

Working together on impact

Impact framework guide for impact-driven ventures in
healthcare and well-being



For impact-driven ventures in healthcare and well-being in the Netherlands

This guide is intended for ventures applying for funding from one of the impact investors that use this common impact framework.

As impact investors in healthcare and well-being, we support ventures that aim to make a positive, measurable contribution to the sector while pursuing financial returns. A clear understanding of the intended societal impact and how it is achieved through capital is essential.

This guide outlines the steps ventures can take to define their intended societal impact.

Our shared focus on future-proof healthcare and well-being in the Netherlands

The increasing and more complex demand for care is putting a heavy strain on the current healthcare and well-being system in the Netherlands. Without significant changes, this system will become increasingly less able to keep care and well-being accessible, affordable, and of high quality. To meet future challenges in the Netherlands, a fundamental transition of the healthcare and well-being sector is necessary.

Through impact investments, we make a targeted and measurable contribution to this transition. We focus on creating and/or participating in innovations that help keep healthcare and well-being accessible, while maintaining quality and ensuring costs remain socially acceptable.

We use a shared impact framework to assess the impact of investments in a consistent manner. This framework aligns with the focus areas of the main national healthcare agreements (such as IZA and GALA), including sustainability, and with the so-called *Quadruple Aim* model from healthcare, which focuses on four objectives: better patient experience, healthier populations, lower costs, and improved work experience for healthcare professionals.

This framework was developed jointly from a strategic vision: achieving maximum impact requires combined efforts. By collaborating with investors who approach impact in the same way, we increase our collective strength and create the scale needed to truly make a difference for the Dutch healthcare and well-being sector.

The shared impact framework:

how does it help you as an entrepreneur?

Comparability and efficiency

The impact framework makes collaboration with different investors more efficient. Because everyone reports in the same way, it becomes easier to compare impact results. The specific impact areas an investor emphasizes may vary from one investor to another.

Tool for dialogue and evaluation

The framework provides valuable insights that help strengthen dialogue with investors. These insights make it easier to make well-considered decisions together, thereby increasing trust in your collaboration.

Strategic planning, credibility and transparency

The framework supports strategic planning and continuous improvement. By working with measurable results (outcomes), you strengthen your credibility and can be more transparent towards investors and other stakeholders.

Flexibility and learning mindset

The framework is not an assessment tool. We understand that results sometimes turn out differently than expected. The framework helps to understand why results differ and provides insights without requiring immediate accountability for unexpected outcomes.



**What is the impact
framework?**

The impact framework maps the impact of an innovation on six possible dimensions

Visual roadmap of current and intended impact

The impact framework is a flexible and visual roadmap that describes the current and intended impact of the innovation across six defined impact dimensions:

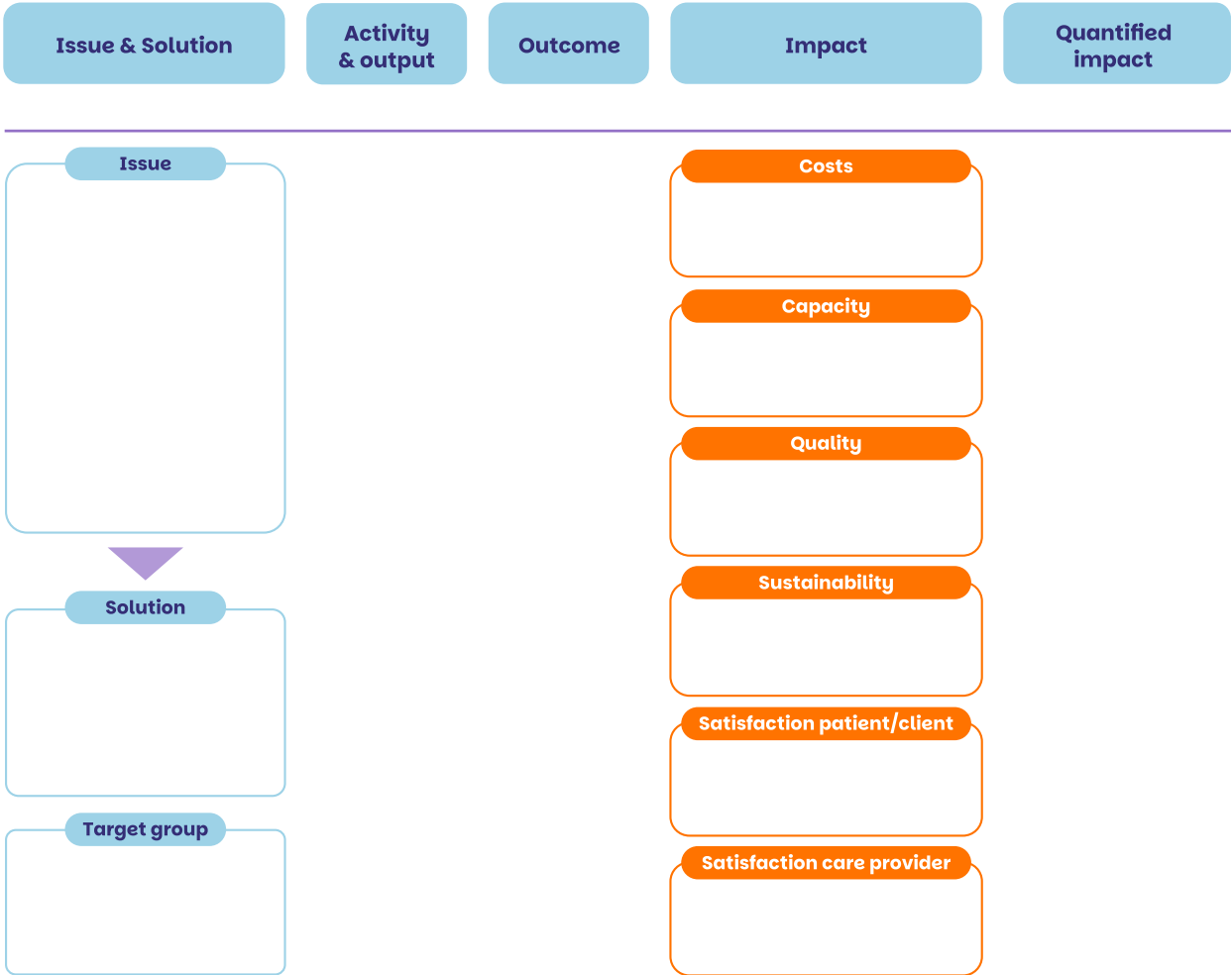
- costs
- capacity
- quality
- sustainability
- patient/client satisfaction
- employee satisfaction.

