



(REVIEW ARTICLE)



## Mapping data-driven strategies in improving health care and patient satisfaction

Stefanos Karakolias \*

*Department of Organisation Management, Marketing and Tourism, International Hellenic University, Sindos Campus, 57400 Sindos Greece.*

World Journal of Advanced Engineering Technology and Sciences, 2024, 13(01), 609–620

Publication history: Received on 13 August 2024; revised on 26 September 2024; accepted on 29 September 2024

Article DOI: <https://doi.org/10.30574/wjaets.2024.13.1.0444>

### Abstract

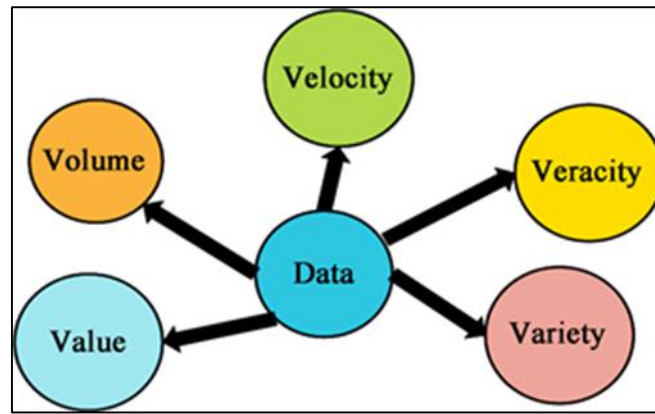
Health services involve data analytics, central to healthcare service delivery, research, and planning. Based on the literature, this specific article seeks to enlighten the reader about data analytics in health services by discussing its advantages, shortcomings, and issues that come with it. Section one mapping outlines how data analytics optimizes the results of health service delivery through risk factor definition, disease detection, and case-by-case management. It helps inform disease trajectory, determine drug interaction, monitor disease, support decision-making, and enhance service delivery quality. The research also examines data analysis in health services, medicine, and pharmaceuticals. Several big data analytics applications have been identified as relevant to drug development, personalized medication, and specialized trials. Evaluations that rely on biomarkers differentiate between patients who are convenient for specific therapies, improving the patient's status and developing health care services. The third section also stresses the role of data analytics in enhancing efficiency and profitability. They involve detecting fraud, abuse, and unnecessary medical activities, creating savings and better financial returns. Data analytics also leads to identifying high-cost patients and ways of managing healthcare costs, increasing revenues and profitability. The fourth section discusses how big data complements traditional public health surveillance and outbreak platforms. It facilitates collecting data, analyzing different sources, and identifying special patterns or outliers to detect the outbreak early enough, contain it, or allocate resources to control it. It anticipates and addresses the dangers to the public's well-being and effectively controls episodes of infectious diseases. However, some key issues are associated with data analytics implementation, such as data quality, governance, privacy, bias, integration, expertise, and ethics, among others. Therefore, solving these challenges to achieve the optimum shifting of health service paradigms through data analytics in inpatient treatment, organizational management, and affordability is imperative.

**Keywords:** Data Analytics; Healthcare Resources; Operational Efficiency; Hospital Management; Decision-Making; Strategic Management; Healthcare SystemsINT

### 1. Introduction

The idea of “data” is not novel. However, the definition of data is continually evolving. Numerous efforts to define it describe data essentially as a group of databases whose extent, speed, kind, and sophistication necessitate searching for, adopting, and inventing novel hardware and software systems to effectively accumulate, investigate, and visualize the data. [1] [2] [3] “Health service is a major cause of the way the five vs of data, velocity, variety, veracity, value, and volume, are built into the data it produces as shown in Figure 1” [4]. This statistic is shared between various health service organizations, medical insurance providers, scientists, administration agencies, etc. Moreover, all of these data repositories are partitioned and, by definition, cannot give a stage for worldwide data transparency. In addition to the five V's, the integrity of health service information is crucial for its usefulness in progressing research.

\* Corresponding author: Stefanos Karakolias



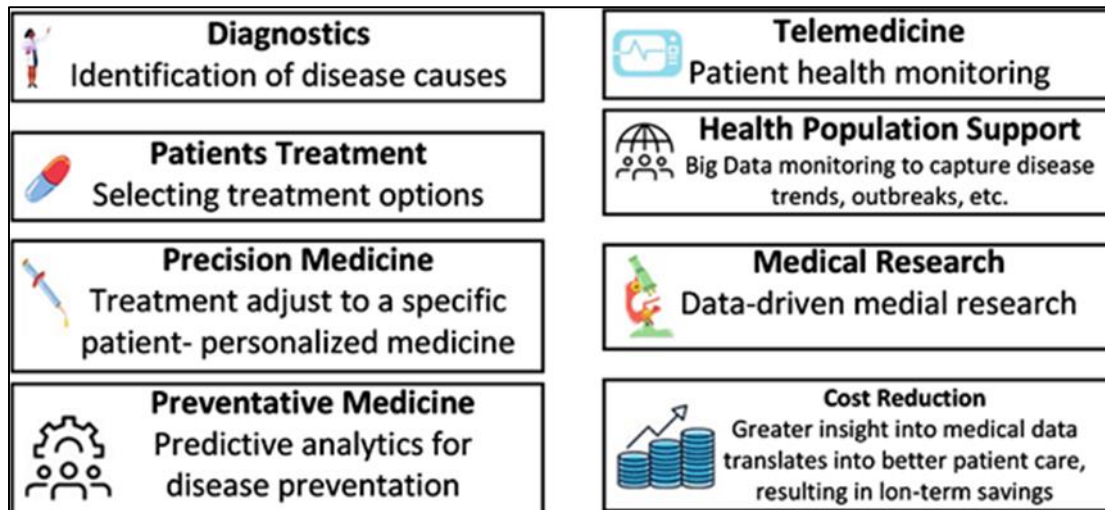
**Figure 1** Components of data analytics

