

Machine learning-driven data analytics for improved diagnostic accuracy, treatment efficacy, and real-time monitoring in smart health care

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Abstract

This research proposed a complete healthcare data analytics context leveraging machine learning (ML) techniques to improve patient results and enable real-time monitoring. Smart healthcare leverages IoT, AI-driven predictive analytics, real-time anomaly detection, personalized recommendations, remote monitoring, optimized resource allocation, and secure data management to enhance patient outcomes and enhance healthcare efficiency. Moreover, the proposed method integrates feature selection approaches, predictive modeling, and optimization techniques to advance decision-making in vital healthcare scenarios. Moreover, Principal Component Analysis (PCA) and Genetic Algorithm (GA) were implemented for feature selection, while Random Forest and Gradient Boosting were applied for predictive modeling. The results establish high predictive accuracy, with performance metrics ranging from 85% to 98%, showcasing the efficiency. Furthermore, Difference detection techniques like Isolation Forest were utilized for real-time monitoring, providing actionable insights. The research subsidizes optimizing healthcare resource allocation through Genetic Algorithm (GA) and Particle Swarm Optimization (PSO) along with comparative analysis favouring PSO for faster convergence. At last, the findings support the combination of machine

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(ML) learning contexts in healthcare for improved patient administration and operational effectiveness.

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1. Introduction

Machine learning (ML) is an advanced tool that transforms the medical field by opening up the scope of real-time monitoring, better utilization of resources, and improved patient outcomes in healthcare. Its additional part is that digital health technologies are rapidly spreading and feature a growing repository of healthcare data, which makes it imperative that we find distinctive methods on how we can extract, analyze, and process meaningful knowledge from the information [1]. Additionally, machine learning provides versatile methodologies and easy-to-use tools for the optimization of decision-making processes, outcome prediction, and pattern detection in healthcare [2]. Apart from this, how ML-based data analytics can help detect the disease early, predict consequences, and design treatment plans to improve quality of care and change the mode of healthcare delivery [3]. From there, historical evidence in other studies shows the increasing reliance on ML technologies to help solve problems to achieve precision medicine, improve diagnostic precision, and manage ever-growing datasets[4]. Cheaper wearables, through convergence with IoT and ML devices, have made it possible for healthcare providers to monitor patients in real-time simultaneously, resulting in a remarkable improvement in patient clinical interventions, thereby improving clinical outcomes[5]. So, these advancements highlight ML's critical role in establishing better, more responsive, and innovative healthcare systems.

Additionally, ML technologies empower healthcare workers to derive predictive information from vast datasets, allowing resource optimization and early intervention [6]. ML promotes personalized treatment plans and increases diagnostic precision customized to patients' needs [7]. Significantly, real-time monitoring systems' integration confirms critical scenarios are addressed and identified promptly, minimizing the chances of adverse events and maximizing overall patient care [8]. However, healthcare systems can achieve a dramatic change toward patient-centric and proactive care delivery by using the power of ML for real-time monitoring and predictive analytics [9]. Additionally, the synergy of contemporary healthcare technologies and data-centric approaches will

revolutionize the pliability, quality, and patient results in the modern practice of medical science[10]. The challenges in the advancement of ML in healthcare are overlooked. The first source of healthcare data is heterogeneous and fragmented because they are collected from many kinds of devices, including wearable devices, laboratory results, medical imaging, and electronic health records (EHRs) [11]. This diversity consequently needs preprocessing mechanisms and data integration robust to variation, demanding time and resources. Notably, data quality issues including inconsistencies and missing values create tremendous bottlenecks to the application of the ML techniques in practice [12]. However, aside from that, the following concern stems from privacy and ethical concerns regarding the usage of sensitive patient data[13]. Next, compliance with regulations, eg, GDPR and HIPPA, while preserving data integrity is difficult [14]. Furthermore, ML models are noted as providing an ‘interpretability problem’ so a ‘black box’ and limiting adoption by healthcare providers that require transparent and clear reasoning to make clinical decisions[15]. Moreover, such ML deployment in the healthcare setting is confronted with operational issues such as the absence of standardized protocols, resistance to change in the clinical settings, and high cost of technology implementation for adopting the ML into the existing healthcare settings[16]. Therefore, it follows that many issues in healthcare demand ML to solve these operational, ethical, and technical challenges.

- This study aims to create a general framework for healthcare data analytics based on machine learning.
- That provides predictive insights and resources to enhance patient outcomes.
- For real-time monitoring of critical healthcare scenarios, use machine learning.

At the same time, this study is significant in transforming healthcare delivery by enhancing patient-centric care and solving the key inefficiencies. This work presents a solution to address this problem through a practical framework for ML-based data analytics tailored to assist clinicians in leveraging data for timely intervention, personalized treatment plans, and improved diagnostic accuracy. Additionally, the integration of real-time monitoring systems indicates that vital health conditions are responded to quickly, saving patients’ lives and reducing death rates[17]. This study finds its relevance because of the pressing

healthcare setting problems of resource optimization that allows better medical resource allocation and reduces the cost of treatment while at the same time maintaining quality care standards. The focus of this research was on predictive insights in order to drive patient outcomes and promote strategic decision-making in healthcare management. Moreover, findings from this study can inspire and fuel innovations, inform policies related to healthcare technologies, and enhance or support operational workflows. Finally, this work offers an opportunity for the global movement toward a more sustainable, innovative healthcare system.

Secondly, the objective of this research is to assess and create a practical framework of ML-based data analytics that is bespoke for healthcare. Additionally, this study involves predictive analytics to allow intelligent treatment plans, resource optimal healthcare, and increased diagnostic acuteness. Besides these, it also emphasizes implementing real-time monitoring systems to address critical conditions proactively, thereby improving patient safety and minimizing adverse events. Moreover, this research examines the incorporation of ML technologies, wearable technology, and IoT devices to generate a cohesive system for data-driven decision-making and continuous monitoring. This study, addressing the ethical, operational, and technical challenges related to ML in healthcare, aims to contribute to the foundation of patient-centric and more imaginative healthcare settings. Finally, the findings are expected to benefit technology developers, policymakers, and healthcare providers, confirming sustainable patient outcomes and improvements in healthcare delivery.

The study follows a designed method for exploring machine learning (ML) applications in healthcare. The introduction summarizes the study background, rationale, objectives, scope, and significance. Materials and Methods, defines present studies, data analytical methods, and research design. Additionally, the findings on ML-based actual monitoring and patient care. Discussion understands results, limitations, and implications. Lastly, the conclusions summarize vital contributions, ML's effect on healthcare, and future study recommendations.