It shows how the (intended) impact is achieved: through which activities and outcomes. In this way, the framework forms the basis for measuring impact over time.

Uniform approach for addressing different propositions

The impact framework provides insight into the effect an enterprise achieves with its product or service across the impact dimensions: which activities, outputs, and outcomes lead to which impact? It helps to understand why and how change occurs and makes the underlying conditions and assumptions visible.

This allows different propositions to be compared in a consistent manner, taking into account the stage and characteristics of the enterprise.



Six impact dimensions for a future-proof healthcare and well-being system

As impact investors, we have defined six overarching dimensions of impact. These dimensions are based on the focus areas of the main national healthcare agreements (such as IZA and GALA), including sustainability, and on the so-called Quadruple Aim model in healthcare. Together, these dimensions contribute to the transition toward a future-proof health and well-being system.

Which objective(s) are given priority in investment decisions differs per investor. This determines how the impact framework is assessed and applied — a process that is discussed and agreed upon between the investor and the enterprise.

It is **not necessary** to generate positive impact on every dimension.



The impact framework

Issue & Solution What is the societal challenge the venture focuses on? And what solution is provided for which target group?	Activities & output Which activities contribute to the solution, and what specific products or services result from them?	Outcomes What changes do these products and/or services lead to?	Impact What is the (intended) societal impact of these changes across the six impact dimensions within the health and well-being transition?	Quantified impact Quantitative determination of the intended impact.
Issue		1	Costs 1	E.g. € per year
		2	Capacity 23	E.g. FTE per year vs. Standard of Care
			Quality 45	E.g. QALYs per year vs. Standard of Care
Solution		3	Sustainability 14	E.g. waste reduction and CO2-reduction
		4	Satisfaction patient/client 135	E.g. Net Promotor Score (NPS)
Target group		5	Satisfaction care provider 1	E.g. Net Promotor Score (NPS)
Assumptions	Assumptions	Assumptions	Precondition impact	

The steps to fill in the impact framework

Filling in the impact framework in four steps

Complete the impact framework template by following these steps.
Examples of completed impact frameworks can be found on page 15 and beyond.

General

- Across all impact dimensions, measurability is central. The outcome can be positive or negative: both are relevant to report.
- How extensively you complete the framework depends on your enterprise's stage and on what the investor needs. Align on this together.
- Where possible, use research references or data for substantiation. Add data and any underlying calculations when available.
- Try to estimate and substantiate the (expected) impact as much as possible, depending on the stage of the enterprise..

1

Describe the problem, solution and target group

- Define the societal problem, the solution your innovation offers, and the target group it addresses.
- Also note the key assumptions on which this is based.

For a more detailed explanation, see page 10.

2

Define the impact across six dimensions

- Determine the (intended) impact of the innovation across the six dimensions (where applicable).
- Note the conditions required to achieve this impact.

For a more detailed explanation, see page 11.