### 1.1. Research Problem

Regardless of the characteristic difficulties of medical data, there remains opportunity and value in creating and carrying out data results in this domain. According to a McKinsey Global Institute report, innovative and successful use of data by the US health service could generate revenue exceeding USD 300 billion annually, with 66% of the value resulting from lower healthcare costs [5]. Historically, medical research methods have focused on studying illness conditions shaped by alterations in composition in the form of a narrow understanding of a specific mode of information [6]. While this disease identification method is critical, investigation at this level mutes the differences and interconnectivity that describe the real fundamental medicinal methods [7]. After years of lagging in adopting modern digital data practices, the medical field has begun to catch up. New technologies allow for collecting vast amounts of data on individual patients over time. However, despite the availability of health service electronics, much of the collected data from patient populations has gone unused and thus wasted. Important physical and psychological aspects exhibit changes across multiple clinical fields simultaneously due to strong interactions among various systems within the body (such as the links between heart rate, breathing, and cardiovascular stress), resulting in possible clinical indicators. Therefore, understanding and predicting illnesses requires a comprehensive approach that utilizes structured and unstructured data from various clinical and non-clinical sources to provide a more complete picture of disease states.

### 1.2. Objectives of the Study

The prospects of data analysis in health services with the growing amount of health services information, EHR, medical devices, and wearables are huge. If analyzed, health service institutions were able to determine major correlations and tendencies that could help in decision-making, increasing patients' quality of life and resource usage effectiveness. In addition, the application of data analytics in the operation of a country's health services can equally have a role in advancing that nation. With better health and lower prices, health service organizations can offer better treatments to society so that a healthy society will result in a productive society. Besides, using data analytics in health services can foster the emergence of technologies and methods that might also transform other domains of human activity, such as financial services and transport. In addition, data analytics can assist health service organizations in better preparing and responding to public health crises and pandemics. Thus, through real-time data concerning the presence of outbreaks and disease prevalence and distribution, health service organizations can obtain reliable information about at-risk groups, resource utilization, and the establishment of suitable interventional strategies. This can go a long way in preventing the spread of disease, and hence, we can save lives. A brief discussion of more particular uses of data analytics for personal comfort is provided in the diagram below, Figure 2. Ultimately, this paper will demonstrate that organizations can derive several strategic benefits from data analytics.



**Figure 2** Applications of data analytics

The shortcomings in health services are enormous, and much can be lost in the health and well-being of a nation. This review looks into some of the issues related to data analytics in medicine. These aspects are insufficient to cover the application of data analytics in health services; however, they give an understanding of the large and common areas of studies where the fundamental ideas of data analytics are implemented. Also, an elaborate and detailed discussion of the advantages of employing data analytical tools in providing health services is included. Finally, one pays attention to the number of issues and limitations in using data analytics in health services.

## 2. Literature review

The literature review examines prior studies on healthcare resource management, working productivity, and choices in the hospital environment. It also looks at the change brought about by data analytics in terms of enhancing the quality of healthcare delivery, increasing patient flow, and enhancing the efficiency of hospital systems.

### 2.1. Healthcare Resource Management

Healthcare resource management is the efficient, effective, economic, and rational utilization of resources, including workforce, materials, and fixed installation, to support the healthcare delivery system. For many years, hospitals have encountered several issues in resource management, including changes in patient volume, inequity in the types of patient care required, and lack of human resources [1]. It involves ensuring the right staff for tasks, properly ordering consumable items, and rationing attention given to a patient.

Traditionally, hospitals have used word of mouth, experiences or almanac, and records to estimate future requirements and PTR [2]. Nonetheless, this approach has its drawbacks, most apparent during the fluctuations in patient admissions, which COVID-19 has demonstrated. Reporting has indicated that resource management, particularly under manual systems, has been known to have weaknesses in planning and distribution, leading to several challenges, such as delays in delivering health care and also high operational costs [3].

Emerging literature emphasizes the use of information technology in managing resources, with real-time information on patient admission, staff availability, and medical inventories effectively allocating resources. For example, with predictive analytics, there is an expectation of patient arrival and staffing, and other resources are allocated to address increased patient flows, while with machine learning algorithms, inventory is managed, wastage is minimized, and costs are optimized [4]. The advancements in such data-driven technologies have also been proven to improve patient care and the profitability of the hospitals where they have been introduced in healthcare resource management [5].

### 2.2. Hospital Operational Efficiency

Therefore, Hospital operational efficiency is based on how effectively and efficiently hospitals promptly deliver the needed services. Increased operations efficiency is essential to ensure that hospitals meet the growing healthcare needs while providing adequate services. Research has shown that disservice delivery hitches contribute to patient

disgruntlement, long waits, and resource waste [3, 6]. It has been estimated that most hospitals face the problem of patient throughput bottlenecks, resource limitations, and unsuitable scheduling systems [7].

Several quantitative measures have been defined as output variables, including bed occupancy, staff-patient ratio, and resource consumption, and they have been determined to capture the operational performance of hospitals [8]. It has been observed that with operating efficiency, the hospitals provide:

- Better outcomes for the patients.
- Fewer instances of readmission.
- Higher levels of satisfaction among the patients.

