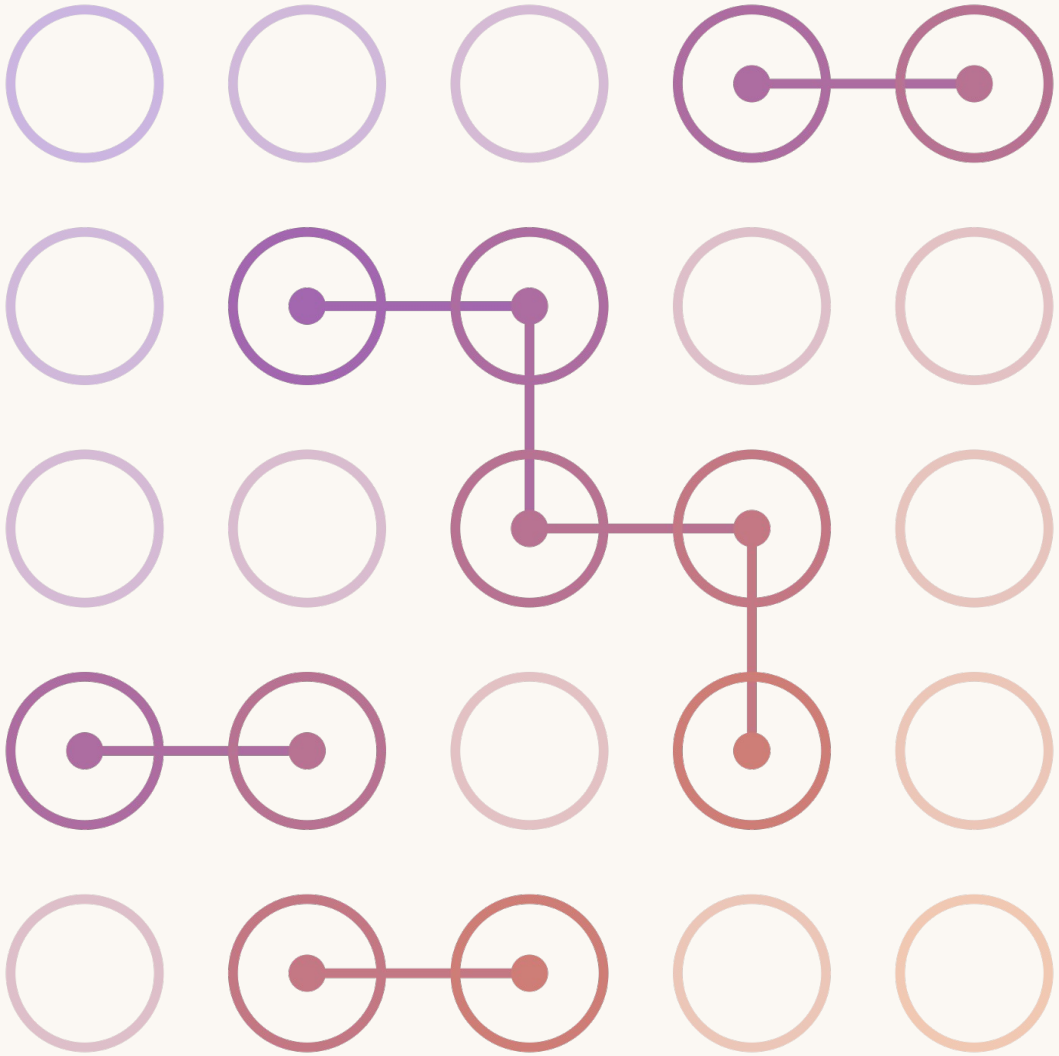
CONNECTED CARE · FIELD TOOLKIT

The Journey Walk

Care is a relationship. Everything else is infrastructure.



