INTEGRATING MIMO AND IoT FOR ADVANCED COMMUNITY HEALTH SOLUTIONS AND SUSTAINABLE URBAN PLANNING

B. Ramesh ¹ *, K. Manikannan ² , Suresh T, ³ and D. Karunkuzhali ⁴

¹ Department of Electronics and Communication Engineering, Annapoorana Engineering College, Salem, India. *Corresponding Author Email: mailrameshece@gmail.com ²Department of Computer Science and Engineering, RMK Engineering College, Chennai, India. Email: kmn.cse@rmkac.ec.in ³Department of Electronics and Communication Engineering, Tagore Engineering College, Chennai, India. Email: tsureshece@gmail.com ⁴ Department of Information Technology, Panimalar Engineering College, Chennai, Tamilnadu, India. Email: karunkuzhali@gmail.com

DOI: 10.5281/zenodo.11613900

Abstract

This research studies the interconnect of Multiple-Input Multiple-Output (MIMO) with Internet of Things (IoT) to promote community health solutions and sustainable urban development. It also presents a case study from an urban healthcare service provider in Tamil Nadu, India, where real-time monitoring of vital signs and environmental conditions was analyzed. Data from IoT devices and sensors was analyzed using Machine Learning algorithms (Neural Networks, Clustering Algorithms like K-means, Time Series Forecasting (LSTM), and Anomaly Detection Algorithms like Isolation Forest). The results of our research demonstrate for which neural networks can be applied, i.e., accuracy of 0.87; clustering algorithms: Silhouette score of 0.62; LSTM model: MAE of 4.32; as well as the efficiency of anomaly detection: precision of 0.82. Therefore, the results obtained can be significant for the potential development of a more general tool to enhance healthcare or improve the efficiency of city life. These may range from better monitoring of patients, prevention of health issues, and easier decision-making based on data in terms of urban planning and resource deployment. The main point of the present research is that reliable data analytics and smart technologies demand the inclusion of sophisticated tools and digital solutions to develop smart, healthy, and sustainable cities. For further studies, the research should be focused on the tool's scalability, data security, and the range of applications that could be enhanced by the technologies.

Keywords: MIMO, IoT, Community Health, Urban Planning, Machine Learning.

1. INTRODUCTION

Technological development, in the telecommunications and sensor network domain especially over the last several years have shaped how communities monitor their health as well as plan around urban scenarios. These advances in technology, particularly through the advent of Multiple-Input Multiple-Output systems and the Internet of Things have enabled this to happen. MIMO: MIMO stands for "Multipleinput Multiple-output" and it is originated from wireless communication, in which the use of multiple antennas at both transmission end and receiving end improves the performance. Similarly, in healthcare, the concept is applied although written papers and implemented via a kind of technological pathway oriented to data transmission with greater reliability and speed. The MIMO system is widely adopted to improve the performance of sensors in data acquisition for analysis, particularly in urban planning [1]–[3].

The Internet of Things represents physical devices that embedded with sensors, software, or other technologies for the purpose of connecting and exchanging data. On the other hand, regarding community health monitoring, IoT technologies are placed in monitoring equipment and devices that will monitor individuals' vital signs day by day and send this information to central repositories in order to map epidemiological trends and detect possible health problems before they become diseases. Devices can be used to collect air quality, temperature and other data for various smart city services (e.g. urban planning) that allows decision making in a sustainable way for future urban development [4]–[6].

The merger of MIMO and IoT has found its way to the problems of community health in urban planning as well. The union of these two technologies will improve the accuracy of data collection and analysis, as well as increase its reliability and speed. MIMO and IoT are the other features which when integrated with modern devices can be highly beneficial for an urban-planner so that he can make data-driven decisions and hence better use of resources in the city [7]–[9].

From a research perspective, the research will help inform technology-based solutions in community health monitoring and sustainable urban development. The obtained results will allow to draw some conclusions and data about the usage of MIMO and IoT in a real practice, etc. The suggested future research recommendations, and potential actions will also serve to improve health in communities and cities.

2. LITERATURE REVIEW

In recent years, most of the sectors have changed completely with the use of MIMO (Multiple-Input Multiple-Output) and IoT technologies. In particular, this literature review covers recent work on these technologies within the context of healthcare and urban planning, along with considering their opportunities and challenges.

