

# AZ Delta's journey towards data-driven healthcare

*Challenges and opportunities when engineer meets physician*



Louise Berteloot

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# Why AI in Healthcare?

## Growing need for decision support

- Exploding volume of multimodal clinical data (images, notes, ECGs, labs, wearables, pathology ...)
- Increasing need for workflow optimization
- Clinicians need fast, reliable insights at the point of care



# Why AI in Healthcare?

## AI as an enabler

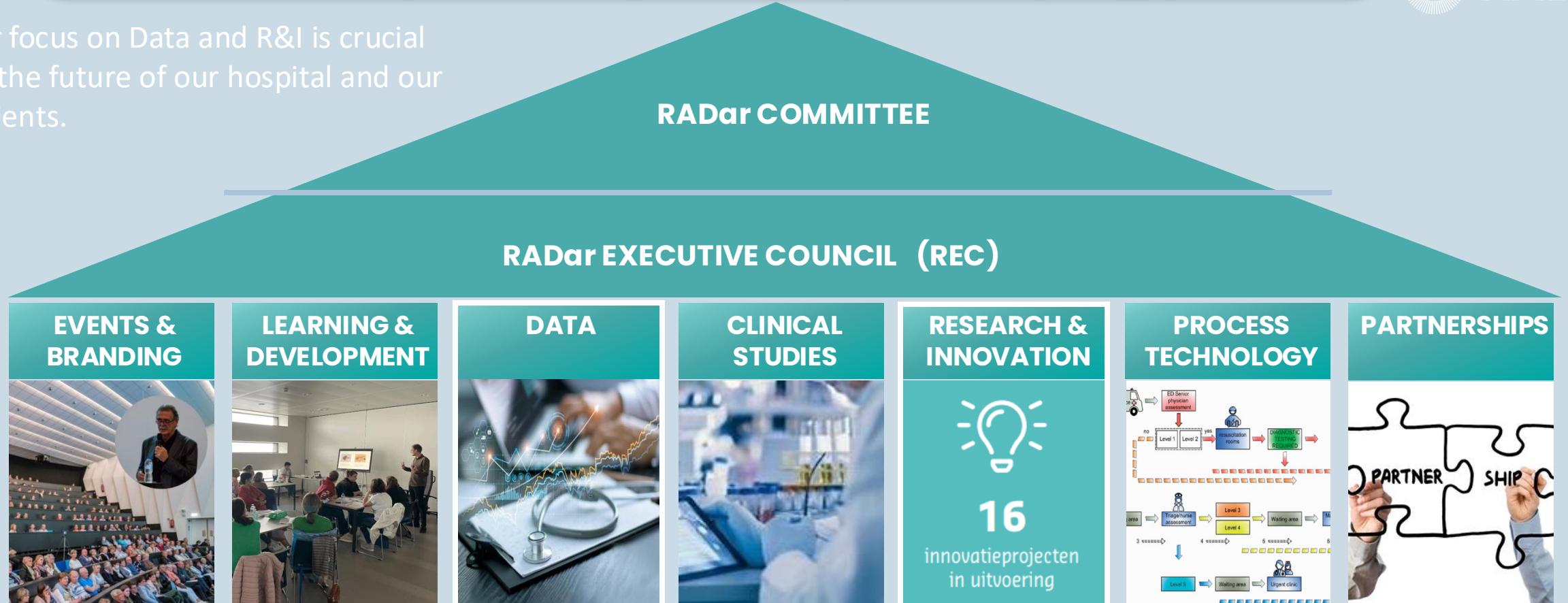
- Transforms raw data into meaningful insights
- Combines expertise and experience from multiple clinicians
- Helps optimize treatment pathways
- Supports early detection and personalized care





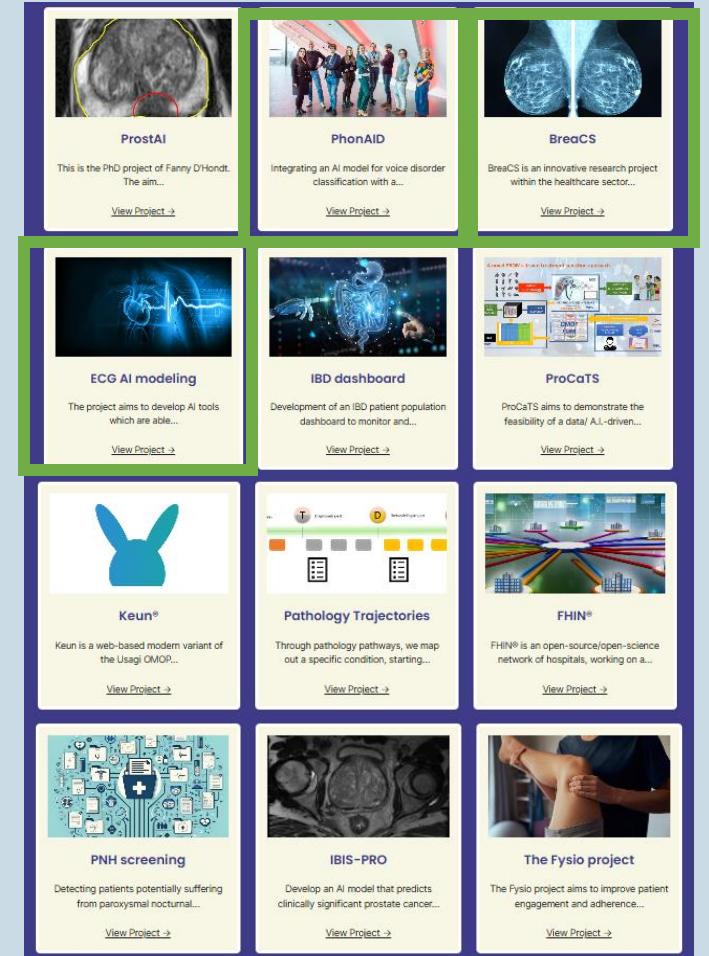
# Focus: Data and Research & Innovation (R&I)

Our focus on Data and R&I is crucial for the future of our hospital and our patients.