To enhance these indicators, healthcare centers more and more implement works with operative plans like Lean Six Sigma and Just-in-Time (JIT) stocking.

Some of these recent works have sought to show how data analytics can enhance efficiency. For instance, with the smart use of data analysis, hospitals can improve patients' scheduling to minimize waiting for treatment and better use other resources like operating theaters, different equipment, and staff [10]. Moreover, predictive analytics can assist hospital managers in predicting an increase in demand so that they can effectively plan on the correct number of healthcare staff needed during such times [11]. The hospitals that have adopted these roles and informatics techniques have noted beneficial effects such as an increase in efficiency and a decrease in the expenses of patient flow [12].

### **2.3. Data Analytics in Healthcare**

Healthcare business intelligence can be defined as the process that refers to the utilization of big data, patient information, medical records, and operational statistics to identify patterns that could positively impact the processes related to delivering care, using resources, and making decisions. Over the past few years, healthcare has incorporated the application of state-of-the-art data analytics tools like AI, machine learning, and big data prediction models in the management of the sector [34]. These technologies help hospitals manage vast amounts of data in real time, and the insights derived from these systems, in turn, can augment clinical and business decisions.

Data analytics in healthcare has been focussed mainly on hospital performance, where integrated methods, such as predictive modeling, can identify patient flows and needs, resource availability, and maybe the likely incidence of diseases [14]. For instance, analytics can predict readmissions found in the patient's record to avoid them in the future, based on the predictive model, to enhance patients' experience [15]. It has also been applied in forecasting and determining the staff strengths needed when delivering services to the patient during the busiest times in a hospital [16].

Resource management, including but not limited to data analytics, is also rising in importance within the current economic sphere. Hospitals can use real-time data to monitor inventory levels to minimize wastage and ensure that certain products, such as PPE and drugs, are available when required [17]. Moreover, many healthcare organizations have been implementing analytics-based decision support systems (DSS), which offer recommended actions based on analyzed facts for patients' treatment, resource management, and organizational strategy [18].

Research has revealed that hospitals that undertake data analytics can reap massive benefits in terms of efficiency, patient status, and care quality. For instance, big data has enabled the following in hospitals: the reduction of patient readmissions, better bed management, and care coordination across departments [33]. In addition, applying artificial intelligence within clinical workflows decreases diagnostic mistakes, enhances patient safety, and raises organizational performance [20].

### **2.4. Decision-Making in Hospital Management**

Effective decision-making in hospital management is essential for ensuring that healthcare resources are used optimally and that patients receive the best possible care. Traditionally, hospital administrators relied on experience, intuition, and historical data to make decisions regarding resource allocation, staffing, and patient care [21]. However, more than these traditional methods are required with the increasing complexity of healthcare systems and the growing demand for high-quality care.

Data-driven decision-making is increasingly adopted in hospital management to streamline operations, improve patient outcomes, and optimize resource utilization [22]. By leveraging data analytics, hospital administrators can make more informed decisions based on real-time insights into patient admissions, resource availability, and operational

performance. This approach improves decision accuracy and enables hospitals to be more agile and responsive to changes in patient demand [23].

Research has shown that hospitals that adopt data-driven decision-making experience significant improvements in operational efficiency, patient satisfaction, and clinical outcomes [24]. For example, predictive analytics can help hospital administrators identify trends in patient admissions, allowing them to adjust staffing levels and resource allocation in advance [25]. Additionally, decision support systems that utilize big data can provide recommendations on patient care, enabling healthcare providers to make more informed clinical decisions [26].

Data-driven decision-making has also been shown to enhance patient retention by providing personalized care and improving patient engagement. Hospitals that use data analytics to tailor care plans to individual patients' needs have reported higher patient satisfaction and retention [27]. Furthermore, data-driven insights can help hospitals identify at-risk patients and take proactive measures to prevent readmissions, improving patient outcomes and retention rates [28].

### 3. What are the benefits of applying data analysis in health care?

Analytics permits the usage of all the available data from prior events and examples; it also holds all the information necessary to offer what may occur in the future, even regarding proven activities. Based on health care reform, payers and providers expect to apply data analytics to minimize risks, identify fraud, increase efficiency, and save lives. He says that all stakeholders – payers, providers, and patients- seek to do more with less or achieve more with limited resources. Consequently, some areas where additional analysis and improved data collection can result in the best outcomes are cross-M health stakeholders that can be categorized in Table 1.

The survey shows the Health service organizations' willingness to expand investments in data analytics. In the recent past, health data collected from patients has been transformed into data and then processed using appropriate algorithms to assist the patients, physicians, and organizations in the health sector in identifying values and prospects [38]. However, it must be mentioned that the framework within which the health service industry operates has been subject to several changes and pressures. They have outlined how using health service data and digitization can bring positive change to this industry for all stakeholders. The overall health service system would gain benefits similar to those of an individual doctor. Possible data benefits and effects in the health service system may be divided into four types: improving the quality of health service services, helping medical personnel in work, business, and management, and supporting scientific and research work [50].

