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Reimagining care: The journey towards Smart Hospitals

A path forward for Belgian hospitals to deliver smarter, connected and patient-centred care

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1. What is a Smart Hospital?

Imagine a hospital that goes beyond merely reacting to events and instead anticipates them.

What does it look like?

A Smart Hospital is more than just a set of digital tools; it is the seamless **integration** of data, processes, and people in real-time. It uses advanced technologies such as **AI, IoT, Big Data, Cloud**, and **Robotics** to **improve patient care, streamline operations**, and **enhance healthcare delivery**. It creates a dynamic, adaptive environment that transcends traditional models, by emphasizing precision, agility, and sustainability.

Which Tech are involved?

- **Artificial Intelligence (AI)**: Predictive analytics, diagnostic assistance, workflow automation
- **Internet of Things (IoT)**: Continuous patient monitoring, equipment tracking
- **Big Data Analytics**: Processing large health datasets for evidence-based decisions
- **Cloud Computing**: Scalable data storage, interoperability, and secure remote access
- **Robotics**: Surgical assistance, autonomous logistics, and automated clinical support tasks

What are the building blocks?

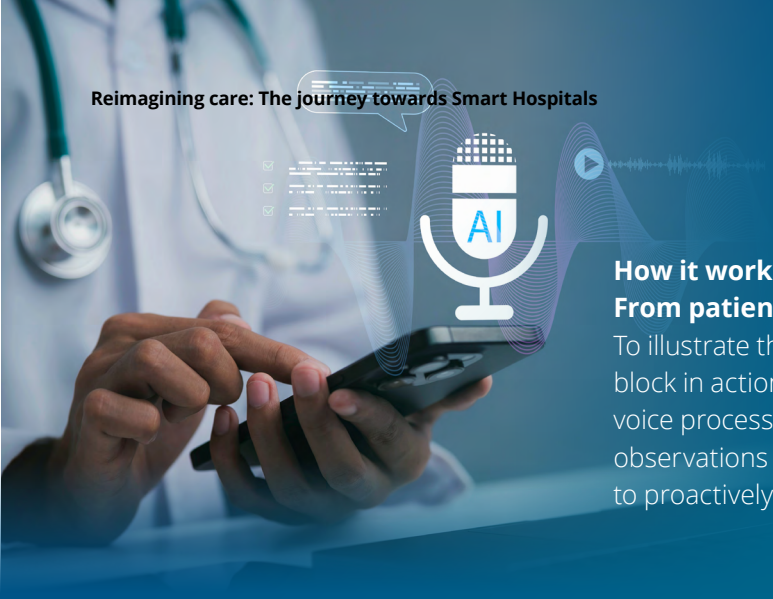
- Core Digital Foundations, incl. EHR, ERP, Patient Portal and clinical systems
- Real-time **data collection and analysis** for clinical decision-making
- **Automation** of routine workflows, integration of robotics for physical tasks, and continuous patient monitoring
- **Optimisation** of resource allocation
- More **accurate** diagnoses, personalised treatments, improved patient safety, and efficient hospital management

Why transform into SMART hospitals?

Transforms healthcare into a connected, responsive, and sustainable **ecosystem** that enhances **patient outcomes**, reduces **operational costs**, minimises **environmental impact**, and strengthens **resilience** against modern healthcare challenges

This will enable hospitals to not just comply with upcoming data regulations, including the EHDS and BIHR requirements, but to unlock their full value: seamless data sharing across borders, stronger patient trust, and the ability to use high-quality data for AI, research and innovation.





How it works in practice:
From patient calls to usable Care data
To illustrate the "real-time data collection and analysis" building block in action, consider solutions like Kando: a natural language voice processing solution that transforms patient calls and bedside observations into structured, actionable clinical data, helping hospitals to proactively anticipate needs.

The current state:
Today, patient calls carry minimal information, typically just a room number. Staff walk to the room without knowing what awaits them, discover the need on the spot, and sometimes return for missing equipment. Meanwhile, 35% of nursing time is spent on documentation, often reconstructed from memory after the shift ends. The clinical reason for the call is rarely captured, making it impossible to identify patterns or feed data into clinical decision-support systems.