The application of MIMO in medical data collection, transmission and analysis has shown remarkable results. The design of these system solutions starts with wireless communication, to ensure high data throughput and reliability. Now, health experts are using them to enhance the patient monitor and diagnostic capacity. For example, MIMO-driven wearable tools that come integrated with sensors for measurement of some essential signs make a real time recording of these signs accurate. Using these tools, medical facilities can receive this data without having to create their own paths for the purpose of monitoring patients remotely. Therefore they can perform other regulatory functions in the event of an emergency [10]–[13] [14]–[16].

In healthcare, IoT facilitates the connection of various medical devices and wearables and creates a network for regular and continuous monitoring of patient health indicators and data collection. With IoT, healthcare providers can access detailed tracking of patient health metrics, detect deviations in time, and adapt patient-specific treatment plans. As an illustration, IoT devices can track individuals' vital signs simultaneously, which is particularly helpful in monitoring chronic conditions such as diabetes. By continuously measuring the blood glucose level, IoT sensors may send an alarm to the smartphone or other health provider's device in case the level deviates from the norm [17]–[19].

In the field of urban planning, the integration of MIMO and IoT technologies seems beneficial for creating smarter and more sustainable cities. MIMO technology increases the reliability and capacity of wireless technologies, which will be able to connect and support thousands of IoT devices spread across the city. The IoT sensors collect data on the parameters of the urban environment: traffic flow, air pollution, noise levels, waste generation, and so. The data is then transmitted through MIMO networks to the relevant authorities, who can make use of it and quickly respond to any problems [20]–[22].

An example is the establishment of IoT-integrated smart traffic lights that also have MIMO technology and can adjust the durations of red and green lights depending on the current volume of traffic. When the traffic is light, the green light will stay on longer, allowing more cars to pass without stopping and reducing congestion and emissions. MIMO sensors can also monitor air pollution in the city and collect data on it in continuous real time. Having conclusive evidence of the actual air quality in the city, the government will be able to make targeted policies to improve the situation. It appears that in urban planning, MIMO and IoT technologies not only improve the performance of city services but also make the city more environmentally resilient. The pollution of air or water will no longer be hidden under the rug, and responses to this pollution will be quick and targeted. Problems still exist, such as the high cost of infrastructure and IoT deployment, the existing agreements between numerous IoT platform developers, and the problem of the privacy and misuse of data [23]–[25].

The synergy between MIMO and IoT technologies is a remarkable opportunity for advancing both community health solutions and sustainable planning for the cities. By incorporating the IoT and MIMO technologies, the cities can install systems for monitoring both human health and environmental data simultaneously. Lyme provides an example when the MIMO systems can collect data regarding the air quality and the temperature while simultaneously collecting data regarding the health statuses of people within the city through their wearable devices. Consequently, the interaction between these systems generates a nuanced and versatile system of measuring the health of the city and the environment simultaneously [26], [27].

Another advantage of the integration of MIMO and IoT for the cities is that it enables real-time data analysis and prediction. Enormous and minute data sets will be identified by machine learning algorithms to. This prediction can be used with both healthcare and designing strategies: for instance, the MIMO-IoT systems can predict a forthcoming epidemic of a certain disease and the related factors of air pollution. In conclusion, a major disadvantage of integrating MIMO and IoT in the cities will be that their interaction implies numerous technical issues related to advancing both the individual devices to create a suitable system for their operation and also to the holistic change of the cities' infrastructure [28], [29].

3. METHODOLOGY

a. Case Study Description

The available information indicates that there are no serious internal or external threats to the chosen hospital. However, as an entity in the healthcare sector, the hospital is affected by a variety of external forces, such as economic, regulatory, social, and technological factors. In the short term, ethics scandals can also pose a significant threat. The major opportunities for the chosen hospital include increased demand due to population growth, interest in the wider community, and enhanced methods of treatment and care delivery due to technological advances. The major weaknesses to consider are potential loss of revenue, organizational and patient data security, and increased healthcare costs.

Integration of MIMO and IoT for Community Health Solutions

Figure 1: Research workflow

As presented in Figure 1, This approach to the provision of healthcare services is underpinned by the consistent implementation of innovations in the healthcare model, alongside the use of modern technologies, such as telemedicine and remote monitoring of patients. The hospital undertakes various health researches in conjunction with the county officials, non-profit-making organizations and healthbased educational facilities. Its activities include community service for primary care providers and preventive care measures to promote public health in the region.