Dr Fatih Mehmet Gul · connected.care/tools

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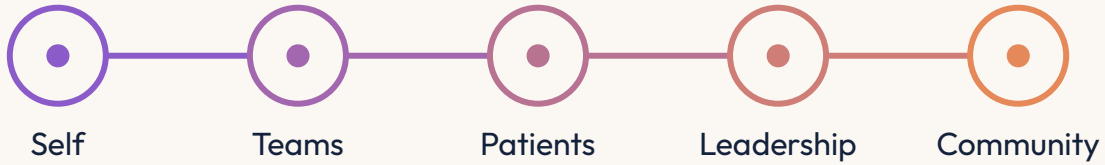
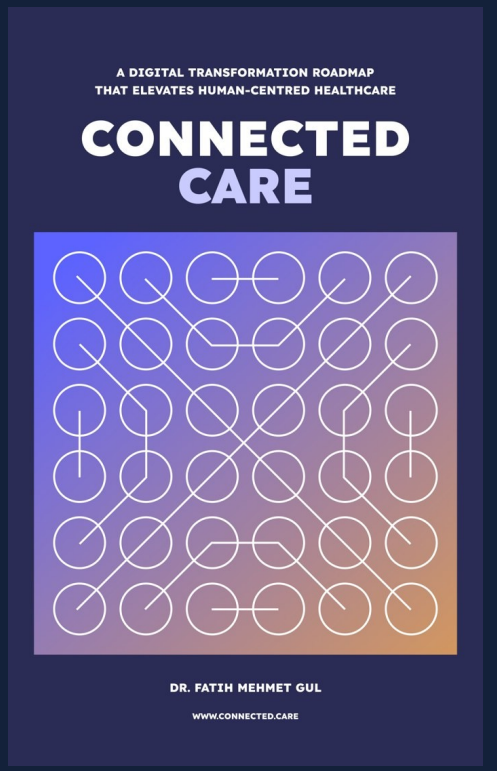
Care is a relationship. Everything else is infrastructure.

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

Walk one service from home back to home

STEP 1 · 15 MIN

Choose

One service and one patient type, such as a first cardiology visit.

STEP 2 · 15 MIN

Assemble

Three to six walkers, including front-line staff and a patient partner.

STEP 3 · 2 HOURS

Walk

Use the phone, website and app as a patient would. No shortcuts.

STEP 4 · 45 MIN

Score

Score each touchpoint with the staff who work there, not about them.

STEP 5 · 30 MIN

Fix

Fix the three lowest touchpoints before buying anything new.

What to bring

Printed sheets, a phone with the hospital's app, a stopwatch, and the patient's view: no badges and no staff corridors.

Ground rules

Score what patients experience today, not what the policy says. Most cold moments trace back to a design decision, not a person.

Ask the same six questions at every stop

Question	Ask	1 · Cold	5 · Human by design
Welcome	Is the person greeted by a human, by name?	Called by a ticket number	Greeted by a person, by name
Explain	Do they know what is happening and what comes next?	Nobody explains what happens next	Every step and wait explained
Reach	Can they reach a person in one step when they need one?	Menus, bots and dead ends	A human always one step away
Dignity	Are privacy, comfort and family designed in?	Bad news in a corridor	Privacy and family designed in
Staff	Does the design put our people face to face with patients, not behind screens and queues?	Staff behind glass and screens	Staff face to face, with time
Continuity	Does their story travel with them, or do they repeat it?	The story repeated at every desk	The story arrives before the patient

SCORING SHEET

Score every touchpoint out of 30

Touchpoint	Welcome	Explain	Reach	Dignity	Staff	Continuity	Total
Finding care and the contact centre							
Booking							
Before the visit							
Arrival							
Waiting							
Consultation							
Diagnostics							
Results and discharge							
At home							
Other: _____							

READ THE HEAT MAP

Cold touchpoints show where design forgot the person

Total / 30	Reading	What to do
25 to 30	Human by design	Protect it, and use it as the model for other touchpoints.
19 to 24	Mostly human	Strong, with gaps. Fix the lowest question here.
13 to 18	Human when asked	People have to work to feel cared for. Redesign this touchpoint.
6 to 12	Cold	Fix this before buying anything new.

Read down the columns

A column cold across most touchpoints points to a system decision, such as a contact centre with no call-back.

Read across the rows

A row cold across most questions is a touchpoint designed for the organisation. It needs a redesign, not training.