# How does RADar work?

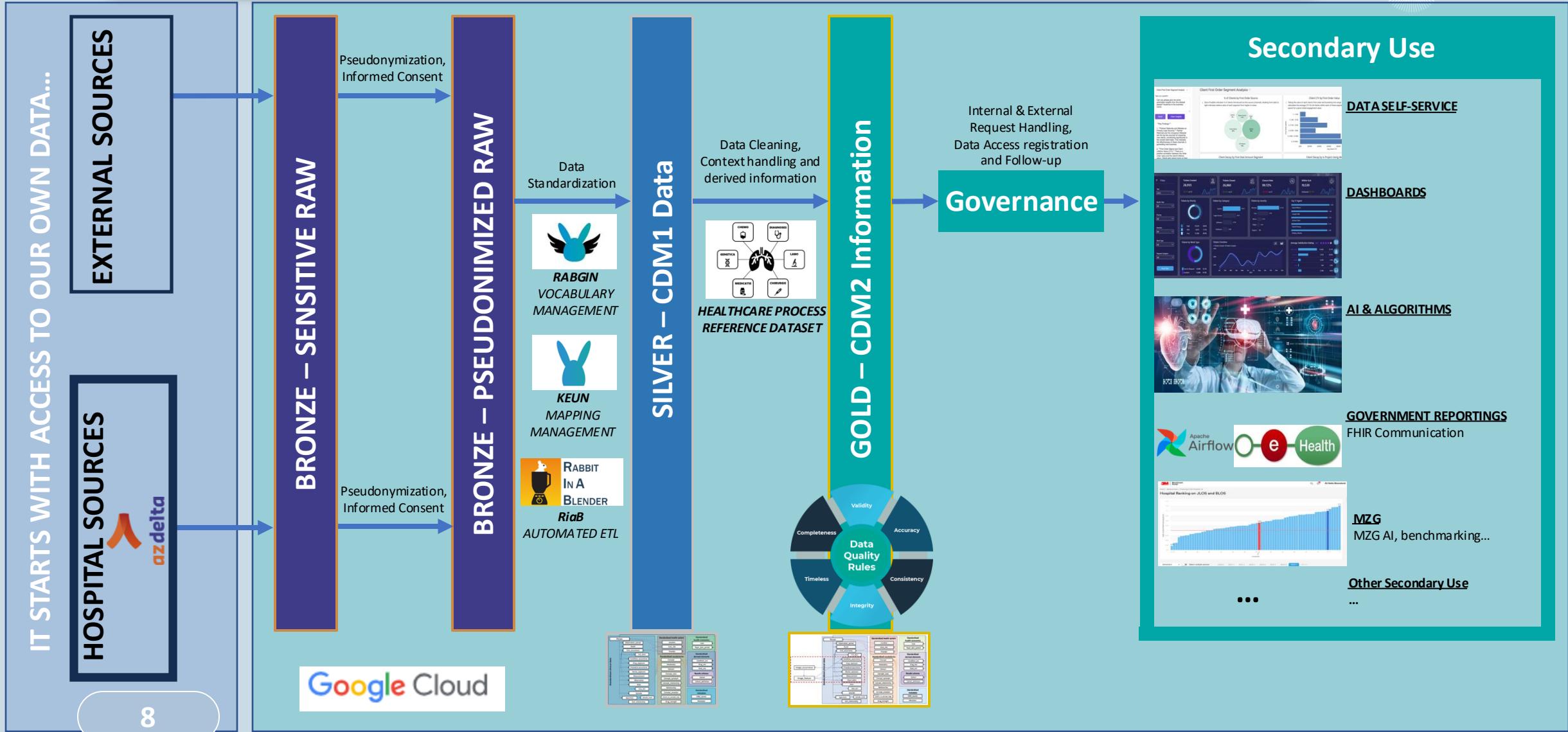
- Learning and Innovation Centre AZ Delta, 2020, business unit AZ Delta
- RADar: **Revolutionary Algorithms & Data – actionable results**
- **Data use to support optimal care & treatment of patients.**
- **Treasure of knowledge and insights - multimodal data:** images, text, ECGs, lab results, wearables, tissue slides,...
- **AI-based predictions.**
- 11-member **multidisciplinary** innovation team focused on **research**.
- Starting point: **clinical research questions originating from physicians.**
- **Funding** (Vlaio, FOD, AZ Delta, grants, Belspo, etc.).
- **From research to valorization:** research > development > implementation.



Get to know our projects:  
[www.radarinnovationcenter.com](http://www.radarinnovationcenter.com)

# AZ Delta Central Repository

IT STARTS WITH ACCESS TO OUR OWN DATA...



# The reality of real world data

## Challenge

- Physicians write short notes instead of structured data
- Efficiency vs usability for analysis
- Garbage in → garbage out

## Opportunity

- LLMs have become great at analyzing medical unstructured data
- LLM pipeline in development



# Translating Algorithms into Clinical Reality

## 1. Clinical Validity

*Does it improve patient outcome?*

## 2. Actionability and Explainability

*Are the results understandable and usable?*

## 3. User-Friendliness and Integration

*Is it practical and usable for clinicians?*

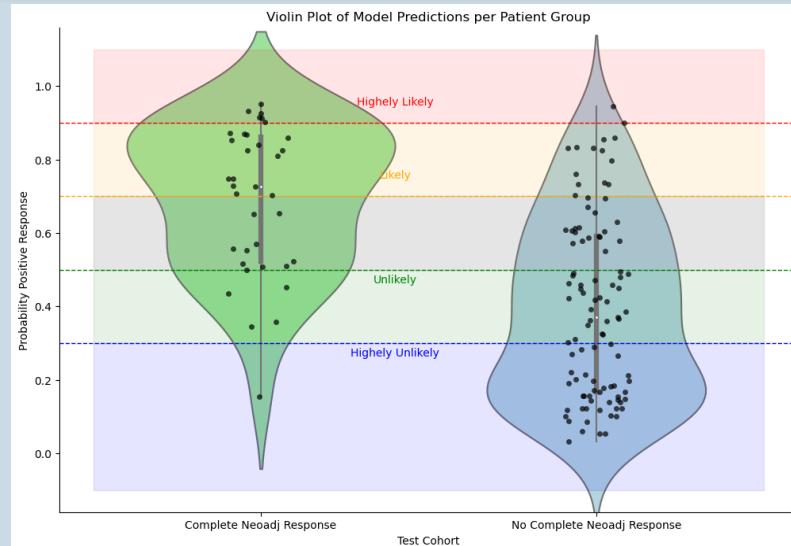


# Clinical validity

In 2025, we launched our first clinical study at AZ Delta focused on ECG models, aiming to evaluate their clinical validity and impact within our own hospital environment.



