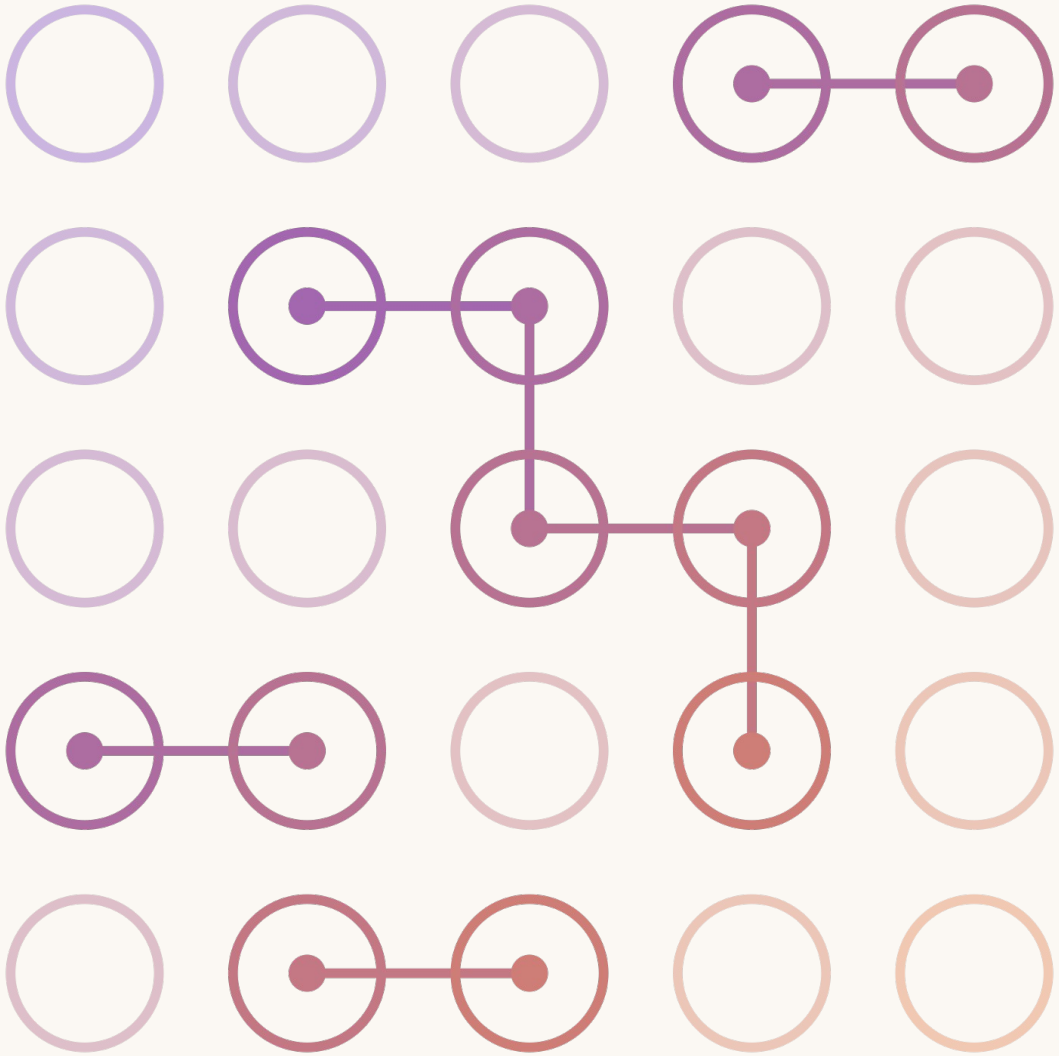
CONNECTED CARE · FACILITATOR TOOLKIT

The Human Touch Assessment

Care is a relationship. Everything else is infrastructure.