#### 3.1. Elevating Performance the Health Service Services

**Table 1** Multiple stakeholders in healthcare are leveraging analytics.

Stakeholders	Attributes
Health Service Provider	<ul style="list-style-type: none"> <li>• The major stakeholders who have applied analytical systems in health services are health service providers.</li> <li>• Electronic medical records (EMR) provide medical facilities with data and analytical systems.</li> <li>• Analytical systems assist in assembling health services, changing the profitability factor to meet market demands, and addressing service delivery issues.</li> <li>• Improvement of access to statistical forecasts and disease probability estimation from patient data sharing between health service providers' plans and delivery of proper health services.</li> <li>• Analytics offer medical centers a full picture of their work, considering all possible factors.</li> </ul>
Payer	<ul style="list-style-type: none"> <li>• Plans also help the payers formulate strategies for managing health and other preventive programs.</li> <li>• By applying the four analytics, the quality of the patient's health insurance is increased, and the insured patients' health and quality of life are also advanced.</li> <li>• Using analysis, the payers are in a position to determine the efficient model of delivering medical procedures for certain diseases or even the probability of their occurrence.</li> <li>• Payers are, therefore, able to get cross-sectional consumer data that highlights factors likely to lead to the development of certain diseases.</li> </ul>

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Analytics allows payers to schedule contracting services, implement preventive programs, and educate their patients on possible diseases or risks.</li> </ul> |
|--|

The well-being of society. However, concerns have been raised about the quality of health services, where problems like wrong diagnosis, inefficient curative care, and insufficient healthcare facilities are major effects in many countries. The good news is that, in many aspects, health services can benefit from technology.

Another aspect that is a target for improvements through technology is the data analytic aspect of health services. One of the greatest strengths of the industry revolution by machine learning in the health sector is the ability to define relationships between large datasets and outcomes that may not be noticeable to human health services. This can assist in the early diagnosis and possible control of diseases, and the likelihood of their occurrence is very high, increasing the chances of death. For instance, a recently conducted research identified that even machine learning-based theories could diagnose the element of heart disease with 90% precision or even higher [40]. More importantly, technology can enhance the delivery of health service services by making them available via virtual health care. Virtual healthcare can also be described as a health service delivery practice through video conferencing and other technologies. This is especially helpful in rural or poorly served regions, where healthcare personnel might need more. It has been established that virtual health care enhances Access to health services and decreases the overall cost.

Moreover, devices such as wearable technology and other sensors come in handy for monitoring patients' health in real-time. This will help identify the signs or symptoms of health problems before the condition aggravates, and health service providers must step in. Wearable technology has also been established to enhance a patient's general well-being and decrease health service usage [42].

Moreover, since the current established system is equipped with an electronic health record (EHR), it can assist health service providers in tracking down patients' health records, test results, and other details. It can also lessen mistakes and increase care integration among several service providers. Research also indicates that EHRs enhance patients' health status resulting in lower health service expenses [43].

The application of technology may significantly enhance the quality of health service services since they will be accurate, efficient, and accessible. Through the use of Big data analytics, Virtual healthcare, Wearable technology, and EHRs, health service providers will be able to deliver services that meet the patient's needs at reduced cost and enhanced health outcomes.

---

#### **4. Issues and constraints holding back the use of data analytics in health services**

According to the literature review, the health service industry produces daily data. Business intelligence can be a game changer for delivering integrated patient care, organizational performance, and cost reduction. Yet, there are key barriers and restrictions in applying data analytics in health services. This article outlines health service organizations' biggest problems and constraints in utilizing data analytics.

##### **4.1. Data Quality and Standardization**

Nevertheless, the four major issues that have been an immense concern in health service data analytics problems are data quality and standardization. Information is collected from various structures, including EHRs, claims data, medical devices, and wearables. Such data is commonly limited, disparate, and siloed, posing challenges to analysis and understanding [55]. For this reason, there is always emphasis on the need to standardize data to enable data analytics to work well.

Thirdly, data in each health service industry is also not uniform, so data collected from various sources may not be compatible, and data collected for analysis may require pre-processing. This may lead to mistakes and prejudices that can impact the quality of the analysis and its parameters [56].

##### **4.2. Data Governance and Management**

One of the biggest difficulties of implementing data analytics in health services is the definition of proper data governance and management practices. Health organizations face the challenge of dealing with big data from various origins, such as EHRs, wearable, and health monitoring systems. Data governance is the set of practices that monitor the proper management of data over time, and its processes can be extremely time-consuming and costly. We have seen a need to build the architectures and guidelines to manage the ownership of big data and the quality and privacy issues

of data. Further, the proper data storage, retrieval, and archiving methods are needed to manage the main focus of the healthcare sector, which is data.

#### **4.3. Privacy and Security**

Privacy and security issues are other important factors that must be considered while working in the health service data analytics field. This kind of data concerns health services and is highly confidential and private. Therefore, sufficient and proper measures must be taken to protect such data where it is necessary to share such information for a certain legal purpose, such as HIPAA policies.

Data analytics can be used across several platforms and stakeholders, which means that sharing information poses great risks and vulnerability to attacks. Due to the sensitive nature of health information, health service organizations require several security features like encryption and access control to avoid breaching patients' data [57].

#### **4.4. Data Bias and Representativeness**

One of the issues that one is likely to come across when applying data analytics in health services is the issue of bias in data and non-representative data. The data used for analysis may include a variety of patient population points; therefore, the resultant analysis may be skewed. Some people, certain demographics, certain socio-economic status, or geographic areas may be poorly sampled or excluded from some of these data sources, which skews the results. To solve this problem, we need to try as much as possible to make deliberate efforts towards collecting diverse data. One should use strict procedures in data cleaning and data preparation methods, and selected demographic variables should be used to control for demographic effects.

#### **4.5. Data Interpretation and Integration**

Also, interpreting and integrating data from multiple sources is one of the issues in health service data analytics. The information used to measure health services is nuanced and complex, so it isn't easy to find simple patterns. ML and artificial intelligence (AI) effectively analyze big data and recognize patterns that may not be apparent to analysts [58].