Table 1: Data Collection and Number of Data Points

Table 2: IoT Devices Used and Their Specifications

As presented in above Table 1 and 2. The data that is collected by the system in this research study is generated by a wide variety of factors that might be attributed to either personal health condition or environmental background. Regarding individual health parameters, such data includes monitoring of such vital signs and health parameters as heart rate, blood pressure, body temperature, blood levels of glucose, or ECG signal. All these indicators are assessed continuously, spreading via wearable sensors with inbuilt sensors and transducers. These sensors are employed to capture data in a real-time mode. In turn, the data are used to provide a wireless link with the hospital's central database to allow for ongoing analysis. Among environmental factors that are monitored, one might observe air quality in terms of monitoring pollutants PM2.5, PM10, nitrogen dioxide, sulphur dioxide ambient temperature and humidity, as well as noise level. The sensors required for monitoring the indicated factors are IoT sensors that are distributed throughout the whole hospital and the area beyond its boundaries. These sensors are supported via integration with the hospital's physical infrastructure and are connected with the help of a MIMO enabling wireless network.

The MIMO and IoT technologies integration benefits healthcare in facilitating the efficient and reliable collection of data. MIMO technology is supportive of highthroughput wireless communication, which is essential in the seamless transmission of data from the IoT sensors and wearable devices to the data servers in the hospital. Consequently, the healthcare providers receive real-time data as per the needs of the patients and perform necessary interventions, as well as provide personalized care to the patients. The hospital's EHR system contains the data collected, and it is accessible by all the authorized personnel. A variety of tools for advanced data analytics, including the machine learning algorithms, is used to evaluate the massive data collected. The purpose of such programs is to track trends and predict the results while implementing the optimization of the great number of health care resources and programs.

MIMO and IoT technologies can be integrated to provide significant benefits largely due to real time data that can be used to monitor patients with greater success. Additionally, such data can be used to monitor the environment to ensure the accuracy of the data available to public health officials and allow for informed actions. Furthermore, IoT devices can offer invaluable information on all processes and activities, as well as detect the presence of particular diseases by changes in the environment, enabling informed decisions regarding the quality of water, radioactive material in products, or total environment impact on human health.

This detailed case study of a healthcare unit in Tamil Nadu shows that introduction of MIMO and IoT technology has the potential to be an efficient method for data collection, monitoring community health and sustainable urban planning. It is this trained response that evidence-based decision-making taps into, and it serves the healthcare profession well by making our cities smarter and healthier places than they were earlier.

b. Machine learning algorithms

Deeper learning architectures, such as neural networks, have experienced a surge in demand in many fields over the years — healthcare systems and urban development are no exception. Deep Learning architectures have been widely employed across healthcare settings for tasks such as medical image analysis, disease classification and patient outcome prediction. Example: Convolutional Neural Networks (CNNs) have been used to analyze medical images such as X-Rays and MRIs for identifying anomalies or diagnosing diseases. Recurrent Neural Networks (RNNs) and their more powerful extensions such as Long Short-Term Memory networks (LSTMs), are most used for the task of time series prediction on patient health trajectories using historical data.

A number of Deep Learning models are used for the large-scale urban data analysis in order to assist in the decision making in urban planning. For example, with the use of CNNs, satellite images are used in order to analyse the flow of cities growth and the change of land use. RNNs and LSTMs are used for the analysis of the flow of networks traffic during What-Time-Period, in order to foresee in real time the future volume of traffic, and in order to perfect/improve the network patterns. These models are applied with the use of MIMO-capable IoT data, which is used for live traffic detection and forecasting. Accuracy, Precision, Recall, F1-score and AUC-ROC are a set of metrics that gauge the performance of models in classification tasks, anomaly detection and other supervision learning related predictive tasks. Such things are often of high interest in healthcare applications, where false positives and false negatives can have serious consequences.

Among some clustering algorithms that are substantially useful in urban planning and region formations as the part of a spatial patterns recognition which are used for grouping similar entities together, not to mention K-means. K-means clustering, a workhorse of urban analytics to uncover the underlying trend in neighbourhood structure and differentiate neighbourhoods according to demographic, socio-economic or land use features. This helps city planners understand the population distribution, provide service more effectively and allocate resources accordingly.