Dr Fatih Mehmet Gul · connected.care/tools

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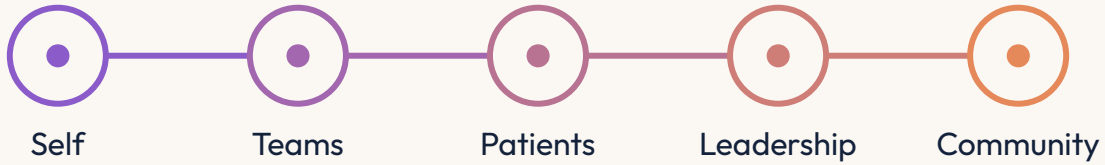
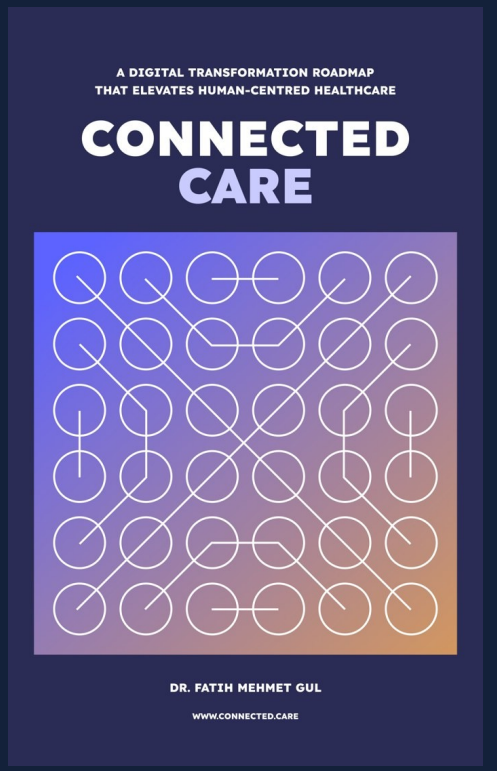
Care is a relationship. Everything else is infrastructure.

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

THE SESSION AT A GLANCE

From a shared definition to a 90-day plan

STEP 1 · 10 MIN

Frame

Agree why human touch is a leadership issue, and how the five relationships work from the inside out.

STEP 2 · 20 MIN

Diagnose

Each participant scores the twenty statements on their own, in silence.

STEP 3 · 25 MIN

Calibrate

Plot everyone's scores. Discuss where you disagree most, and why.

STEP 4 · 20 MIN

Prioritise

Place each relationship on the maturity grid and the priority matrix.

STEP 5 · 15 MIN

Commit

Agree up to three actions, each with an owner, a first step and a measure.

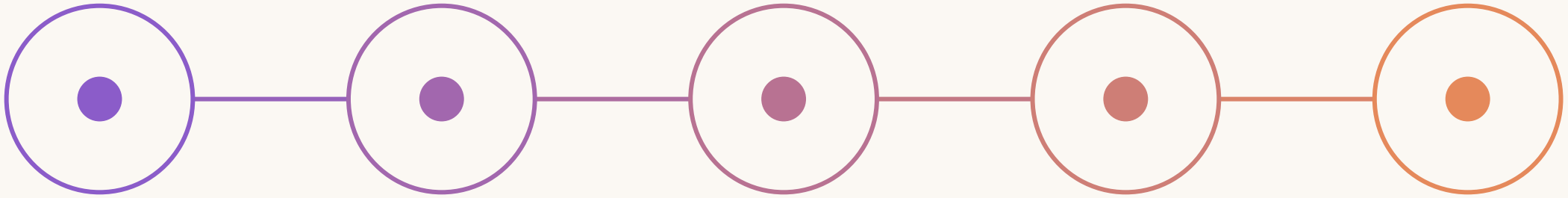
Before the session

Invite 6 to 12 people who see care from different angles: a nurse, a doctor, an operations manager, a patient-experience lead, a digital lead and an executive.

Ground rules

A mirror, not an audit. Score what is true today. Disagreement is data: do not average it away. Keep technology purchases out until the last step.

