



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







az delta



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.

RADar COMMITTEE

RADar EXECUTIVE COUNCIL (REC)

EVENTS & BRANDING



LEARNING & DEVELOPMENT



DATA



CLINICAL STUDIES



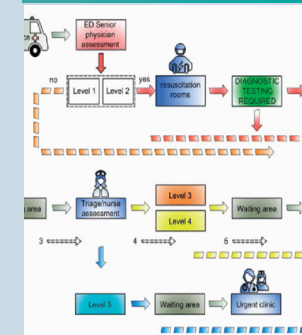
RESEARCH & INNOVATION



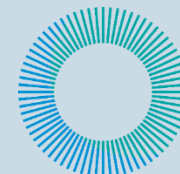
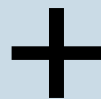
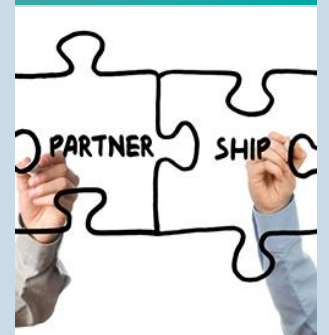
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innovatieprojecten
in uitvoering

PROCESS TECHNOLOGY



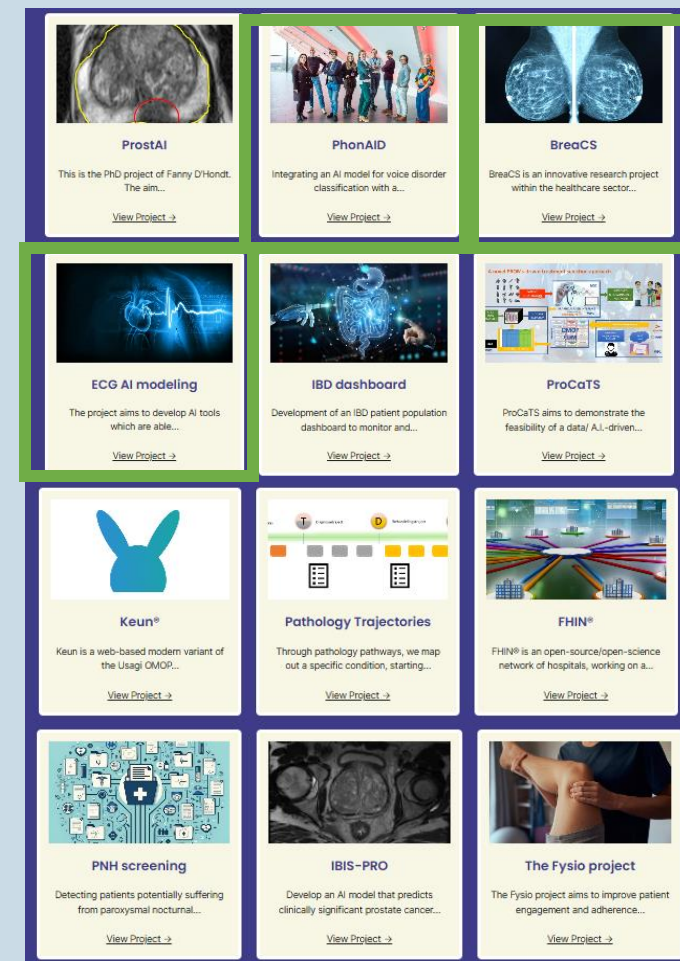
PARTNERSHIPS



RADAR

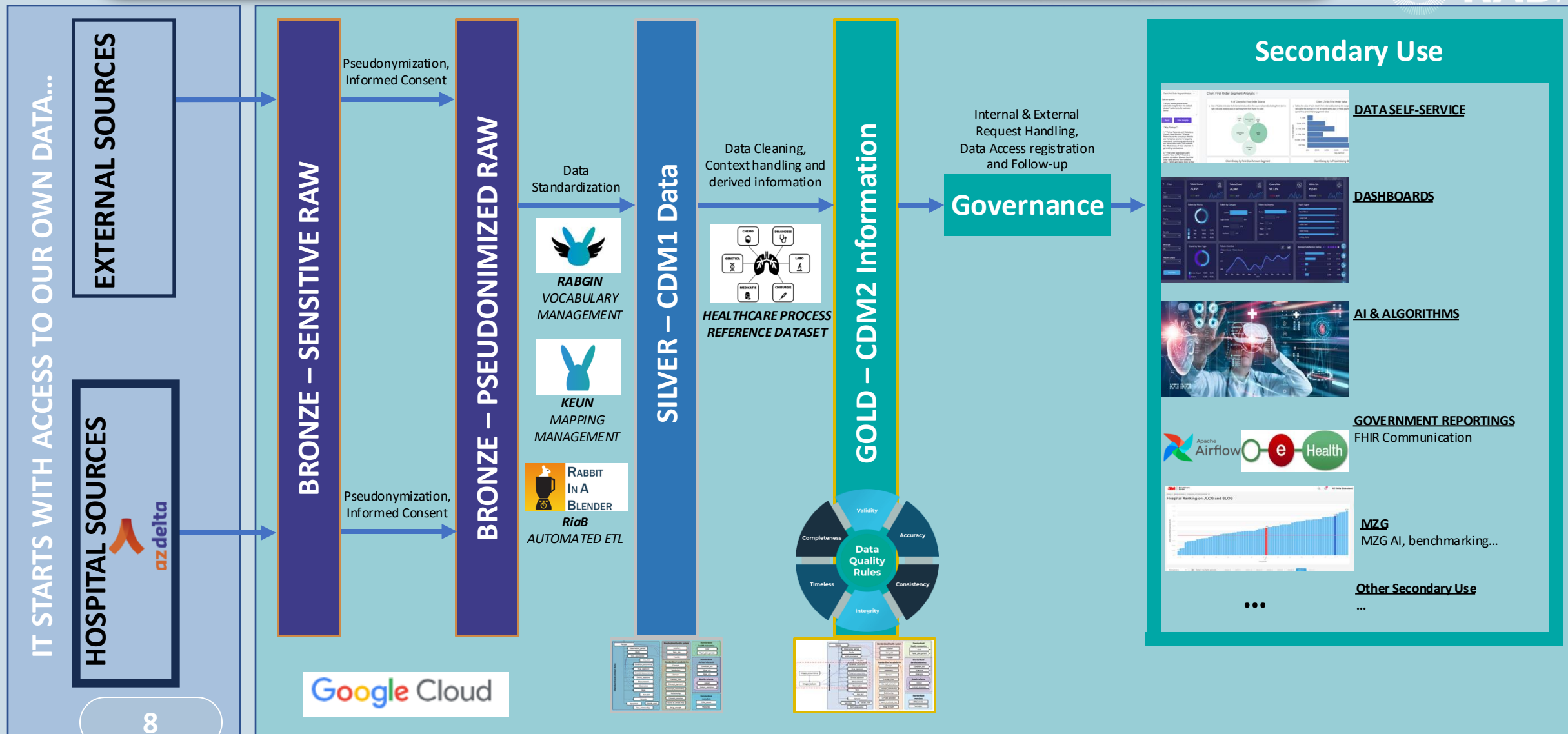
How does RADar work?

- 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

AZ Delta Central Repository



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

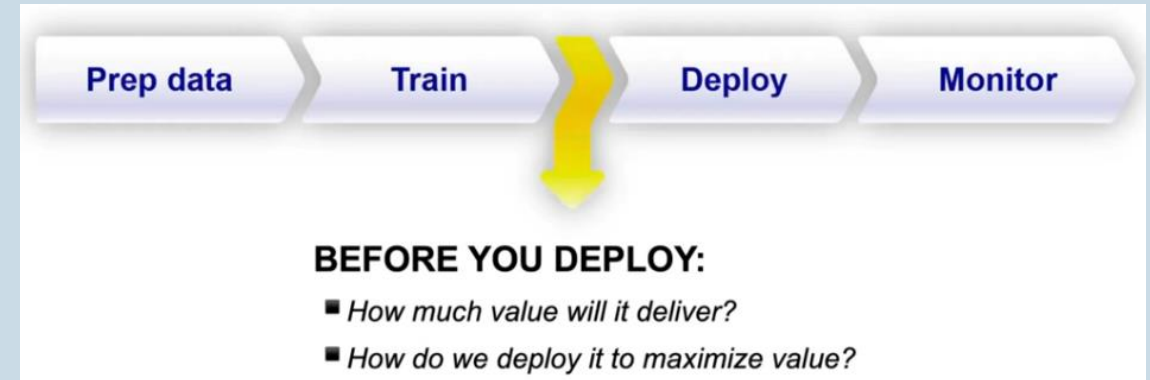
Does it improve patient outcome?

2. Actionability and Explainability

Are the results understandable and usable?

3. User-Friendliness and Integration

Is it practical and usable for clinicians?