Merging data from multiple sources may be difficult, mainly because they can be in different formats and have different standards. Health service organizations must set up interoperability standards and invest in technologies that enable the integration and interchange of data [59].

#### **4.6. Expertise and Workforce**

Thus, applying data analytics in health services also necessitates qualified human capital with sound knowledge of data analytics, statistics, and health services. However, there is a scarce supply of professionals with these skills, resulting in poor health services data analytics implementation.

In addition, employees working in the health sector or the health service specialists can refuse to accept new ideas and be unfamiliar with the instruments and methods used in data analysis. Health service organizations should incorporate training and education programs for their workforce to acquire knowledge and embrace data-driven solutions [60].

#### **4.7. Ethical and Legal Considerations**

Lastly, ethics and the law must be considered when discussing data analytics in health services. For example, applying big data can lead to limitations, such as the risk of bias and discrimination, when data analytics is not programmed and tested correctly.

Moreover, work based on data analysis can raise doubts about the patient's self-determination and consent and the proper utilization of the patient's data in discovering and doing business. To this end, it is critical to note that health service organizations must follow ethical and legal requirements or regulations and ensure they get 'informed consent' from patients to allow the use of their data for analytics.

Finally, it opens the opportunities for changes in the field of health services relying on the application of data analytics solutions in terms of patient benefits, increased efficiency, and overall cost reduction. However, certain problems and limitations exist, which are as follows: data quality and standardization, privacy and security concerns, data interpretation and integration, expertise and workforce, and ethical and legal issues.

## 5. Future directions and recommendations

As the healthcare industry evolves, data-driven initiatives are poised to play an increasingly central role in transforming how care is delivered and experienced. To fully realize the potential of these innovations, it is crucial to explore future directions and offer strategic recommendations. This section examines the impact of emerging technologies, policy and governance considerations, the importance of collaboration and integration, and the need for sustainability and scalability in data-driven healthcare initiatives.

### 5.1. Technological Advancements

Emerging technologies are at the forefront of driving data-driven healthcare forward. Artificial intelligence (AI) and machine learning (ML) rapidly advancing, offering sophisticated tools for predictive analytics, personalized medicine, and automated decision-making. For instance, AI algorithms can analyze vast datasets to identify patterns and accurately predict patient outcomes, enabling more timely and effective interventions. Additionally, technologies such as blockchain offer promising solutions for enhancing data security and transparency, which is crucial for maintaining patient trust and compliance with privacy regulations. Integrating Internet of Things (IoT) devices, such as wearable health monitors and smart medical equipment, facilitates continuous data collection, providing real-time insights into patient health. These advancements enable more proactive and preventive healthcare approaches, shifting the focus from reactive treatment to continuous health management.

#### 5.1.1. Policy and Governance

To support the successful implementation of data-driven healthcare initiatives, policymakers must develop and enforce robust policies and governance frameworks. These frameworks should balance the need for innovation with the imperative to protect patient rights and ensure ethical use of data. Policymakers should focus on creating clear and comprehensive regulations that address data privacy, security, and interoperability. For instance, updating existing laws to cover new data types and technologies can prevent legal ambiguities and protect patient information more effectively. Additionally, policies should encourage the adoption of standardized data formats and communication protocols, facilitating seamless data exchange across different healthcare systems. Governments and regulatory bodies can also incentivize the adoption of data-driven technologies through funding and support for research and development initiatives. By establishing a supportive policy environment, policymakers can help foster innovation while ensuring patient care remains safe, ethical, and equitable.

#### 5.1.2. Collaboration and Integration

The success of data-driven healthcare initiatives hinges on effective collaboration and integration among healthcare providers, technology companies, and patients. Collaborative efforts can bridge the gap between technological innovation and practical healthcare application. Healthcare providers and technology developers must work together to design and implement technically robust and clinically relevant solutions. This collaboration can involve joint research projects, shared data resources, and integrated development efforts to create user-friendly and effective tools. Engaging patients in this process is equally important, as their input can provide valuable insights into the usability and acceptance of new technologies. Patient-centred design approaches can help ensure that technological solutions meet the actual needs and preferences of end-users, enhancing adoption and satisfaction. Moreover, establishing interdisciplinary teams that include healthcare professionals, data scientists, and ethicists can promote a holistic approach to developing and deploying data-driven healthcare initiatives.

#### 5.1.3. Sustainability and Scalability

Ensuring the sustainability and scalability of data-driven healthcare initiatives is essential for their long-term success and widespread impact. Sustainability involves maintaining the infrastructure, resources, and expertise required to support data-driven technologies over time. This includes investing in continuous education and training for healthcare professionals to keep pace with technological advancements and best practices. Additionally, healthcare organizations must develop strategies to secure ongoing funding and resources, potentially through partnerships with technology firms, government grants, or value-based care models that reward quality outcomes. Scalability, however, requires these initiatives to be effectively expanded to different healthcare settings and populations. This involves designing flexible and adaptable solutions customized to the diverse needs of various healthcare providers and patient groups. Scalability also depends on integrating new technologies with existing systems and workflows seamlessly, minimizing disruption and maximizing efficiency. By prioritizing sustainability and scalability, healthcare organizations can ensure that data-driven initiatives deliver consistent benefits and reach a broad spectrum of patients.