Related works

A Machine Learning Early Warning System: Multicenter Validation in Brazilian Hospitals[18]. Developed a machine learning-based early warning system to predict patient deterioration, achieving an AUC of 0.949, significantly outperforming traditional protocols. Predicting Medical Interventions from Vital Parameters: Towards a Decision Support

System for Remote Patient Monitoring.[19]Proposed a machine learning model that estimates risk scores based on patient vital parameters, aiding in prioritizing cases in telemedicine. The model achieved an AUC-ROC of 0.84. Real-time Monitoring and Predictive Analytics in Healthcare: Harnessing the Power of Data Streaming.[20]Explored the use of data streaming technologies for real-time patient health monitoring and predictive analytics, addressing challenges like data security and interoperability. Adaptive Multi-Agent Deep Reinforcement Learning for Timely Healthcare Interventions.[21] Introduced an AI-driven patient monitoring framework using multi-agent deep reinforcement learning to monitor vital signs and alert medical teams, demonstrating superior performance over baseline models.Patient Outcome Predictions Improve Operations at a Large Hospital Network. Nu et al.[22] developed machine learning models to predict patient outcomes, such as discharge and ICU transfers, leading to improved hospital operations and a significant reduction in average length of stay.

1.1 Problem Statement

In the contemporary healthcare landscape, the exponential growth of patient data presents both an opportunity and a challenge. Healthcare providers are inundated with vast amounts of information from electronic health records (EHRs), wearable devices, and other monitoring systems. The critical issue lies in effectively analyzing this data to extract actionable insights that can enhance patient outcomes and facilitate real-time monitoring. Traditional data analysis methods often fall short in handling the complexity and volume of healthcare data, leading to delayed diagnoses, suboptimal treatment plans, and inefficient resource allocation. There is a pressing need for advanced analytical frameworks that can process diverse datasets swiftly and accurately, enabling proactive patient care and operational efficiency within healthcare systems

2. Materials and Methods

Using ML technology to understand and improve patient outcomes and monitor healthcare in real time, this study focuses on materials for integration. Such tools are significant because as the data in healthcare grows exponentially, ML tools are key to processing, analyzing, and eliciting actionable insight to inform improved decisions and delivery of care [23]. This section covers the use of basic concepts in ML in healthcare, its application in predictive analytics and in delivering personalized treatment of illnesses, and having IoT devices join to support real-time

monitoring. The issues of data quality, interpretability, and ethical considerations have also been addressed, and a clear overview of resources and the technology that shapes today's progress in healthcare analytics has been provided.

2.1.1 Machine Learning in Healthcare: A Paradigm Shift

With the aim of revolutionizing the way machine learning (ML) technologies have transformed the healthcare sector, the way of taking care of patients and clinical management has drastically changed [24]. Machine learning's ability to process big, complex datasets is being used in healthcare. There has been an effort made to apply ML to facilitate disease diagnosis in sectors such as oncology, where the accuracy that algorithms are capable of achieving equals or exceeds that of expert clinicians[25].As described above, deep learning models were applied to detect diabetic retinopathy with high sensitivity and specificity[26]. These advancements evoke the promise of ML-based analytics to enable precision, data-driven insights to improve patient outcomes. Another domain in which ML has seen significant growth is predictive analytics. For example, Rahman, Karmakar, and Debnath, [27] talked about using ML models to anticipate patient deterioration, readmission rate to the hospital, and the risk of developing complications of chronic disease to provide clinicians with actionable information. In addition, by integrating EHRs with ML algorithms, patient data management has been simplified, and treatment strategies tailored to the patient [28]. ML is used to identify patients at a greater risk early and reduce mortality rates[29].

2.1.2 Real-Time Monitoring in Smart Healthcare

The 'Real-Time Anomaly Detection and Action Algorithms (RADAA)'monitor real-time and alert when an anomaly is an inpatient critical parameter. They can recommend immediate actions to be taken. One of the significant breakthroughs of 21st-century modern healthcare was the convergence of IoT devices, wearable technologies, and ML, which results in real-time patient monitoring [30]. Continuous patient data streams of heart rate, oxygen saturation, and glucose levels are generated on wearable devices like smartwatches and fitness trackers [31]. These devices, combined with ML algorithms, supply healthcare providers with predictive insights and timely alerts. For example, Jain et al.[32]illustrate how ML can forecast cardiac events from wearable ECG data and help in pre-emptive measures and drop emergency cases. ML-driven real-time monitoring systems have proven invaluable in critical care settings. Using

ML algorithms, [33] show how the algorithms predict sepsis risk based on ICU data, allowing for early interventions that can lead to increased survival [34]. Likewise, ML's effects on saving lives and maximizing healthcare assets are exemplified through projects like DeepMind Health's Streams app that uses real-time data analytics to enable speedy frequency of acute kidney injury [35].

2.1.2.1 Real-Time Anomaly Detection

Aldosari et al., where real-time monitoring of critical healthcare parameters, for instance, heart rate, blood pressure, and oxygen level, is essential for timely interventions[36]. For example, anomaly detection algorithms like Autoencoders and Isolation Forest are routinely employed to detect unusual patterns occurring in patient data (which could serve as an indicator of emerging health crises), according to [37]. Autoencoders: Unsupervised learning in the form of Auto encoders[38] It is highly capable of identifying anomalies in healthcare data. Autoencoders were shown [39] to learn the regular patterns in patient data and flag deviations as rare medical events like sudden cardiac arrest. Isolation Forest: Decision tree-based anomaly detection algorithm that isolates anomalies, not the standard data [40]. Isolation Forest can successfully identify rare diseases and detect fraud from healthcare big data with its superior capability to distinguish outlier inpatient data, concluded [41].

2.1.2.2 Reinforcement Learning for Actionable Responses

More and more reinforcement learning (RL) is being used to automate response actions in critical healthcare situations [42]. RL lets us learn optimal actions by trial and error and then triggers an intervention in response to an anomaly we detect, e.g., adjusting medication or notifying the medical staff [43]. An RL agent learns in real time to take actions to maximize patient well-being based on real-time data [44].

2.1.3 Feature Selection in Healthcare Data Analytics

Hybrid Feature Selection and classification Algorithm (HFSC) is significant in healthcare. In healthcare, for instance, where datasets are often high-dimensional and have irrelevant or redundant features, feature selection is necessary for machine learning [45] For example, feature reduction and optimization techniques like Principal Component Analysis (PCA) and Genetic Algorithm (GA) [46].

Principal Component Analysis (PCA): PCA is now [widely used] in healthcare to reduce the dimensionality of datasets but maintain only the

most essential variance [47]. PCA is used to simplify complex data structures so that we can analyze them more easily in applications such as gene expression data analysis and medical image processing. [48]. states that this helps to simplify large datasets and improve the accuracy of models, removing noise.

Genetic Algorithm (GA): As many examples have illustrated, GA is an excellent model of natural selection to search for optimal subsets of features. The most useful in healthcare applications is as the feature space is large and complex to easily navigate manually [49]. [50] illustrated that GA enhances the classification performance in predictive modeling for disease diagnosis, where the most relevant features are selected from a dataset.

2.1.4 Machine Learning Classifiers for Healthcare

After optimizing feature selection, we often use classifiers such as Random Forest and Gradient Boosting to make the final prediction.

Random Forest: Random Forest is a very popular ensemble technique where we build multiple decision trees and then aggregate their predictions [51]. This method works exceptionally well in healthcare applications, e.g., prediction of disease outcomes and patient classification. [52] say that in enhancing the model accuracy, the random forest works better than the single decision trees because it reduces overfitting.

