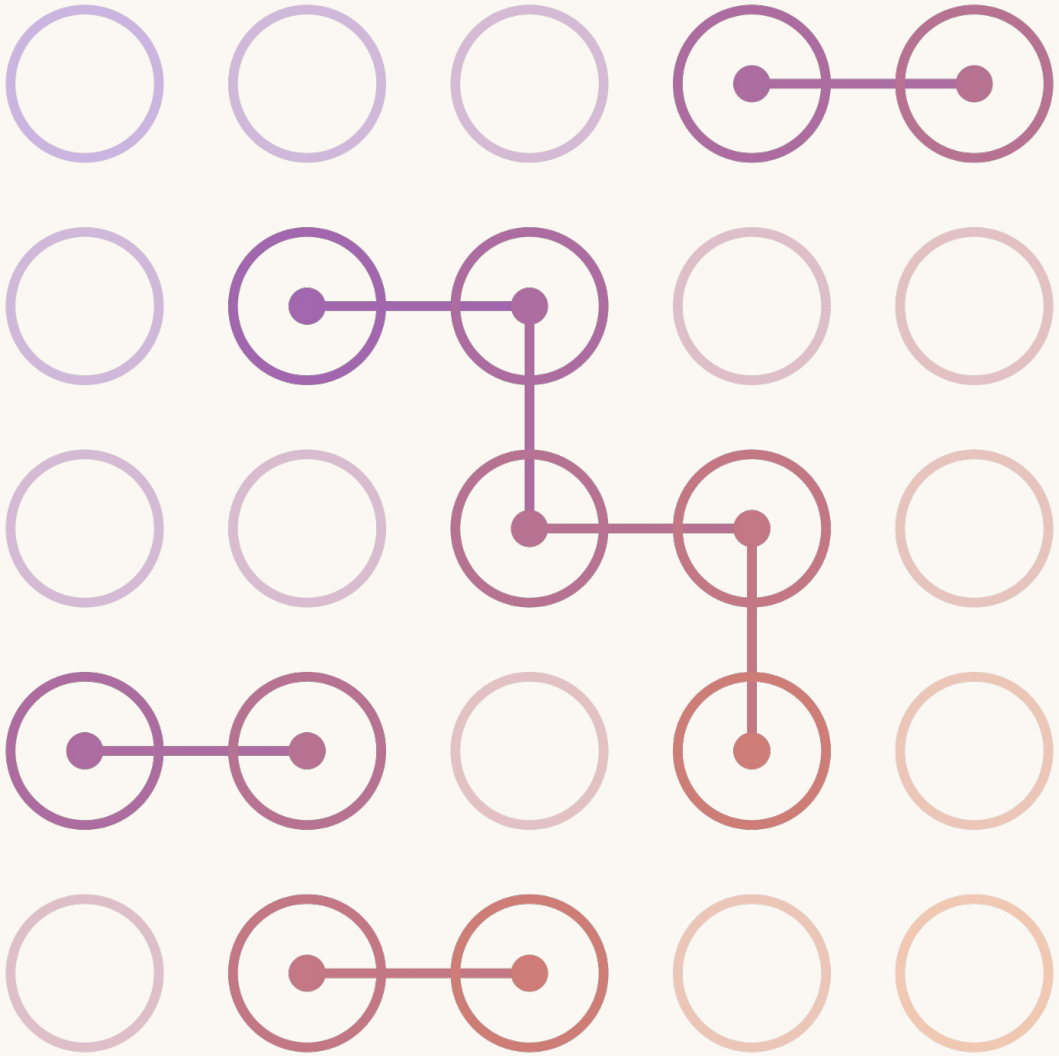
CONNECTED CARE · PLANNING TOOLKIT

The Hospital Technology Map

Care is a relationship. Everything else is infrastructure.



