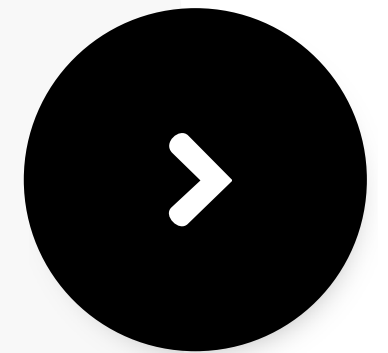
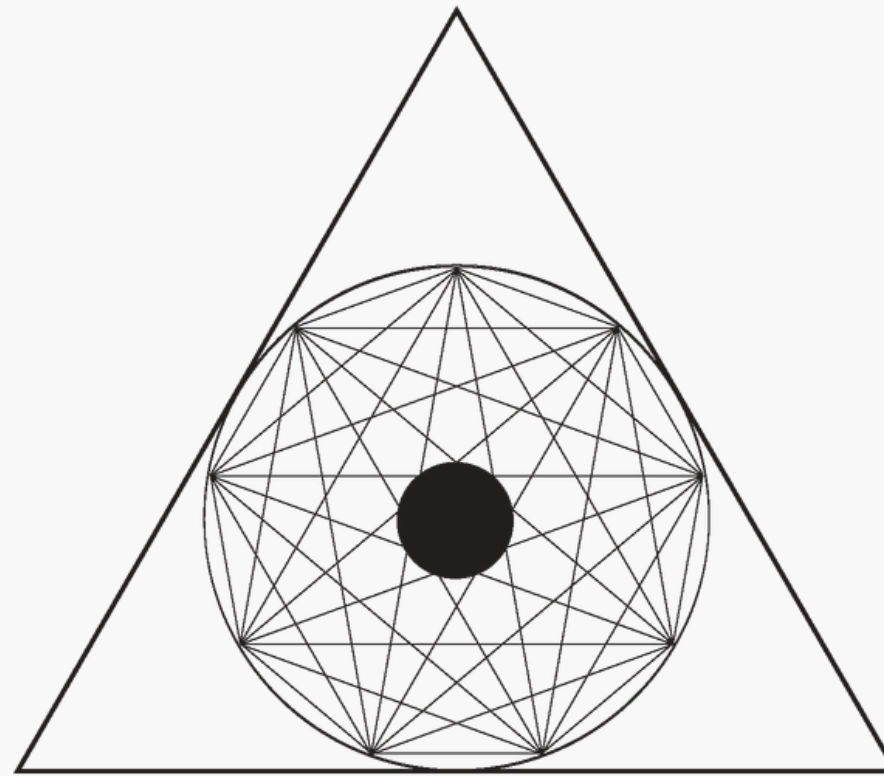




# **TAIRIS Medical B.V.**

**Transformation Alliance for Impact Research  
and Innovation Systems**

# Company Timeline

**Jan - 2024** — Founded in The Hague, Netherlands

**Mar - 2024** — Support granted by PEM RWTH Aachen

**May - 2024** — Closed EU grant funding for first projects

**Dec - 2025** — Closed NWO funding for the adoption of AI

**Apr - 2026** — TRL 4 prototype built



**We Engineer Impact**

# Our international Alliance Network is growing with innovative companies and ecosystem players.

## International Partner Network



## Achievements

6

Adoption projects completed

25+

Partner in international Alliance Network

2

International summits hosted

6

Highly skilled team members

# Our team is positively obsessed with change and innovation adoption.



Christopher Adlung  
Founder & CEO



Mechthild Kantert  
Senior Advisor Africa



Marie Orschulik  
B2B Global Health Expert



Dr. Hasti Garjani  
Data Scientist



Meenakshi Tekkalakote  
Marketing Expert



Dr. Samuel Chinonso  
Medical Doctor



Trevor McLeigh  
Intern Event Management

“McKinsey has found that **70 percent** of digital transformations fail not because of technical issues but because leaders ignored the importance of managing change. In fact, for every \$1 spent on technology, \$5 is required for change management.”