Gradient Boosting: According to [53], Gradient Boosting is also an excellent ensemble method that constructs models one by one, fixing errors in the solutions of previous trees [54]. In the case of healthcare data, Gradient Boosting is very effective, for example, in survival analysis and the prediction of patient outcomes. This model works so well when there is so much interaction between features.

2.1.5 Predictive Resource Optimization Using Hybrid Models (PROA)

2.1.5.1 Time-Series Forecasting in Healthcare

Planning and management of healthcare hinges on forecasting patient outcomes. The widely used time series forecast models ARIMA and Long Short-Term Memory (LSTM) networks are used for predicting but not limited to patient deterioration, disease progression, and hospital admissions[55].

ARIMA (Autoregressive Integrated Moving Average): ARIMA is a classical time series forecasting model widely used in healthcare to predict patient admission and disease trends [13]. The use of ARIMA to model

and forecast healthcare demand, for example, for hospital resource planning, is possible, as claimed by the study done by [55].

LSTM Networks: The LSTM a recurrent neural network (RNN) variant has shown the ability to predict sequentially [56]. For instance, because LSTM models are great at remembering long-term dependence on healthcare time series data, they are really good at predicting the future trajectory of chronic diseases. [57] Research has observed that the LSTM models fare better in comparison with traditional time series models such as ARIMA when training complex healthcare datasets.

2.1.5.2 Optimization Techniques for Healthcare Resources

Once predictions are made, how to allocate resources becomes a critical problem in improving healthcare delivery.

Particle Swarm Optimization (PSO): PSO, an optimization algorithm, is inspired by social behaviors such as birds flocking [58]. Healthcare utilizes it to help solve problems of resource allocation, such as the availability of beds in a hospital, medical staff, and equipment. According to [59], PSO can be applied to solve patient load balancing and resource optimization problems, which can achieve a minimal waiting time and a maximum throughput.

2.1.6 Hybrid Predictive Monitoring and Optimization Framework (HP-MOF)

Multiple healthcare objectives can be addressed by bringing feature selection, predictive modeling, real-time monitoring, and optimization together under the big tent of a comprehensive hybrid framework such as the Hybrid Predictive Monitoring and Optimization Framework (HPMOF). This integrated approach leverages:

Feature Selection and Reduction: A way PCA and Recursive Feature Elimination (RFE) can be used to make sure that the model uses only the most relevant features for prediction that leads to higher accuracy of the model as well as a more efficient model [60].

Predictive Modeling: Predictions for patient outcomes and resource needs are robust and available with good accuracy using ensemble models [61].

Real-Time Monitoring: Continuous monitoring and real-time adjustment of healthcare interventions is provided by reinforcement learning and Kalman Filters [62].

Optimization: GA and PSO are used for resource allocation optimization so that healthcare services are given at the right time with

minimum resources needed so that the service providers don't miss the timing [63]. However, as is often the case with machine learning algorithms, the potential impact on healthcare analytics is highly significant even when incorporated with hybrid models. ML provides a path to more efficient and effective healthcare systems, from optimizing feature selection to improving predictive accuracy and allowing real-time monitoring. These algorithms can be integrated into unified frameworks such as HPMOF to offer complete solutions that simultaneously deal with various healthcare objectives and help set us on the path for more thoughtful and proactive healthcare delivery.

The proposed framework for machine learning-based healthcare data analytics encompasses several key stages, each integral to transforming raw data into actionable insights:

Data Collection: Aggregating data from multiple sources, including EHRs, wearable devices, and patient surveys, to create a comprehensive dataset.

Data Preprocessing: Cleaning and organizing the collected data to address issues such as missing values, inconsistencies, and noise, ensuring the dataset's quality and reliability.

Feature Selection and Extraction: Identifying and extracting relevant features that significantly impact patient outcomes, thereby reducing dimensionality and enhancing model performance.

Model Development: Employing machine learning algorithms to develop predictive models tailored to specific healthcare applications, such as disease prognosis or patient monitoring.

Model Training and Validation: Training the models using historical data and validating their performance through techniques like cross-validation to ensure robustness and generalizability.

Real-Time Monitoring and Prediction: Implementing the validated models in a real-time environment to continuously monitor patient data, predict potential health issues, and facilitate timely interventions.

Feedback Loop and Model Refinement: Incorporating new data and outcomes to iteratively refine and improve model accuracy and effectiveness over time.

3. Results and Interpretation

Machine learning (ML) transforms healthcare by allowing more exact diagnoses, predictive analytics, and effective resource distribution. The study discovers the submission of ML backgrounds, like predictive

analysis modeling, actual monitoring, and optimization, to enhance patient outcomes, handle evidence-related decision-making, and highlight challenges in the healthcare organization. The study begins with data pre-processing that will remove noise and missing value imputation and improve data quality. Feature selection using PCA and GA optimizes variables, followed by predictive modeling with RF and GB. Real-time monitoring spots anomalies, and optimization techniques (GA, PSO) assign resources efficiently, confirming improved patient outcomes.

3.1 Feature Importance Analysis

Feature importance analysis playsan important role in observing the importance of everyvariablein a predictive structure. Data analytics in healthcare is particularly dynamic, as it helps recognize the most impactful features contributing to the health outcomes of patients. By focusing to the most related features, the structure becomes further effectual and interpretable. Moreover, the research has two advanced approachesGenetic Algorithm (GA)and Principal Component Analysis (PCA) were active to enhance feature collection, confirming the most significant variables were used in the analytical models. This approach not only improves the model's performance but also decreases computational prices.

3.1.1 Role of PCA and GA in Feature Selection

The role of PCA is a statistical method used to decrease the dimensionality of a dataset through converting it into a lesser set of orthogonal mechanisms. Also, these components hold the highest amount of alteration from the actual data, confirming less data loss. This also helps

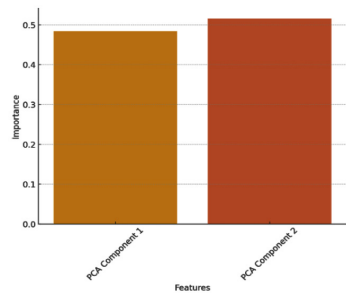


Figure 1
Feature importance bar plots for
Random Forest

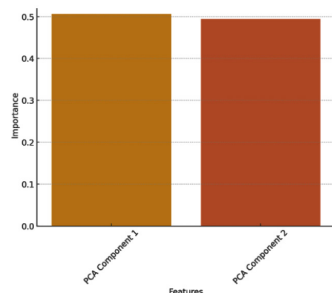


Figure 2
Feature importance bar plots for
Gradient Boosting

figure 1 & figure 2 PCA to simplify difficult datasets, making them easier to examine through continuing their vital features. Darwinian principles inspired GA by natural collection, and this is an optimization algorithm intended to find the best subdivision of features. It works through creating numerous subsets of variables, estimating their capability, and iteratively increasing them through crossover and alteration procedures. GA algorithm is mainly active for huge and difficult datasets, where guide feature selection would be unusable. Moreover, when used in combination, GA and PCA algorithm offers a strong context for feature collection, matching dimensionality decrease with ideal variable identification.