How Kando works:

- **Natural Language Voice capture at point of Care**: Patients express needs in their own language; staff speak naturally during calls and bedside interactions. Kando transcribes and automatically structures the clinical reason—not just the logistics.
- **Call context & clearer communication**: The system captures the reason for the patient's call and translates it into clear, actionable information displayed directly on caregivers' DECT devices. For example, a patient saying "I'm thirsty" can be displayed as a hydration request, while "I'm bleeding" can be communicated as an urgent request. This gives caregivers immediate context before responding, helping them prepare for the patient's needs and reducing unnecessary back-and-forth communication. The system supports communication but does not make clinical decisions or autonomously prioritise requests based on medical urgency.
- **Care Handover where Care happens**: Any observation at the bedside (e.g., skin condition, pain, refused meals, behaviour, procedures) can be spoken aloud in the room at the moment it occurs, flowing directly into the record. Handover stops being an end-of-shift reconstruction from memory; it becomes a continuous, faithful narrative.

The impact:

- **For Patients**: Understood in their own language. Immediate response. Targeted intervention with the right skill set.
- **For Staff**: Better-prepared interventions, with caregivers knowing the reason for the call in advance and able to bring the right equipment or supplies when needed. Less pressure from undifferentiated ringing. Less admin, with handovers spoken at the bedside rather than written from memory.
- **For Care quality**: Patterns emerge (e.g., a patient calling six times for the same reason signals something unconnected). Early detection of deterioration. Continuity of care improves because all professions share the same narrative.
- **For the Hospital**: Real activity data by unit and time of day. Staffing and rounds sized on evidence rather than habit.

This is the essence of the second building block: real-time data collection and analysis that enables smarter, faster clinical decision-making, **and turns every patient interaction into usable care data**.

Connected, tech-enabled offerings can transform the hospital

These Smart Hospital offerings illustrate how integrating a foundational tech stack with innovative technologies can yield creative solutions that improve both experience & outcome on every key area of the hospital

Ecosystem Interoperability

Seamless sharing of patient data across care networks, partner institutions, first-line providers (e.g., GPs and pharmacists), new entrants, community health stakeholders, insurers, mutual societies and appropriate vendors, enabling **transmural care** through standardised interoperability frameworks.

Enhanced Patient Experience

Design of persona-based journeys and **digitally supported** patient care pathways, leveraging digital tools across patient interaction points (e.g., social robots, symptom tracking, virtual health services, hospital at home/wearables), digital front door, visitor management, self-service options, patient tracking, and wayfinding.

Workforce Reimagined

Re-engagement of the workforce through innovative digital technology, such as **AI solutions tailored to clinicians** and staff (e.g., consultation transcripts, patient summaries, clinical decision support, etc.).

Data-driven Decision Making

AI algorithms assisting in diagnostics, predicting patient deterioration, **optimising** resource allocation, and **personalising** treatment plans. Facilitate sharing structured data in line with regulatory frameworks, such as EHDS.

Digital Command Hub

"Air traffic control" to **gather real-time data** and **coordinate operational and clinical functions** within a health system. Analytics to forecast capacity, 2D digital twin for modelling, perform load balancing, coordinate digital health services, and anticipate care needs.

Future-proofing the Smart Hospital for patients, providers, and care teams

Telemedicine and Remote Monitoring

Virtual consultations and continuous monitoring of patients outside the hospital, reducing hospital stays and readmissions. **Use of Connected devices** and **wearables** to enable real-time tracking of vital signs and **early detection** of health deterioration.

Digital Patient Records & Cybersecurity

Use of comprehensive **Electronic Health Records (EHRs)** accessible across departments to ensure continuity and accuracy of patient information. Advanced cybersecurity measures protect patient data, while smart systems ensure compliance with healthcare regulations.