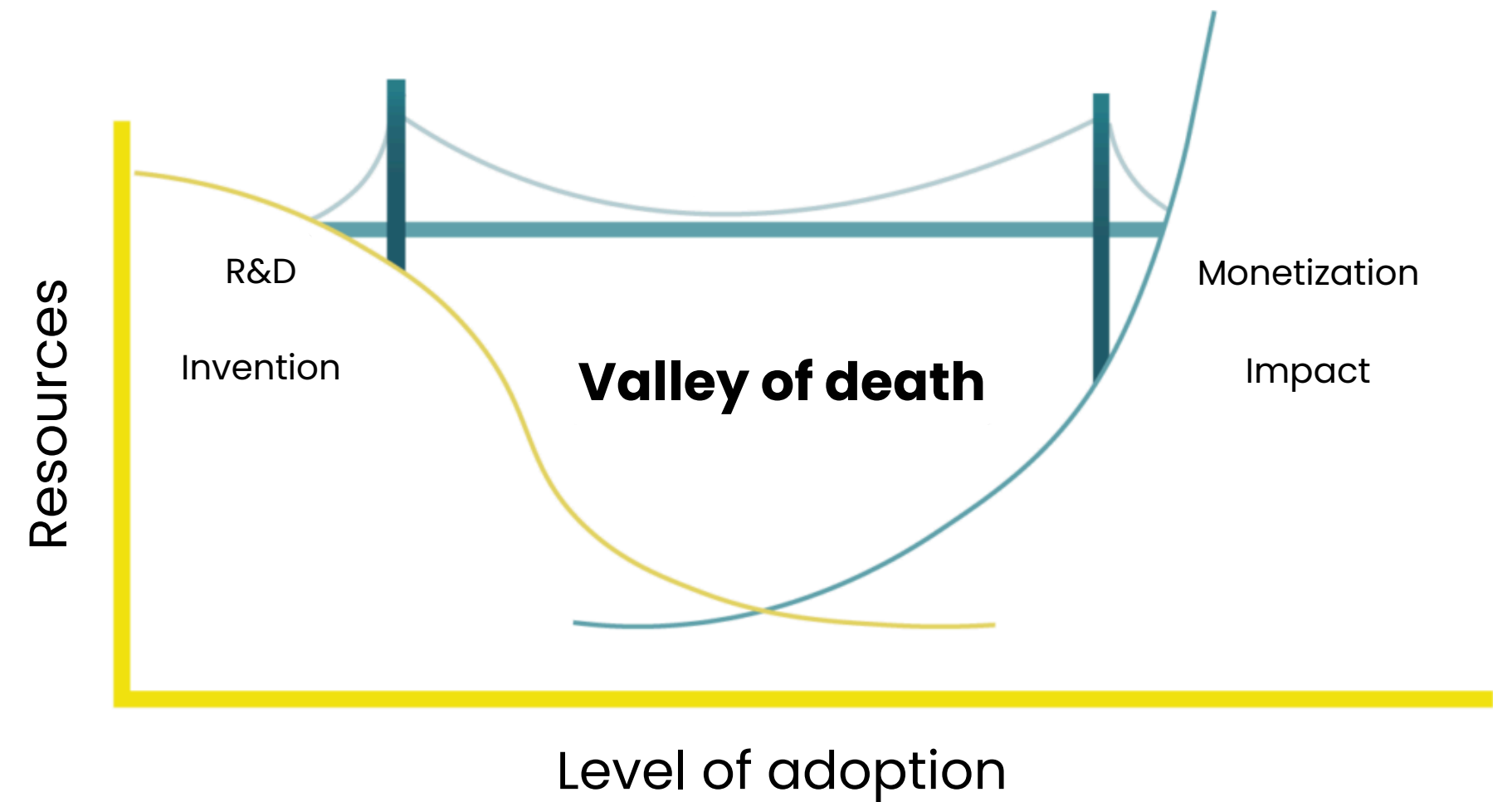
**What if we could lower the cost and risk of change management by simulating the innovation adoption process?**



**This requires a deeper understanding of innovation ADOPTION and IMPACT**



**ADOPTION closes  
the gap between  
INVENTION and  
IMPACT.**



Why adoption?

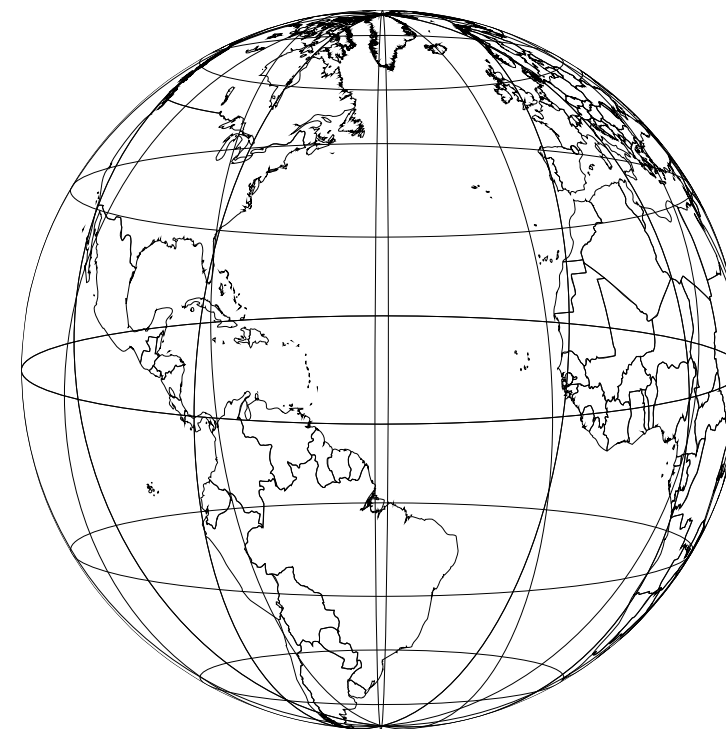
- Adoption turns R&D resources into monetization.
- The higher the adoption level, the greater the impact.
- Scale is not possible without adoption.

# Why do healthcare innovations fail to bridge the gap between INVENTION and IMPACT?

## High-resource settings

Adoption failure rate up to **50%**.

- Lack of workflow integration
- Over-engineered solutions
- Misaligned decision-making
- Information overload
- Regulatory concerns



## Low-resource settings

Adoption failure rate up to **70%**.