# Actionability and explainability

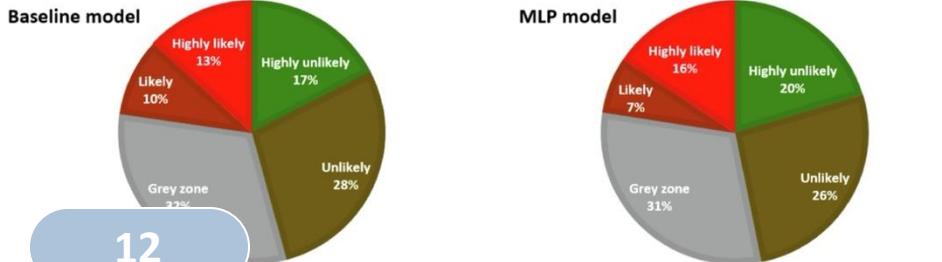


1. Threshold
2. Action

A

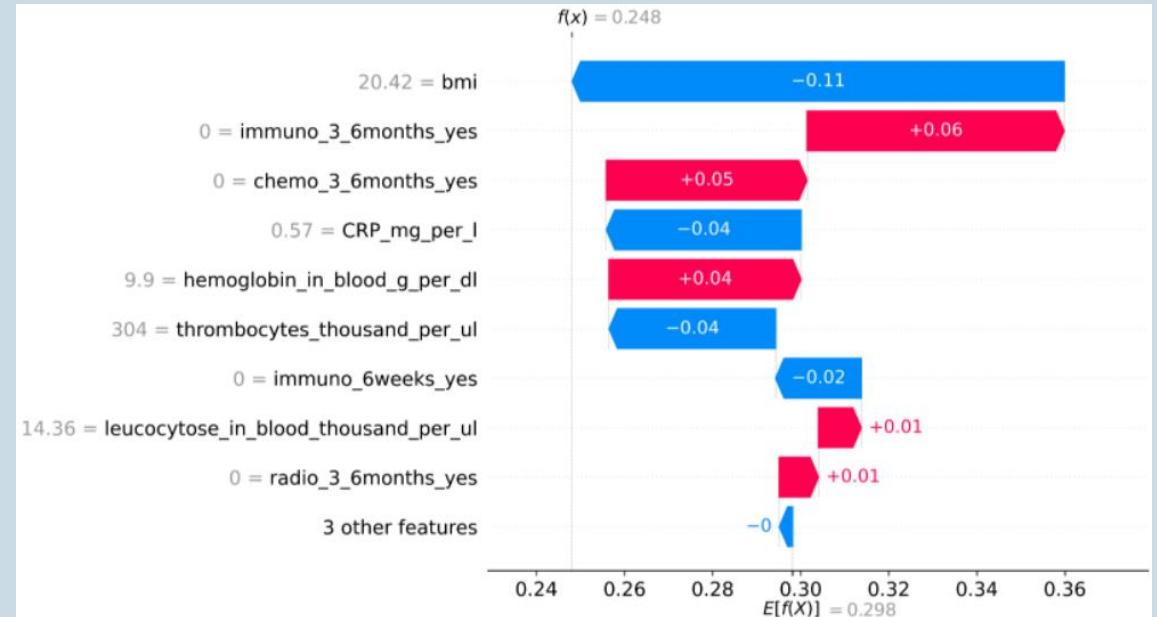
	Highly unlikely	Unlikely	Grey zone	Likely	Highly likely
<b>Baseline model</b>	LR 0.10 CI 0.08 - 0.12	LR 0.30 CI 0.27 - 0.33	LR 0.90 CI 0.84 - 0.95	LR 5.00 CI 4.37 - 5.74	LR 40.00 CI 31.48 - 52.73
Prediction score	0.00	0.08	0.19	0.58	0.86
<b>MLP model</b>	LR 0.05 CI 0.04 - 0.06	LR 0.30 CI 0.27 - 0.33	LR 0.90 CI 0.88 - 0.99	LR 5.00 CI 4.33 - 5.99	LR 40.00 CI 31.82 - 50.38
Prediction score	0.00	0.06	0.18	0.57	0.84

B



12

2025: AI as diagnostic test - The breakthrough!



Our AI models are not only **accurate**, but also **explainable** and **actionable**. Physicians can understand how the AI reaches its conclusions and directly use the results in diagnosis and treatment selection.