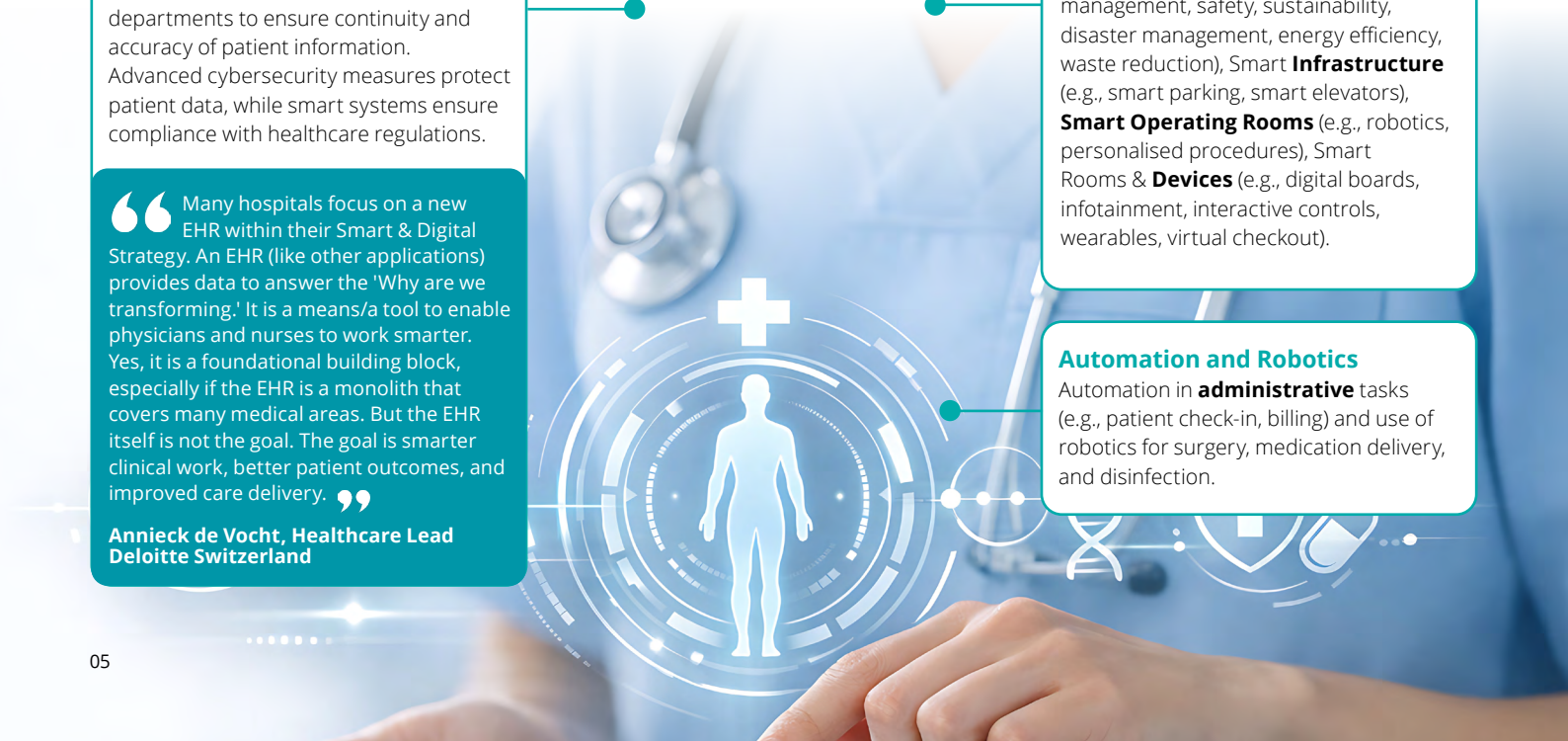
> "Many hospitals focus on a new EHR within their Smart & Digital Strategy. An EHR (like other applications) provides data to answer the 'Why are we transforming.' It is a means/a tool to enable physicians and nurses to work smarter. Yes, it is a foundational building block, especially if the EHR is a monolith that covers many medical areas. But the EHR itself is not the goal. The goal is smarter clinical work, better patient outcomes, and improved care delivery."
>
> **Annieck de Vocht, Healthcare Lead Deloitte Switzerland**

Smart & Sustainable Spaces, Real Estate & Facilities

Smart **Building** Platforms (e.g., facility management, safety, sustainability, disaster management, energy efficiency, waste reduction), Smart **Infrastructure** (e.g., smart parking, smart elevators), **Smart Operating Rooms** (e.g., robotics, personalised procedures), Smart Rooms & **Devices** (e.g., digital boards, infotainment, interactive controls, wearables, virtual checkout).