The Evaluation are Silhouette score, Davies-Bouldin index and Inertia in Clustering algorithms. Silhouette score is used to calculate the clustering quality, better value indicates that object does not belongs to how similar it is to its own cluster. Davies-Bouldin measure computes the similarity between two clusters, and one can say the more this value is lower, the better clustering. Inertia is equal to the sum of squared distances between points and their cluster center, which evaluates how compact clusters are.

Long Short-Term Memory networks (Long LSTMs) are a special type of RNN, capable of learning long-term dependencies making them more consistent for sequence prediction problems such as time series forecasting. In healthcare, LSTMs have shown their predictability in terms of the patients survivals, disease progress and response to treatment . Healthcare services leverage historical patient data to predict impending health conditions enabling early intervention and treatment optimizations.

LSTM is used for predictions in urban planning, and can forecast all parameters of traffic volumes, air quality levels or energy consumption. For example, LSTMs can predict where traffic bottlenecks are likely to occur at different points in the future using historical traffic data, so cities can take action to reduce congestion and make transportation more efficient.

Time series forecasting evaluation metrics are Mean Absolute Error (MAE) , Mean Squared Error(MSE) , Root Mean Square Error(RMSE and Mean Absolute Percentage error (MAPE). The MAE and RMSE give weight to the magnitude of the error in the forecast, whereas MAPE gives a percentage error which is why these three metrics provide information about two different phenomena for any given forecasting variable.

Isolation Forest regroups detection methods by a loosely related technique aimed at isolating anomalies, as opposed to the typical profiling and construction of normal points in one calculation. Since the Isolation Forest works well in detection of anomalies on high-dimensional datasets, it is suitable for use to be able toward Healthcare and Urban Planning. Healthcare: To detect anomalies in patient records such as diseases which occur infrequently, types of medications that might be taken erroneously and the cases where filed health claims is fraudulent with use case anomaly detection using I-Forest.

For instance, in urban planning the Isolation Forest is utilized to identify anomalies due to a sudden increase in air pollution levels or unusual energy consumption pattern. It allows city officials to take early and appropriate actions against possible risks, towards a sustainable urban future.

This dataset can be used for evaluating anomaly detection algorithms using precision, recall and F1-score as evaluation metrics. Precision are the proportion of true positives to all positive predictions and Recall are the proportion of true positives that are correctly predicted. Finally, $F1$ -score = $2*(Recall * Precision) / (Recall + Precision)$ —is the harmonic mean of Precision and Recall, with a higher value as good at detecting anomalies in dataset.

Neural Networks (Deep Learning) as our machine learning algorithms, along with Clustering Algorithms (K-means), Time Series Forecasting (LSTM), Anomaly Detection Algorithms (Isolation Forest) to further community health solutions and sustainable urban planning are applied. Taken from specific tasks and datasets, the applications of these types are extremely versatile in solving complex problems occurring in modern urban environments as well as having diverse evaluation metrics. For future research, it is very promising to look for the new strategy of how to integrate these algorithms and techniques with MIMO as well as IoT technologies together smartly so that such methods and tools contribute much more than expected.

4. RESULT AND DISCUSSION

The results from the machine learning algorithms implemented in this research is presented in Table 1. From Figures 2, this neural network model had an accuracy of 0.87, which means the model classified all instances correctly only about 71% of the time. The precision value of true positive predictions among all positive predictions is

0.85 and the recall value, which measures the proportion of actual positives that are correctly identified was 0.88 The F1-score was 0.86, which is the harmonic mean of precision and recall. The AUC-ROC score was 0.92 as well, which means the model can classify positive and negative classes with good accuracy. The real implication of the results can be seen in community health surveillance (looking for early signs of bad health by monitoring how well folks are doing based on their vital signs) The high accuracy, precision, recall and AUC-ROC scores indicate that the neural network model can well capture patterns or anomalies in health data collected by IoT devices/wearable sensors. Which can allow healthcare providers to intervene quickly and efficiently — potentially leading to better patient outcomes and lower costs.

Table 3: Performance outcomes

Figure 3: K-means clustering metrics

From Figure 3, The K-means results were presented at Silhouette score of 0.62 which indicates that clusters are distinct and separate. The Davies-Bouldin index was 1.15, which is alright as long as its near zero for good cluster separation. Inertia: 2568.9 (+/-) is sum of squared dissimilarities within each cluster. This represents critical measurements for urban planning applications, as it allows optimisation of city services and resource allocations based on real-time data. The higher the Silhouette score and the lower Davies-Bouldin index indicate clear clusters interpretation, hence include urban areas zones, or population segments. Inertia tells us how compact clusters are and compares with decisions about infrastructure planning and service delivery. It is indicative that clustering algorithms are useful to segment urban data supporting data-driven decision making for sustainable urban planning.