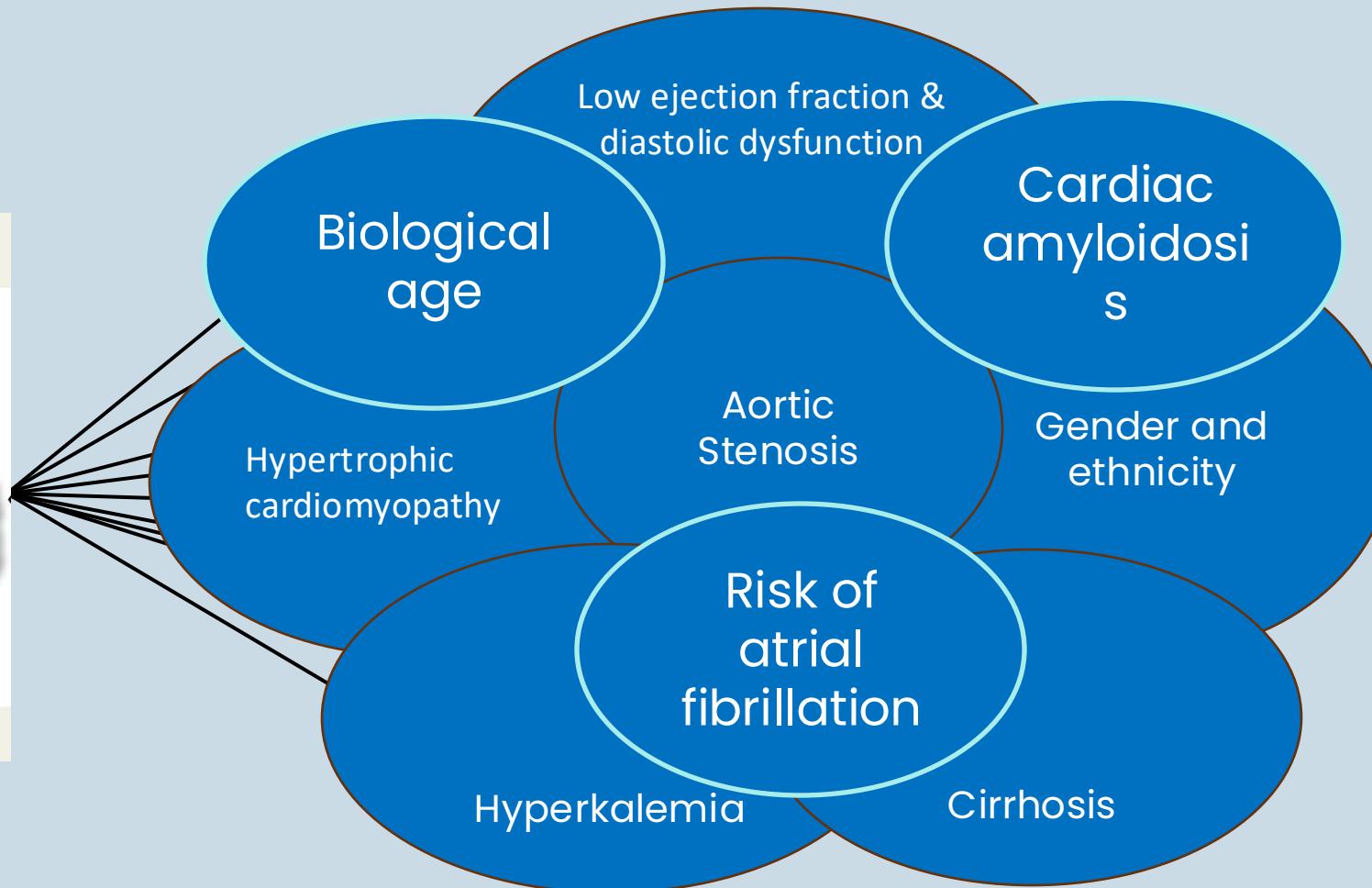
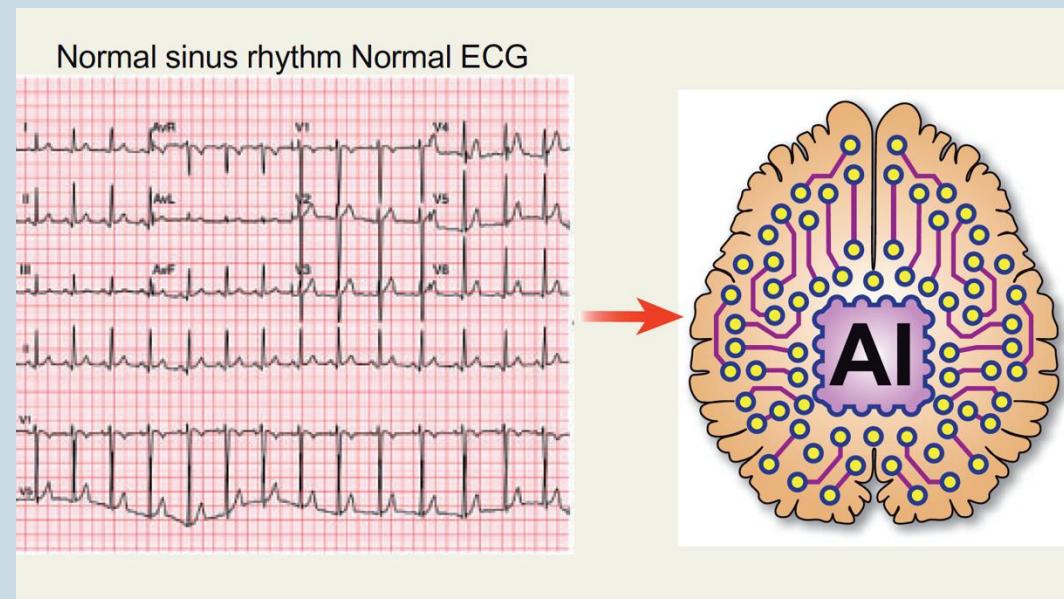
# User-Friendliness and Integration

2024: Integration in Sectra-PACS  
 2025: First integration in HiX

RADar solutions are to be seamlessly **integrated** into AZ Delta's existing IT systems, such as Sectra PACS and HiX. This makes it **easy** and **efficient** for physicians to use the AI tools within their **daily** workflow.

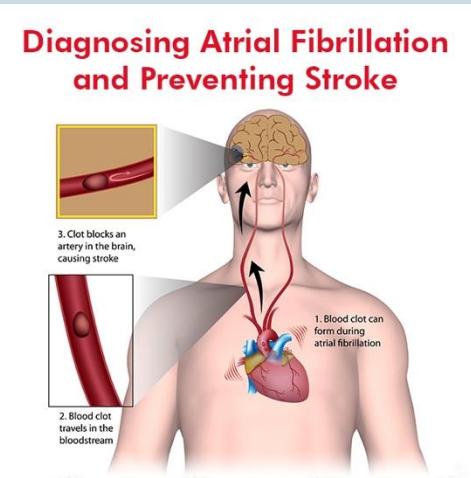


## Use Cases

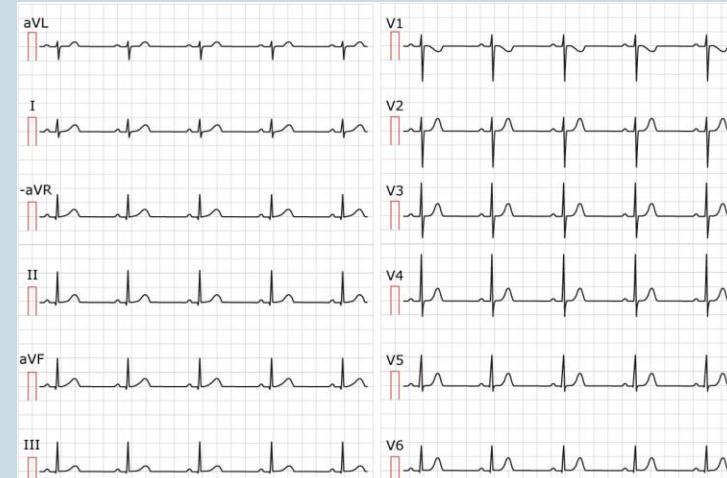


# Early detection atrial fibrillation

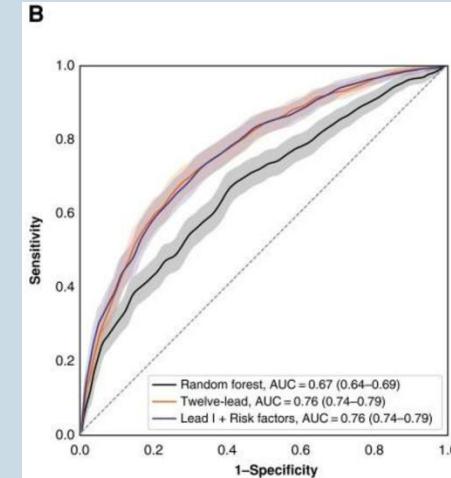
- Research question: Can we detect atrial fibrillation from a sinus rhythm ECG?
- Goal: Atrial fibrillation causes 6,000 strokes per year in Belgium. The goal is to prevent strokes through early detection.