3

Define the outcomes (results)

- Describe the changes or effects that become visible (the outcomes).
- State the assumptions underlying these outcomes.

For a more detailed explanation, see page 12.

4

Define outputs and activities

- Define and number the outputs and activities.
- Note the assumptions underlying these.

For a more detailed explanation, see page 13..

Define the societal challenge, the solution and the target group

Define the societal challenge

- Describe the societal problem or challenge within health and well-being that the innovation addresses. Indicate how urgent this problem is, who is affected (the target group), and the scale of the issue (within the Netherlands or comparable countries).

Define the solution to the problem

- Briefly describe the solution: the product, service, or project that addresses the problem. Explain why this represents an improvement compared to the current practice (standard of care).

Define the target group the solution addresses

- Describe who the solution is intended for and why this target group benefits from it.
- Indicate whether the solution helps everyone equally, or whether certain groups benefit more or less (for example, people with higher versus lower incomes). This makes it clear who truly benefits from the innovation.

Note the key assumptions

- Often, certain assumptions underlie the existence of the problem, the ability to reach the target group, or the effectiveness of the solution.
For example:
 - there are significant waiting times in the Netherlands for a diagnosis of sleep disorders, or
 - the innovation reaches 50% of all older adults with a low socioeconomic status.
- Please list the key assumptions regarding the challenge, target group, and solution. These can potentially be tested or validated at a later stage.

After this, you will work on outputs, outcomes, and impact. But what is the difference between them?

- An **output** is a direct, tangible result of an activity: How many devices were produced? How many analyses were conducted? How many hospitals use the solution?
- An **outcome** is the change that occurs thanks to the output and is noticeable for the target group. For example: more accurate diagnoses, reduced waiting times, lower energy consumption, or fewer needle-stick incidents.
- **Impact** refers to the lasting, long-term change for the target group and its environment as a result of the outcomes. For instance: reduced costs, increased healthy life years, or lower CO₂ emissions. Impact can also be **negative**. For example, an innovation may increase costs but at the same time reduce the number of FTEs required, thereby improving workforce capacity.

Define the impact across six dimensions

Define the impact per dimension

- When completing the impact framework, start with the end goal: the desired societal impact. Then work step by step backward to the activities that contribute to it. This way, you maintain focus on the activities and results that truly contribute to the intended impact.
- Note the (intended) impact on one or more of the following six dimensions (note: impact can also be negative):

Costs:

What is the direct or indirect impact of the innovation on public health and well-being expenditures?
Do these lead to lower costs for, for example, health insurers, care providers, or municipalities?
How does the innovation help keep care affordable?

Sustainability:

What is the impact on the use of raw materials, energy, and materials?
Does the innovation contribute to less waste and/or lower CO₂ emissions?

Capacity:

What is the impact on the use of staff and resources?
Does the innovation create or free up capacity?
Does the innovation improve productivity (e.g., fewer people, but the same amount of work)?

Patient/Client satisfaction:

What is the impact on the experience and satisfaction of patients or clients with the care or support provided?

Quality:

What is the impact on the quality of care and the lives of patients or clients?
Does the quality remain safeguarded or improve compared to the current standard (standard of care)?

Employee satisfaction:

What is the impact on the work experience, working conditions, and job satisfaction of employees?

Preconditions for achieving this impact: Factors such as the target group, market approach, and implementation within the care system influence the intended impact. Note the key factors that affect the intended impact under Preconditions for Impact. These can be tested or validated later when appropriate.

- It is not necessary to realize impact across all dimensions. Only complete the dimensions where the innovation has an effect. When impact is achieved across multiple dimensions, these can be reported separately.
- In the last column of the impact framework, note the (intended) quantifiable impact (and use as precise an estimate as possible). Avoid underlying assumptions unless they are relevant.
- Also consider how the (intended) impact can be measured and monitored. Discuss this with the investor, as the approach depends on the stage of the enterprise.

Define the outcomes

Define the outcomes

- After determining the impact across the different dimensions, describe the changes needed to achieve this impact (outcomes). Think about what needs to improve for the target group or the system to address the identified societal problem; for example, reducing complications during surgery, achieving more accurate diagnoses, or decreasing absenteeism among healthcare staff.
- These changes are the *outcomes*. These outcomes contribute to the desired impact; for example, better health results, lower costs, or more available capacity.
- You can optionally distinguish between short-term and long-term outcomes. For example: a more accurate diagnosis is a short-term outcome that (in the longer term) can lead to fewer complications and thus lower costs.

Note the underlying key assumptions

- Describe the assumptions underlying the outcomes.
- These assumptions help to understand why and under which conditions the desired changes occur.
- For example: through the use of the innovation, the number of complications decreases, or the use of the innovation leads to fewer hospital admissions.