Figure 4: LSTM metrics

Figure 4 represents Time Series Forecasting LSTM model, MAE of 4.32, MSE of 32.19, RMSE of 5.67 MAPE of 0.789. Future health predictors and environmental indicators are crucial for both community health monitoring as well as urban planning to create sustainable cities. Low values for MAE, MSE, RMSE and MAPE means the LSTM model can predict well, and thus can be helpful to anticipate changes in health conditions as well environmental factors. In other words, this capacity allows health care providers and city officials to make decisions based on data as well as to operate in a timely manner that supports public health outcomes and sustainable development.

Figure 5: Isolation forest metrics

From Figure 5, The Isolation Forest had a mean precision of 0.82, recall 0.75 and F1 Score 0.78 for anomaly detection. These findings raise the importance of anomaly detection in health data and environmental parameters. A high precision score implies that the algorithm suspects only a few anomalies to be an anomaly, which in turn indicates that there is less false-positive detection. A high recall score would suggest that the algorithm did a good job in capturing most of the actual anomalies. The high F1-score (FA) may indicate that the Isolation Forest algorithm has been behaved well for anomaly detection (which is difficult to do). These results have practical implication: anomaly detection algorithms can improve the dependability and fault-tolerance of modern MIMO and IoT systems by extracting unexpected events or health conditions that should be immediately acted upon. This is important for enabling proactive health interventions and improving urban planning responses to environmental changes.

Employing sophisticated machine learning models can give information about the health status of a population and its city in real-time which help healthcare providers and cities to make rational choices based on data. These are algorithms that optimize the allocation of services and resources in cities according to demographic data and environmental conditions. This may have applications in the development of early warning systems for health emergencies and environmental hazards by using time series forecasting anomaly detection algorithms as well. Adoption of such technologies can further the cause to achieve sustainable development goals by effective natural resource utilization and minimal ecological footprints.

The results of the research prove MIMO and IoT technologies together with machine learning algorithms can address complicated real-time issues in health care to urban planning They offer a springboard for follow-on research that can be to refine these models, extend the application of modelling exercise and exercise previously unsighted paths for advancing community health and urban sustainability.

CONCLUSION

This research has shown the benefits of implementing MIMO and IOT technologies with state-of-the-art machine learning algorithm in smart community healthcare solutions and SDGs oriented urban planning. Key takeaways from the research

The neural network achieved an accuracy of 0.87, a precision of 0.85, a recall of 0.88, an F1-score of 0.86, and an AUC-ROC of 0.92. Using clustering algorithms, it achieved a Silhouette score of 0.62, a Davies-Bouldin Index value of 1.15, and an inertia of 2568.9. The LSTM model yielded an MAE of 4.32, an MSE of 32.19, an RMSE of 5.67, and an MAPE value of 7.89%. Precision of 0.82, recall of 0.75, and an F1-score of 0.78 were achieved by the isolation forest with anomaly detection. The research would help to continuous monitoring of vital signs, early diagnosis and predicting patient outcome with detected health issues/community concerns. This helps in predictive healthcare interventions thus care to patient.

Integrating MIMO and IoT technologies residing in wireless frequencies, offers up-tothe-minute information that make cities work better by constantly tracking ambient conditions of an environment to distribute resources more efficiently. This is a significant milestone for the sustainable city growth and environmental challenges resiliency. Our research illustrates the remarkable ability of using state-of-the-art technologies (e.g., Machine Learning) to tackle intricate urban and health problems. Thus, future communities may be smarter and healthier if they use the outcomes from this research.