Data: Clinical data, ECG



Result: 0.76 AUC



 ESC Europace (2024) 26, 1–9  
European Society of Cardiology <https://doi.org/10.1093/europace/euad354>

CLINICAL RESEARCH

**Single-lead electrocardiogram Artificial Intelligence model with risk factors detects atrial fibrillation during sinus rhythm**

Stijn Dupulthys  <sup>1</sup>, Karl Dujardin <sup>2</sup>, Wim Anné <sup>2</sup>, Peter Pollet <sup>2</sup>, Maarten Vanhaverbeke  <sup>2</sup>, David McAuliffe <sup>3</sup>, Pieter-Jan Lammertyn  <sup>1</sup>, Louise Berteloot  <sup>4</sup>, Nathalie Mertens  <sup>1</sup>, and Peter De Jaeger  <sup>1,5\*</sup>

**Explainable AI:** Which part of the ECG does the model focus on to make its decision? (attention map)

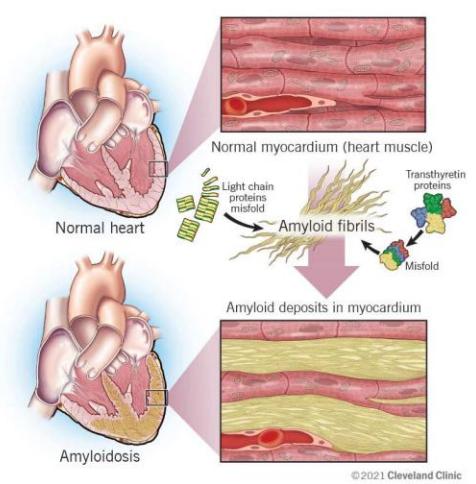
Project

Funding: RADAR

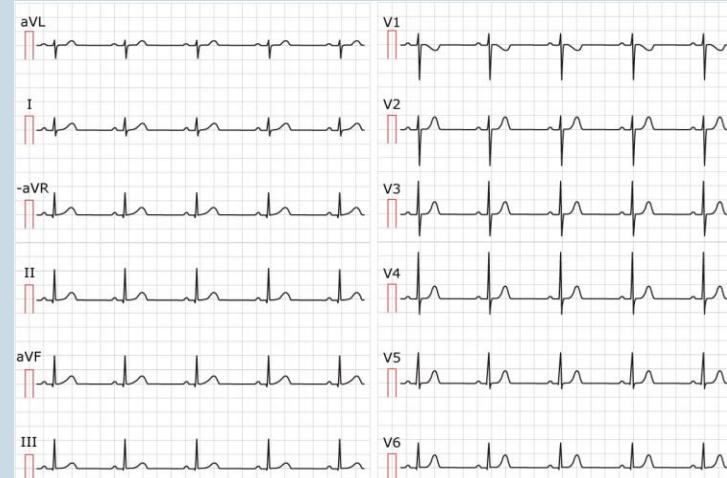
Consortium: AZ Delta, ongoing

# Early detection amyloidosis

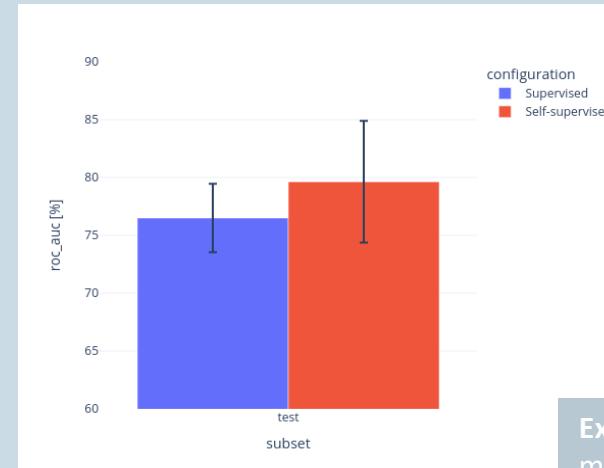
- Research question: Can we detect protein buildup from an ECG?
- Goal: Amyloidosis can be halted but not cured. Therefore, early detection is crucial.



