TRANSFORMING HEALTH AND CARE SYSTEMS

Task 9.2 Key activities at European level

COGVIS: PIONEERING AI WITHIN A CARE ECOSYSTEM WHERE TECHNOLOGY FINALLY WORKS FOR PEOPLE

A THCS ECOSYSTEM CASE STUDY

Version 1.0

WP9

Co-funded by the European Union

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654.

CASE STUDIES OF TRANSFORMATIVE ECOSYSTEMS

Case Study: Cogvis – Pioneering AI Within a Care Ecosystem Where Technology Finally Works for People

PUBLICATION DATE

July 2026

CONTRIBUTORS

This case study was commissioned by FFG, the Austrian Research Promotion Agency (WP9 lead) and written by Ursula Eysin, Red Swan, Austria.

LEAD BENEFICIARY OF THE WP9

FFG, Gerda Geyer

DISCLAIMER

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement Nº: 101095654.

EXECUTIVE SUMMARY

COGVIS is one of Europe's clearest proofs that real transformation in health and care begins long before technology enters the room. It begins with trust. With listening. And with the courage to rethink routines that have gone unquestioned for decades. Over the past seven years, this small Austrian pioneer has built not just a product, they are also well established in the whole CARE ECOSYSTEM. Together with all relevant stakeholders, they make care safer, smarter, and more human through privacy-preserving AI and real-time sensing.

In a sector known for scepticism toward digital tools, Cogvis earned acceptance the hard way: bedside conversations, hands-on trainings, transparent communication, and technology that respects the realities of care work. The result is a system trusted by nursing staff, embraced by management, and understood even by the most cautious technicians. Data never leaves the room. Workflows stay intact. What changes is the IMPACT: fall rates drop by up to **77%**, hospitalisations decrease, stress levels sink, and staff job satisfaction rises dramatically.

What began as a fall-prevention tool has grown into a LEARNING ECOSYSTEM. Care teams now CO-CREATE MORE THAN **30** USE CASES, public funders support deployment, and Nordic regions treat Cogvis as a strategic prevention asset. The company integrates with over 200 nurse-call systems and collaborates with major ICT partners, turning once-fragmented infrastructures into coherent, scalable care networks.

Cogvis exemplifies what happens when a company is integrated in what THCS calls a TRANSFORMATIVE ECOSYSTEM: sustainable, user-driven, cross-sectoral, and grounded in measurable value. It shows how small innovators, backed by public funding and aligned stakeholders, can shift an entire field from analogue routines to intelligent, dignity-preserving care.

In short: **WHEN TRUSTED TECHNOLOGY MEETS HUMAN-CENTERED DESIGN, TRANSFORMATION STOPS BEING A VISION AND BECOMES DAILY PRACTICE.** That is the Cogvis story.

TABLE OF CONTENTS

1 INTRODUCTION

In European health and care, transformation rarely begins with technology. It begins with people willing to rethink how care is delivered. Over the past seven years since their solution entered the market, COGVIS has become one of those rare pioneers: a small Austrian company with the courage to challenge entrenched routines, the patience to build trust in a sceptical sector, and the discipline to grow an entire market where none existed.

Their journey began way earlier, with a funding project back in 2011. At the end of the project in 2014, a prototype was in place, and after roughly three more years of development, the solution was officially launched on the market.

Here's the Timeline:

- 2011-2014: AAL-JP project "fearless"
- 2014-2017: development from prototype to first product
- 2018: official launch of first product
- 2018-2021: fine tuning of product market fit (incl. new functionalities)
- since 2021: roll-out (but still developing algorithms/functionalities further)

Today, Cogvis is well established within the broader care ecosystem: a network of care professionals, technology partners, funders, innovators, and early adopters united around one clear mission: making care safer, more human, and more sustainable through AI-supported, real-time decision-making.

This is the story of how they got there.

2 THE STARTING POINT: A SECTOR HUNGRY FOR SUPPORT, BUT WARY OF TECHNOLOGY

Short- and long-term care in most European regions remains deeply analogue. Traditional routines require staff to enter resident rooms every two to three hours. That's labour-intensive work that drains time from human interaction. "We support the caregivers so they can support the people they care for," the interviewee explained, describing Cogvis' founding intention.