Automation and Robotics

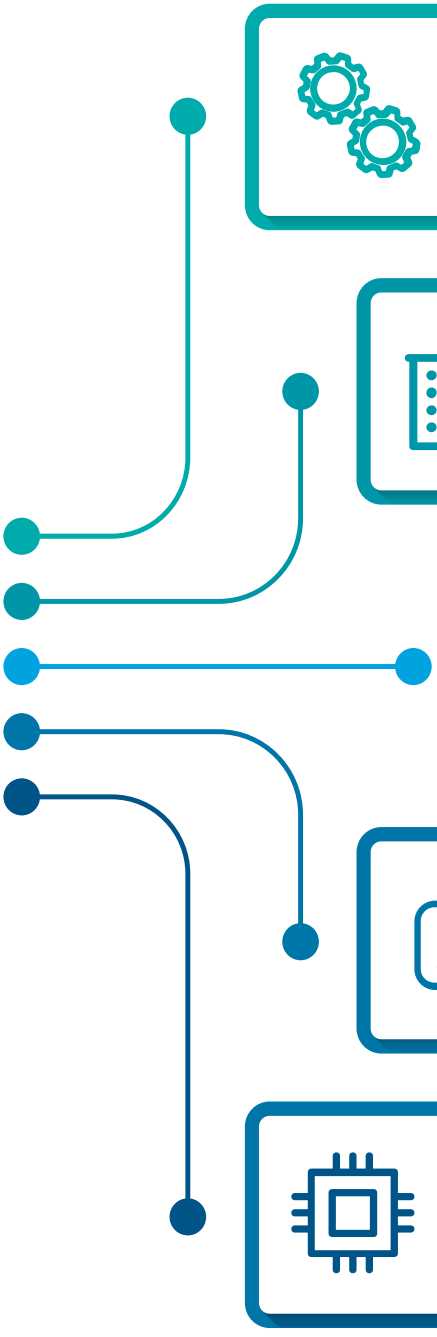
Automation in **administrative** tasks (e.g., patient check-in, billing) and use of robotics for surgery, medication delivery, and disinfection.



2. Where Belgian hospitals stand today

Belgian hospitals have established a solid digital foundation, especially in terms of data accessibility and early digitalisation initiatives. However, considerable challenges remain - ranging from regulatory complexities to technological and workforce constraints – and continue to hinder their full adoption of advanced technologies such as artificial intelligence and fully structured data systems. This interplay between demonstrated readiness and persistent obstacles creates a landscape with both promising opportunities and pressing areas for improvement.

Current State Assessment



Interoperability

Belgium is accelerating its transformation by shifting from fragmented systems to a unified ecosystem. This is driven by the development of the **Belgian Integrated Health Record (BIHR)**, a secure infrastructure for interoperable data exchange.[1] This BIHR programme aims to ensure Belgium is fully prepared for **EHDS**, with the first deadline in March 2029.

Smart Hospital Recognition

Four Belgian hospitals appear in the **World's Best Smart Hospitals 2027** ranking, with Saint-Luc ranked #136. While this reflects encouraging progress, Belgian hospitals are not yet among global frontrunners in smart healthcare.[2]

Data Access

Belgium leads the EU, tied with Estonia, with a maximum eHealth maturity score of **100% for citizens' online access to their electronic health records** (via portals such as MyHealth/ Mijngezondheid), well above the EU average of 83%.[3]

AI Adoption

Despite 95% of healthcare professionals viewing AI as important, **only 13% prioritise its implementation**, citing financial constraints and a lack of in-house expertise as major barriers.[4] Where Belgian hospitals do move, AI is appearing first around the patient journey, at admission and discharge, and for patient-facing communication.