Data: Clinical data, ECG



Result: 0.8 AUC



**Explainable AI:** Which part of the ECG does the model focus on to make its decision? (attention map)

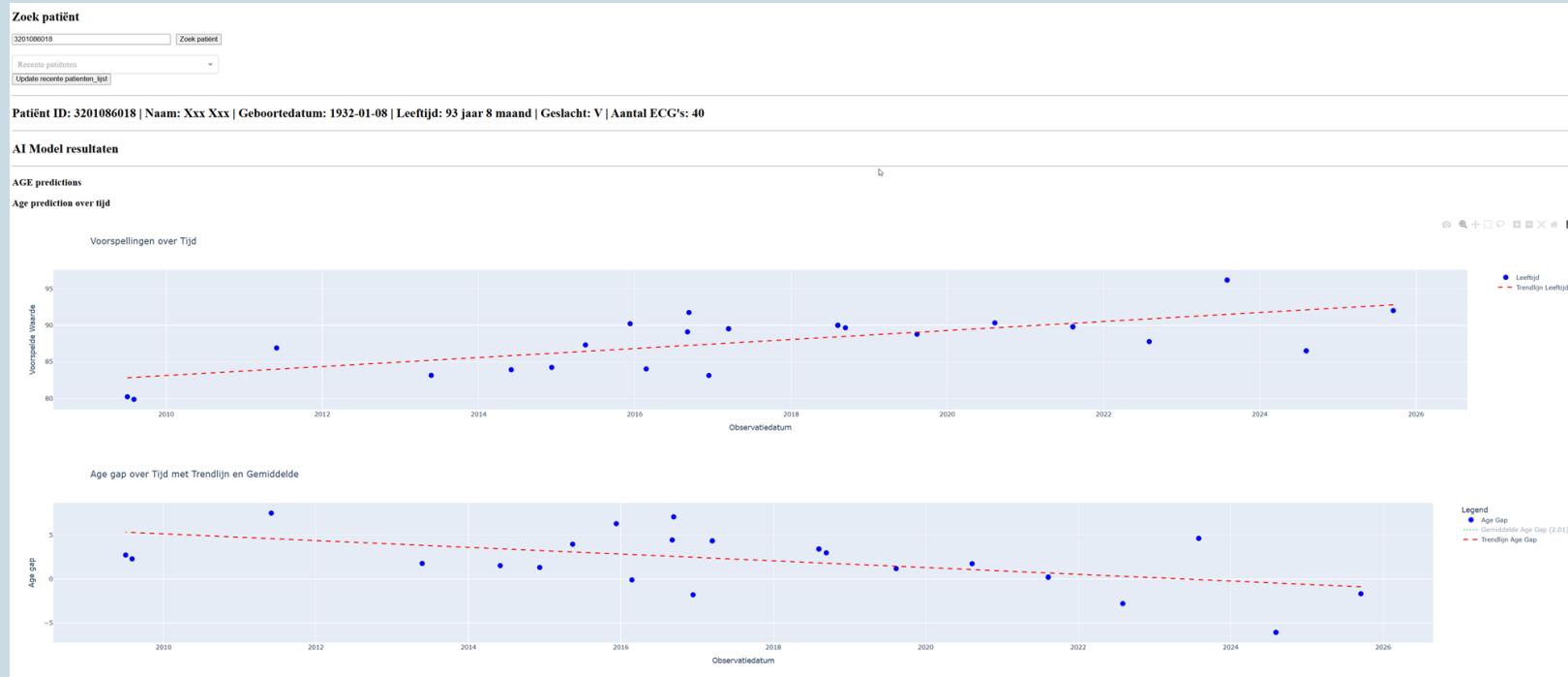
**Project**

Funding: RADar

Consortium: AZ Delta, ongoing

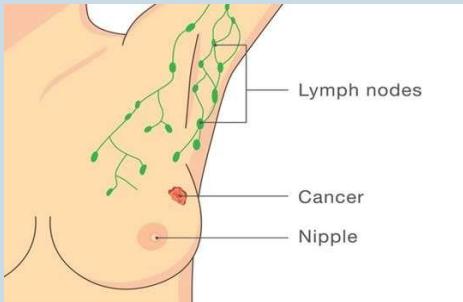
# ECG Model Challenges

- Interpretation of model score by doctors → Calibration or thresholding
- Not yet integrated in EHR → Seamless EHR Integration

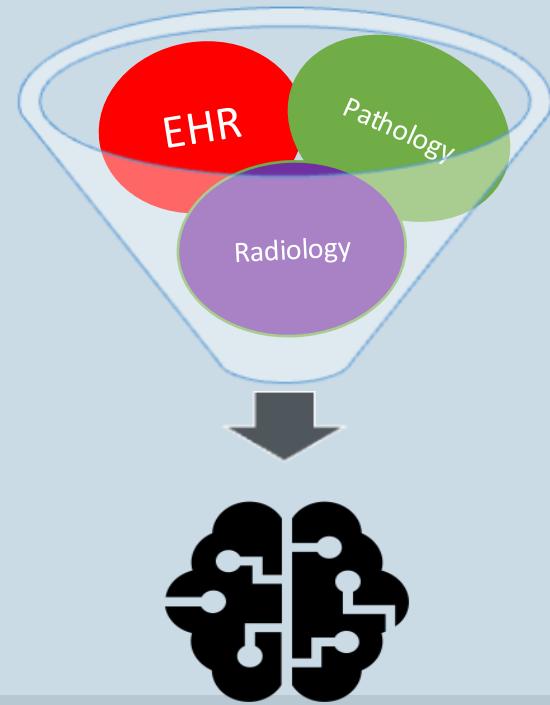


# BreaCS: AI-based CDSS for breast cancer

- Research question: Can we better predict in advance who will benefit from:
  - A sentinel/axillary lymph node dissection procedure
  - Neoadjuvant chemotherapy
- Goal:
  - To avoid unnecessary invasive procedures
  - To optimize the treatment pathway for each patient



**Breast cancer = multifactorial disease**  
 => Combine multiple data modalities



## Project

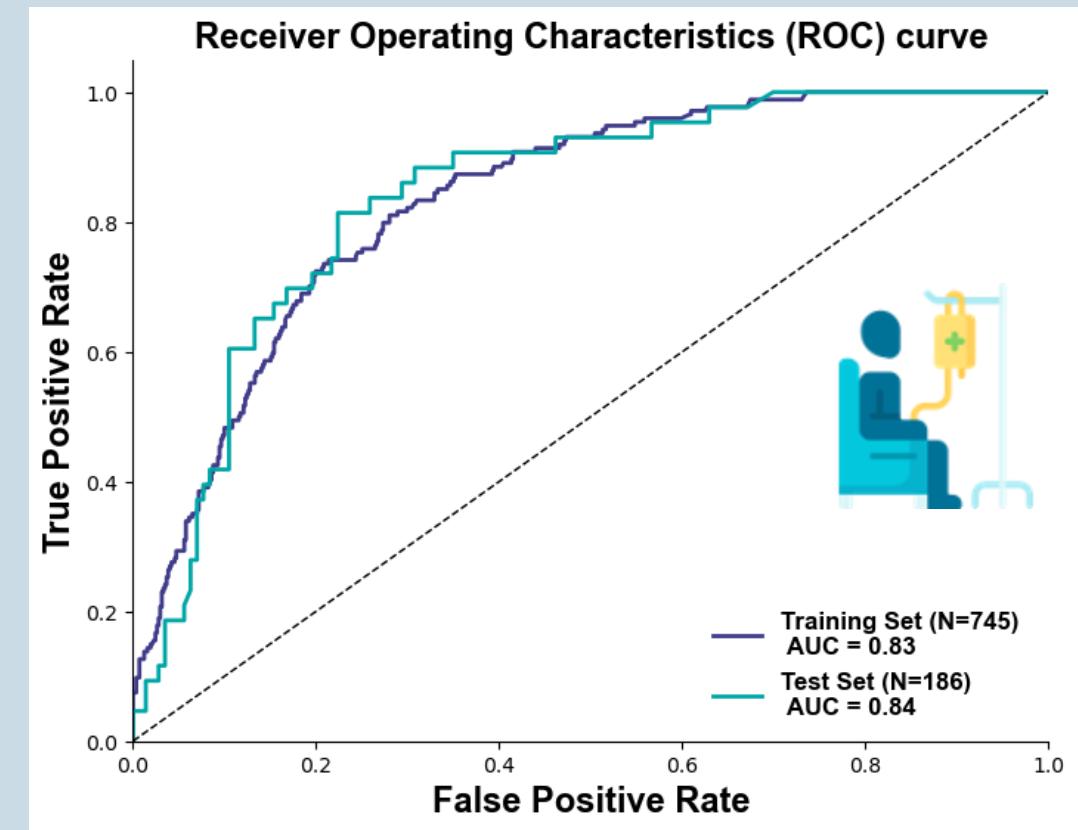
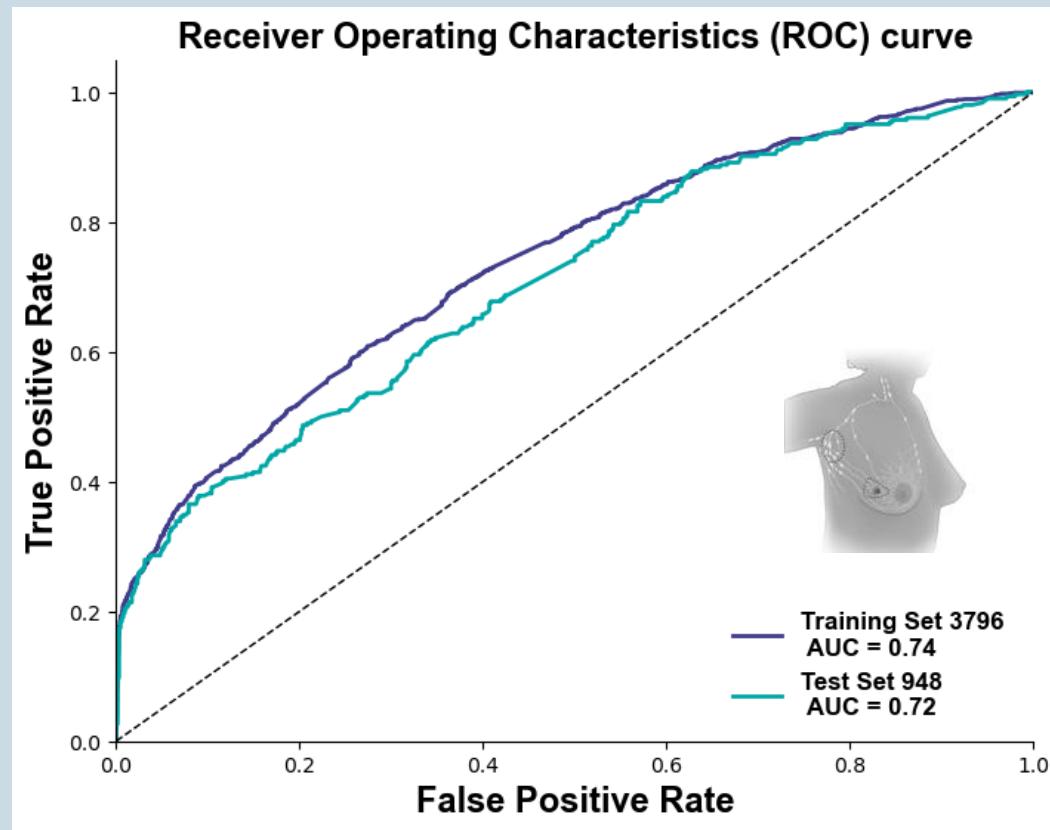
Funding: Vlaio (BreaCS)