Make the casual relationship between outcomes and impact visible with numbers

- Indicate with numbers which outcomes contribute to which impact objectives:
 - Number the outcomes from top to bottom.
 - For each impact dimension, note the numbers of the corresponding outcome(s) that contribute to the impact. Multiple outcomes can jointly contribute to a single impact objective.
- This makes it clear how specific results together deliver the ultimate impact. Examples can be found starting on page 15.



Define the activities and outputs

Define the outputs

- Note (where possible) the direct, measurable results of the activities (outputs). For example: the number of hospitals using the equipment, the number of robots sold, or the number of analyses performed annually. If the exact number is not yet known, you can use an estimate or an indication, for example: "#".

Define the activities

- Describe the activities through which the organization addresses the societal problem for the target group. Think of developing and selling equipment, providing services, or analyzing the data generated by the equipment.

Note the underlying assumptions

- Describe the main assumptions about why these activities and outputs lead to change and impact.
For example:
 - analyzing data leads to better support and time savings for physicians; or
 - within three years, the innovation reaches 30% of the target group.



Appendices

The impact framework | Momo Medical (healthcare domotics)

Issue & Solution	Activities & output	Outcomes	Impact	Quantified impact
Issue • In nursing homes, nighttime restlessness among clients often leads to acute incidents. • A lack of insight into sleep status and sleep quality makes effective intervention difficult. • Care professionals spend considerable time on standard rounds, during the day, evening, and night, creating restlessness and higher workloads. • Moreover, unnecessary checks disturb clients' sleep. • Current aids such as "bed poles" and "laser systems" offer limited functionality and generate many false alarms. • At the same time, there is growing demand for flexible, easy-to-install care domotics suitable for temporary or rented facilities. Solution The Momo BedSense combines an intelligent sensor placed under the mattress with a user-friendly app that gives caregivers instant insight into the sleep and movement of all residents. This enables them to intervene in a targeted way when restlessness or risks arise, instead of performing time-consuming and disruptive night rounds. Target group ▪ Nursing staff and therapists in nursing homes. ▪ Clients: 73% psychogeriatric, 25% somatic, and 2% other groups. - Examples of other groups include clients with ZYP-LG4 indications, Parkinson's disease, and acquired brain injury (ABI). Assumptions • Nursing staff in the Netherlands perform many unnecessary checks that disturb clients' sleep. • Improved technology can significantly reduce this.	Activities • BedSense combines sensor data and predictive analytics, allowing caregivers to better respond to behavior, risks, and sleep quality. • Further development and maintenance of the Momo BedSense technology • Production and delivery of the BedSense app and sensors to nursing homes via a subscription model • Onboarding and training of care professionals • Technical and content support for the use of the Momo BedSense app and sensors Outputs • # of participating nursing homes using the BedSense solution • # of BedSense devices delivered to nursing homes in the Netherlands • # of trained care professionals • Usage statistics of the app (active users / percentage of residents for whom insights are generated) Assumptions • The BedSense technology is sufficiently reliable and user-friendly. • Implementation and guidance toward optimal workflows lead to consistent use in daily practice.	Efficiency and effectiveness: • Fewer rounds during day, evening, and night shifts • Fewer unnecessary checks • Fewer false alarms • Smarter scheduling • More efficient morning care due to adjusted routes based on wake patterns Better care: • More targeted and successful interventions by caregivers • Better insight into interventions • More personalized (morning) care • Higher-quality handovers • More constructive conversations with informal caregivers • Better understanding of new clients' sleep behavior • Prevention of falls and pressure ulcers • Reduction of unexplained behavior during the day Improved client experience: • Better sleep due to fewer disturbances • Support at the right times (morning and post-nap) • More active clients during the day • More privacy through fewer checks Improved staff satisfaction • More calm and satisfaction during day, evening, and night shifts • Increased job satisfaction for care professionals Assumptions • Nursing staff adjust their behavior based on insights from the app.	Costs Capacity Creation of care capacity through more efficient and effective working, and through better care and prevention Quality Improved quality of care through better-timed interventions Sustainability Satisfaction patient/client Increased satisfaction through better rest and privacy Satisfaction care provider Increase in satisfaction and work enjoyment through more understanding, more personal care, and more calm. Precondition impact	