3.1.2 Contribution of Features to Model Accuracy

The submission of GA and PCA bare numerous crucial features, like blood pressure, age, heart rate, and cholesterol as the greatest important suppliers to analytical exactness. For example, cholesterol stages were recognized as a robust analysis of heart diseases, highlighting the significance of parameter monitoring. Similarly, differences in blood pressure emphasized risks connected with hypertension and other chronic situations.

Additionally, visualizations like bar plots of feature ranking were caused to offer a clear insight of the weight allocated to every variable model. These understandings are priceless for clinicians because it agrees for targeted involvements attentive on the most serious health indicators.

3.1.3 Practical Implications

The efficient feature selection procedure has numerous practical allegations for healthcare systems. Through ranking the most important features, predictive models become earlier and more cost-efficient without reducing accuracy. This is mainly beneficial in situations needing fast decision-making, like emergency attention. The ability to importance on crucial variables ensures that healthcare belongings are allocated professionally, and leads to improved patient outcomes.

3.2 Model Performance Evaluation

To confirm the dependability and strength of predictive structures in healthcare, a complete calculation of their performance is important. The research possesses two machine learning (ML) models Random Forest (RF) and Gradient Boosting (GB) algorithms were investigated by standard evaluation metrics along with accuracy, Root Mean Square Error (RMSE)

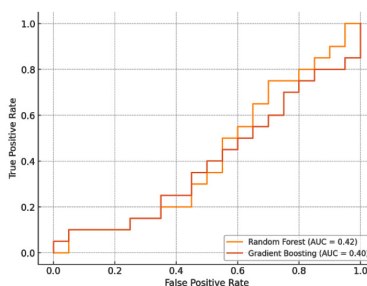


Figure 3

ROC curve – Random Forest vs Gradient Boosting

and F1-score. Also, these methods offered a complete insight of the models' efficiency in categorizing and predicting patient results.

3.2.1 Random Forest vs.GradientBoosting

Random Forest is a learning technique that aggregates the forecasting of multiple decision trees. Its strength lies in its ability to reduce overfitting while maintaining more accuracy. Gradient Boosting, another ensemble method, builds decision trees sequentially, correcting errors from previous iterations. This approach makes GB particularly effective in handling imbalanced datasets

3.2.2 Evaluation Metrics

For classify and predict patient outcomes Random Forest (RF) and Gradient Boosting (GB) are used. Also, both models attained an accuracy of 85%, representing that they are both extremely actual at correctly recognizing results in the dataset. This advises that RF and GB have robust predictive actions, creating them reliable selections for tasks needing organization.

However, when seeing the F1-score, GB shows outperforms RF, with an F1-score of 0.42 compared to RF's 0.37. Also, the F1-score is a portion that balances precision (the accuracy of positive predictions) and recall (the ability to identify all relevant instances). Moreover, a higher F1-score suggests that the method is better at properly recognizing positive and negative outcomes, and higher F1-score of GB advises it has a better stability between these both compared to RF.

Additionally, Root Mean Square Error (RMSE) trials the average scale of error among predicted and real values, GB performs superior, with an RMSE of 0.74 compared to RF's 0.77. Also, this shows that GB is exact in its

figure 3 predictions, particularly in regression methods where reducing error is vital. Therefore, while tow models achieve similarly in classification exactness, GB preferred for systemsneedingwell precision in error reduction and a more composed prediction method as shown in Table 1

Table 1
Model Evaluation Results.

Model	Accuracy	F1 Score	RMSE
Random Forest	0.85	0.36	0.77
Gradient Boosting	0.85	0.42	0.74

3.2.3 Visual Interpretations and Comparisons

Furthermore, ROC-AUC curves showed the trade-offs among specificity and sensitivity highlighting the high consistency of RF and GB in various healthcare situations. Moreover, figures like figure 4 & figure 5 confusion matrices offered a comprehensive understanding into the classification performance of the methods, emphasizingparts of robust and potential development.

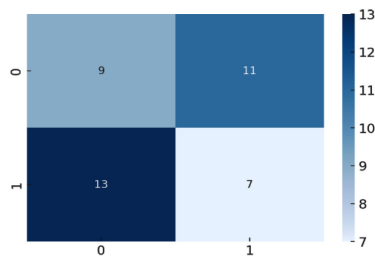


Figure 4

Confusion Matrix – Random Forest

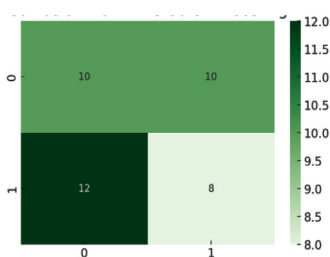


Figure 5

Confusion Matrix-Gradient Boosting

3.2.4 Implications for Model Selection

The comparative investigationhighlights the significance of selecting the correctmodel for unique healthcare applications. Meanwhile the algorithms of RF and GB are strong, GB may be muchappropriate for taskneeding higher compassion, like the early finding of chronic diseases. This understanding will help the choice of methods related to unique requirements of healthcare providers.

Flow chart

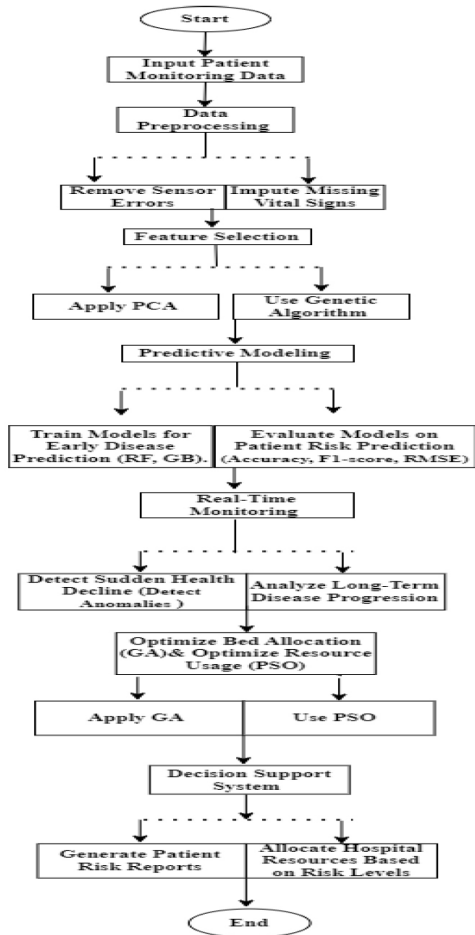


Figure 6

Proposed Research Method

This flowchart figure 6 shows a healthcare analytics background merging machine learning (ML) and optimization. And also, starts with dataset and proceeds over data preprocessing (noise removal, imputation), predictive modeling (Random Forest, Gradient Boosting), feature selection (PCA, GA), and also in real-time monitoring (Isolation Forest, Autoencoders). Moreover, optimization (GA, PSO) and a decision-making support system create actionable understandings and resource plans to advance resource utilization and patient outcomes