Consortium: AZ Delta, ZAS, AZorg, AZ Groeninge

## Project

Funding: Vlaio

# BreaCS: Multi-institutional meets multi-modal



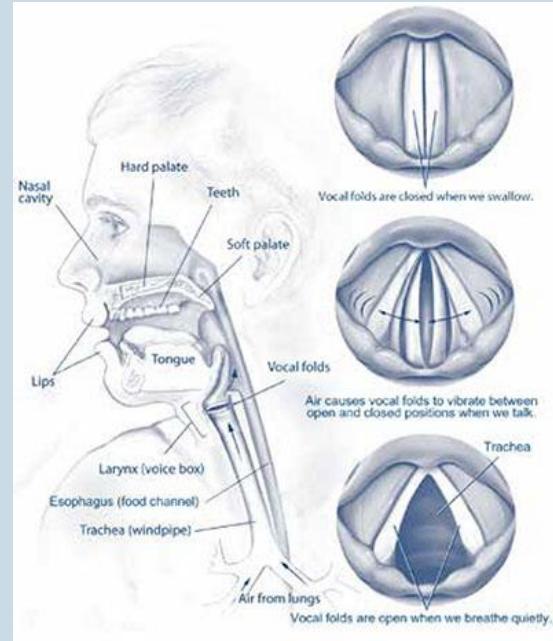
# BreaCS model Challenges

- Multicentric data
  - Inconsistent annotations
  - Varied data format
  - Different coloring
  - ...
- Redoing the MOC requires ethical approval
  - Manual curation, incentive for prospective standardization
  - Incentive for CTC and EC to pave the way for AI-based studies

**Real world deployment requires more than good models!**

# Early detection of voice disorders

- Research question: Is early detection of voice disorders possible through a mobile application?
- Goal: To develop technology for integrated care, focusing on optimal pathology detection and treatment.



Data: Clinical data, Voice data



Result:

Detection disorder  $> 0.95$  AUC,  
 Classification disorder ca. 0.75 AUC

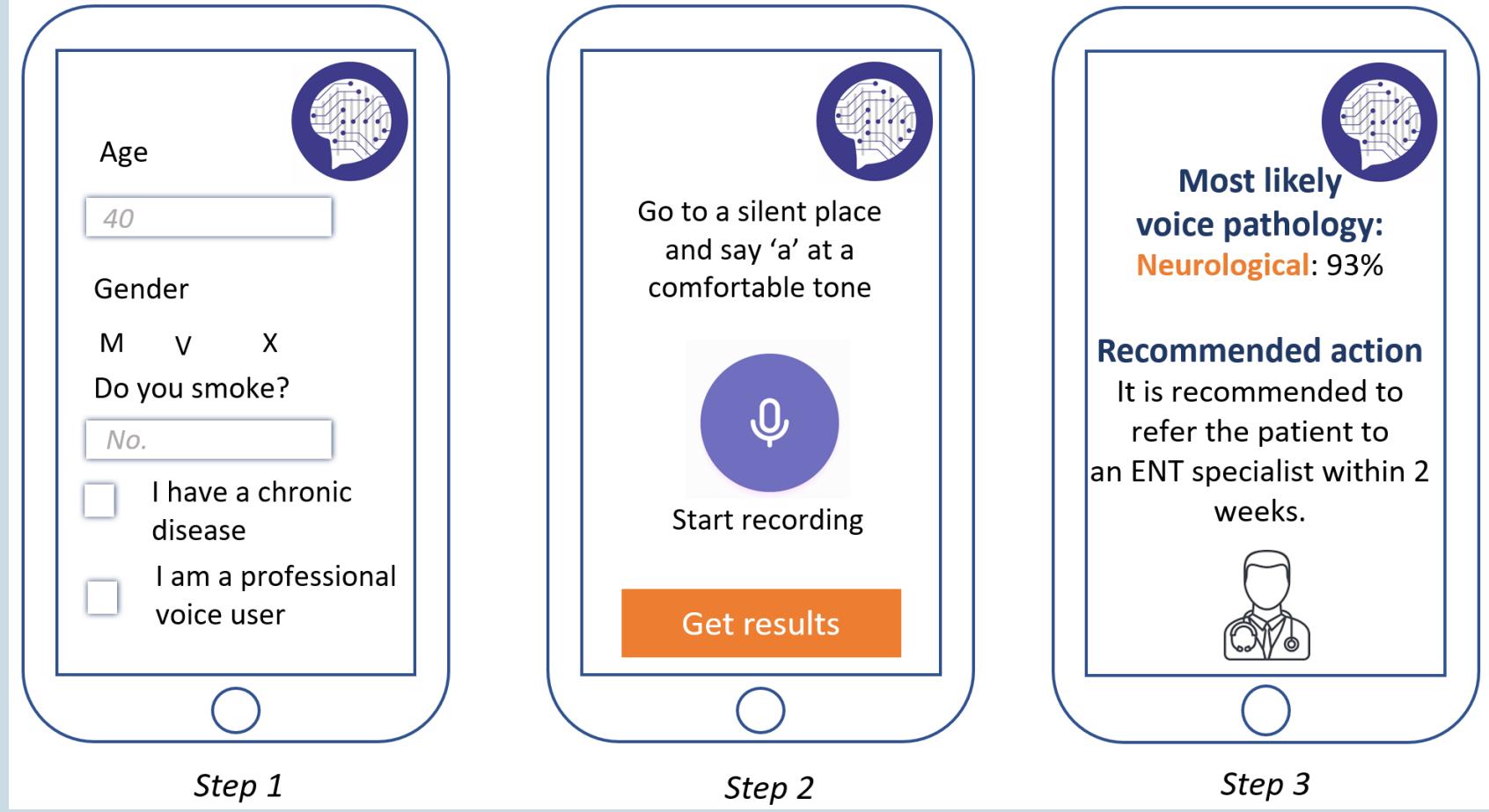
**Explainable AI:** Which part of the recording does the model focus on to make its decision? (attention map)