- Supply shortages
- Lack of spare parts
- Infrastructural gaps
- Lack of expertise
- Lack of tailored solutions

# IMPACT DEPENDS ON ADOPTION.



**Yet adoption is  
understood  
differently across  
stakeholder  
groups.**



## Patients

No adoption means no patient care.  
Patient treatment doesn't improve.



## Doctors

No adoption means no clinical impact.  
Innovation does not translate into quality of care.



## Pharma

No adoption means no compliant treatment.  
Therapies are not used as intended.



## MedTech Supplier

No adoption limits utilization.  
Products fail to generate revenue.



## Investors

No adoption means no return on investment.  
Innovation doesn't convert into scalable value.

# How do we predict whether an innovation will be adoption at scale?

**Adoption is not a  
black box!**

**It emerges from  
individual decisions  
that collectively  
shape system  
behaviour.**



**How can we de-risk adoption before rollout?**



**How can we estimate market response and revenue for new products?**

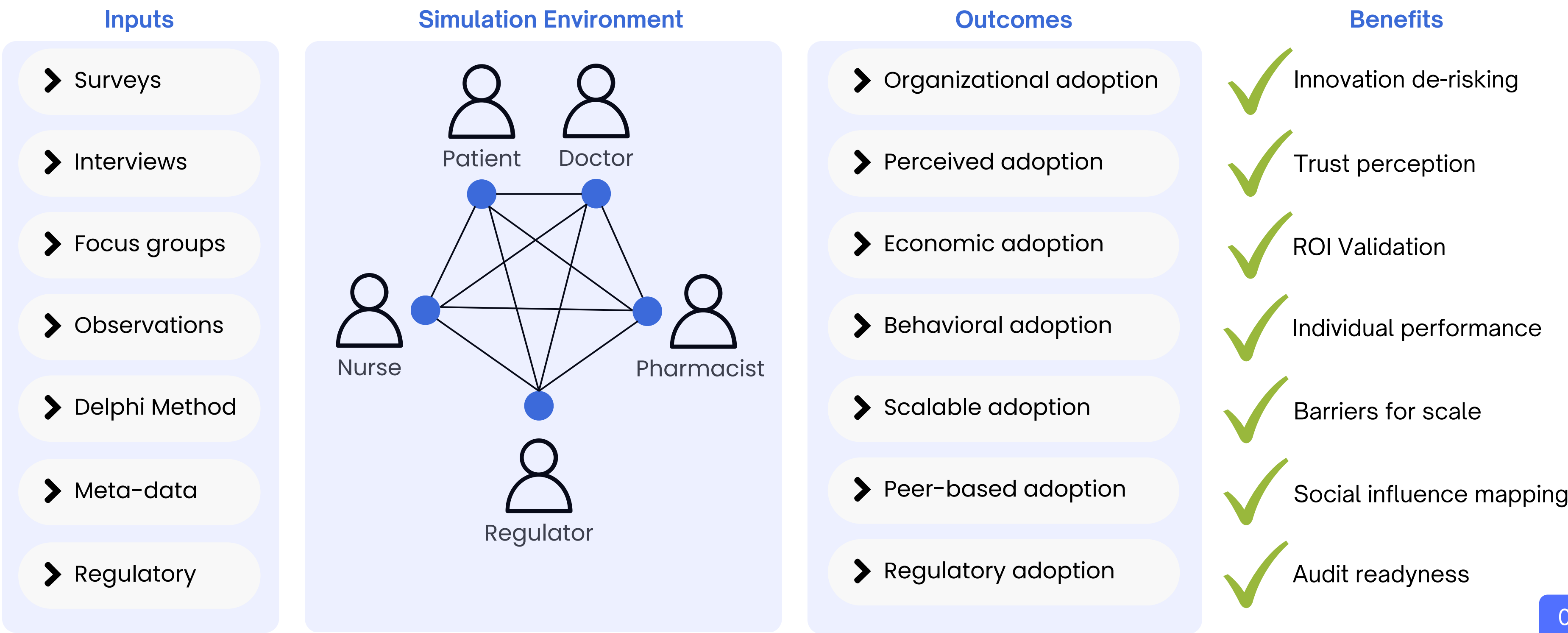


**How can we forecast adoption in response to policies under what-if scenarios?**



**What happens to adoption if we change variable X, e.g. product feature, timing, price.**

# We replace AI hype with evidence-based modeling of real-world data to simulate decisions of personas that drive innovation adoption.



# Depending on the case and study design, we will incorporate ISO 42001-aligned controls from day one.

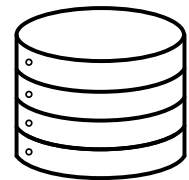
## Med Tech



A.5.2 Impact:  
Safety-first risk modeling.



AI Safety & Risk Registry



**Proves the device is  
ready for launch.**

## Pharma



A.7.2 Controls:  
Mapping the "Human Element."



Operational Workload Map



**Predicts real-world  
adherence levels.**

## Investor



A.6.2.8 Explainability:  
Traceable reasoning logs.