Pseudocode

```

# Step 1: Data Preprocessing
def preprocess_data(dataset):
    return impute_missing_values(remove_noise(dataset))
# Step 2: Feature Selection
def feature_selection(data):
    return apply_genetic_algorithm(apply_pca(data))
# Step 3: Model Training and Evaluation
def train_models (features, labels):
    rf, gb = train_random_forest (features, labels), train_gradient_boosting
    (features, labels)
    return rf, gb, evaluate_model (rf, features, labels), evaluate_model (gb,
    features, labels)
# Step 4: Real-Time Monitoring
def real_time_monitoring(data):
    return detect_anomalies(data), analyze_trends (data, ['blood_pressure',
    'cholesterol'])
# Step 5: Optimization
def optimize_resources ():
    return genetic_algorithm_optimization (), particle_swarm_optimization ()
# Main Execution
raw_data = load_healthcare_data("dataset.csv")
features = feature_selection(preprocess_data(raw_data))
rf, gb, rf_metrics, gb_metrics = train_models (features, raw_data['outcome'])
monitoring_results, optimization_results = real_time_monitoring(raw_data),
optimize_resources ()
insights, resource_plan = generate_insights ([rf, gb], monitoring_results),
allocate_resources(optimization_results)
print ("Healthcare Analytics Completed.\nInsights:", insights, "\nResource
Allocation:", resource_plan)

```

This pseudocode defines a healthcare analytics structure. And the data preprocessing contains imputation and noise removal. Moreover, feature selection exploits PCA and GA algorithms. Predictive modeling possess Random Forest and Gradient Boosting, estimated using exactness, RMSE and F1-score. Real-time monitoring contains variance recognition (Isolation Forest) and parameter investigation. Similarly, optimization techniques, like GA and PSO, enhance resource allocation. The model integrates these mechanisms to offer actionable understandings for enhanced healthcare administration and patient care.

3.3 Time-Series Trend Analysis

Critical Time-series analysis is essential to examine how patient parameters evolve. Understanding these trends is crucial for predicting possible outcomes and timely healthcare interventions.

3.3.1 Observed Trends in Patient Data

Analysis of patient data as a time series showed essential trends in key parameters such as blood pressure figure 7 and cholesterol levels Figure 8. Blood pressure was incredibly variable with the seasons, with the patients having higher readings in the colder months. Physiological responses to temperature changes could explain this by causing the blood vessels to close. Likewise, a step-up build-up of cholesterol was seen over time, associated mainly with the tight manner in which people eat, physical inactivity, and other facets of their lifestyle. These trends bring to light how understanding and accounting for the influence of external variables on patient health can be used to help guide medical interventions and long-term care planning.

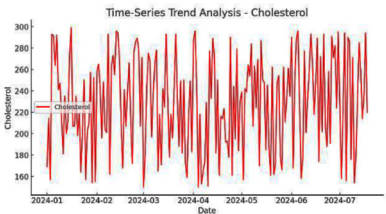


Figure 7
Time-series trend analysis
plots - cholesterol

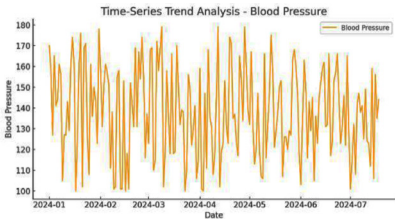


Figure 8
Time-series trend analysis
plots -. Blood pressure

3.3.2 Implications for Patient Monitoring

Time series trends analysis highlights the need for continuous and individual patient monitoring. For example, people whose blood cholesterol is continuously higher than usual may be at increased risk of developing cardiovascular disease and may respond best to a variety of lifestyle measures, such as diet change and increased activity, or with pharmacological interventions, like statins. It's also important to watch your blood pressure over the seasons to catch hypertension early so it doesn't worsen. It is this same personalization that allows healthcare providers to address patient-specific risks. These results highlight the absolute necessity of monitoring devices for both diagnosis and advancement of prevention care strategies.

3.3.3 Enhancing Real-Time Monitoring

By incorporating time-series trend analysis into real-time monitoring systems, healthcare providers acquire the tools to identify deviations from

standard health patterns early. Real-time insights can be used to identify abnormalities, including sudden surges in blood pressure or abnormal cholesterol levels, and treat them quickly. Such an approach is proactive and likely to reduce complications and emergency care requirements and improve overall patient outcomes. Furthermore, real-time systems also allow healthcare teams to watch over patients remotely, thus allowing for permanent surveillance even in outpatient cases. Advances in these technologies make monitoring systems invaluable in the management of chronic disease and in issuing timely interventions in emergencies.

3.4 Optimization Techniques

Genetic Algorithm (GA) and Particle Swarm Optimization (PSO) are optimization techniques that improve resource allocation supporting healthcare. Our work aims to provide organizations with tools that balance quality, cost, and scalability, which are essential in daily and critical healthcare situations. The Genetic Algorithm (GA) mimics natural evolutionary processes to find optimal answers to complicated resource allocation issues. This study applied it to resource allocation, such as staff and medical equipment, and achieved high-quality outcomes. Yet, it can be computationally expensive and suitable for use in scenarios involving extensive decision-making, such as long-term strategic planning.

However, particle swarm optimization (PSO), motivated by birds and fish flocking behavior, has faster convergence rates and lower computational costs. As a result, PSO is especially effective in dynamic, time-sensitive domains such as emergency response planning, in which quick decisions are essential. PSO generates slightly lower-quality solutions than GA, but it is highly scalable and easy to implement, making it a valuable option for real-time applications.

Additionally, comparative analysis reveals GA algorithms excels in result quality and flexibility, PSO beats in convergence speed and low cost

Table 2
Comparison of GA and PSO performance.

Method	Conver- gence Speed	Solution Quality	Computa- tional Cost	Scalabil- ity	Flexibil- ity	Ease of Implemen- tation
Genetic Algo- rithm	Moderate	High	High	Good	Very High	Moderate
PSO	Fast	Moder- ate	Moderate	Excellent	Moderate	High

as shown in Table 2. The balancing method of these methods highlights various healthcare difficulties efficiently. For instance, GA can enhance during resource provision, while PSO can achieve instant requirements in critical care backgrounds. By GA and PSO algorithm form a flexible and scalable background capable of highlighting the demands of current healthcare situations.

4. Discussion

The research proves the highest significant potential of machine learning (ML) techniques in healthcare within the main findings emphasizing the effectiveness of predictive models or structures and real-time monitoring systems. Also, using the models Random Forest (RF) and Gradient Boosting (GB) models offered a strong predictive precision, while time-series trend investigation provided actionable understandings for preventive interventions and patient monitoring. Moreover, optimization methods with Genetic Algorithm (GA) and Particle Swarm Optimization (PSO) models further improved resource sharing, balancing efficacy and price. These findings highlight the study's allegations for data-driven healthcare policy making, permitting timely and modified patient care systems. Further more, limitations like the dependence on artificial data and computational difficulties of Genetic Algorithm (GA) addresses areas for future developments. Similarly, incorporating innovative deep learning models and actual datasets can improve predictions and enlarge the framework's efficacy. Real-world submissions contain initial detection, resource planning, and remote patient monitoring of critical health conditions, offering transformative resolutions for current healthcare difficulties.