Connected Care works from the inside out



01

You and yourself

Caregivers who are exhausted cannot hold anyone else. Technology must first give time back.

02

You and your team

Hospitals grow to thousands of people. Without deliberate connection, handovers fail and patients pay.

03

You and your patient

Patients need to reach a person, understand their care and stay connected after they leave.

04

Leaders and their people

Values are caught, not taught. Culture follows what leaders do, not what they announce.

05

The hospital and its community

A hospital is a lifetime service provider for its community, long after discharge.

If an inner relationship is weak, investment in an outer one rarely sticks.

Score what is true today, not what the policy says

#	Relationship	Statement	1 to 5
01	You and yourself	Our clinicians spend more of their shift with patients than with screens and paperwork.	○ ○ ○ ○ ○
02		We measure burnout, after-hours documentation and staff wellbeing, and act on what we find.	○ ○ ○ ○ ○
03		Every new technology is judged first on whether it gives caregivers time back.	○ ○ ○ ○ ○
04		Staff have real, protected time and support to recover after a hard shift.	○ ○ ○ ○ ○
05	You and your team	Colleagues across departments know each other, and refer to each other before looking outside.	○ ○ ○ ○ ○
06		Handovers are structured and supported by shared tools everyone can use.	○ ○ ○ ○ ○
07		Staff have channels to share ideas and updates, not only to report incidents.	○ ○ ○ ○ ○
08		Every new joiner has a designed onboarding journey and a real welcome in week one.	○ ○ ○ ○ ○

Score what is true today, not what the policy says

#	Relationship	Statement	1 to 5
09	You and your patient	We have mapped the full patient journey from home to home, including how it feels.	○ ○ ○ ○ ○
10		Patients can easily reach a person before and after their visit, not just a menu or a chatbot.	○ ○ ○ ○ ○
11		Instructions and follow-up reach patients on the channels they already use.	○ ○ ○ ○ ○
12		Patient feedback is gathered in real time and acted on, not just reported each quarter.	○ ○ ○ ○ ○
13	Leaders and their people	Leadership treats connection and engagement as a strategic priority, not only an HR metric.	○ ○ ○ ○ ○
14		Leaders are visible on the floor and listen without an agenda.	○ ○ ○ ○ ○
15		Digital change comes with education and feedback loops, not only top-down instructions.	○ ○ ○ ○ ○
16		Clinicians and patient-experience leaders have a seat at the table for technology and AI decisions.	○ ○ ○ ○ ○

Score what is true today, not what the policy says

#	Relationship	Statement	1 to 5
17	The hospital and its community	We stay in touch with patients after discharge, not only through paperwork.	○ ○ ○ ○ ○
18		We speak with our community through digital channels outside illness and emergencies too.	○ ○ ○ ○ ○
19		We understand the languages, cultures and needs of the communities we serve.	○ ○ ○ ○ ○
20		Families are kept informed, especially in long-term care.	○ ○ ○ ○ ○

YOUR TOTALS

Each relationship scores from 4 to 20

YOU AND YOURSELF
/ 20
Statements 01 to 04

YOU AND YOUR TEAM
/ 20
Statements 05 to 08

YOU AND YOUR PATIENT
/ 20
Statements 09 to 12

LEADERS AND THEIR PEOPLE
/ 20
Statements 13 to 16

THE HOSPITAL AND ITS TY
/ 20
Statements 17 to 20

Score	Stage	What it means
4 to 9	At risk	This relationship is being worn down. Start here before adding new technology.
10 to 14	Developing	Some foundations exist. Make them consistent and measure them.
15 to 17	Connected	Strong. Protect it as you change other things.
18 to 20	Leading	A strength to share across the organisation.