Traceability Report



**"Black-box" killer providing  
the reasoning chain.**

## Policy



A.7.4 Data Quality:  
Rigorous source provenance.



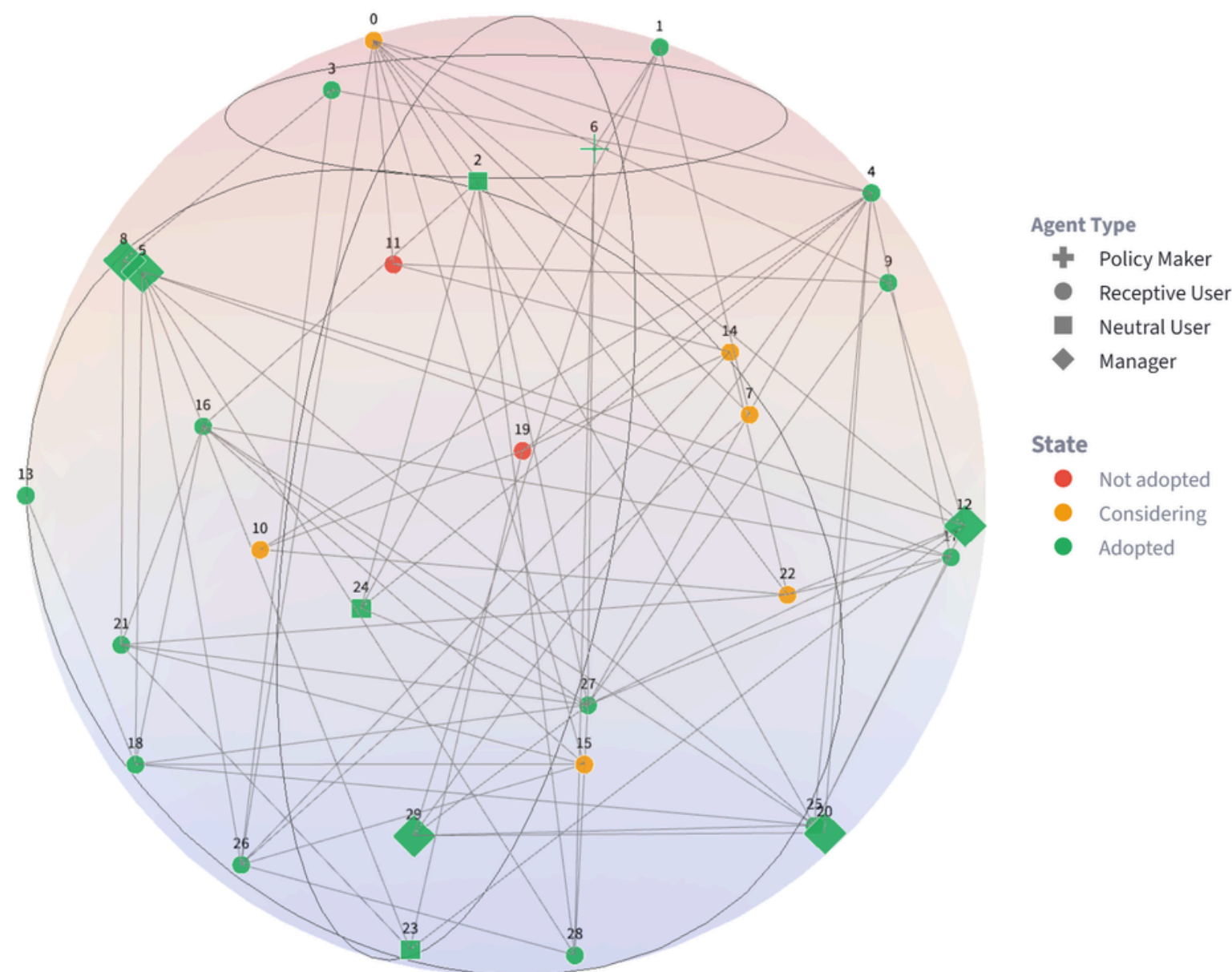
Scientific Provenance Ledger



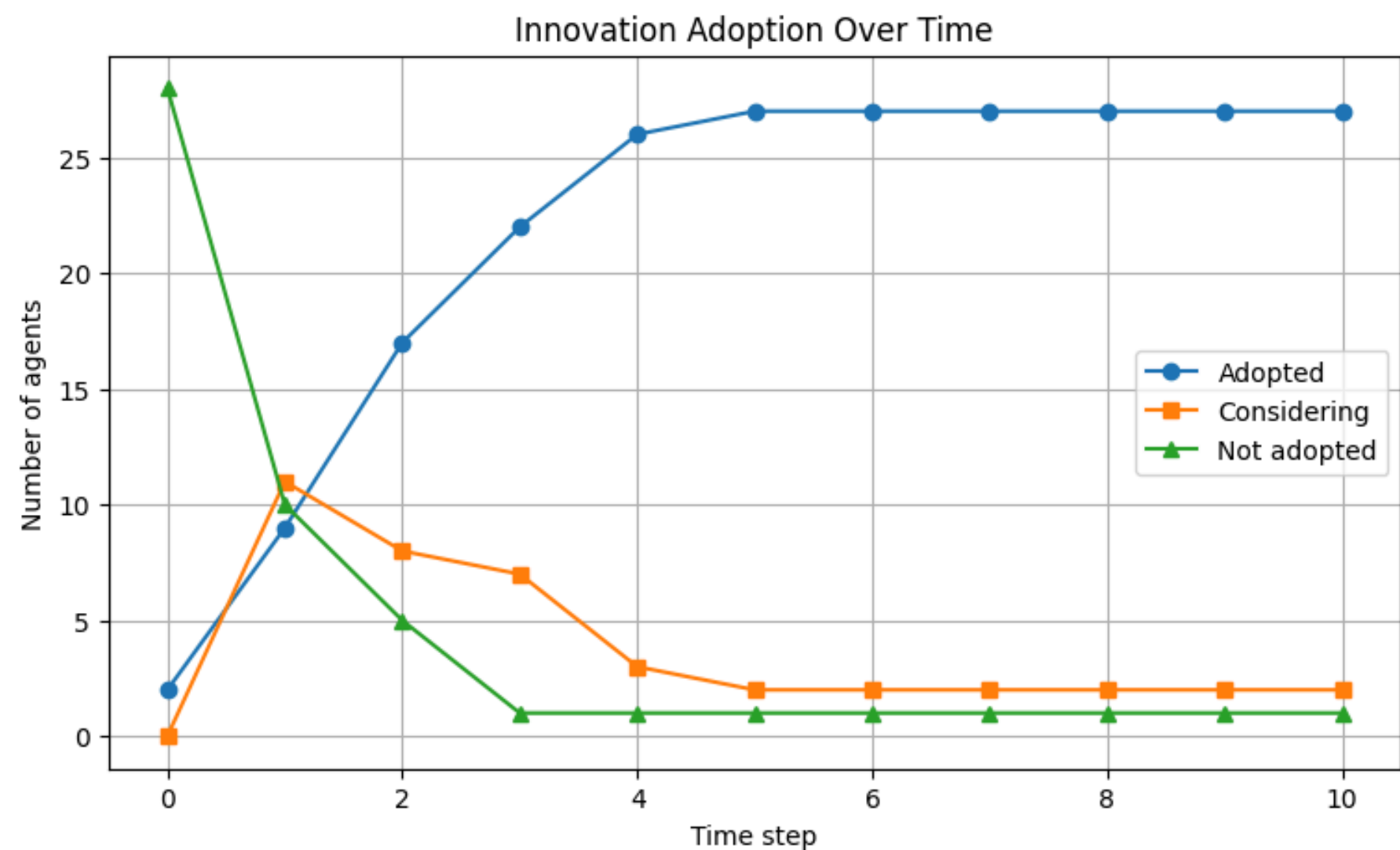
**Audit trail, ensuring all  
insights are evidence-based.**