References

- 1) M. Heath, R. Appan, and R. Henry, "Value alignment's role in mitigating resistance to IT use: The case of physicians'resistance to electronic health record systems," *Inf. Manag.*, vol. 59, no. 8, p. 103702, 2022, doi: 10.1016/j.im.2022.103702.
- 2) A. K. Das, M. N. Islam, M. M. Billah, and A. Sarker, "COVID-19 pandemic and healthcare solid waste management strategy – A mini-review," *Sci. Total Environ.*, vol. 778, p. 146220, 2021, doi: 10.1016/j.scitotenv.2021.146220.
- 3) A. Hajian, V. R. Prybutok, and H. C. Chang, "An empirical study for blockchain-based information sharing systems in electronic health records: A mediation perspective," *Comput. Human Behav.*, vol. 138, no. September 2021, p. 107471, 2023, doi: 10.1016/j.chb.2022.107471.
- 4) D. Verma *et al.*, "Internet of things (IoT) in nano-integrated wearable biosensor devices for healthcare applications," *Biosens. Bioelectron. X*, vol. 11, no. March, p. 100153, 2022, doi: 10.1016/j.biosx.2022.100153.
- 5) M. Janveja and G. Trivedi, "An area and power efficient VLSI architecture for ECG feature extraction for wearable IoT healthcare applications," *Integration*, vol. 82, no. October 2021, pp. 96– 103, 2022, doi: 10.1016/j.vlsi.2021.09.006.
- 6) B. Johansson *et al.*, "Reduced utilisation of specialist care among elderly cancer patients: A randomised study of a primary healthcare intervention," *Eur. J. Cancer*, vol. 37, no. 17, pp. 2161– 2168, 2001, doi: 10.1016/S0959-8049(01)00278-7.
- 7) T. O. Kolawole, O. Iyiola, H. Ibrahim, and R. A. Isibor, "Contamination, ecological and health risk assessments of potentially toxic elements in soil around a municipal solid waste disposal facility in Southwestern Nigeria," *J. Trace Elem. Miner.*, vol. 5, no. June, p. 100083, 2023, doi: 10.1016/j.jtemin.2023.100083.
- 8) J. E. Goldstein, X. Guo, M. V. Boland, and K. E. Smith, "Visual Acuity: Assessment of Data Quality and Usability in an Electronic Health Record System," *Ophthalmol. Sci.*, vol. 3, no. 1, p. 100215, 2023, doi: 10.1016/j.xops.2022.100215.
- 9) I. Azimi, T. Pahikkala, A. M. Rahmani, H. Niela-Vilén, A. Axelin, and P. Liljeberg, "Missing data resilient decision-making for healthcare IoT through personalization: A case study on maternal health," *Futur. Gener. Comput. Syst.*, vol. 96, pp. 297–308, 2019, doi: 10.1016/j.future.2019.02.015.
- 10) R. Jeevitha and N. Prasath, "Recrimination to Accident Using IoT Components for Healthcare Applications-A SURVEY," *ICSNS 2018 - Proc. IEEE Int. Conf. Soft-Computing Netw. Secur.*, 2018, doi: 10.1109/ICSNS.2018.8573633.
- 11) H. Alemdar and C. Ersoy, "Wireless sensor networks for healthcare: A survey," *Comput. Networks*, vol. 54, no. 15, pp. 2688–2710, 2010, doi: 10.1016/j.comnet.2010.05.003.
- 12) M. Caldis, J. Schumacher, P. Pickhardt, M. Gigot, B. Slattery, and J. Weiss, "Measuring Potential Modality-Specific Interval Colorectal Cancer Rates Utilizing an Electronic Health Record Algorithm Across Multiple Health Systems," *Gastrointest. Endosc.*, vol. 97, no. 6, pp. AB145–AB146, 2023, doi: 10.1016/j.gie.2023.04.248.
- 13) J. Santos, J. J. P. C. Rodrigues, B. M. C. Silva, J. Casal, K. Saleem, and V. Denisov, "An IoTbased mobile gateway for intelligent personal assistants on mobile health environments," *J. Netw. Comput. Appl.*, vol. 71, pp. 194–204, 2016, doi: 10.1016/j.jnca.2016.03.014.
- 14) L. Tumors *et al.*, "The 2015 World Health Organization Classification of," *J. Thorac. Oncol.*, vol. 10, no. 9, pp. 1243–1260, 2015, doi: 10.1097/JTO.0000000000000630.
- 15) J. S. Jadhav and J. Deshmukh, "A review study of the blockchain-based healthcare supply chain," *Soc. Sci. Humanit. Open*, vol. 6, no. 1, p. 100328, 2022, doi: 10.1016/j.ssaho.2022.100328.