MATURITY GRID

Strong in one ring, weak in another

Relationship	At risk · 4 to 9	Developing · 10 to 14	Connected · 15 to 17	Leading · 18 to 20
You and yourself	Clinicians spend more time on screens than with patients. Burnout is not measured.	Wellbeing is measured, but rarely changes how work or technology is designed.	Technology is chosen to give time back. Protected recovery time is normal.	Caregiver time and wellbeing are board-level measures. Staff co-design every tool.
You and your team	Departments work in silos. Colleagues on the same floor do not know each other.	Handover tools exist but are used unevenly. Onboarding is mostly administrative.	Shared tools and channels connect teams. New joiners are welcomed by design.	Teams refer, learn and improve across boundaries as a matter of habit.
You and your patient	Patients meet menus and dead ends. Feedback is collected but not acted on.	Parts of the journey are digital, but the human handoffs are inconsistent.	The journey is mapped home to home. Patients can always reach a person.	Patients help design services. Feedback drives change within weeks.
Leaders and their people	Transformation is delegated to IT. Leaders are rarely seen on the floor.	Leaders sponsor change, but listening is occasional and top-down.	Leaders are visible, listen at scale and involve clinicians in decisions.	Connection is a strategic priority with its own measures, owned by the executive.
The hospital and its community	Care ends at the discharge desk. Contact with the community is reactive.	Some follow-up and outreach exists, mostly as campaigns.	Patients are followed after discharge. Families are kept informed.	The hospital is a trusted, lifelong presence, designed around its communities.

CALIBRATE

The most useful finding is often where people disagree

Relationship	Nurse	Doctor	Operations	Patient exp.	Digital	Executive	Other	Average	Spread
You and yourself									
You and your team									
You and your patient									
Leaders and their people									
The hospital and its community									

Spread of 5 or more

Ask each end of the range to describe a real moment that explains their score.

The most common gap

Executives scoring higher than front-line staff on the same relationship. Name it kindly, and explore it.

PRIORITISE

Start with the innermost relationship below 15

Plan carefully

Large gap, hard to move. Break it into steps.

Act now

Large gap, easy to move. Your first 90 days.

Monitor

Small gap, hard to move. Keep watching.

Quick wins

Small gap, easy to move. Do it and tell people.

EASE OF IMPROVEMENT IN 90 DAYS →

STARTER ACTIONS, ONE PER RELATIONSHIP

- Remove one admin task from clinicians this month
- Introduce new clinicians to neighbouring departments
- Walk one patient journey yourself
- Put a clinician on the next technology decision
- Call patients 48 hours after discharge

COMMIT

No more than three actions, each with one owner

Relationship	Action	Owner	First step this week	Measure	Check-in

A GOOD ACTION IS

- Specific enough that an outsider would know if it happened
- Owned by one person, not a committee
- Measured by something people feel

MEASURE

- Measure how the relationships feel
- Re-take the assessment in 90 days

BLENDED SCORECARD

Measure how the relationships feel

You and yourself

- Time on documentation per shift
- After-hours work in the record
- Staff wellbeing pulse
- Retention of clinical staff

You and your team

- Handover quality audits
- Internal referrals
- Staff engagement score
- New joiners' 90-day experience

You and your patient

- Patients reaching a person first time
- Adherence after discharge
- Real-time experience feedback
- Patient trust, asked directly

Leaders and their people

- Leadership visibility on the floor
- Staff who feel heard
- Clinicians in technology decisions
- Recognition by name

The hospital and its community

- Contact within 48 hours of discharge
- Avoidable readmissions
- Continuity of care over time
- Family satisfaction

Technology can collect the data. Acting on it remains a human responsibility.

Keep the talk on real moments and real people

QUESTIONS THAT WORK

- Where did we disagree most, and what moment explains it?
- Which relationship would our night-shift nurses score lowest?
- Which technology did we buy recently, and which relationship did it strengthen or weaken?
- If we could change one thing in 90 days, what would people notice first?