# We built an MVP to validate innovation adoption as a system of stakeholder behaviors, workflows, and networks.

Network graph outlining different actors and adoption status

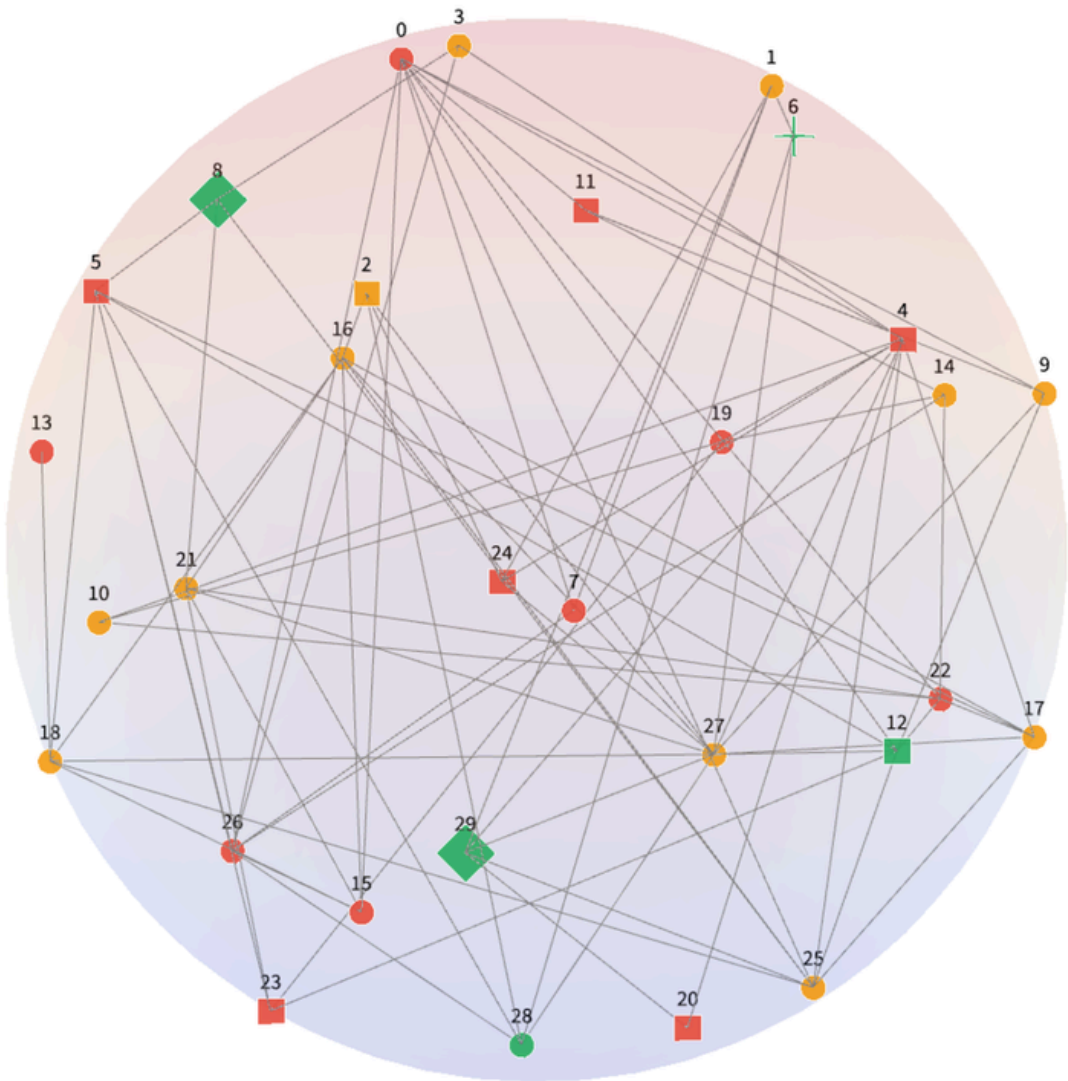


Innovation adoption over time within a simulated environment



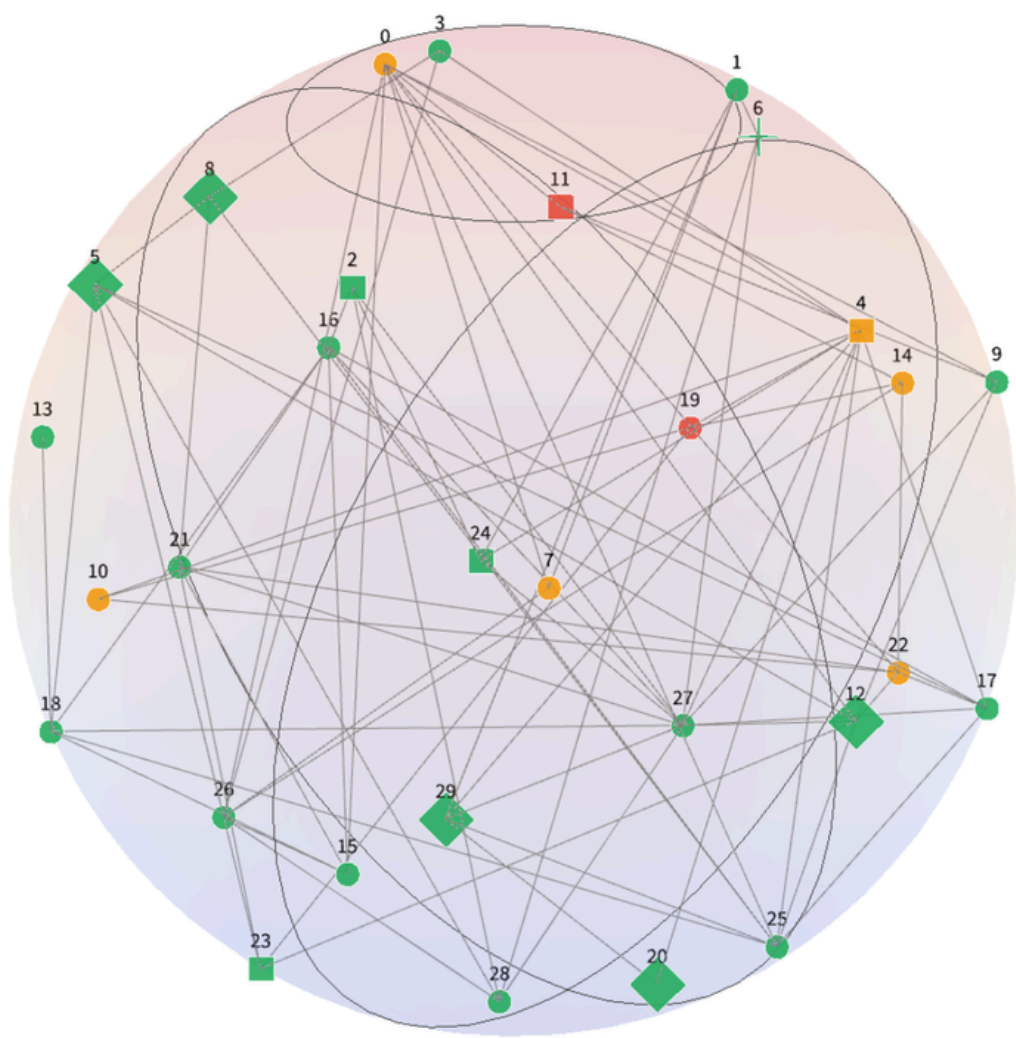
# Slow adoption means lost revenue and profits, while high adoption leads to increased revenue and stronger profitability.