## 6. Conclusion

This research concisely attributes the analytic capabilities of data analytics in resource management, organizational effectiveness, and decision-making. Different data-orientated approaches implemented in hospitals make higher organizational efficiency possible, increase the overall quality of the patient's treatment, and decrease expenses. The following sections of this study will expand on these findings, presenting a review of the existing literature that reports on the application of data analytics in practice, including in the healthcare sector.

## References

- [1] McAfee, A., Brynjolfsson, E., Davenport, T.H., Patil, D.J. and Barton, D. (2012) Big Data: The Management Revolution. *Harvard Business Review*, 90, 60-68.
- [2] Lynch, C. (2008) Big Data: How Do Your Data Grow? *Nature*, 455, 28-29. <https://doi.org/10.1038/455028a>
- [3] Jacobs, A. (2009) The Pathologies of Big Data. *Communications of the ACM*, 52, 36-44. <https://doi.org/10.1145/1536616.1536632>
- [4] Zikopoulos, P., Eaton, C., de Roos, D., Deutsch, T. and Lapis, G. (2011) *Understanding Big Data: Analytics for Enterprise Class Hadoop and Streaming Data*. McGraw-Hill Osborne Media, New York.
- [5] Manyika, J., Chui, M., Brown, B., et al. (2011) *Big Data: The Next Frontier for Innovation, Competition, and Productivity*. McKinsey Global Institute, New York.
- [6] Borckardt, J., Nash, M.R., Murphy, M.D., Moore, M., Shaw, D. and O'Neil, P. (2008) Clinical Practice as Natural Laboratory for Psychotherapy Research: A Guide to Case-Based Time-Series Analysis. *The American Psychologist*, 63, 77-95. <https://doi.org/10.1037/0003-066X.63.2.77>
- [7] Celi, L.A., Mark, R.G., Stone, D.J. and Montgomery, R.A. (2013) "Big Data" in the Intensive Care Unit: Closing the Data Loop. *American Journal of Respiratory and Critical Care Medicine*, 187, 1157-1160. <https://doi.org/10.1164/rccm.201212-2311ED>
- [8] Mackenzie, C.F., Hu, P., Sen, A., et al. (2008) Automatic Pre-Hospital Vital Signs Waveform and Trend Data Capture Fills Quality Management, Triage and Outcome Prediction Gaps. *AMIA Annual Symposium Proceedings*, 2008, 318-322.
- [9] Bodo, M., Settle, T., Royal, J., Lombardini, E., Sawyer, E. and Rothwell, S.W. (2013) Multimodal Noninvasive Monitoring of Soft Tissue Wound Healing. *Journal of Clinical Monitoring and Computing*, 27, 677-688. <https://doi.org/10.1007/s10877-013-9492-z>
- [10] Hu, P., Galvagno Jr., S.M., Sen, A., et al. (2014) Identification of Dynamic Prehospital Changes with Continuous Vital Signs Acquisition. *Air Medical Journal*, 33, 27-33. <https://doi.org/10.1016/j.amj.2013.09.003>
- [11] Apiletti, D., Baralis, E., Bruno, G. and Cerquitelli, T. (2009) Real-Time Analysis of Physiological Data to Support Medical Applications. *IEEE Transactions on Information Technology in Biomedicine*, 13, 313-321. <https://doi.org/10.1109/TITB.2008.2010702>
- [12] Chen, J., Dougherty, E., Demir, S.S., Friedman, C.P., Li, C.S. and Wong, S. (2005) Grand Challenges for Multimodal Bio-Medical Systems. *IEEE Circuits and Systems Magazine*, 5, 46-52. <https://doi.org/10.1109/MCAS.2005.1438739>
- [13] Menachemi, N., Chukmaitov, A., Saunders, C. and Brooks, R.G. (2008) Hospital Quality of Care: Does Information Technology Matter? The Relationship between Information Technology Adoption and Quality of Care. *Health Care Management Review*, 33, 51-59. <https://doi.org/10.1097/01.HMR.0000304497.89684.36>
- [14] DesRoches, C.M., Campbell, E.G., Rao, S.R., et al. (2008) Electronic Health Records in Ambulatory Care—A National Survey of Physicians. *The New England Journal of Medicine*, 359, 50-60. <https://doi.org/10.1056/NEJMsa0802005>
- [15] McCullough, J.S., Casey, M., Moscovice, I. and Prasad, S. (2010) The Effect of Health Information Technology on Quality in U.S. Hospitals. *Health Affairs*, 29, 647-654. <https://doi.org/10.1377/hlthaff.2010.0155>
- [16] Blum, J.M., Joo, H., Lee, H. and Saeed, M. (2015) Design and Implementation of a Hospital Wide Waveform Capture System. *Journal of Clinical Monitoring and Computing*, 29, 359-362. <https://doi.org/10.1007/s10877-014-9612-4>