## Project

Funding: Vlaio (PhonAID)

Consortium: AZ Delta, ZAS, ELG De Piramide, Goomyx

# Early detection of voice disorders



**Step 1**

Age: 40

Gender: M V X

Do you smoke? No.

I have a chronic disease

I am a professional voice user

**Step 2**

Go to a silent place and say 'a' at a comfortable tone

Start recording

Get results

**Step 3**

**Most likely voice pathology:** Neurological: 93%

**Recommended action:** It is recommended to refer the patient to an ENT specialist within 2 weeks.

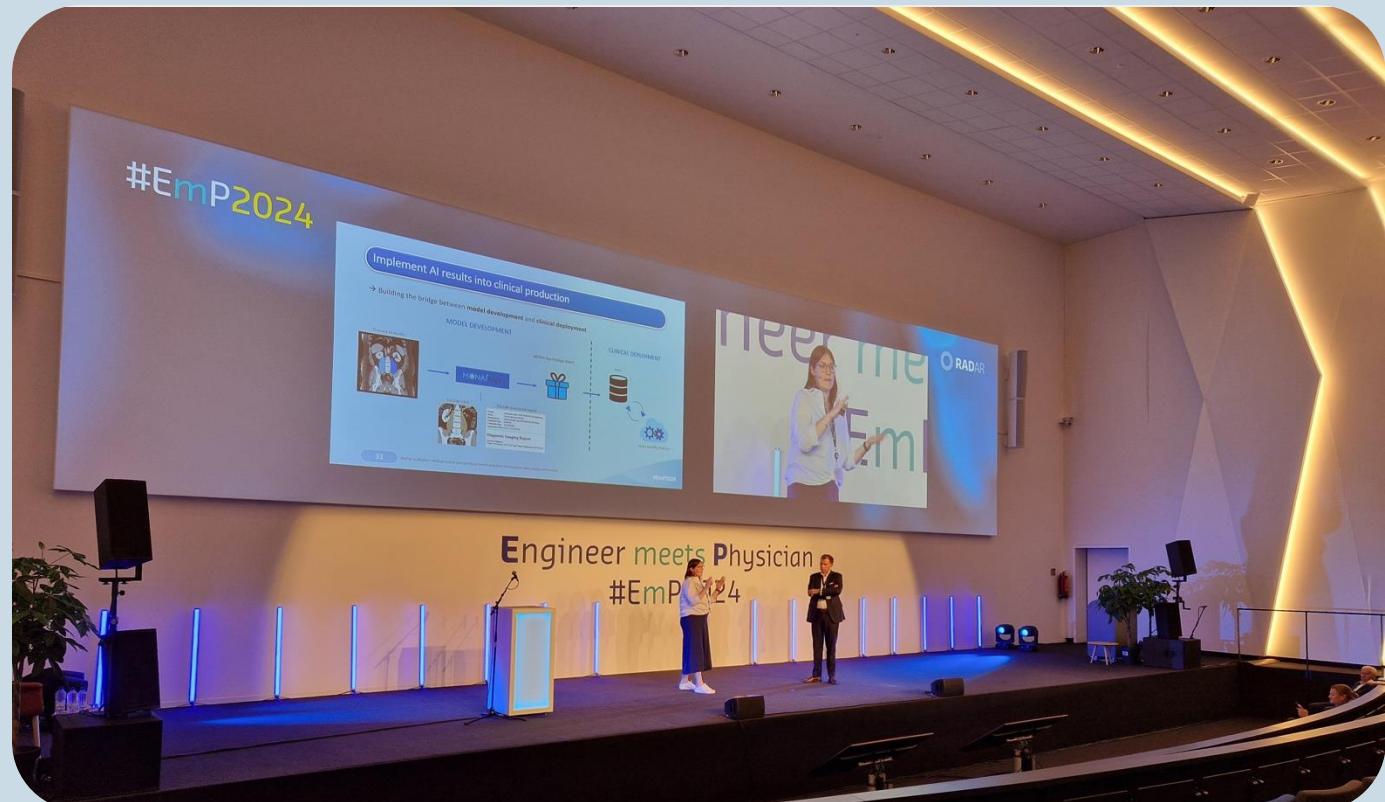
Usability study ongoing

# PhonAID model Challenges

- Time slot in GP consultation → Limit data input to essentials
- Digital literacy of patients → User interface adaptation
- Noisy environments → Trained on augmented data + noise detection in app
- Difficulty of voice disorder classification → Expansion with more datasets  
→ collaborations!

# Key Takeaways

- AI has major potential when aligned with clinical reality
- RADar combines research, engineering, and clinical collaboration
- Real-world validation = essential
- Multiple projects now close to clinical implementation





Thanks!

*Together with RADar building an innovative and patient-centered AZ Delta.*



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