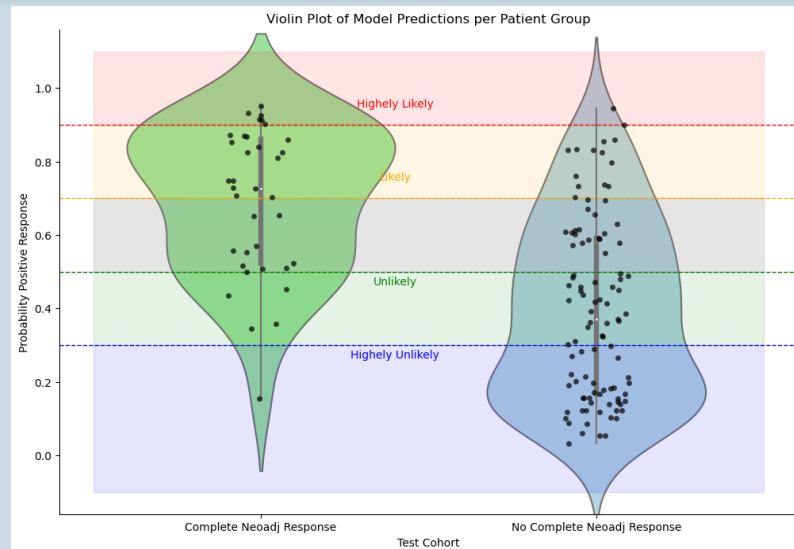


Clinical validity

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.

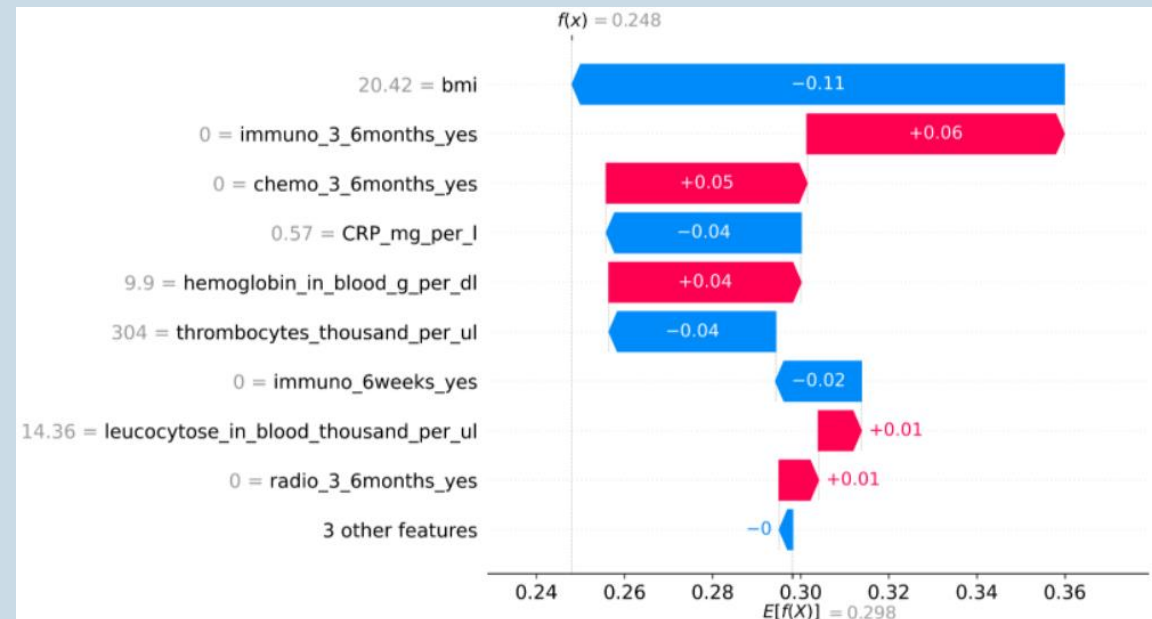
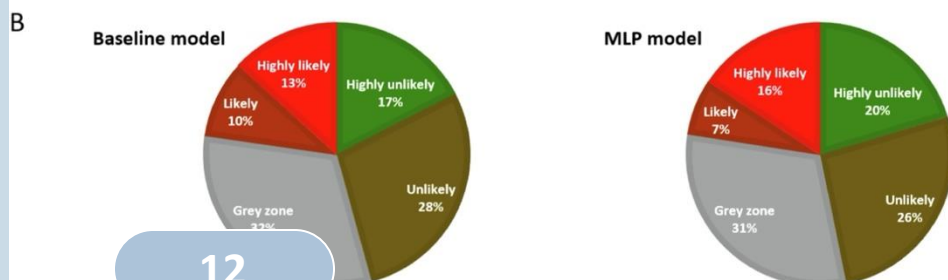