TRAPS TO AVOID

- Averaging away disagreement
- Jumping to the outer rings first
- Turning it into an audit
- Starting with a purchase: run the Technology Filter first
- Too many actions: three owned actions beat ten intentions

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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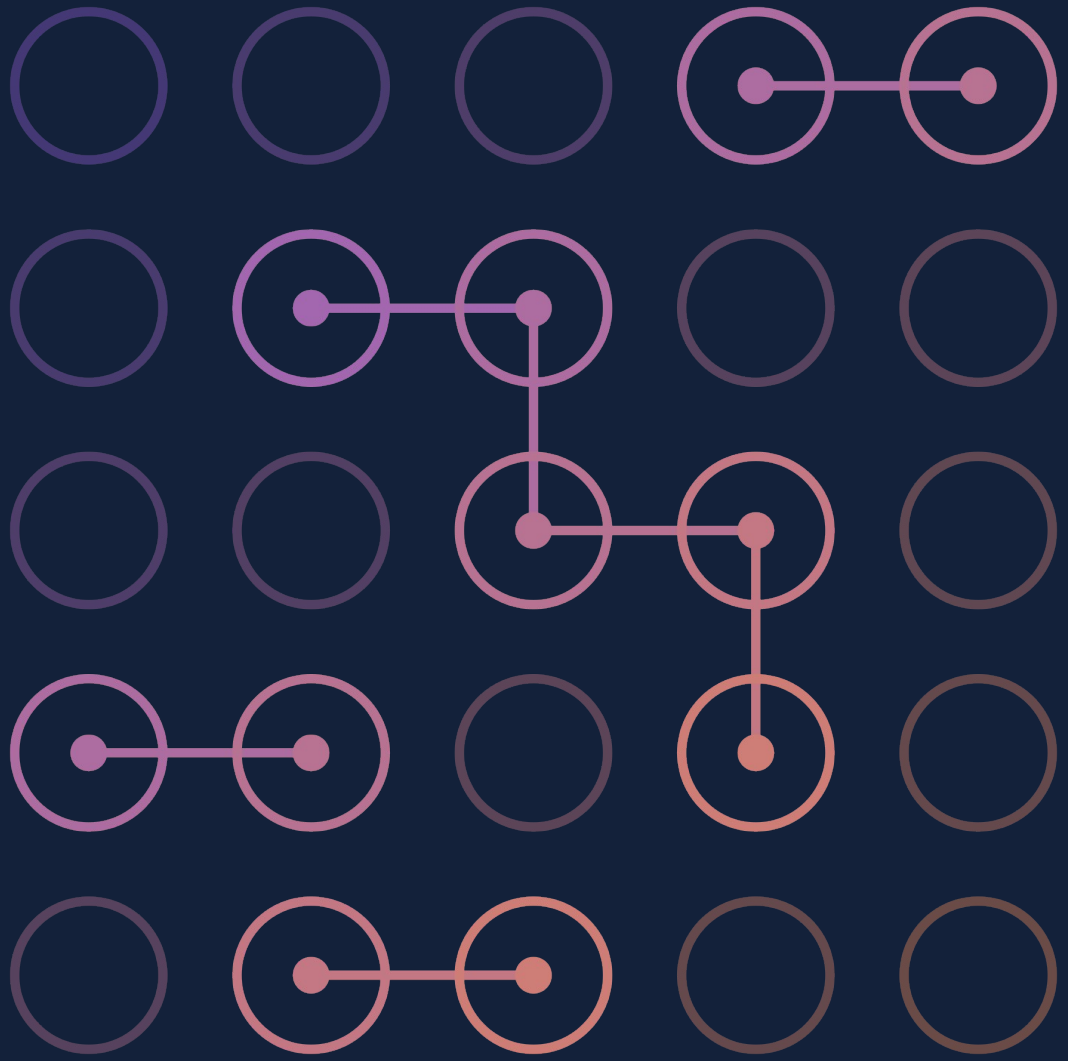

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