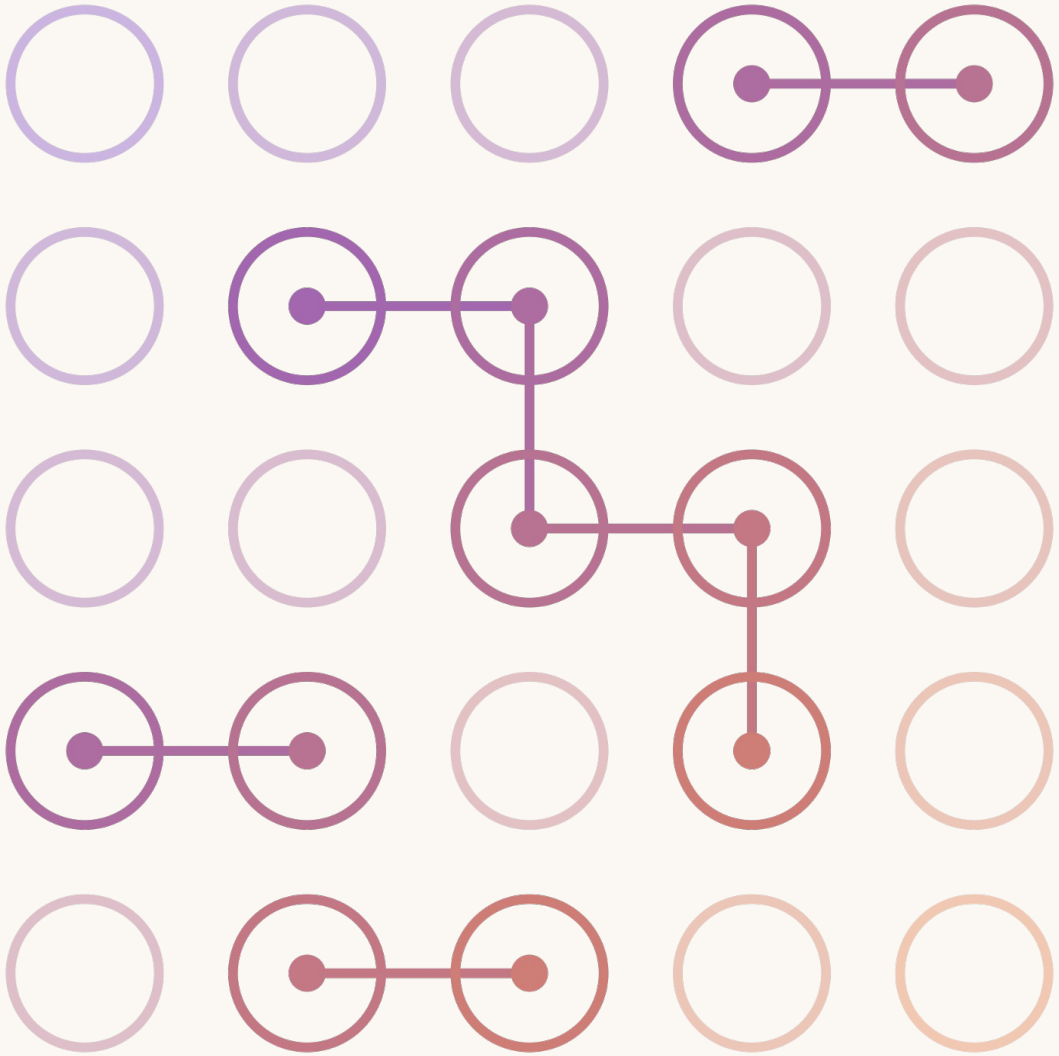
CONNECTED CARE · INVESTMENT TOOLKIT

Human-Touch Business Case

Care is a relationship. Everything else is infrastructure.