Dr Fatih Mehmet Gul · connected.care/tools

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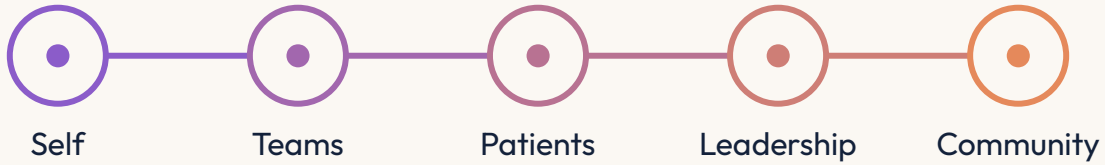
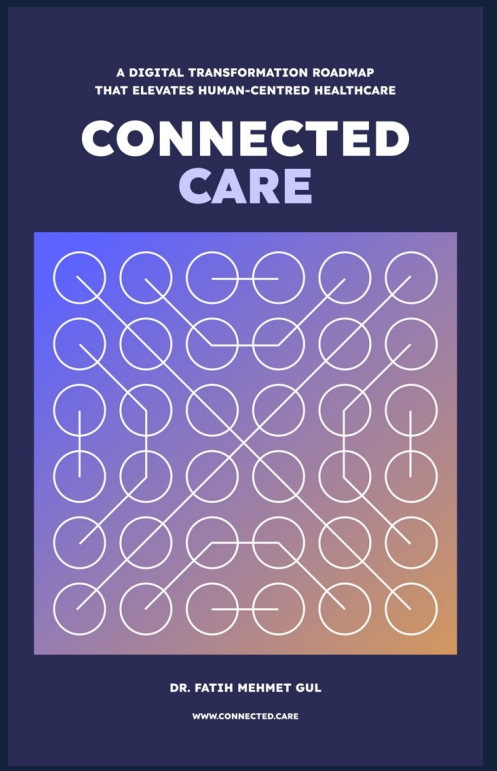
Care is a relationship. Everything else is infrastructure.

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

Three layers, 37 touchpoints, around 150 technologies

10
TOUCHPOINTS

Patient-facing

What patients and families touch, from home back to home.

Serves Connected Patients and Community

14
TOUCHPOINTS

Caregiver-facing

What caregivers work in, every shift.

Serves Connected Self and Teams

13
TOUCHPOINTS

Hospital foundation

What sits underneath everything: records, data, infrastructure and governance.

Where Connected Leadership chooses

Patients see one layer. They feel all three.

HOW TO USE THE MAP

Every touchpoint is a decision about a relationship

STEP 1

Place

Put every technology decision on the map before talking to vendors.

STEP 2

Ask

Which relationship is it for? Read the touchpoint's human-touch principle.

STEP 3

Mark

In place by design, partly, or missing.

STEP 4

Act

Pick one missing touchpoint and ask the four Rights.

What patients and families touch

Touchpoint	Human-touch principle	How it typically fails	Status
Finding care Patients · Community	Every patient is guided to the right doctor the first time.	Built as marketing, not guidance. The patient picks the wrong specialty and needs a second visit.	☐ By design ☐ Partly ☐ Missing
Reaching us Patients	A human is always one step away.	Built to cut call-centre cost. Loops and dead ends; the patient gives up or goes to the emergency department.	☐ By design ☐ Partly ☐ Missing
Before the visit Patients	We know the patient's story before they arrive.	Forms built for admin and billing. Nobody reads them, so the patient repeats everything at the desk.	☐ By design ☐ Partly ☐ Missing
Arrival Patients	Every arrival is welcomed by a person, with the kiosk as a choice.	Kiosks that replace reception staff. Older patients and non-native speakers get stuck.	☐ By design ☐ Partly ☐ Missing
In the room Patients · Self	The screen serves the conversation, never the other way round.	Systems built for records. The doctor faces the screen; video visits have no link to the record.	☐ By design ☐ Partly ☐ Missing

What patients and families touch

Touchpoint	Human-touch principle	How it typically fails	Status
In the ward Patients	Patient and family always know what is happening and who to ask.	Infotainment nobody uses. The family still phones the nurse station for updates.	☐ By design ☐ Partly ☐ Missing
Results and discharge Patients	No result without an explanation, no discharge without a way back.	Results released with no explanation. Instructions stay on paper or get lost in the app.	☐ By design ☐ Partly ☐ Missing
At home Patients · Community	Someone is watching, and the patient knows who.	Data with no one watching it; alerts that go nowhere; devices that don't feed the record.	☐ By design ☐ Partly ☐ Missing
Community Community	The hospital is present on the community's good days and bad days.	Campaign apps launched once and abandoned. Built for one language and one group.	☐ By design ☐ Partly ☐ Missing
Across all stages Patients · Leadership	Feedback is a conversation, and patients can see their own data.	Feedback treated as a score, not a conversation. Patients can't see or understand their own data.	☐ By design ☐ Partly ☐ Missing

What caregivers work in, every shift

Touchpoint	Human-touch principle	How it typically fails	Status
Clinical documentation Self · Patients	Document the care, not the claim.	Built for coding and audit. Click burden, copy-paste notes and documentation finished at home.	☐ By design ☐ Partly ☐ Missing
Decision support Patients · Leadership	Support the clinician's judgement, never bury it in alerts.	Alert fatigue, so real warnings are ignored. Black-box AI trained on other populations.	☐ By design ☐ Partly ☐ Missing
Medication management Teams · Patients	Designed with nurses, at the bedside, for safety and time.	Designed without nurses. Scanners fail at the bedside and workarounds become the norm.	☐ By design ☐ Partly ☐ Missing
Nursing workflow Self · Patients	More time at the bedside, fewer devices in the pocket.	Alarm overload. Nurses carry several devices and record the same data twice.	☐ By design ☐ Partly ☐ Missing
Specialty systems Teams · Patients	The specialty system joins the patient's one story.	Islands of data. The patient's story breaks at every department door.	☐ By design ☐ Partly ☐ Missing