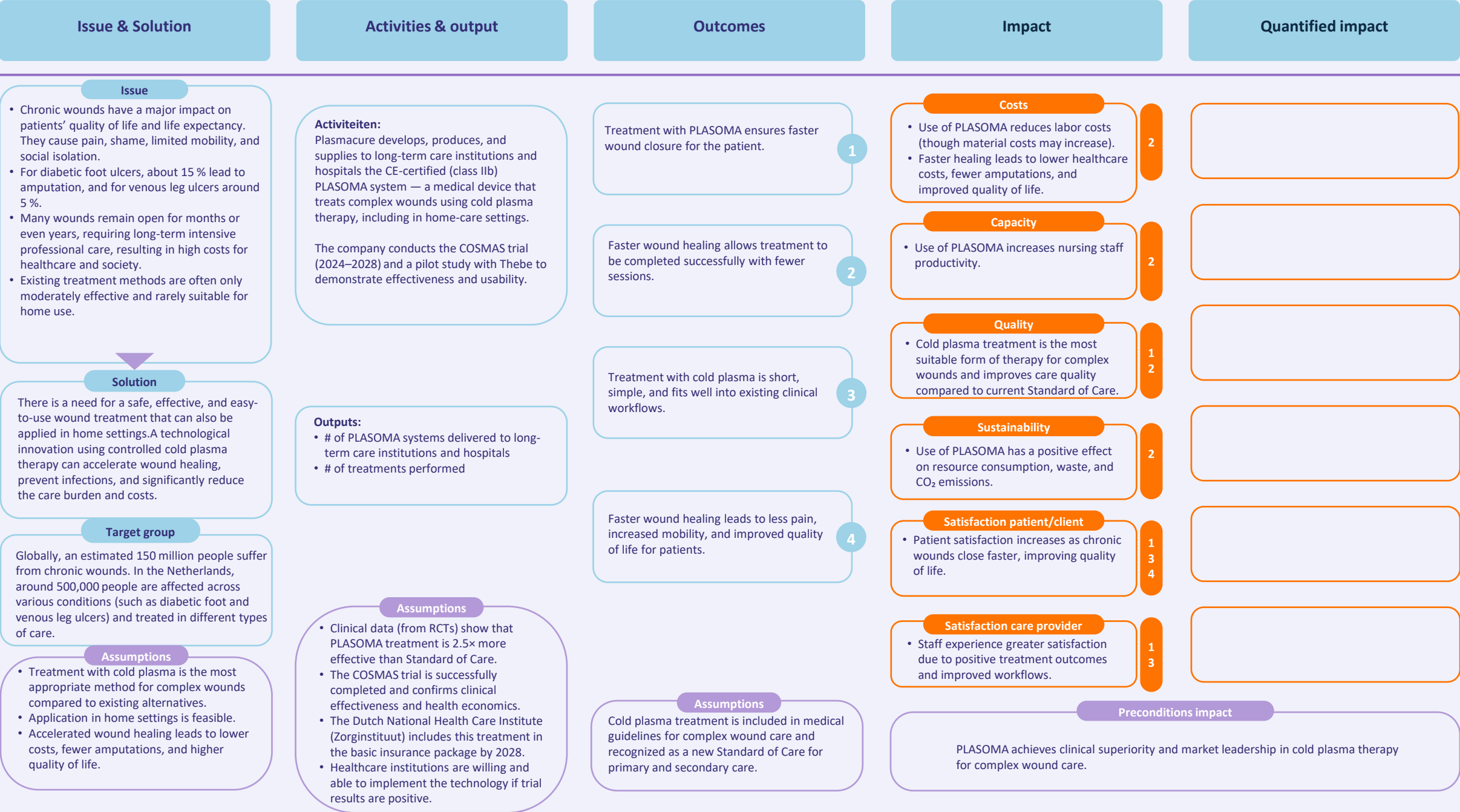
The impact framework | Philikos (T-Guard for systemic sclerosis)

Issue & Solution	Activities & output	Outcomes	Impact	Quantified impact
Issue - Severe systemic sclerosis is a rare, progressive autoimmune disease that causes fibrosis of the skin and internal organs, leading to high morbidity and mortality. - There are no effective treatments available other than autologous stem-cell transplantation (HSCT), which is risky, costly, and applicable to only ≈ 20 % of patients. Solution Philikos is developing T-Guard, a targeted immunotherapy that selectively eliminates pathogenic immune cells (T cells and NK cells), thereby “resetting” the immune system. T-Guard offers a safer and more accessible alternative to HSCT for patients with early, progressive systemic sclerosis. Target group - Patients with early, progressive diffuse systemic sclerosis. - T-Guard may potentially treat more than 85 % of these patients (compared with ≈ 20 % eligible for HSCT). Assumptions - The T-Guard Proof-of-Concept study demonstrates that T-Guard is safe and promisingly effective.	Activities - Collaborating with clinical centers to implement T-Guard in research and treatment trajectories - Building a network of treatment centers and clinicians able to apply T-Guard to eligible patients Outputs # of clinics and treatment centers that test or apply T-Guard # of treated patients with systemic sclerosis - Registered clinical and real-world data on efficacy, safety, and applicability Assumptions - Clinical studies and product development provide sufficient evidence for regulatory approval - Regulators and insurers recognize T-Guard as a safe and effective therapy - Treatment centers can apply T-Guard safely - Patients and clinicians are willing to use the therapy	1 - Shorter admissions / fewer bed days - Shorter/no ICU admission vs. HSCT 2 - Less complex care required - Less aftercare than HSCT 3 Shortened infusion regimen. 4 Fewer ICU/ED complications 4 Fewer severe side effects Assumptions - The therapy is proven safe and effective. - Treatment fits within existing care protocols. - Patients and clinicians accept the therapy. - Shorter care trajectories reduce costs. - Fewer side effects improve quality and satisfaction.	Costs Reduction in treatment costs compared with HSCT due to fewer complications and simpler after-care Capacity Shorter hospital stays than HSCT → more beds available Quality Equal or better clinical response with fewer side effects Sustainability Indirect resource reduction through less care demand and longer participation of patients in social and economic life Satisfaction patient/client Fewer side effects, faster recovery Satisfaction care provider Less complex care, lower workload, and greater impact on patient outcomes leading to higher job satisfaction Preconditions impact - T-Guard meets expectations for safety and efficacy and is not overtaken by new therapies. - Market authorization and reimbursement are secured.Manufacturing and distribution are ensured.	