Structured Data

A major challenge is **data structure**: in a 2025 survey of 847 Belgian healthcare professionals, 56% of clinicians reported typing free text directly into the EHR, and only 6% said structured data capture was fully integrated across their documentation.[5] Although **FHIR** adoption is growing across Belgian healthcare systems, further progress is still needed.

InterSystems
Creative data technology

How it works in practice:
Architecture Imperative:
From Hazel Shrub to Trunk Model, perspectives from F. Glor, Country Manager, InterSystems

The path to structured, reusable data requires a fundamental shift in IT architecture. Many hospitals grew a "hazel shrub" IT architecture, where each new application connects directly to multiple source systems (EHR, billing, lab, ICU). As complexity grows, this becomes a web of redundant point-to-point integrations that is hard to maintain. Most hospitals have since moved to standards-based message brokers, so each application connects once to the broker instead of to every other system. This reduces complexity, but a broker mainly moves messages. It does not by itself create a governed, reusable data foundation.

The "trunk" model takes the next step by placing a governed data layer between source systems (roots) and applications (branches), which consume standardised data through controlled APIs. This shifts the enterprise from fragmented integrations to a reusable data foundation. This is a principle, not a single physical repository. What matters is that data is interoperable, semantically consistent, traceable, and returned into the clinical workflow.

Core Capabilities of the Trunk Model

- **Research & Innovation**: Governed data streams standardised into models like OMOP for research and registries, without impacting clinical systems.
- **Secure Transmural Data Sharing**: Patient data shared safely with GPs, specialists and home care, without direct access to core databases.
- **Operational & strategic intelligence**: Real-time analytics for bed management, care pathways and value-based healthcare.
- **Back into the Clinical Workflow**: Data from wearables, remote monitoring and home care, validated and fed back into the EHR with clear provenance so clinicians can act at the point of care.

This governed, reusable data layer gives Belgian hospitals a trustworthy foundation for AI, research and value-based care. It also eases alignment with BIHR and EHDS, which require standardised, secure data exchange.