What caregivers work in, every shift

Touchpoint	Human-touch principle	How it typically fails	Status
Team communication Teams	Everyone knows who is who, and can reach them fast.	The official tool is slow, so staff use uncontrolled personal groups, with privacy risks.	☐ By design ☐ Partly ☐ Missing
Referral and care coordination Teams · Patients	No patient gets lost between two doctors.	Referrals sent into the void. The patient chases the next appointment alone.	☐ By design ☐ Partly ☐ Missing
Diagnostics Teams · Patients	A fast, shared answer, explained to the patient.	Results land in inboxes nobody watches. Tests are repeated because earlier ones can't be found.	☐ By design ☐ Partly ☐ Missing
Virtual care Patients · Community	Virtual care comes with the time to give it.	One more screen and one more inbox, added to the workload with no time given for it.	☐ By design ☐ Partly ☐ Missing
Robotics and automation Self	Machines take the task so people can take the time.	Automation that removes the human moment, not the burden. Time saved is never reinvested.	☐ By design ☐ Partly ☐ Missing

What caregivers work in, every shift

Touchpoint	Human-touch principle	How it typically fails	Status
Revenue and admin Self	Take the admin off clinicians.	Coding pushed onto doctors. Notes written to avoid claim denials, not to describe care.	☐ By design ☐ Partly ☐ Missing
Learning Self · Teams	Confidence with the tools before go-live, and after.	Training only at go-live, then box-ticking. Staff never become fluent.	☐ By design ☐ Partly ☐ Missing
Workforce and wellbeing Self · Leadership	Caregivers are rested, heard and recognised.	Rosters built for coverage, not life. Surveys with no action. Tracking that feels like surveillance.	☐ By design ☐ Partly ☐ Missing
Leadership and quality Leadership	Data sends leaders to the corridor.	Dashboards that track throughput only. Channels that hear about incidents, never ideas or praise.	☐ By design ☐ Partly ☐ Missing

What sits underneath everything

Touchpoint	Human-touch principle	How it typically fails	Status
Core clinical record Teams · Patients	One patient, one story, shared by everyone who cares for them.	Chosen for its admin modules. Built for another market's workflows, then customised until it can't be upgraded.	☐ By design ☐ Partly ☐ Missing
Digital front door Patients · Community	One continuous relationship across every channel.	Retail platforms copied into healthcare. The patient is treated as a lead, and each channel knows only its own part.	☐ By design ☐ Partly ☐ Missing
Integration and interoperability Teams · Patients	Systems talk, so people don't have to repeat themselves.	Bought department by department, joined point to point. Lock-in and data silos.	☐ By design ☐ Partly ☐ Missing
Resource planning and supply chain Self · Leadership	The right supplies and people in the right place.	Run apart from clinical systems. Stock-outs and staffing gaps at the bedside go unseen.	☐ By design ☐ Partly ☐ Missing
Revenue cycle Self	A sustainable hospital that doesn't design care around the claim.	Quietly sets the design of everything else. Documentation and forms are built around the claim.	☐ By design ☐ Partly ☐ Missing

What sits underneath everything

Touchpoint	Human-touch principle	How it typically fails	Status
Identity and access Self · Patients	Fast, safe access, and patients in control of who sees their data.	Many log-ins per shift and shared passwords. Patients can't control who sees their data.	☐ By design ☐ Partly ☐ Missing
Data and AI platform Leadership	Learn what works, including the human measures.	Data collected and never used. AI pilots with no governance. No human measures in the data at all.	☐ By design ☐ Partly ☐ Missing
IT infrastructure Self	Technology that works every time, everywhere.	Wi-Fi dead zones and old workstations. Each failure costs minutes of care.	☐ By design ☐ Partly ☐ Missing
Medical equipment and devices Self · Patients	Every device feeds the record, so no one copies numbers.	Devices that don't connect. Nurses copy readings by hand.	☐ By design ☐ Partly ☐ Missing

What sits underneath everything

Touchpoint	Human-touch principle	How it typically fails	Status
Facilities and smart building Patients · Community	The building is designed for human moments.	Smart buildings designed for efficiency only, with no space for families or private conversations.	☐ By design ☐ Partly ☐ Missing
Cybersecurity and resilience Patients · Teams	Trust and continuity of care, even on a bad day.	Added as an afterthought, so an attack can stop care. Or controls so tight clinicians find workarounds.	☐ By design ☐ Partly ☐ Missing
Regulatory and public health reporting Community	Report once, from care already recorded.	Duplicate data entry for every regulator, taken from clinical time.	☐ By design ☐ Partly ☐ Missing
Governance Leadership	Ask “which relationship is this for?” before every decision.	IT-led buying, with no clinicians or patients at the table. No review after go-live.	☐ By design ☐ Partly ☐ Missing