Dr Fatih Mehmet Gul · connected.care/tools

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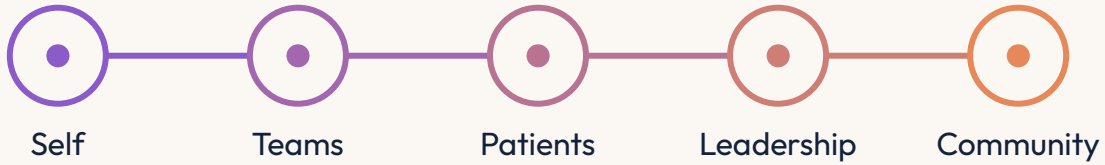
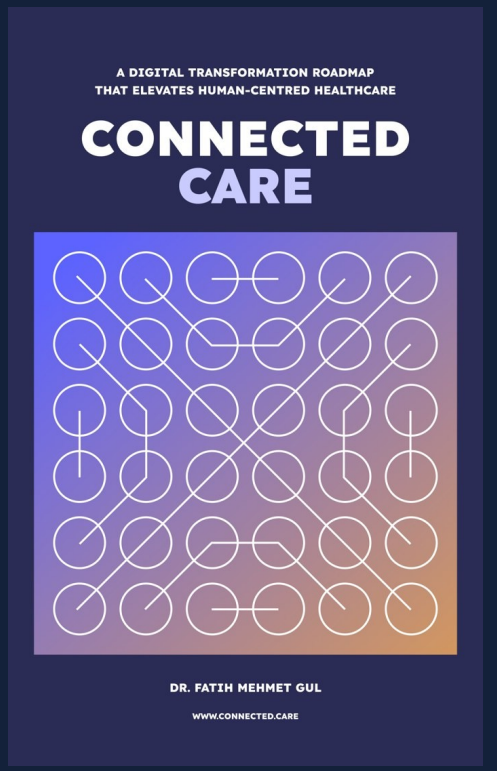
Care is a relationship. Everything else is infrastructure.

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

One page beside every financial case

STEP 1

Draft

Complete the six sections alongside the financial case, not after it.

STEP 2

Consult

Show it to the nurses, front-line staff and patients it affects. Record who.

STEP 3

Score

Add today's Human Touch Assessment and Journey Walk scores, and the target.

STEP 4

Decide

The committee reviews both pages together, with the checklist.

Each section tests one Right

Relationships and protection test Technology; built for whom tests Ethics; who shaped it tests People; scores and saved time test Measures.

Keep it to one page

Name moments, roles and numbers, not intentions. A blank section is a finding, not a failure.

COMPLETE IT

A strong answer names moments, roles and numbers

Section	Right	Question	A strong answer
Relationships affected	Technology	Which of the five connections does this investment change, and which human moments?	“The first call and the discharge call.”
What we will protect	Technology	Which moments must stay human, named one by one?	“Bad-news calls stay with a named nurse.”
Built for whom	Ethics	Is it built for our population, language and culture? Who might it leave behind?	“Arabic and English; a staffed desk for those who prefer it.”
Who shaped it	People	Which nurses, front-line staff and patients were consulted? What is the training plan?	“Two ward nurses, the contact-centre lead, three patients.”
Score today and expected	Measures	What are the Human Touch Assessment and Journey Walk scores today, and what do we expect after?	“Journey Walk 16 today, 22 at 90 days.”
Where saved time goes	Measures	Where does the time this saves go?	“40 minutes a day per nurse back to the bedside.”

THE TEMPLATE

The one-page Human-Touch Business Case

Investment: _____ Type: _____ Owner: _____ Date: _____

1 Relationships affected

RIGHT TECHNOLOGY

Which of the five connections does this investment change, and which human moments?

2 What we will protect

RIGHT TECHNOLOGY

Which moments must stay human, named one by one?

3 Built for whom

RIGHT ETHICS

Is it built for our population, language and culture? Who might it leave behind?

4 Who shaped it

RIGHT PEOPLE

Which nurses, front-line staff and patients were consulted? What is the training plan?

5 Score today and expected

RIGHT MEASURES

What are the Human Touch Assessment and Journey Walk scores today, and what do we expect after?

6 Where saved time goes

RIGHT MEASURES

Where does the time this saves go?