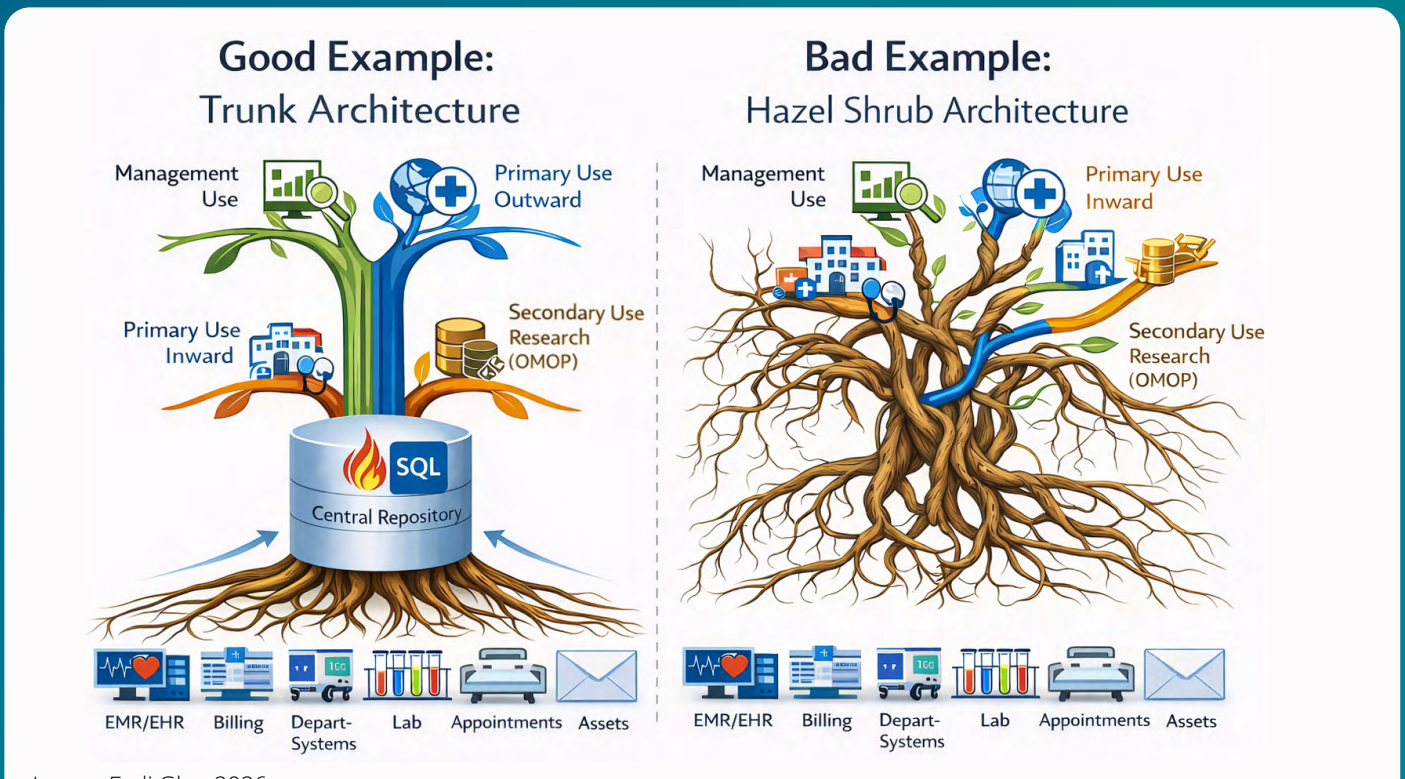


Image: Fadi Glor, 2026

3. Key Challenges confronting Belgian Hospitals

Smart Hospitals seek to address these current challenges

Most Belgian healthcare providers face the same key challenges

Limited ability to scale services

Expansion of services and adoption of innovative technologies is restricted by financial, technological, and infrastructural **constraints**

> Expectations around smart hospitals are high, but the Belgian hospital landscape is very diverse. Larger hospitals already have a clear technology vision, often built around a common data layer, while many others don't yet have the resources to move at the same pace. No hospital can do this alone. The whole sector, including hospitals, industry, government and mutualities, must work together to share platforms, pool data and make sure smaller hospitals can progress too.
>
> **Geert Smits, CEO AZ Monica & President of ABDH/BVZD**

Rising costs

With 66% of Belgian **hospitals operating at a deficit** in 2024, initiatives to curb healthcare costs, alongside rising expenses and an ageing population, underscore the urgent need for effective cost management[6]

Care delivery inefficiencies

Resource allocation inefficiencies and **workflow silos** result in delayed patient care, increased costs and lower staff retention. Especially, as 28% of all Belgian healthcare professionals are considering leaving the profession[7]

Patient safety & clinical outcomes

Clinical outcomes are often compromised by medical errors, **overuse** of care, and a systemic emphasis on **reactive** treatment over proactive prevention

Lack of data insights

Limited interoperability and inconsistent structured data capture hinder hospitals' ability to make informed decisions and improve care quality. In a 2025 Belgian survey, 94% did not report fully integrated structured data capture. Only 9% reported complete, seamless data sharing with external partners, while 72% faced moderate to severe limitations in interoperability.[5]

Disjointed experience

Fragmented communication and underrepresentation of patients in decision-making result in disjointed experiences for patients, affecting satisfaction and outcomes

Throughput management

Inefficient and non-transparent management of patient flow leads to increased turnaround times and bottlenecks.



4. Why Smart Hospitals matter

Value for hospitals, healthcare professionals & patients

Implementing a Smart Hospital framework delivers tangible benefits across the entire healthcare ecosystem, creating a virtuous cycle of improvement for institutions, staff, and the community they serve. Today, around one third (30–40%) of hospital staff time is still spent on administrative tasks - according to Belgian hospital leaders - a major opportunity for automation to free up time for care.