- 16) R. K. Garg, J. Bhola, and S. K. Soni, "Healthcare monitoring of mountaineers by low power Wireless Sensor Networks," *Informatics Med. Unlocked*, vol. 27, p. 100775, 2021, doi: 10.1016/j.imu.2021.100775.
- 17) B. D. Smith *et al.*, "Comparison of Survival Rates, Healthcare Resource Use and Costs of Elderly Patients with Chronic Myeloid Leukemia Receiving Dasatinib or Nilotinib As Second-Line Therapy," *Blood*, vol. 124, no. 21, pp. 2618–2618, 2014, doi: 10.1182/blood.v124.21.2618.2618.
- 18) M. M. Islam, S. Nooruddin, F. Karray, and G. Muhammad, "Multi-level feature fusion for multimodal human activity recognition in Internet of Healthcare Things," *Inf. Fusion*, vol. 94, no. August 2022, pp. 17–31, 2023, doi: 10.1016/j.inffus.2023.01.015.
- 19) M. G. Sharavana Kumar and V. R. Sarma Dhulipala, "Fuzzy allocation model for health care data management on IoT assisted wearable sensor platform," *Meas. J. Int. Meas. Confed.*, vol. 166, p. 108249, 2020, doi: 10.1016/j.measurement.2020.108249.
- 20) P. Mihova and M. Stankova, "Application of an electronic health record system for studying the influence of the daylight-saving time change on health needs," *Procedia Comput. Sci.*, vol. 192, pp. 3815–3821, 2021, doi: 10.1016/j.procs.2021.09.156.
- 21) N. S. Sworna, A. K. M. M. Islam, S. Shatabda, and S. Islam, "Towards development of IoT-ML driven healthcare systems: A survey," *J. Netw. Comput. Appl.*, vol. 196, no. June, p. 103244, 2021, doi: 10.1016/j.jnca.2021.103244.
- 22) A. Reghukumar and V. Vijayakumar, "Smart Plant Watering System with Cloud Analysis and Plant Health Prediction.," *Procedia Comput. Sci.*, vol. 165, no. 2019, pp. 126–135, 2019, doi: 10.1016/j.procs.2020.01.088.
- 23) S. Rani, A. Kataria, S. Kumar, and P. Tiwari, "Federated learning for secure IoMT-applications in smart healthcare systems: A comprehensive review," *Knowledge-Based Syst.*, vol. 274, p. 110658, 2023, doi: 10.1016/j.knosys.2023.110658.
- 24) R. L. A. Macabasag, E. U. Mallari, P. J. C. Pascual, and P. G. H. Fernandez-Marcelo, "Normalisation of electronic medical records in routine healthcare work amidst ongoing digitalisation of the Philippine health system," *Soc. Sci. Med.*, vol. 307, no. July, p. 115182, 2022, doi: 10.1016/j.socscimed.2022.115182.
- 25) A. T. Shammi, N. Hassan, M. R. Golder, H. Molla, and S. S. Islam, "Health status assessment of people adjacent to temporary waste disposal sites in Khulna city, Bangladesh," *Heliyon*, vol. 9, no. 9, p. e19810, 2023, doi: 10.1016/j.heliyon.2023.e19810.
- 26) A. S. Amaral, M. R. Simões, S. Freitas, and R. M. Afonso, "Development of clinical vignettes to assess healthcare decision-making capacity in elderly with mild cognitive impairment and Alzheimer's disease," *Rev. Eur. Psychol. Appl.*, vol. 73, no. 3, 2023, doi: 10.1016/j.erap.2022.100799.
- 27) M. G. Wilson, E. Palmer, F. W. Asselbergs, and S. K. Harris, "Integrated rapid-cycle comparative effectiveness trials using flexible point of care randomisation in electronic health record systems," *J. Biomed. Inform.*, vol. 137, no. October 2022, p. 104273, 2023, doi: 10.1016/j.jbi.2022.104273.
- 28) A. Ryde, S. Ollis, E. Love, A. L. Shields, and H. Jiang, "Understanding the patient perspective of small cell lung cancer (SCLC) The influence of comorbidity on health utility score (HUS) and health-related quality of life (HRQoL) in small cell lung cancer (SCLC) compared to non-small cell lung cancer Ch," vol. 13, no. 4, pp. 44–45, doi: 10.1016/S1556-0864(18)30356-3.
- 29) R. P. Matson *et al.*, "Paediatric safety assessment of BNT162b2 vaccination in a multistate hospital-based electronic health record system in the USA: a retrospective analysis," *Lancet Digit. Heal.*, vol. 5, no. 4, pp. e206–e216, 2023, doi: 10.1016/S2589-7500(22)00253-9.