But introducing advanced AI into a sector where digitalisation often meant "the electronic file and not much more" was no easy task. Care teams feared surveillance. Technicians feared complexity. Directors feared budgets. And many simply feared change.

Cogvis addressed each of these fears methodically. The company invested early in Austrian R&D support, notably from the Austrian Research Funding Promotion Agency FFG, which helped accelerate the development of their patented 3D sensor solution. Public funding provided the technological runway. But becoming embedded in the broader care ecosystem required far more: trust, patience, and constant dialogue.

3 A TECHNOLOGY DESIGNED FOR TRUST

Everything about Cogvis' solution reflects an understanding of the care ecosystem's real constraints.

- **Only a power outlet required**, no integration into sensitive IT systems.
- **AI runs directly on the sensor**, meaning data never leaves the room.
- **3D silhouettes, not video**, avoiding privacy concerns.
- **Only in case of a fall** are ten short visualizations sent for reconstruction.
- **Room-based, not person-based** data, a decisive point for GDPR compliance.

As the interviewee put it, "*The raw data never leaves the room… These are not personal data, they are assigned to rooms, not residents.*"

In an era where camera competitors over-promised and under-delivered, Cogvis' adherence to privacy and reliability slowly repositioned AI from a threat to an enabler.

4 FROM DEVICE TO ECOSYSTEM: BUILDING ALIGNMENT AMONG DIVERGENT STAKEHOLDERS

Care ecosystems are complex. A single deployment touches:

- Care staff
- Nursing leadership
- Technicians
- Facility management
- Economic directors
- Regional supervisors

Each group has different priorities, different languages, different fears.

"*All stakeholders must be involved from the beginning,*" the interviewee emphasized. "*If you ignore the technician early on, you'll face resistance later.*"

Cogvis learned to tailor the narrative:

- **For care staff**: more time for residents, fewer unnecessary room checks, more dignity.
- **For management**: documented fall reduction up to **77%**, fewer hospitalizations, fewer staff injuries.
- **For HR**: trusted tech workplaces that support the care giver attract desperately needed personnel: some clients reported a **37% rise in job satisfaction**.
- **For IT and technicians**: no network load, no complex integrations.

This alignment-building — repeated, patient, iterative — is one of the strongest markers of a **transformative ecosystem** as defined by THCS WP9. It is not simply the deployment of a solution; it is the orchestration of a shared vision across independent actors.

5 LEARNING IN MOTION: FROM SHORT TRAININGS TO A CULTURE OF CONTINUOUS AWARENESS

In the early years, Cogvis made the same mistake many technology providers make: trainings were too short, too theoretical, too optimistic. The result? Low adoption.

They changed course.

"We increased training from 15 minutes to two hours. On site, at the bedside. People need to see, touch, and test the system," the interviewee explained. "Only then do the fears disappear."

Today the onboarding process includes:

- Personal pre-deployment conversations (2–3 hours)
- One to two in-depth staff trainings
- A 2–3 weeks close support phase
- Continuous teams-based follow-ups
- A one-stop-shop: complete project management, scheduling, installation, and coordination

These practices have created a **learning ecosystem** where users shape the evolution of the product. Over time, care teams have developed **more than 30 use cases**: from virtual bed rails to door-exit detection to specialized behavioral monitoring.

Cogvis does not dictate these use cases. The ecosystem invents them.

6 OVERCOMING BARRIERS: FINANCING GAPS, MARKET BURNOUT, AND SKEPTICISM

Transformation is rarely linear.

A fragmented funding landscape

In the DACH region, innovation budgets are often the first to be cut. Care providers carry the cost of implementation, while savings often accrue to health insurers, one of the structural misalignments highlighted in WP9.

In response, Cogvis shifted its expansion strategy:

- Entering the Nordic countries, where tenders explicitly fund (fall) prevention.
- Supporting Austrian regions like Upper Austria, where a *Pflegetechnologiefonds* now co-funds innovative care solutions by 50%.

A market damaged by unreliable competitors

"Some markets were burned by providers who over-promised. Then trust in technology is lost entirely," the interviewee noted.