- [17] Freeman, D. (2009) The Future of Patient Monitoring. *Health Management Technology*, 30, Article 26.
- [18] Muhsin B. and Sampath, A. (2012) Systems and Methods for Storing, Analyzing, Retrieving and Displaying Streaming Medical Data. US Patent No. 8310336.
- [19] Malan, D., Fulford-Jones, T., Welsh, M. and Moulton, S. (2004) Codeblue: An Ad Hoc Sensor Network Infrastructure for Emergency Medical Care. *Proceedings of the International Workshop on Wearable and Implantable Body Sensor Networks*, Vol. 5, London, 2004.
- [20] Page, A., Kocabas, O., Ames, S., Venkitasubramaniam, M. and Soyata, T. (2014) Cloud-Based Secure Health Monitoring: Optimizing Fully-Homomorphic Encryption for Streaming Algorithms. 2014 IEEE Globecom Workshops (GC Wkshps), Austin, 8-12 December 2014, 48-52. <https://doi.org/10.1109/GLOCOMW.2014.7063384>
- [21] Bange, J., Gryzwa, M., Hoyme, K., Johnson, D.C., LaLonde, J. and Mass, W. (2011) Medical Data Transport over Wireless Life Critical Network. US Patent No. 7978062.
- [22] Kara N. and Dragoi, O.A. (2007) Reasoning with Contextual Data in Telehealth Applications. *Proceedings of the 3rd IEEE International Conference on Wireless and Mobile Computing, Networking and Communications (WiMoB 2007)*, White Plains, 8-10 October 2007, 69. <https://doi.org/10.1109/WIMOB.2007.4390863>
- [23] Li, G., Liu, J., Li, X., Lin, L. and Wei, R. (2014) A Multiple Biomedical Signals Synchronous Acquisition Circuit Based on Over-Sampling and Shaped Signal for the Application of the Ubiquitous Health Care. *Circuits, Systems, and Signal Processing*, 33, 3003-3017. <https://doi.org/10.1007/s00034-014-9794-5>
- [24] Bar-Or, A., Healey, J., Kontothanassis, L. and van Thong, J.M. (2004) BioStream: A System Architecture for Real-Time Processing of Physiological Signals. *Proceedings of the 26th Annual International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC 2004)*, San Francisco, 1-5 September 2004, 3101-3104.
- [25] Raghupathi, W. and Raghupathi, V. (2014) Big Data Analytics in Healthcare: Promise and Potential. *Health Information Science and Systems*, 2, Article No. 3. <https://doi.org/10.1186/2047-2501-2-3>
- [26] Ahmad, S., Ramsay, T., Huebsch L., et al. (2009) Continuous Multiparameter Heart Rate Variability Analysis Heralds Onset of Sepsis in Adults. *PLOS ONE*, 4, e6642. <https://doi.org/10.1371/journal.pone.0006642>
- [27] Goldberger, A.L., Amaral, L.A., Glass, L., et al. (2000) Physiobank, Physiokit, and Physionet Components of a New Research Resource for Complex Physiologic Signals. *Circulation*, 101, e215-e220. <https://doi.org/10.1161/01.CIR.101.23.e215>
- [28] Siachalou, E.J., Kitsas, I.K., Panoulas, K.J., et al. (2005) ICASP: An Intensive-Care Acquisition and Signal Processing Integrated Framework. *Journal of Medical Systems*, 29, 633-646. <https://doi.org/10.1007/s10916-005-6132-2>
- [29] Saeed, M., Lieu, C., Raber, G. and Mark, R.G. (2002) Mimic Ii: A Massive Temporal ICU Patient Database to Support Research in Intelligent Patient Monitoring. *Proceedings of the Computers in Cardiology*, Memphis, 22-25 September 2002, 641-644.
- [30] Burykin, A., Peck, T. and Buchman, T.G. (2011) Using “Off-the-Shelf” Tools for Terabyte-Scale Waveform Recording in Intensive Care: Computer System Design, Database Description and Lessons Learned. *Computer Methods and Programs in Biomedicine*, 103, 151-160. <https://doi.org/10.1016/j.cmpb.2010.10.004>
- [31] Prasad S. and Sha, M.S.N. (2013) NextGen Data Persistence Pattern in Healthcare: Polyglot Persistence. *Proceedings of the 4th International Conference on Computing, Communications and Networking Technologies (ICCCNT 2013)*, Tiruchengode, 4-6 July 2013, 1-8. <https://doi.org/10.1109/ICCCNT.2013.6726734>
- [32] Adrian, G., Francisco, G.E., Marcela, M., Baum, A., Daniel, L. and de Quiros Fernan, G.B. (2013) MongoDB: An Open Source Alternative for HL7-CDA Clinical Documents Management. *Proceedings of the Open Source International Conference (CISL 2013)*, Buenos Aires, 2013.
- [33] Yu, W.D., Kollipara, M., Penmetsa, R. and Elliadka, S. (2013) A Distributed Storage Solution for Cloud Based E-Healthcare Information System. *Proceedings of the IEEE 15th International Conference on e-Health Networking, Applications & Services (Healthcom 2013)*, Lisbon, 9-12 October 2013, 476-480.
- [34] Santos, M. and Portela, F. (2011) Enabling Ubiquitous Data Mining in Intensive Care: Features Selection and Data Pre-Processing. *Proceedings of the 13th International Conference on Enterprise Information Systems*, Beijing, 8-11 June 2011, 261-266.
- [35] Berndt, D.J., Fisher, J.W., Hevner, A.R. and Studnicki, J. (2001) Healthcare Data Warehousing and Quality Assurance. *Computer*, 34, 56-65. <https://doi.org/10.1109/2.970578>