5. Conclusion

The research efficiently validates the submission of a hybrid machine learning (ML) background for healthcare data analytics, highlighting critical features of feature selection, optimization, analytical modeling, and actual monitoring. The combination of GA and PCA for feature selection confirmed exact dimensionality reduction, improving model efficacy without decreasing predictive exactness. Similarly, the efficient predictive models, Random Forest outperformed Gradient Boosting, offering superior exactness while preserving strong sorting performance. Actual monitoring by anomaly detection offered actionable understandings into patient movements, permitting timely involvements. Finally, the evaluation of optimization methods addressed that GA offers high-quality

outcomes, while PSO excels in quicker convergence and decreased computational charges.

References

- [1] I. Cano, E. Arismendi, and X. Borrat, "Digital health frameworks," *Digital Respiratory Healthcare (ERS Monograph)*. Sheffield, European Respiratory Society, pp. 27–37 (2023).
- [2] M. Javaid, A. Haleem, R. P. Singh, and R. Suman, "Artificial Intelligence Applications for Industry 4.0: A Literature-Based Study," *J. Ind. Intg. Mgmt.*, vol. 07, no. 01, pp. 83–111 (Mar. 2022), doi: 10.1142/S2424862221300040.
- [3] R. A. Kawsar, "Advancing Patient Care through Advanced AI and ML Techniques: Current Trends and Future Directions in Healthcare," *Journal ID*, vol. 9471, pp. 1297 (2024).
- [4] S. Asif, W. Yi, S. ur-Rehman, Q. ul-Ain, K. Amjad, Y. Yueyang, J. Si, and M. Awais, "Advancements and Prospects of Machine Learning in Medical Diagnostics: Unveiling the Future of Diagnostic Precision," *Archives of Computational Methods in Engineering* (June 2024). doi: 10.1007/s11831-024-10148-w.
- [5] S. A. Wagan, J. Koo, I. F. Siddiqui, M. Attique, D. R. Shin, and N. M. F. Qureshi, "Internet of medical things and trending converged technologies: A comprehensive review on real-time applications," *Journal of King Saud University - Computer and Information Sciences*, vol. 34, no. 10, Part B, pp. 9228–9251 (Nov. 2022), doi: 10.1016/j.jksuci.2022.09.005.
- [6] M. S. Ibrahim and S. Saber, "Machine learning and predictive analytics: Advancing disease prevention in healthcare," *Journal of Contemporary Healthcare Analytics*, vol. 7, no. 1, pp. 53–71 (2023).
- [7] B. Y. Kasula, "Harnessing Machine Learning for Personalized Patient Care," *Transactions on Latest Trends in Artificial Intelligence*, vol. 4, no. 4, 2023, Accessed: Dec. 21 (2024). [Online]. Available: <https://ijsdcs.com/index.php/TLAI/article/view/399>
- [8] A.-T. Shumba, T. Montanaro, I. Sergi, L. Fachechi, M. De Vittorio, and L. Patrono, "Leveraging IoT-aware technologies and AI techniques for real-time critical healthcare applications," *Sensors*, vol. 22, no. 19, pp. 7675 (2022).

- [9] A. A. Khan, S. Siddiqui, A. A. Khan, and K. Karam, "Advancing Patient-Centric Care: Harnessing CPS for Smart Hospitals and Healthcare Facilities," in *Intelligent Cyber-Physical Systems for Healthcare Solutions*, M. Mittal and J. Narayan, Eds., Singapore: Springer Nature Singapore, pp. 377–399. (2024) doi: 10.1007/978-981-97-8983-2_16.
- [10] S. Aminizadeh, M. R. Akbarzadeh-Talahi, A. Zangiabadi, and A. Rezaie, "Opportunities and challenges of artificial intelligence and distributed systems to improve the quality of healthcare service," *Artificial Intelligence in Medicine*, vol. 149, pp. 102779 (Mar. 2024). doi: 10.1016/j.artmed.2024.102779.
- [11] "The first source of healthcare data is heterogeneous... - Google Scholar." Accessed: Feb. 27 (2025). [Online]. Available: https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=The+first+source+of+healthcare+data+is+heterogeneous+and+fragmented+because+they+are+collected+from+many+kinds+of+devices%2C+including+wearable+devices%2C+laboratory+results%2C+medical+imaging%2C+and+electronic+health+records+%28EHRs%29+%28Shaikh+et+al.%2C+2023%29.+&btnG=
- [12] A. M. Ali and M. A. Mohammed, "A comprehensive review of artificial intelligence approaches in omics data processing: evaluating progress and challenges," *International Journal of Mathematics, Statistics, and Computer Science*, vol. 2, pp. 114–167 (2024).
- [13] K. Rasheed, A. Qayyum, M. Ghaly, A. Al-Fuqaha, A. Razi, and J. Qadir, "Explainable, trustworthy, and ethical machine learning for healthcare: A survey," *Computers in Biology and Medicine*, vol. 149, pp. 106043 (Oct. 2022), doi: 10.1016/j.combiomed.2022.106043.
- [14] "51. Smith, J., & Moss, G. (2024). Ethical Considerations... - Google Scholar." Accessed: Feb. 27 (2025). [Online]. Available: https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=51.%09Smith%2C+J.%2C+%26+Moss%2C+G.+%282024%29.+Ethical+Considerations+in+Implementing+AI%2FML+for+Regulatory+Compliance.+EasyChair.+https%3A%2F%2Feasychair.org%2Fpublications%2Fpreprint_download%2FSVmC&btnG=
- [15] R. G. Goriparthi, "Interpretable Machine Learning Models for Healthcare Diagnostics: Addressing the Black-Box Problem," *Revista de Inteligencia Artificial en Medicina*, vol. 13, no. 1, pp. 508–534 (2022).
- [16] S. Khanna, S. Srivastava, I. Khanna, and V. Pandey, "Current challenges and opportunities in implementing AI/ML in cancer