FIX

Fix the three lowest before buying anything new

Touchpoint and weakest question	Action	Owner	First step this week	Measure	Check-in

QUESTIONS THAT OPEN THE WORK

- Which cold moments did we design, and which did we inherit?
- Who would own this touchpoint if it had an owner?

REPEAT

- Walk the same journey every quarter
- Show the heat map next to revenue and occupancy

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

Dr Fatih Mehmet Gul

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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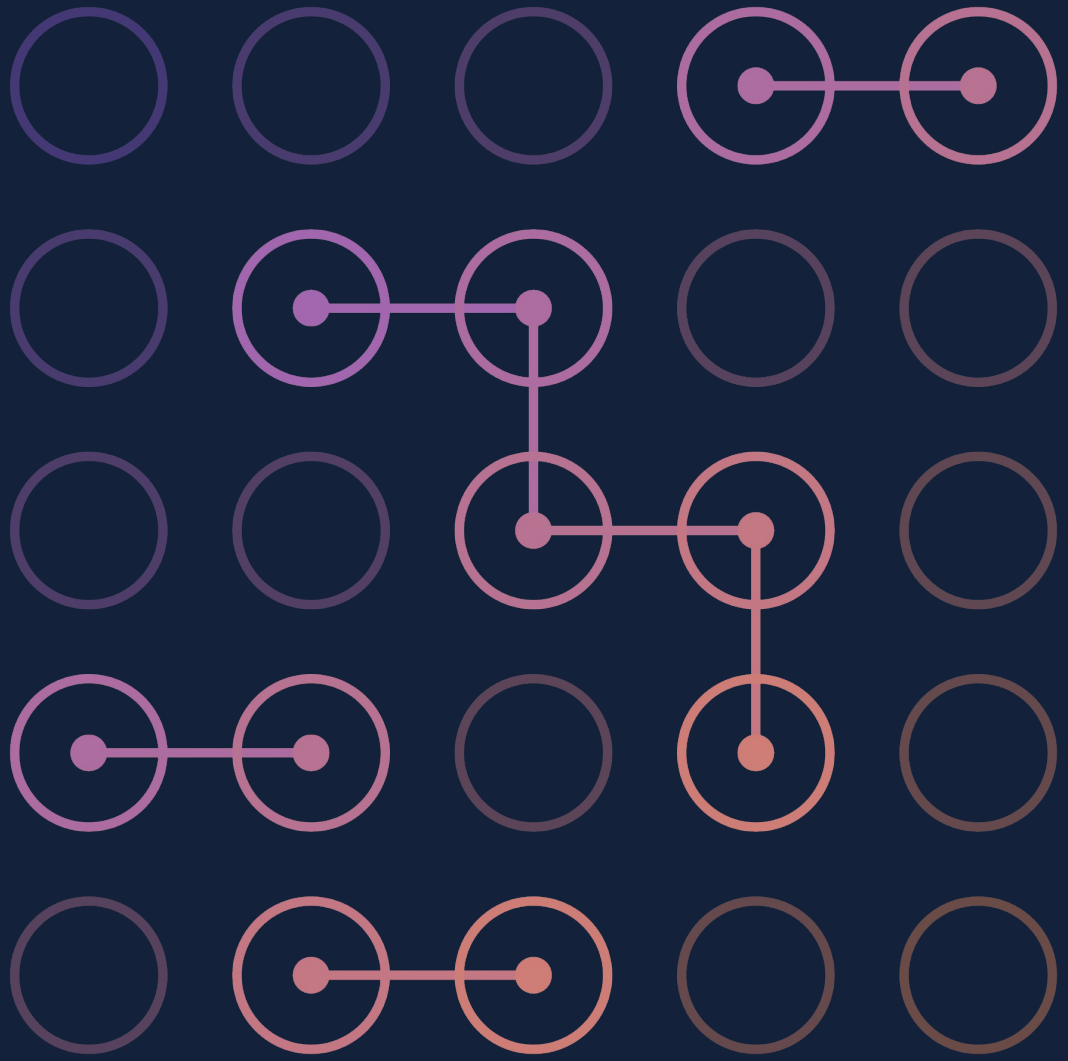

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