Scenario 1: Slow adoption  
(high skepticism)



- Agent Type
- Policy Maker
  - Receptive User
  - Neutral User
  - Manager
- State
- Not adopted
  - Considering
  - Adopted

Scenario 2: High adoption  
(low skepticism)



- Agent Type
- Policy Maker
  - Receptive User
  - Neutral User
  - Manager
- State
- Not adopted
  - Considering
  - Adopted

# Proven case study: Our solution enabled the Uniklinik Aachen to save up to 1.5M EUR in annual savings in the Operating Room waste.

## Problem

- Up to 33% of hospital waste is produced in Operating Rooms.
- Most waste is hazardous, increasing the hospital's CO<sub>2</sub> footprint.
- Adoption of sustainable practices lacks a structured and systematic approach.

## Solution

- ✓ We developed a solution enabling clinical personnel to adopt sustainable practices consistently.
- ✓ Our approach enables sustainability officers to see behavioral changes in real-time.
- ✓ C-level management can track actual savings and simulate savings potential in different scenarios.

# We would like to leverage our proven expertise to support your mission to improve health outcomes.

## RWTH Uniklinik Aachen – Waste management project

**Problem:** Healthcare facilities generate substantial amounts of surgical waste (averaging 7.5 kg per operation) but lack structured waste management processes.

**Solution:** We redesigned waste-handling procedures and processes and provided staff with segregation training.

**Benefits:** We achieved €1.5M+ p.a. in cost reductions. Further roll-out is now planned across other faculties.

### Scientific poster



Full article is currently in peer review, pre-print is published:  
<https://thieme-connect.com/products/ejournals/abstract/10.1055/s-0045-1809839>

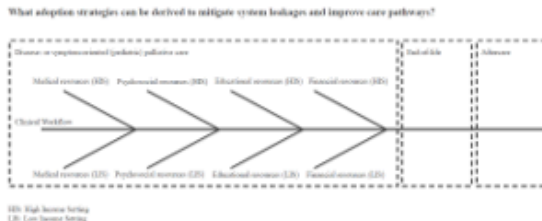
## Erasmus MC – Telehealth solution in pediatric palliative care (PPC)

**Problem:** Care teams lack effective telehealth solutions to support and consult with families at home during PPC treatment.

**Solution:** A telehealth solution that connects mobile care teams with hospital-based care teams, enabling seamless collaboration and coordinated care.

**Benefits:** Families can focus on providing care rather than managing logistics and frequently transporting their children to the hospital.

### Conceptual framework



Full systematic review is currently in development. Protocol is published:  
<https://pubmed.ncbi.nlm.nih.gov/41708174/>

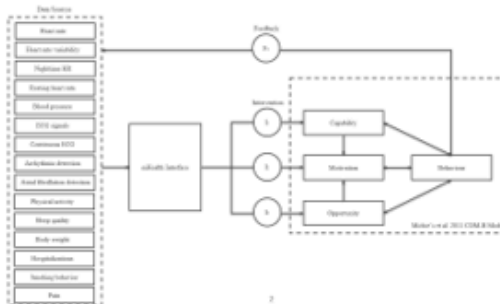
## Charité Berlin – Risk scoring for cardiovascular diseases

**Problem:** Patients aged 65+ with cardiovascular diseases lack effective home monitoring, resulting in delayed detection of health deterioration and increased hospital visits.

**Solution:** Validation and testing with selected device suppliers on how to adopt, implement, and scale remote monitoring in a wider ecosystem, including insurance providers.