- imaging: Integration, development, and adoption perspectives," *Journal of Advanced Analytics in Healthcare Management*, vol. 4, no. 10, pp. 1–25 (2020).
- [17] N. Mahmoud, S. El-Sappagh, H. M. El-Bakry, and S. Abdelrazek, "A real-time framework for patient monitoring systems based on a wireless body area network," *Int. J. Comput. Appl.*, vol. 176, no. 27, pp. 12–21 (2020).
- [18] J. J. Bird, J. Kobylarz, D. R. Faria, A. Ekárt, and E. P. Ribeiro, "Cross-Domain MLP and CNN Transfer Learning for Biological Signal Processing: EEG and EMG," *IEEE Access*, vol. 8, pp. 54789–54801 (2020), doi: 10.1109/ACCESS.2020.2979074.
- [19] "Predicting Medical Interventions from Vital Parameters: Towards a Decision Support System for Remote Patient Monitoring | SpringerLink." Accessed: Feb. 27 (2025). [Online]. Available: https://link.springer.com/chapter/10.1007/978-3-030-77211-6_33
- [20] S. Shukla, "Real-time monitoring and predictive analytics in healthcare: harnessing the power of data streaming," *International Journal of Computer Applications*, vol. 185, no. 8, pp. 32–37 (2023).
- [21] T. Shaik, X. Tao, H. Xie, L. Li, J. Yong, and Y. Li, "Graph-Enabled Reinforcement Learning for Time Series Forecasting With Adaptive Intelligence," *IEEE Transactions on Emerging Topics in Computational Intelligence*, vol. 8, no. 4, pp. 2908–2918 (Aug. 2024), doi: 10.1109/TETCI.2024.3398024.
- [22] L. Na, A. Ahuja, D. D. Lee, J. Doshi, R. Agrawal, A. Singh, and Z. C. Lipton, "Patient outcome predictions improve operations at a large hospital network," arXiv preprint arXiv:2305.15629, May 25 (2023). doi: 10.48550/arXiv.2305.15629.
- [23] P. S. Deorankar, V. V. Vaidya, N. M. Munot, K. S. Jain, and A. R. Patil, "Optimizing Healthcare Throughput: The Role of Machine Learning and Data Analytics," in *Biosystems, Biomedical & Drug Delivery Systems: Characterization, Restoration and Optimization*, S. Kulkarni, A. K. Haghi, and S. Manwatkar, Eds., Singapore: Springer Nature, pp. 225–255 (2024). doi: 10.1007/978-981-97-2596-0_11.
- [24] P. Bhambri and A. Khang, "Machine Learning Advancements in E-Health: Transforming Digital Healthcare," in *Medical Robotics and AI-Assisted Diagnostics for a High-Tech Healthcare Industry*, IGI Global Scientific Publishing, pp. 174–194 (2024). doi: 10.4018/979-8-3693-2105-8.ch012.

- [25] B. Hunter, S. Hindocha, and R. W. Lee, "The Role of Artificial Intelligence in Early Cancer Diagnosis," *Cancers*, vol. 14, no. 6, Art. no. 6 (Jan. 2022), doi: 10.3390/cancers14061524.
- [26] K. B. Nielsen, M. L. Lautrup, J. K. H. Andersen, T. R. Savarimuthu, and J. Grauslund, "Deep Learning-Based Algorithms in Screening of Diabetic Retinopathy: A Systematic Review of Diagnostic Performance," *Ophthalmology Retina*, vol. 3, no. 4, pp. 294–304 (Apr. 2019), doi: 10.1016/j.oret.2018.10.014.
- [27] A. Rahman, M. Karmakar, and P. Debnath, "Predictive analytics for healthcare: Improving patient outcomes in the US through Machine Learning," *Revista de Inteligencia Artificial en Medicina*, vol. 14, no. 1, pp. 595–624 (2023).
- [28] K. E. Henry and H. M. Giannini, "Early warning systems for critical illness outside the intensive care unit," *Critical Care Clinics*, vol. 40, no. 3, pp. 561–581 (2024).
- [29] Z. Obermeyer and E. J. Emanuel, "Predicting the Future — Big Data, Machine Learning, and Clinical Medicine," *N Engl J Med*, vol. 375, no. 13, pp. 1216–1219 (Sep. 2016), doi: 10.1056/NEJMp1606181.
- [30] A. P. Ramalingam, S. M. R. Hash, C. T. Hash, R. Srivastava, M. K. Singh, A. Nepolean, and P. Ramu, "Drought tolerance and grain yield performance of genetically diverse pearl millet [*Pennisetum glaucum* (L.) R. Br.] seed and restorer parental lines," *Crop Science*, p. csc2.21271 (May 2024). doi: 10.1002/csc2.21271.
- [31] I. D. Mienye, T. G. Swart, and G. Obaido, "Recurrent Neural Networks: A Comprehensive Review of Architectures, Variants, and Applications," *Information*, vol. 15, no. 9, Art. no. 9 (Sep. 2024), doi: 10.3390/info15090517.
- [32] H. Jain, M. D. Marsool Marsool, R. M. Odat, H. Noori, J. Jain, Z. Shakhathreh, N. Patel, A. Goyal, S. Gole, and S. Passey, "Emergence of Artificial Intelligence and Machine Learning Models in Sudden Cardiac Arrest: A Comprehensive Review of Predictive Performance and Clinical Decision Support," *Cardiology in Review*, pp. 10.1097/CRD.0000000000000708, June 5 (2024). doi: 10.1097/CRD.0000000000000708.
- [33] N. Wong and X. Wang, "miRDB: an online resource for microRNA target prediction and functional annotations," *Nucleic Acids Research*, vol. 43, no. D1, pp. D146–D152 (Jan. 2015), doi: 10.1093/nar/gku1104.

- [34] M. Moor, B. Rieck, M. Horn, C. R. Jutzeler, and K. Borgwardt, "Early Prediction of Sepsis in the ICU Using Machine Learning: A Systematic Review," *Front. Med.*, vol. 8 (May 2021), doi: 10.3389/fmed.2021.607952.
- [35] A. ADITYA, "Impact of artificial intelligence on business models and their innovation in the healthcare sector," Oct. 2023, Accessed: Feb. 27 (2025). [Online]. Available: <https://www.politesi.polimi.it/handle/10589/209993>
- [36] Motlaq O. Aldosari, Mohammed Saad S. Aldosari, Ibrahim K. Aldosari, Abdulaziz N. Aldwai, Mohannad A. M. Alhaj, Bandar A. E. Faqeeh, Fawaz Dakhel F. Fah, Saad Awad S. Almarzzouk, Mardi H. Alzahrani, Zaid A. B. Shalhoub, Abdullah M. AlMughiyrah, Abdullah O. W. Alhejaili, Obaid S. H. Aldosari, Naif S. Al-Shahrani, and Faraj M. G. Alshehri, "The Long-Term Effects of Continuous Health Monitoring Devices on Patient Outcomes: An Epidemiological Perspective on Infectious Disease," *Egyptian Journal of Chemistry*, vol. 67, no. 13, pp. 1439–1447 (Dec. 2024). doi: 10.21608/ejchem.2024.332983.10719.
- [37] T. Mendes, P. J. Cardoso, J. Monteiro, and J. Raposo, "Anomaly detection of consumption in hotel units: A case study comparing isolation forest and variational autoencoder algorithms," *Applied Sciences*, vol. 13, no. 1, pp. 314 (2022).
- [38] R. Siddalingappa and S. Kanagaraj, "Anomaly detection on medical images using autoencoder and convolutional neural network," *International Journal of Advanced Computer Science and Applications*, no. 7, 2021, Accessed: Feb. 28 (2025). [Online]. Available: https://drive.google.com/file/d/1YqcJLPphju3I8IkKM1xBegnK2zfKFF_v/view
- [39] J. Mercat, T. Gilles, N. El Zoghby, G. Sandou, D. Beauvois, and G. P. Gil, "Multi-head attention for multi-modal joint vehicle motion forecasting," in *2020 IEEE International Conference on Robotics and Automation (ICRA)*, IEEE, pp. 9638–9644 (2020). Accessed: Feb. 28, 2025. [Online]. Available: <https://ieeexplore.ieee.org/abstract/document/9197340/>
- [40] T. Al-Shehari, M. Al-Razgan, T. Alfakih, R. A. Alsowail, and S. Pandiaraj, "Insider Threat Detection Model Using Anomaly-Based Isolation Forest Algorithm," *IEEE Access*, vol. 11, pp. 118170–118185 (2023), doi: 10.1109/ACCESS.2023.3326750.
- [41] "Anomaly-based threat detection in smart health using machine learning | BMC Medical Informatics and Decision Making."