Actionability and explainability



2025: AI as diagnostic test - **The breakthrough!**

1. Threshold
2. Action



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

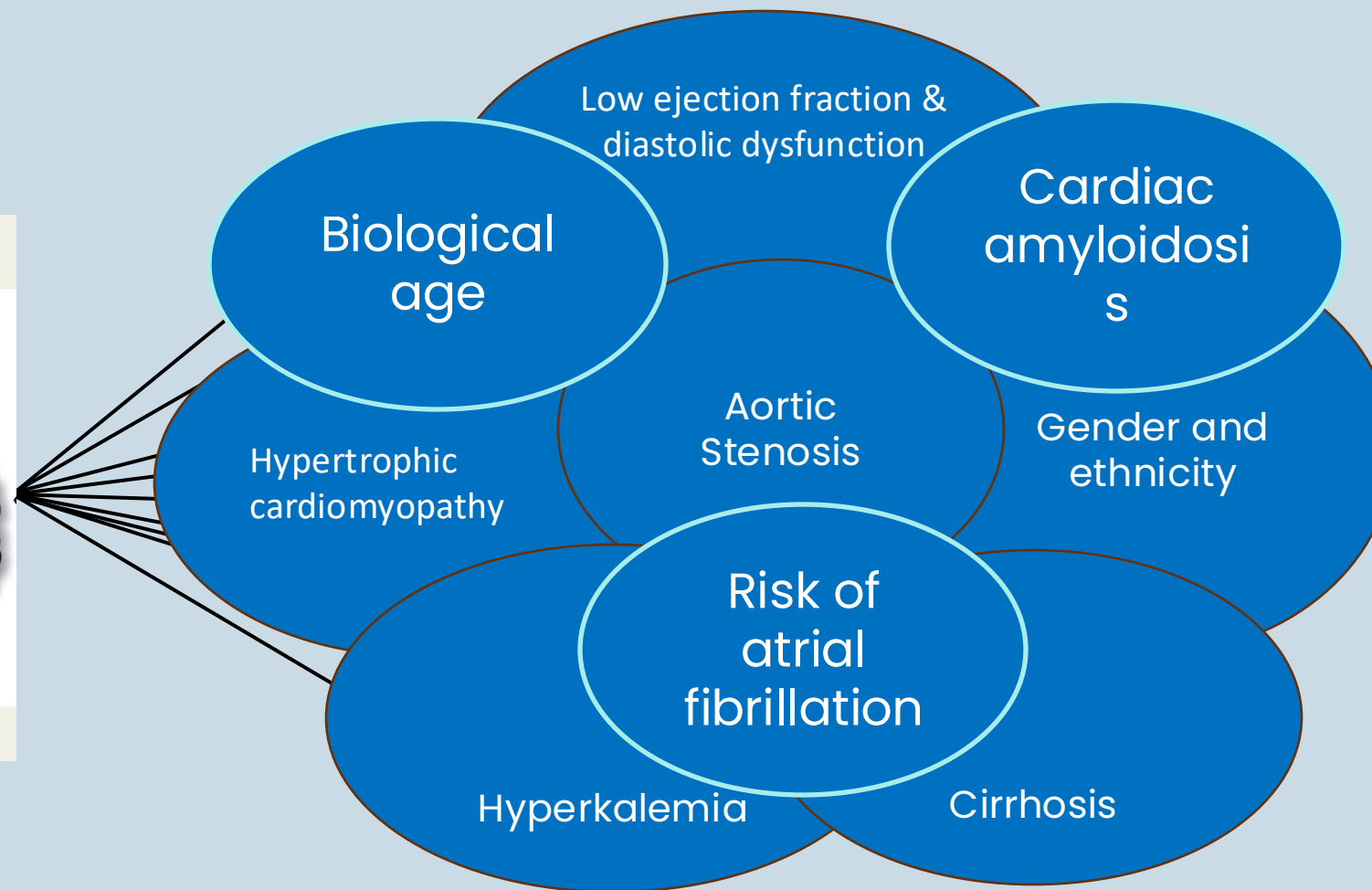
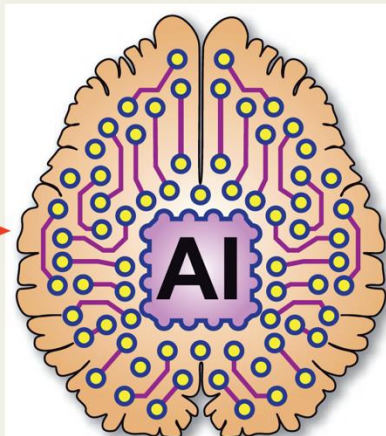
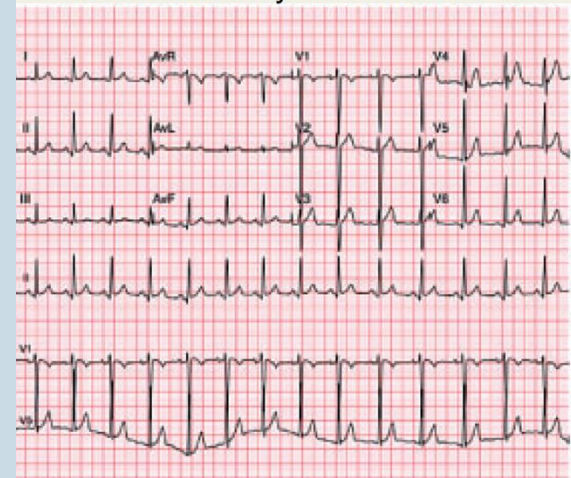
RADar solutions are to be seamlessly **integrated** into AZ Delta's existing IT systems, such as Sectra PACS and HiX. This makes it **easy** and **efficient** for physicians to use the AI tools within their **daily** workflow.