The impact framework | Primio (microlearning)

Issue & Solution	Activities & output	Outcomes	Impact	Quantified impact
Issue Due to demographic developments (population ageing and an increase in chronic care demand) combined with high turnover, absenteeism, and attrition, a growing gap arises between care demand and available capacity in elderly and long-term care (VVT sector). This leads to higher workloads, stress, and burnout among staff; loss of quality in care delivery; inefficiencies and higher costs for care institutions; and an increased risk of unequal access to care as shortages grow.	Activiteiten - Developing and offering impactful trainings that effectively convey knowledge in less time - Designing accessible, modular onboarding programs for volunteers and informal caregivers - Implementing a user-friendly learning environment via app/web - Activating and supporting users within care organizations (onboarding and support)	New employees, informal caregivers, and volunteers are properly onboarded and trained, and possess current and applicable knowledge. 1 Staff are well trained and equipped in early detection and reporting. 2 Staff work in a healthier way: both physically (ergonomically) and mentally (e.g., setting boundaries). 3 Staff feel more supported and valued by their employer. 4	Costs - Lower training costs through efficient microlearning - Time savings compared to classroom training - Increased productivity of permanent staff - Early detection and reporting prevent complex care situations Capacity - Reduced absenteeism - Reduced turnover - Increased capacity through better use of informal care Quality Confident, well-trained staff with up-to-date knowledge can deliver higher-quality care Sustainability Fewer trips for classroom training Satisfaction patient/client - Higher quality of care increases client satisfaction and trust Satisfaction care provider - Higher employee satisfaction - Higher employee retention Preconditions impact - Organizations have usable data to measure impact and correlations (e.g., whether fewer complaints lead to lower absenteeism). - Primio is deployed as a partial replacement for classroom training or lengthy onboarding programs. - Staff achieve real time savings, directly impacting care quality. - A sustainable funding structure for the onboarding and training of volunteers and informal caregivers is established.	
Solution Primio offers a mobile learning and workplace support platform that continuously and contextually assists care workers by providing knowledge, protocols, and micro-trainings at the right moment. This enables care professionals to work more efficiently, confidently, and with higher quality.	Outputs # of elderly care institutions using Primio # of affiliated elderly care organizations # of informal caregivers and volunteers as active users # of certificates obtained # of available training modules # of active users			
Target group Care workers in elderly care (focus on qualification levels 1, 2, and 3). Informal caregivers and volunteers in elderly care.	Assumptions - Staff have access to the app, are motivated, and have time to follow microlearnings. - Content is current, relevant, and directly applicable.	Assumptions - There are clear agreements on detection and reporting, also between different care providers. - Management facilitates, promotes, and embeds the use of Primio in work processes.		
Assumptions The capacity gap is partly due to shortages in knowledge and skills.				

The impact framework | Plasmacure (wound therapy)



The impact framework | VRelax (pre-operative application)