ACT

Ask the four Rights, then fix one touchpoint

Layer	In place by design	Partly	Missing	Assessed
Patient-facing				
Caregiver-facing				
Hospital foundation				
Whole hospital				/ 37

THE FOUR RIGHTS AT EVERY TOUCHPOINT

- Technology: does it serve the relationship?
- Ethics: is it built for our people?
- People: are users trained and confident?
- Measures: do we measure the human outcome?

ON MONDAY

- Pick one touchpoint marked missing
- Walk it with the staff who work there
- Fix the lowest score before buying anything new

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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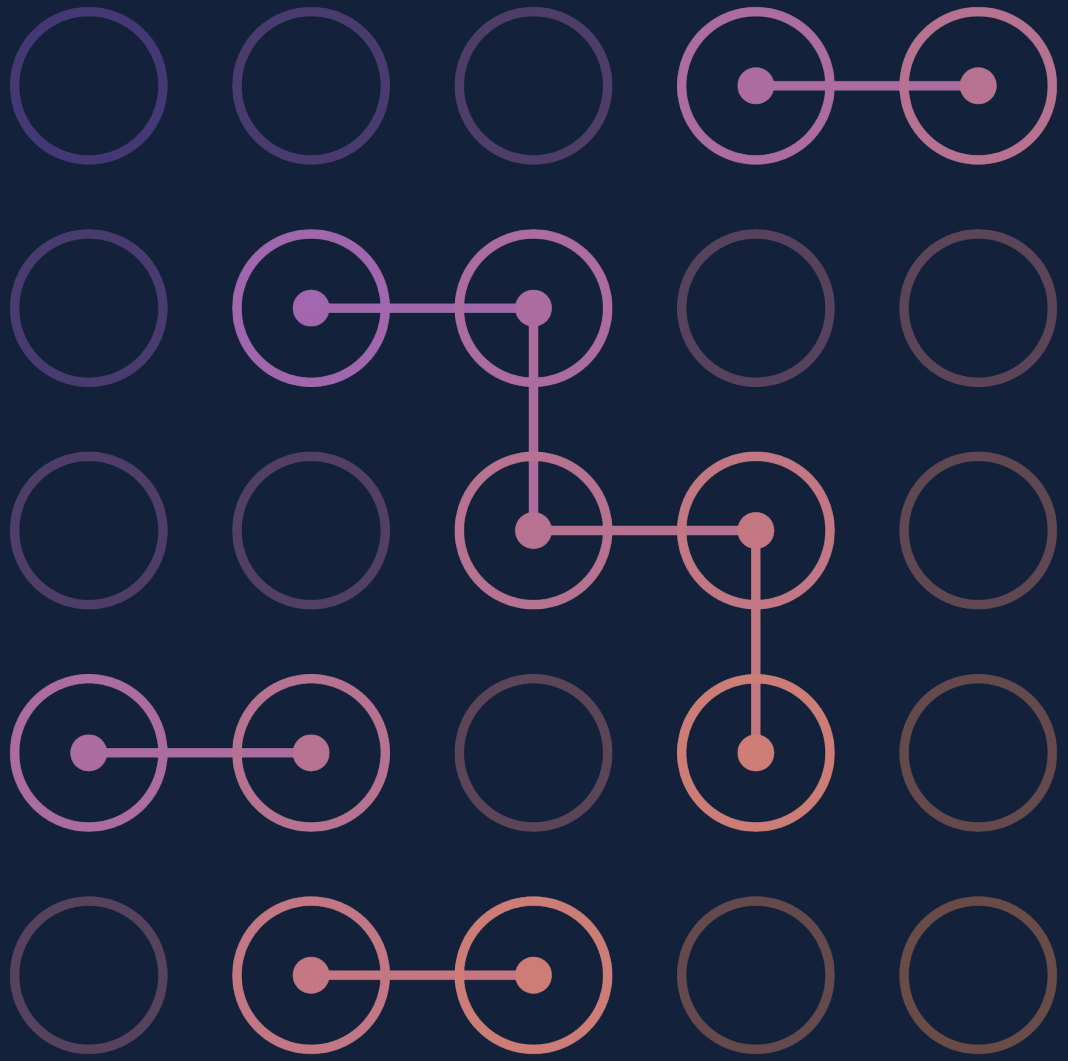

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