Use Cases

Cardiac Suite

Normal sinus rhythm Normal ECG



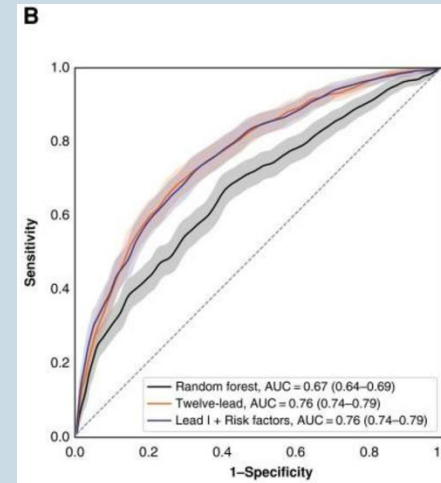
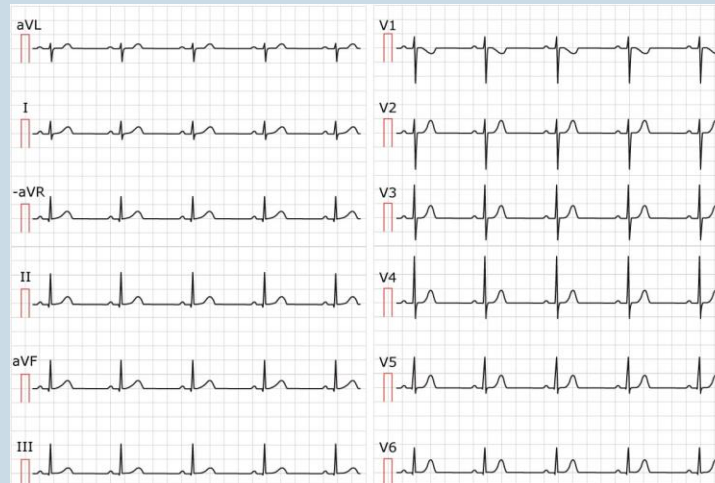
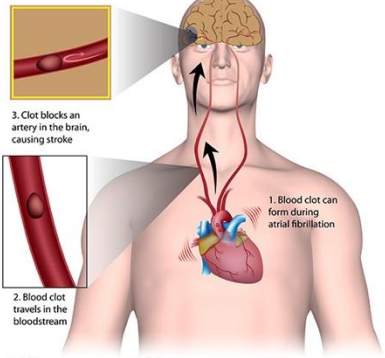
Early detection atrial fibrillation

- 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

Diagnosing Atrial Fibrillation and Preventing Stroke



ESC European Society of Cardiology
Europace (2024) 26, 1-9
<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 Dupulthys¹, Karl Dujardin², Wim Anné², Peter Pollet², Maarten Vanhaverbeke², David McAuliffe³, Pieter-Jan Lammertyn¹, Louise Berteloot⁴, Nathalie Mertens¹, and Peter De Jaeger^{1,5*}