Issue & Solution	Activities & output	Outcomes	Impact	Quantified impact
Issue • A large proportion of medical treatments are affected by patient stress and anxiety, leading to higher blood pressure, increased pain perception, cancelled procedures, and slower recovery trajectories. • 33.3 % of all cancelled surgeries are due to excessively high blood pressure or heart rate — equivalent to about 78 (1.7 %) cancelled operations per year for a single facility. • This results in unnecessary costs, inefficient use of capacity, and negative experiences for both patients and healthcare professionals. Solution • VRelax offers positive distraction at moments of pain, fear, or stress. • Patients are immersed in beautiful virtual environments that shift attention away from negative emotions, helping them to relax. • VRelax is scientifically validated and developed for and by patients and healthcare professionals. Target group Patients experiencing tension or stress during medical procedures, interventions, or treatments — for example in hospitals and independent treatment centers. Assumptions • Stress reduces patient well-being and recovery and leads to a stronger perception of pain (clinically validated). • Stressed patients have higher blood pressure than relaxed patients.	Activities • Implementation training by Vrelax • Use of VRelax during pre-operative processes: VR headset is used for at least 10 minutes before surgery • Step-by-step guidance by nursing staff (according to the work protocol)Outputs Outputs # of healthcare institutions and departments where VRelax is implemented # of patients using Vrelax Average duration of a VR session per patient # of treatments where stress reduction was measured # of trained healthcare professionals Assumptions • The technical performance of the VR headsets and apps is reliable. • VR content is medically validated for stress and pain reduction. • Training sessions are practical and well aligned with healthcare professionals.	1 Patient stress level decreases; heart rate and/or blood pressure fall below the maximum allowable level, and perceived pain decreases. 2 Treatment can be performed more comfortably and more quickly. 3 Medical treatments can proceed more often / are postponed less frequently. 4 Patients are more relaxed and require little or no medication, leading to faster recovery (less aftercare due to fewer side effects) and reduced workload. 5 Fewer operating-room cancellations → reduced planning pressure. Assumptions • Use of VRelax fits within treatment protocols. • A 10-minute VR session is sufficient to reduce stress by ≈ 40 % (clinically validated). • Patients are open to using the VR headset, and professionals are willing and able to apply the technology. • Stress and anxiety are major causes of delayed or cancelled procedures. • Calmer patients enable more efficient treatments, freeing time for more focused care.	Costs • Direct cost savings per prevented cancellation • Lower medication • Lower aftercare costs Capacity • Higher productivity in medical treatments (fewer delays, more efficient use of ORs) • Less absenteeism • Less turnover among staff Quality • Improved patient well-being • Faster recovery Sustainability ▪ The patient does not travel unnecessarily for treatment ▪ Treatment is not unnecessarily prepared Satisfaction patient/client • Increased satisfaction • Lower pain perception Satisfaction care provider ▪ Higher employee satisfaction Preconditions impact • Hospitals and treatment centers reliably record data on cancellations, recovery times, and medication use to make cost savings visible. • VRelax is structurally embedded in care processes so that it replaces or shortens existing steps instead of adding extra time or cost. • Patients and healthcare professionals are satisfied with faster and more comfortable treatment experiences.	

The impact framework | Wolk (hip airbag)

Issue & Solution	Activities & output	Outcomes	Impact	Quantified impact
Issue Each year, more than 20,000 people in the Netherlands suffer a hip fracture. Among older adults, this often has severe consequences: one in three dies within a year, and 50 % never fully recovers. A hip fracture greatly affects mobility, independence, and healthcare costs. How can we prevent vulnerable older adults from fracturing their hips when they fall? Solution Wolk develops a smart, wearable hip airbag that automatically inflates upon detecting a fall, protecting the hip from injury. This technology helps older adults stay mobile and safe, prevents invasive surgeries, and contributes to lower healthcare costs and a higher quality of life. Target group Vulnerable older adults with an increased risk of falling. Assumptions Older adults are willing to wear hip protection continuously to prevent injuries.	Activities - Development of the smart hip airbag (R&D and product development) - Assembly, quality control, and distribution of the product - Marketing and communication toward care institutions, informal caregivers, and older adults - Sales and service to care organizations and end users - Support for implementation and use in practice - Collaboration with healthcare professionals and institutions for adoption and evaluation Outputs # of hip airbags produced and delivered # of older adults actively wearing the hip protector # of care institutions deploying the product # of fall incidents where injury was prevented - User feedback on comfort and safety # of training and information sessions for healthcare professionals and informal caregivers Assumptions - The target group is willing to wear the hip airbag consistently. - Care organizations have sufficient support and capacity to implement Wolk.	1 95 % reduction in hip injuries, avoiding care costs 2 Greater self-confidence in activities of daily living (ADL), holidays, hobbies, etc. 3 Increased mobility and independence, enabling older adults to live at home longer 4 Reduction in hip fractures. Assumptions The target group is willing to wear the hip airbag consistently.	Costs Reduction in healthcare costs through fewer surgeries, less rehabilitation, and extended independent living 1 Capacity Increased healthcare capacity through fewer surgeries, shorter recovery periods, and extended independent living 23 Quality Improved quality of life through injury prevention 45 Sustainability More sustainable healthcare through reduced demand for treatment and rehabilitation 14 Satisfaction patient/client Higher patient satisfaction through fewer injuries, more independence, and freedom of movement 135 Satisfaction care provider Greater staff satisfaction through reduced concern for clients and less need to guide patients recovering from hip fractures 1 Preconditions impact - The implant replaces the use of a CVC. - Patients are pleased with fewer reoperations. - Healthcare professionals appreciate improved patient outcomes.	