- [36] Uzuner, O., South, B.R., Shen, S. and DuVall, S.L. (2011) 2010 i2b2/VA Challenge on Concepts, Assertions, and Relations in Clinical Text. *Journal of the American Medical Informatics Association*, 18, 552-556. <https://doi.org/10.1136/amiajnl-2011-000203>
- [37] Athey, B.D., Braxenthaler, M., Haas, M. and Guo, Y. (2013) TranSMART: An Open Source and Community-Driven Informatics and Data Sharing Platform for Clinical and Translational Research. *AMIA Summits on Translational Science Proceedings*, 2013, 6-8.
- [38] Hu, H., Wen, Y., Chua, T.S. and Li, X. (2014) Toward Scalable Systems for Big Data Analytics: A Technology Tutorial. *IEEE Access*, 2, 652-687. <https://doi.org/10.1109/ACCESS.2014.2332453>
- [39] Batko, K. (2016) Możliwości wykorzystania Big Data w ochronie zdrowia. *Roczniki Kolegium Analiz Ekonomicznych*, 42, 267-282.
- [40] Aungst, T.D., Clauson, K.A., Misra, S. and Lewis, T.L. (2021) Virtual Healthcare and Mobile Health Technology: A Guide for Pharmacy Practice. *Journal of the American Pharmacists Association*, 61, e46-e58.
- [41] Dorsey, E.R., Topol, E.J. and the Virtual healthcare 2.0 Study Group (2016) State of Telehealth. *New England Journal of Medicine*, 375, 154-161. <https://doi.org/10.1056/NEJMra1601705>
- [42] Krittanawong, C., Zhang, H., Wang, Z., Aydar, M. and Kitai, T. (2020) Artificial Intelligence in Precision Cardiovascular Medicine. *Journal of the American College of Cardiology*, 75, 2996-3013.
- [43] Shah, R.C., Borrego, M.E. and Letourneau, L.M. (2018) Electronic Health Records: Improving Quality of Care and Patient Outcomes in Primary Care. *Journal of the American Association of Nurse Practitioners*, 30, 355-362.
- [44] Wang, Y., Lu, X., Zhu, X., Zhang, Z. and Yu, J. (2018) Using Machine Learning to Identify Risk Factors for Postoperative Complications of Orthopedic Patients. *Journal of Healthcare Engineering*, 2018, 1-8.
- [45] Bächle, D., Köpcke, C.D., Falque-Pierrotin, D. and Seidl, T. (2020) Patient Stratification and Prediction Models for Cardiovascular Disease Using Machine Learning Technologies. *International Journal of Medical Informatics*, 144, 1-10.
- [46] Miotto, R., Wang, F., Wang, S., Jiang, X and Dudley, J.T. (2016) Deep Learning for Healthcare: Review, Opportunities and Challenges. *Briefings in Bioinformatics*, 19, 1236-1246. <https://doi.org/10.1093/bib/bbx044>
- [47] Mavragani, A. and Ochoa, G. (2018) The Internet and the Anti-Vaccine Movement: Tracking the 2017 EU Measles Outbreak. *Big Data and Cognitive Computing*, 2, Article 2. <https://doi.org/10.3390/bdcc2010002>
- [48] Ekins, S., et al. (2019) Enhancing Drug Discovery with Artificial Intelligence. *Molecular Pharmaceutics*, 16, 1315-1319.
- [49] Roque, F.S., et al. (2020) Using Data Analytics to Identify Patients with Specific Biological Features for Clinical Trials. *BMC Medical Informatics and Decision Making*, 20, 1-14.
- [50] Wang, J., et al. (2020) Personalized Blood Glucose Prediction and Insulin Infusion for Diabetes Management Using Recurrent Neural Networks and Model Predictive Control. *IEEE Transactions on Biomedical Engineering*, 67, 687-697.
- [51] Wu, X., Huang, J., Zeng, X. and Chen, S. (2018) Data Analytics and Fraud Detection in the Healthcare System. *International Journal of Engineering and Technology*, 10, 75-78.
- [52] Kim, S., Lee, J. and Yoo, S. (2020) Healthcare Revenue Management Using Machine Learning Techniques: A Review. *Healthcare Informatics Research*, 26, 79-87.
- [53] Li, X., Wen, D. and Guo, X. (2019) Research on the Application of Big Data Analysis in Reducing the Rate of Repeated Inspection in the Hospital. *Journal of Medical Systems*, 43, 1-7.
- [54] Kim, J., Lee, J. and Yoo, S. (2019) Predicting Healthcare Costs Based on Patients' Demographics and Diagnoses Using Machine Learning. *Healthcare Informatics Research*, 25, 118-125.
- [55] Alotaibi, M., Wyatt, J.C. and Lopez, D. (2021) The Challenges of Using Data Analytics in Healthcare: Recommendations for Overcoming Obstacles. *Journal of Innovation in Health Informatics*, 28, 131-138.
- [56] Johnson, B., Zhang, K. and Unhelkar, Y. (2018) Data Quality and Its Impacts on Decision-Making: How Managers Can Benefit from Good Data. *Journal of Enterprise Information Management*, 31, 63-79.
- [57] Kang, Y., Yao, C. and Li, S. (2019) Healthcare Data Breach: A Comprehensive Overview and Defense-In-Depth Framework. *IEEE Journal of Biomedical and Health Informatics*, 23, 1113-1123.

- [58] Rudin, C., Parekh, R.E. and Smyth, N.J. (2019) Machine Learning for Health: Introduction to the Special Issue. *IEEE Journal of Biomedical and Health Informatics*, 23, 1255-1260.
- [59] Gupta, A., Gupta, A.S. and Joshi, S. (2019) Data Integration for Healthcare Analytics: A Comprehensive Review. *IEEE Access*, 7, 90044-90067.
- [60] Mackenzie, T., Kerr, M.A. and Karim, M.P. (2020) Barriers to Data Analytics Adoption in Healthcare: A Literature Review. *Journal of Healthcare Information Management*, 34, 8-13.
- [61] Kung, W., Byrd, M.B. and Greene, P.J. (2018) A Formative Evaluation of the Utility of Health Information Exchange in Three Communities. *Journal of the American Medical Informatics Association*, 25, 1600-1606.