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

Project

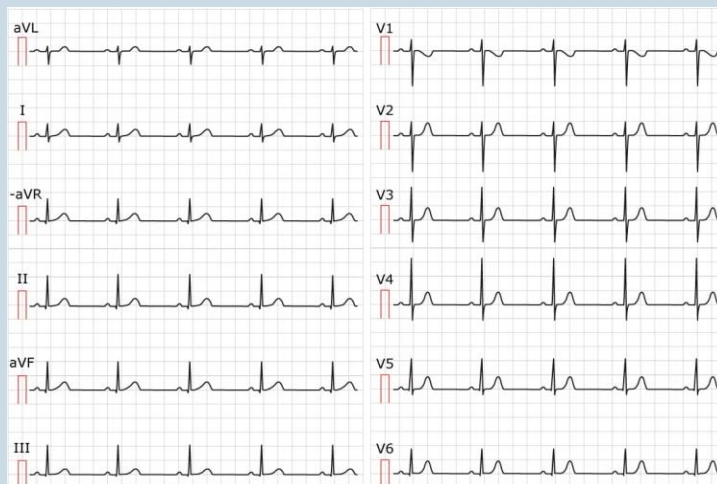
Funding: RADar

Consortium: AZ Delta, ongoing

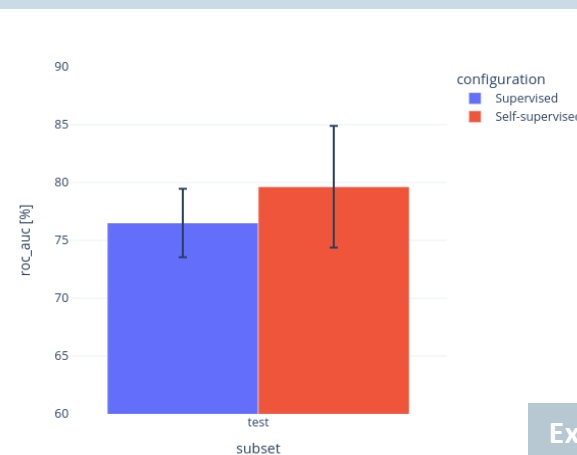
Early detection amyloidosis

- 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

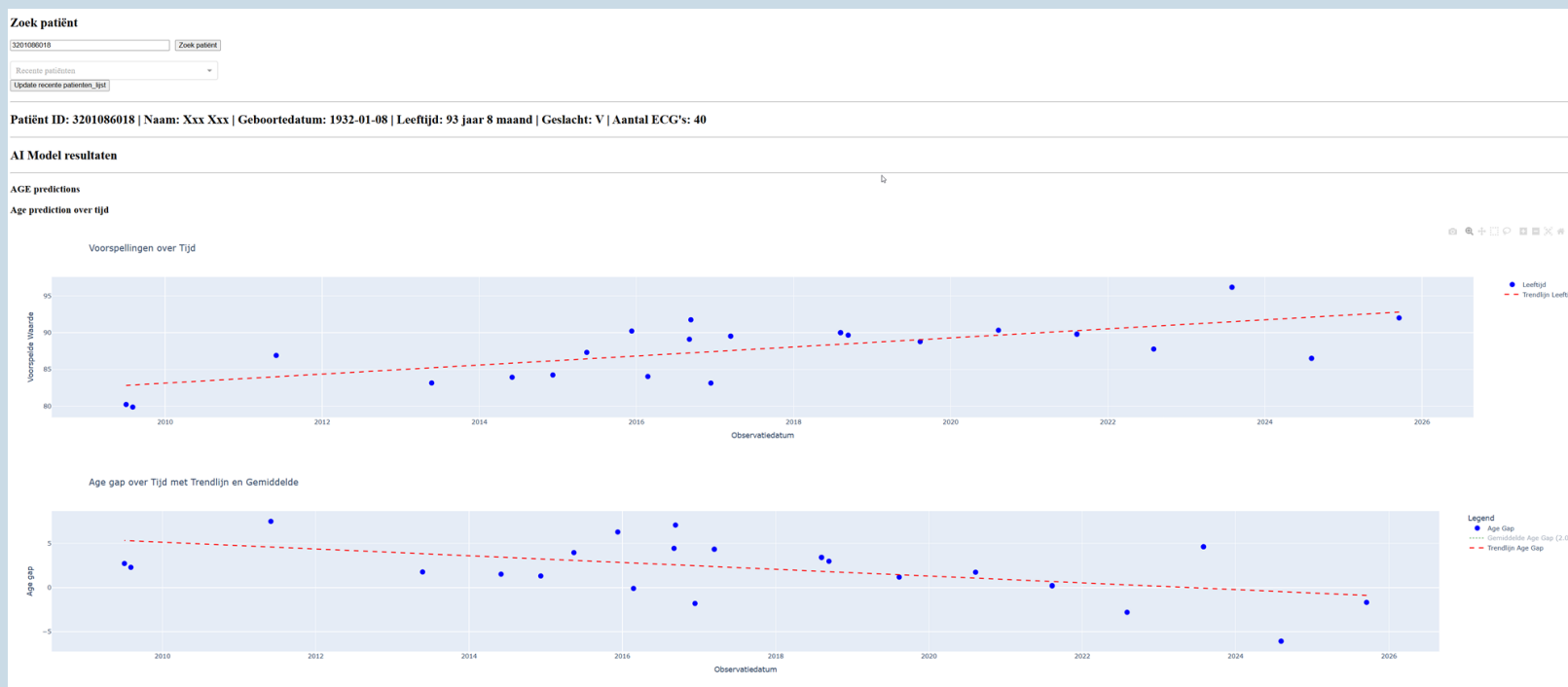
Consortium: AZ Delta, ongoing

ECG Model Challenges

- Interpretation of model score by doctors
- Not yet integrated in EHR

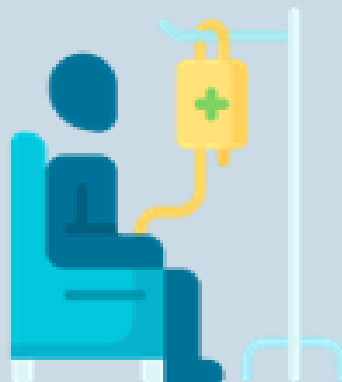
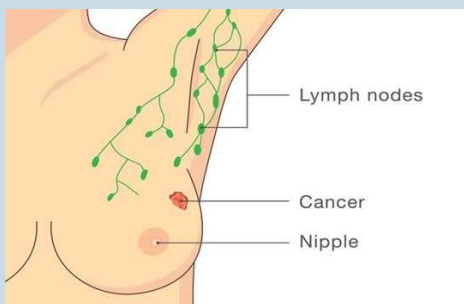
→ Calibration or thresholding