The impact framework | Xeltis (artificial vascular implant)

Issue & Solution	Activities & output	Outcomes	Impact	Quantified impact
Issue Patients with kidney failure who undergo hemodialysis require reliable access to their blood vessels.Current standard treatments often lead to complications such as infections, thrombosis, and re-operations.This results in additional hospitalizations, higher costs, and reduced quality of life.There is a need for a safe, durable solution that reduces these complications and improves vascular access for dialysis.	Activities • Research and development of the optimal material and design for the implant • Conducting clinical studies to demonstrate safety and efficacy • Achieving market access (including reimbursement and CE certification) • Manufacturing implants in accordance with GMP guidelines • Collaborating with clinical centers for practical application	1 Faster access to the vascular system; fewer CVC placements required (temporary catheter for dialysis) 2 Fewer hospitalizations due to infections, thrombosis, or other complications Fewer re-operations 3 Improved quality of life (able to shower and exercise, no need to stay near the hospital, fewer infections) 4 CVC patch does not need to be replaced weekly. 5 Increased patient work productivity	Costs Reduction of healthcare costs through shorter and fewer interventions Capacity Increased healthcare capacity (in both hospitals and community care) due to shorter and fewer procedures Quality Improved quality of life through fewer interventions and greater independence and mobility Sustainability More sustainable care through reduced material use, PFAS-free polymers, fewer travel movements, and fewer interventions Satisfaction patient/client Higher patient satisfaction due to fewer procedures and greater independence and mobility Satisfaction care provider Greater professional satisfaction due to better patient outcomes and fewer complications for a comparable procedure.	
Solution Xeltis is developing an artificial vascular implant for dialysis that activates the body's natural healing process (Endogenous Tissue Restoration, ETR), where the implant is gradually replaced by the patient's own tissue.	Outputs • # of clinical studies conducted • # of implants produced under GMP standards • # of hospitals and clinics participating in studies • # of patients treated with the implant • Legal and commercial market authorization obtained	Assumptions • The implant functions effectively and leads to fewer side effects and hospitalizations. • The implant is absorbed by the body without serious long-term adverse effects. • Current standard treatment results in more hospitalizations.	Preconditions impact • The implant replaces the need for CVC (temporary dialysis catheter). • Patients are satisfied due to fewer re-operations • Staff are satisfied with improved patient outcome.	
Target group Patients with kidney disease undergoing hemodialysis (more than 6,000 patients per year)				
Assumptions Alle patiënten die hemodialyse ondergaan komen in aanmerking voor implantaat.	Assumptions Sufficient clinical sites and patients can be recruited for participation in clinical studies.			

Frequently asked questions

If you have any other questions, feel free to ask.

This guide is a living document in which we continuously learn and adjust.

Question 1: Doesn't every proposition in healthcare and well-being have a positive impact?

Every proposition can have an impact, but as impact investors we focus on innovations that drive transformative change.

We look beyond maintaining existing care standards — our goal is to make healthcare and well-being future-proof.

The six impact dimensions help identify and support transformative impact.

Question 2: How should we measure and quantify the dimensions?

It starts with an estimate of the expected positive and negative impact, supported by data where possible. Depending on the stage of the enterprise and the type of innovation, various indicators or measurement methods can be used.

The most appropriate approach should be discussed with the investor.

Question 3: What happens if we do not achieve our impact goals or if the company changes its strategy?

The framework is intended as a tool for dialogue, not as a performance evaluation. We understand that reality can unfold differently than expected, just as it does with financial projections. Use the framework to explore what is needed to achieve the goals, as far as this lies within the control of the entrepreneur and the investor.

In the event of a strategic change, it is important to re-engage in dialogue with the investor.

Question 4: What if achieving impact also depends on external factors beyond our control?

Not all factors that affect impact lie within your own influence. Such external factors can be included as preconditions for impact.

It is useful to understand which factors play a role and to what extent they are feasible or influenceable. You can then discuss with the investor where there is room to positively influence them.

Question 5: How does this framework relate to reporting requirements such as SFDR, ESG, etc.?

This framework is not part of official reporting obligations under current legislation and regulations, including SFDR (Articles 8 and 9) and other ESG requirements. It serves a different purpose: to make the societal impact of investments in the Dutch health and well-being sector more concrete.

Societal developments increasingly call on us to realize positive impact while limiting the negative effects of investments. Within our investment approach, which balances return, risk, and sustainability, this plays a central role. However, the focus on sustainability extends beyond impact investing alone and also includes ESG risk management, minimum sustainability standards for inclusion, and alignment with the Sustainable Development Goals (SDGs) and the Paris Climate Agreement.

This framework focuses exclusively on impact investing and on the impact of investments within the Dutch health and well-being sector. It is not intended as a replacement for, or addition to, existing reporting requirements.