Value for Hospitals

Operational efficiency
Smart IoT platforms with real-time location and navigation systems reduce time spent by staff searching for equipment (nurses spend an average of 72 minutes per shift), streamlining workflows and improving patient care.[8]

Patient safety & quality
Smart technologies such as continuous monitoring, clinical decision support and automated alerts enable earlier intervention, reduce adverse events and improve care quality.[15]

Patient Flow Optimisation
Smart systems improve hospital-wide patient flow, reducing emergency department crowding and boarding times, thereby increasing bed capacity and service delivery.[9]

Environmental sustainability
Smart infrastructure optimises energy use and hospital operations, helping reduce healthcare's significant carbon footprint (4.6% of global CO^2 emissions).[8]

Value for Professionals

Reduced Burden
AI-powered continuous patient monitoring reduces the need for manual oversight, enabling healthcare professionals to focus on more complex, human-centred care. AI can also reduce administrative burden: a 24-week randomised trial found that Ambient AI decreased EHR note-writing time by ~22 min per clinician per 8 hours of patient care[10]. Together, these efficiencies can improve staff wellbeing and help reduce burnout risk.[11]

Enhanced Decision-Making
Real-time data and predictive analytics support more informed clinical decisions.[11]

Workflow Automation & Skill Development
Automate repetitive tasks, allowing professionals to focus on high-value clinical activities.

A Deloitte-developed AI solution for oncology onboarding reportedly cut document-review time for lung cancer admissions from 40 to 14 minutes (-65%), with source-linked summaries that leave clinical decisions with the physician.

Value for Patients

Personalised Care
Deliver tailored care plans based on individual patient data and needs. Reduce waiting times and provide quicker access to consultations and treatments.[11]

Reduced length of stay
Smart discharge planning, supported by Electronic Health Records (EHRs) shortens hospital stays, especially for patients with multimorbidity.[12]

Accessibility & Remote Care
Remote monitoring technologies enable quality home-based care, particularly benefiting elderly patients.[11]

Improved experience
Real-time wait time tracking enhances transparency and patient satisfaction throughout the hospital journey.[13]

Better Clinical Outcomes
More precise and timely interventions lead to improved health results.[14]

> "The Smart Patient Onboarding project delivered in collaboration with Deloitte, including the redesign of the patient registration process and the deployment of self-service check-in kiosks, has increased registration efficiency by 50%. Patients can now complete their registration and consultation payment independently in less than a minute on average. This transformation allows our teams to dedicate more time to supporting patients with the greatest needs."
>
> **Michaël Schmid, Director of Ambulatory Care, CHU Saint-Pierre**

How it works in practice:
Grand Hôpital de Charleroi - Automating the routine to make room for what matters
Perspectives from **Gauthier Saelens** (CEO), **Dr. Marie Detrait** (CMIO & Head of the LAB-AI) and **Pierre Jacmin** (Director of IT and Information Systems)

At Grand Hôpital de Charleroi, the Smart Hospital journey illustrates how technology can create capacity for more human and personalised care. The hospital has automated several recurring activities, from pharmacy operations and internal logistics to parts of the patient journey. Its automated pharmacy strengthens medication traceability and safety, while robotic logistics support the transport of medicines, meals, linen and waste throughout the hospital. The hospital is currently implementing an artificial intelligence-based documentation tool designed to assist healthcare professionals in capturing clinical information; this will help reduce the administrative burden and free up more time for patient care. At the same time, patients can use digital touchpoints and QR codes for most of their hospital journey, while a human alternative is deliberately maintained for patients who need additional support.

The objective goes beyond efficiency. By reducing the resources required for predictable and repetitive activities, the hospital can redirect time and attention towards complex clinical situations and patients requiring more personalised support. This includes patients with disabilities or other specific needs for whom a standardised pathway may not work.

At GHdC, the ambition is to invest this capacity in **the patient's care experience, looking beyond the medical condition to the person's broader needs and environment**. This ambition reflects the principles of Positive Health[16] and is embodied in initiatives such as **Maison Mieux-Être, which broadens support beyond clinical treatment to patients' overall wellbeing and recovery. This also means supporting relatives and caregivers, and building connections with associations that can accompany patients throughout and beyond their care journey**. By bringing associations closer to patients, including initiatives supporting adapted sports or people facing particularly difficult life situations, the hospital can act as a bridge to a wider support ecosystem.