→ Seamless EHR Integration

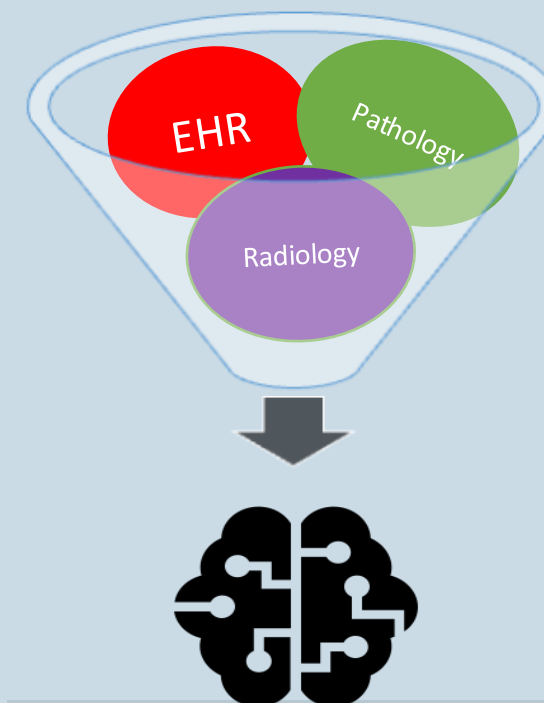


BreaCS: AI-based CDSS for breast cancer

- 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

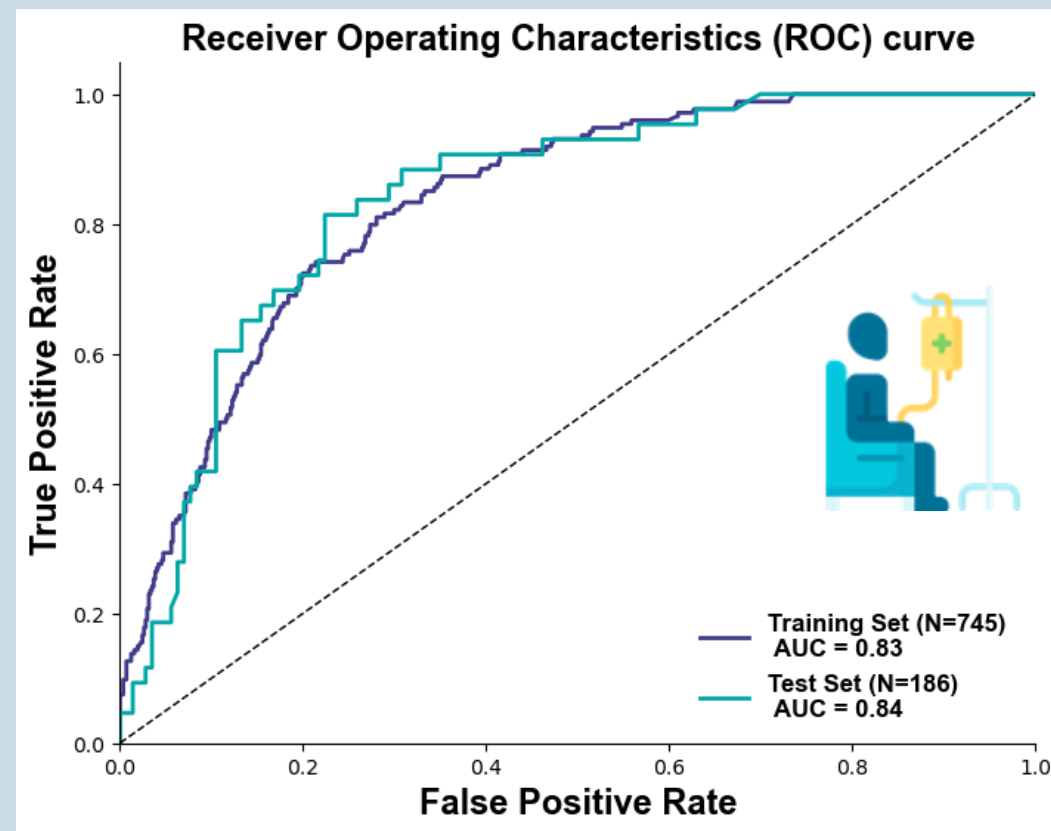
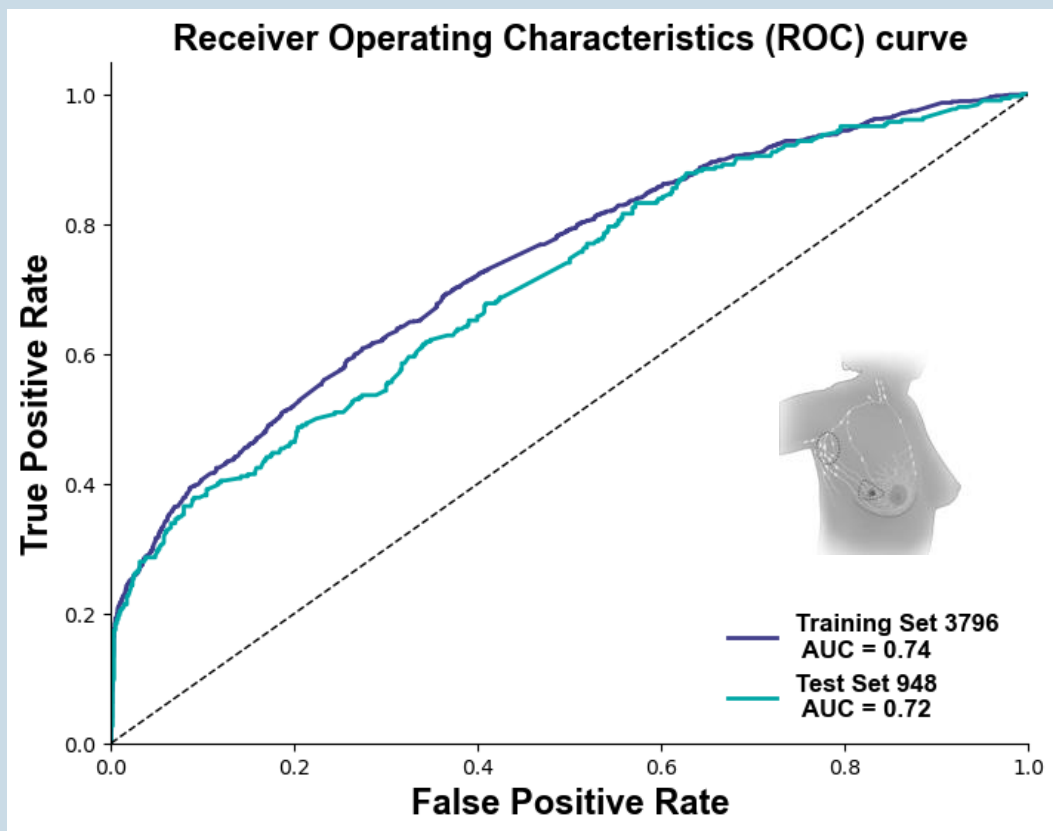
Funding: Vlaio (BreaCS)

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!

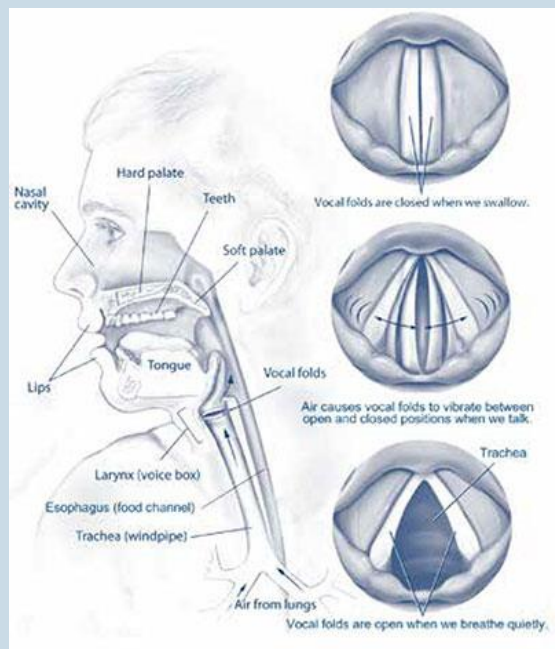
Early detection of voice disorders

- 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

Usability study ongoing



Age

Gender


M V X

Do you smoke?


☐ I have a chronic disease

☐ I am a professional voice user

Step 1




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



Start recording


Get results

Step 2



Most likely voice pathology:
Neurological: 93%

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



Step 3

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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