Cogvis differentiated itself by:

- Radical transparency about capabilities
- Measurable impact
- Zero hype

Skepticism and fear of AI

Care staff often worry AI will replace them, until they see how it works.

"We listen. We explain what the sensor does… and what it does not do. Then suddenly they say: Ah, now that makes sense."

This is ecosystem-building at its most human: reducing fear to enable transformation.

7 MEASURABLE IMPACT: A NEW STANDARD OF SAFETY AND WORKFLOW EFFICIENCY

The impact data is not theoretical. It is lived experience across homes and hospitals.

- **Up to 77% fall reduction** in Sweden after six months.
- **60% fewer hospitalizations** in some deployments.
- **A 150 million EUR annual savings potential** if fall reduction were implemented widely (calculated at a conservative 50% fall reduction).
- **Job satisfaction increases** and lower psychological strain for staff.
- **20% of Austrian care homes already use Cogvis**.
- **More than 10.000 rooms** were equipped with the Cogvis solution across Europe
- Remarkable for a company that had to build its market from zero.

These outcomes show evidence-backed transformation that inspires replication across Europe.

8 THE NORDIC EXPANSION: PROOF THAT PREVENTION PAYS OFF

In Norway, Denmark, Sweden, regions with strong investment in proactive care, Cogvis found fertile ground. They won tenders in Sweden, Norway, and beyond. Through these tenders, Cogvis will roll out 1,500–2,000 sensors in Malmö and Trondheim. Even more importantly, these are just the first tenders in the field of fall prevention, allowing them to establish a best-practice example that many other municipalities and regions are expected to follow.

The lesson is clear: when prevention is funded, innovation scales.

And when innovation scales, ecosystems mature.

9 A LOOK AHEAD: TOWARDS INTEGRATED, SCALABLE ECOSYSTEMS

The care ecosystem is shifting. Fragmented point solutions are losing relevance. Providers want integrated platforms, fewer interfaces, more coherence.

"*Customers want an ecosystem where all systems talk to each other. Not five separate interfaces,*" the interviewee said. "*Cooperation between players is increasing.*"

Cogvis is already there:

- Integration with more than **200 nurse call systems**
- Partnerships with major call platforms
- A sensor architecture that can extend into future use cases without hardware changes

This positions Cogvis as a core node in the emerging European care infrastructure.

10 WHY COGVIS EXEMPLIFIES THE THCS UNDERSTANDING OF A TRANSFORMATIVE ECOSYSTEM

Across THCS reports, transformative ecosystems share key characteristics. The way Cogvis is embedded in the broader care ecosystem checks all of them:

Long-term sustainability
14 years of continuous evolution. Market creation instead of market entry.

Shared strategic goals
Care improvement, staff support, safety, prevention, efficiency. Co-defined with stakeholders.

Alignment of resources and implementation
Clear project processes, turnkey rollout, tailored communication per actor.

Cross-sector collaboration
Care providers, technicians, directors, ICT partners, funders.

Performance indicators
Fall reduction, workflow improvements, HR effects, financial impact.

Legitimacy through acceptance
High user acceptance, strong growth, repeat use-cases, Nordic tenders.

User integration
The ecosystem *co-creates* new use cases.

Cogvis is not merely a technology provider. It is a **system enabler**, cultivating the conditions for transformation in one of Europe's most complex and labor-intensive sectors.

11 A FINAL WORD FROM THE INTERVIEWEE

A quote that captures the essence of this ecosystem journey:

"We had to build this market ourselves. But now the mindset is shifting. People realize they need innovative solutions. And they want them. That gives me hope."

Hope, in this case, backed by measurable progress, real-world impact, and a model ready to scale across Europe.

In short: Cogvis and its solution are well integrated in the broader care system. They prove that when technology, trust, and human needs align, transformation becomes inevitable. When long-term commitment, coordinated action, and shared goals translate into tangible benefits for people, real system change and the creation of new markets is possible.

Sources:

This case study is based on an in-depth, guided interview with a Cogvis representative on December 5th, 2025. Additional sources include the company's website and LinkedIn site mentioned below.

Recommended Links:

Cogvis Website: https://cogvis.ai
Cogvis on LinkedIn: https://www.linkedin.com/company/cogvis-gmbh/