REVIEW

A weak human page means a weak case

Section	Check	Answer
Relationships affected	Are the connections and moments named, not implied?	☐ Yes ☐ Partly ☐ No
What we will protect	Is a person kept at every high-emotion moment?	☐ Yes ☐ Partly ☐ No
Built for whom	Is there another door for those who can't use it?	☐ Yes ☐ Partly ☐ No
Who shaped it	Were front-line staff and patients consulted, by role?	☐ Yes ☐ Partly ☐ No
Score today and expected	Is there a baseline, a target and a date to re-score?	☐ Yes ☐ Partly ☐ No
Where saved time goes	Is reinvesting saved time a decision, with an owner?	☐ Yes ☐ Partly ☐ No

Red flags: no front-line staff consulted, no other door, saved time already counted as a cost cut, no date to re-score.

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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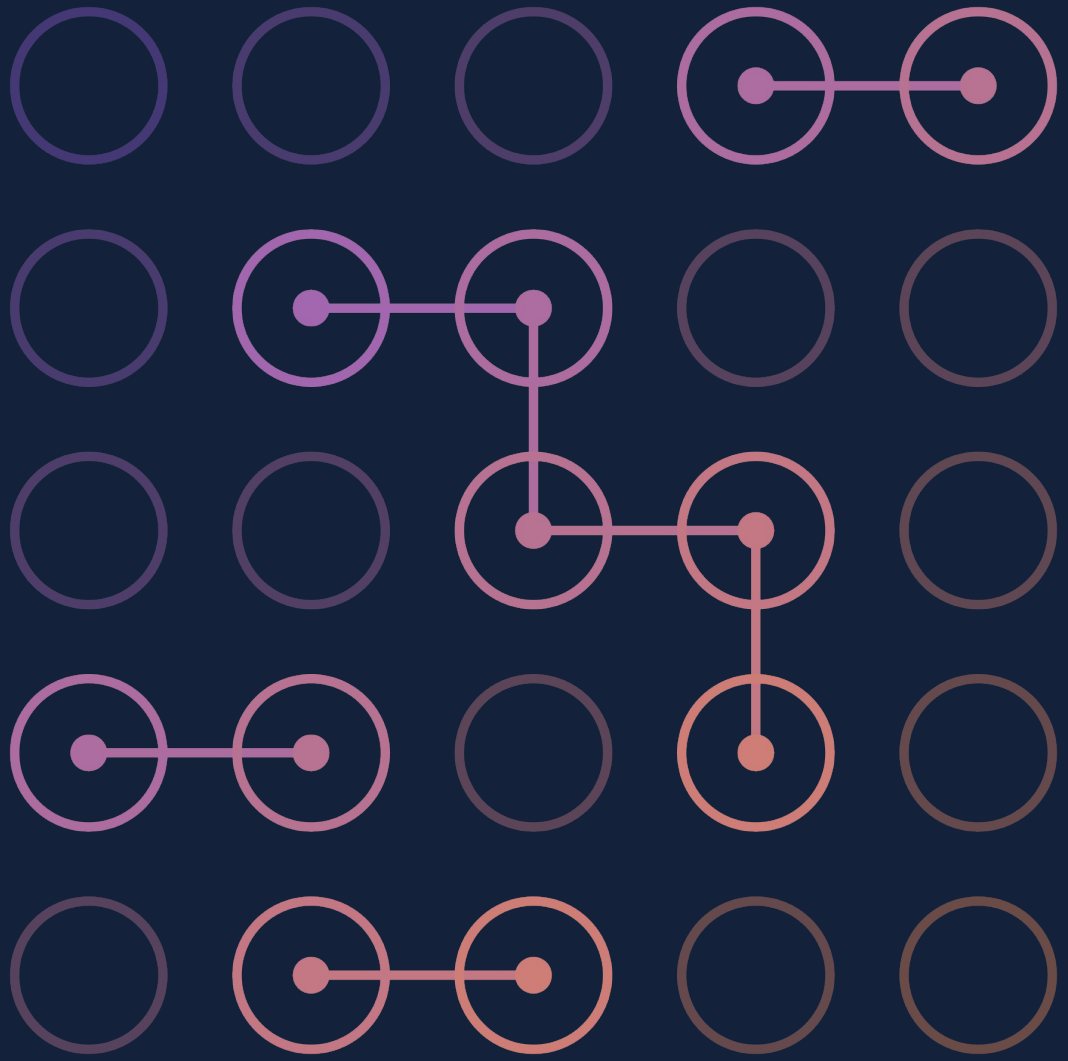

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