> "A Smart Hospital is one that succeeds in freeing up enough time and energy to focus on the patients who require exceptional attention, because their situation is complex, particular or simply falls outside the standard pathway."
>
> **Gauthier Saelens, CEO, Grand Hôpital de Charleroi**

Key takeaway:
Smart Hospital transformation should not be about replacing human care with technology. It should use technology to handle what can be standardised, **creating the time and capacity to strengthen the human side of care: understanding each patient's specific situation, supporting their relatives and connecting them with the wider ecosystem that can contribute to their health and wellbeing**.

5. Our concrete path forward for Belgian hospitals

The promising initiatives already underway prove that transformation is within reach. What's needed now is focus, sequencing, and coordinated execution. To capture these opportunities and close existing gaps, we propose a structured three-phase transformation roadmap.

> Hospitals are already convinced that smart technologies can create value. The real question is how to prioritise. In defining their roadmap, hospitals should also anticipate technological and regulatory developments such as EHDS, which many are still postponing today, and use them as an opportunity to strengthen their data architecture. Data foundations are hard to prioritise because you invest before you see the benefits. The answer is to build the shared architecture while running a concrete use case on top of it, such as capacity management, that shows value immediately. Designed well, the same foundation serves regulatory, operational and patient needs at once: shared data is what makes coordinated, value-based care possible. But we must not stop at the pilot. Too many initiatives end because ongoing financing was never secured. Healthcare must be treated as an investment area. If government sets maturity expectations, funding must follow, as it did for EMR.
>
> **Geert Smits, CEO AZ Monica & President of ABDH/BVZD**

Phase 1: Diagnose & prioritise

- Conduct a **comprehensive Smart Maturity assessment** across clinical workflows, operational efficiency, infrastructure and data governance to establish a clear baseline and identify **capability gaps** against target architecture
- **Identify high-value opportunity areas** where digital and AI can deliver measurable impact (e.g., radiology, patient flow, virtual care, documentation)
- Build a prioritised **initiatives roadmap** with clear sequencing and value drivers, supported by **cost-benefit analysis** to sharpen investment decisions (e.g., AI documentation, bed management dashboard, patient portal, AI imaging)
- Establish **Governance & Programme Management** structures to drive accountability, cross-functional alignment, and sustained executive sponsorship

Phase 2: Build the foundations

- **Implement** (Build or Buy) or **enhance** critical capability components (e.g., patient portals, EHR integrated with orchestration layer, generative AI capabilities) to address identified **gaps** and unlock **near-term** operational gains
- Build an **open, modular infrastructure** and **rationalise** the vendor ecosystem to modernize the tech stack and increase agility. This includes adopting the trunk architecture model: a centralised data layer with controlled APIs that eliminates point-to-point integrations.
- Establish **robust data governance & advanced analytics**, including a modern data warehouse and AI/ML-powered operational and clinical dashboards
- Scale **Change Management** by expanding the clinical champions network across all departments and deepening training programmes

Phase 3: Integrate & Scale

- **Optimise & scale foundational initiatives** (e.g., AI-driven OR scheduling optimisation (from reactive to autonomous) and hospital-wide roll-out of AI clinical documentation)
- Deploy **advanced AI & personalised medicine** capabilities: AI-powered clinical decision support, tailored remote monitoring, and proactive patient messaging
- Build **ecosystem partnerships & integrated care networks** with providers and vendors to enable seamless care pathways and improve population health outcomes
- Embed a culture of **continuous improvement** and **innovation**, and position Belgian hospitals as active contributors to industry-wide working groups

> Belgian Hospitals should consider the why before launching digital transformation initiatives. We are not digitalising for the sake of being digital. The focus must be on use cases that can be addressed with digital solutions. prioritisation should be done according to the hospital's vision and mission: whether that's best in medical services, best in integrated care, or best in something else. Not all use cases provide better ROI. Hospitals need a roadmap with all identified use cases, analyse dependencies, and define a timeline. Sometimes a less important use case delivers quicker results or provides the foundation for more complex cases to build upon.
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