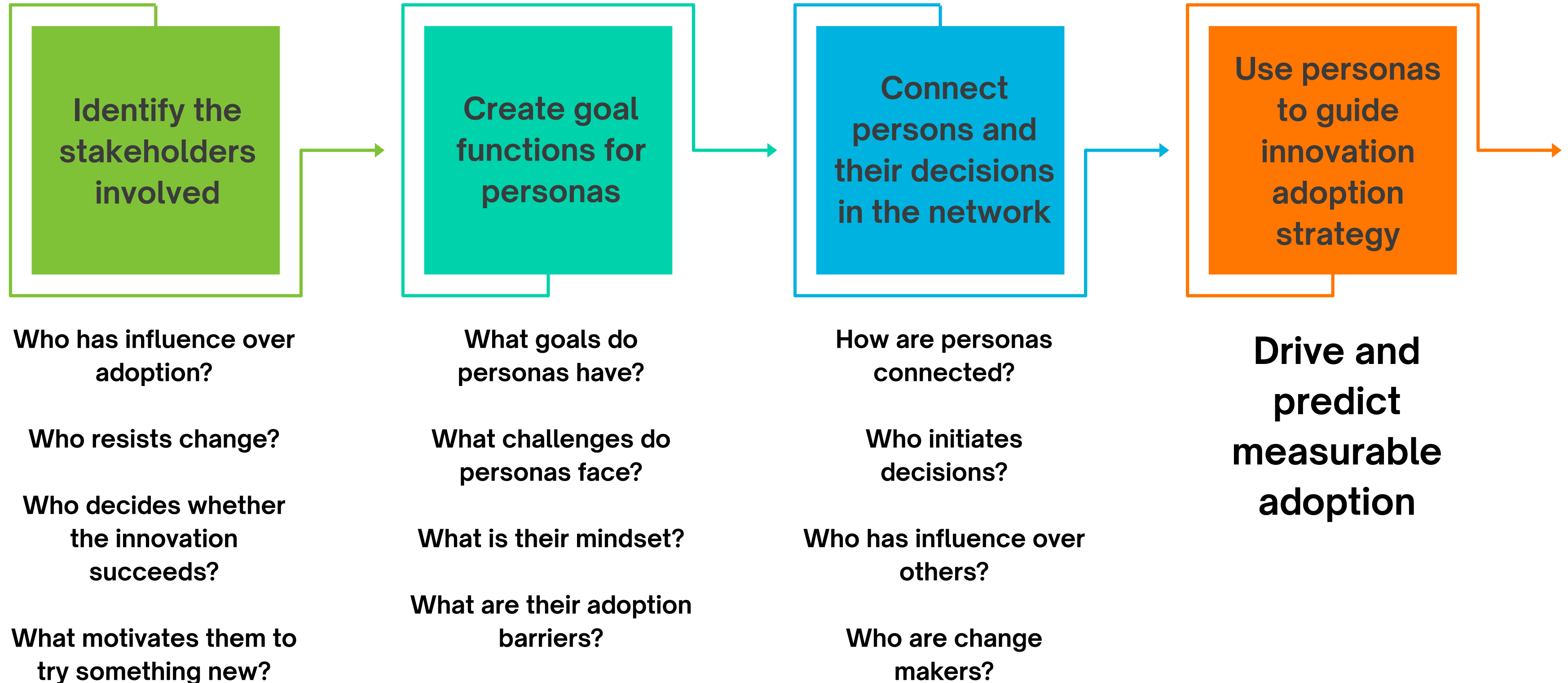
**Benefits:** Earlier detection of health deterioration, proactive cardiovascular care, fewer avoidable hospital visits, and improved patient outcomes.

### Conceptual framework



Manuscript is currently in development to publish on existing findings during adoption phase.

# Our Client Conversation Framework helps uncover the best solution for each client's unique needs.



# With a functional TRL 4 prototype in place, we are looking to partner with industry leaders to advance the solution through pilot testing.

## What we offer

- ✓ Expert adoption consulting paired with real-time user behavior modeling.
- ✓ A comprehensive adoption report summarizing adoption behavior, user interaction, and empirical adoption metrics.
- ✓ Simulation models to identify adoption risks, user behavior, and scale-up bottlenecks.

## What we need from partners

- 6-12-month consulting mandate to accelerate adoption of selected portfolio products & services.
- Collaboration with management to align on pilot KPIs.
- €35k pilot co-investment covering modeling, execution, and consulting.

**Reach out for a 2-day scoping workshop to identify 1–2 target portfolio assets for pilot adoption: [info@tairis-medical.org](mailto:info@tairis-medical.org)**

# Ultimately, we build simulated networks of AI personas to forecast real-world adoption dynamics for innovators and investors.

## Our Vision and Roadmap

**Q1 2024**  
Human-Led  
Adoption  
Consulting



**Q2 2026**  
TRL 4  
Prototype &  
Functional  
Validation

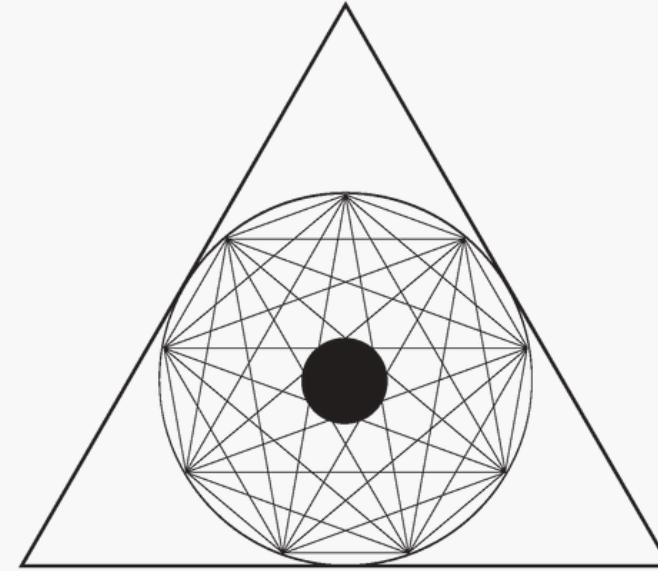


**Q4 2026**  
Live Pilot  
Testing &  
Behavioral  
Validation



**Q4 2027**  
AI-Driven Adoption  
Platform & Scaled  
Consulting





**What core problem are you trying to solve?**

**Who are the key stakeholders involved in the conversation?**

**Where do you face adoption barriers for your innovations?**

**[info@tairis-medical.org](mailto:info@tairis-medical.org)**



# Thank You!

**Join TAIRIS Medical to ensure your  
innovations deliver measurable,  
real-world impact.**

**[www.tairis-medical.org](http://www.tairis-medical.org)**