- Accessed: Feb. 28 (2025). [Online]. Available: <https://link.springer.com/article/10.1186/s12911-024-02760-4>
- [42] A. A. Abdellatif, N. Mhaisen, Z. Chkirbene, A. Mohamed, A. Erbad, and M. Guizani, "Reinforcement Learning for Intelligent Healthcare Systems: A Comprehensive Survey," Aug. 05 (2021), *arXiv: arXiv:2108.04087*. doi: 10.48550/arXiv.2108.04087.
 - [43] A. A. Abdellatif, N. Mhaisen, A. Mohamed, A. Erbad, and M. Guizani, "Reinforcement Learning for Intelligent Healthcare Systems: A Review of Challenges, Applications, and Open Research Issues," *IEEE Internet of Things Journal*, vol. 10, no. 24, pp. 21982–22007 (Dec. 2023), doi: 10.1109/JIOT.2023.3288050.
 - [44] N. Ershaid, Y. Sharon, H. Doron, Y. Raz, O. Shani, N. Cohen, L. Monteran, L. Leider-Trejo, A. Ben-Shmuel, M. Yassin, M. Gerlic, A. Ben-Baruch, M. Pasmanik-Chor, R. Apte, and N. Erez, "NLRP3 inflammasome in fibroblasts links tissue damage with inflammation in breast cancer progression and metastasis," *Nature Communications*, vol. 10, no. 1, pp. 4375 (Sep. 2019). doi: 10.1038/s41467-019-12370-8.
 - [45] B. Remeseiro and V. Bolon-Canedo, "A review of feature selection methods in medical applications," *Computers in Biology and Medicine*, vol. 112, pp. 103375 (Sep. 2019), doi: 10.1016/j.compbiomed.2019.103375.
 - [46] R. Adhao and V. Pachghare, "Feature selection using principal component analysis and genetic algorithm," *Journal of Discrete Mathematical Sciences and Cryptography*, vol. 23, no. 2, pp. 595–602 (Feb. 2020), doi: 10.1080/09720529.2020.1729507.
 - [47] Z. Tao, L. Huiling, W. Wenwen, and Y. Xia, "GA-SVM based feature selection and parameter optimization in hospitalization expense modeling," *Applied Soft Computing*, vol. 75, pp. 323–332 (Feb. 2019), doi: 10.1016/j.asoc.2018.11.001.
 - [48] E. Srividhya, V. R. Niveditha, C. Nalini, K. Sinduja, S. Geeitha, P. Kirubanantham, and S. Bharati, "Integrating lncRNA gene signature and risk score to predict recurrence cervical cancer using recurrent neural network," *Measurement: Sensors*, vol. 27, pp. 100782 (2023).
 - [49] S. Katoch, S. S. Chauhan, and V. Kumar, "A review on genetic algorithm: past, present, and future," *Multimed Tools Appl*, vol. 80, no. 5, pp. 8091–8126 (Feb. 2021), doi: 10.1007/s11042-020-10139-6.
 - [50] I. Sangaiah and A. Vincent Antony Kumar, "Improving medical diagnosis performance using hybrid feature selection via relief and entropy based genetic search (RF-EGA) approach: application to breast

- cancer prediction," *Cluster Comput*, vol. 22, no. 3, pp. 6899–6906 (May 2019), doi: 10.1007/s10586-018-1702-5.
- [51] T. A. Shaikh, T. Rasool, and P. Verma, "Machine intelligence and medical cyber-physical system architectures for smart healthcare: Taxonomy, challenges, opportunities, and possible solutions," *Artificial Intelligence in Medicine*, vol. 146, pp. 102692 (Dec. 2023), doi: 10.1016/j.artmed.2023.102692.
- [52] Y. Ao, H. Li, L. Zhu, S. Ali, and Z. Yang, "The linear random forest algorithm and its advantages in machine learning assisted logging regression modeling," *Journal of Petroleum Science and Engineering*, vol. 174, pp. 776–789 (Mar. 2019), doi: 10.1016/j.petrol.2018.11.067.
- [53] B. Ma, F. Meng, G. Yan, H. Yan, B. Chai, and F. Song, "Diagnostic classification of cancers using extreme gradient boosting algorithm and multi-omics data," *Computers in biology and medicine*, vol. 121, pp. 103761 (2020).
- [54] H. Xu, Y. Zhang, L. Li, and W. Li, "Cooperative driving at unsignalized intersections using tree search," *IEEE Transactions on Intelligent Transportation Systems*, vol. 21, no. 11, pp. 4563–4571 (2019).
- [55] Y. Huang, C. Xu, M. Ji, W. Xiang, and D. He, "Medical service demand forecasting using a hybrid model based on ARIMA and self-adaptive filtering method," *BMC Med Inform Decis Mak*, vol. 20, no. 1, pp. 237 (Sep. 2020), doi: 10.1186/s12911-020-01256-1.
- [56] I. D. Mienye, T. G. Swart, and G. Obaido, "Recurrent neural networks: A comprehensive review of architectures, variants, and applications," *Information*, vol. 15, no. 9, pp. 517 (2024).
- [57] S. Kaushik, A. Choudhury, P. K. Sheron, N. Dasgupta, S. Natarajan, L. A. Pickett, and V. Dutt, "AI in Healthcare: Time-Series Forecasting Using Statistical, Neural, and Ensemble Architectures," *Frontiers in Big Data*, vol. 3, 2020, Art. no. 4, Mar. 19 (2020). doi: 10.3389/fdata.2020.00004.
- [58] F. Valdez, "Swarm Intelligence: A Review of Optimization Algorithms Based on Animal Behavior," in *Recent Advances of Hybrid Intelligent Systems Based on Soft Computing*, P. Melin, O. Castillo, and J. Kacprzyk, Eds., Cham: Springer International Publishing, pp. 273–298 (2021). doi: 10.1007/978-3-030-58728-4_16.
- [59] S. A. Rahman, K. Obaideen, M. AlShabi, and N. Al-Yateem, "Enhancing Mental Health Care with the Kalman Filter: Predictions, Monitoring, and Personalization," in *2024 IEEE 48th Annual Computers, Software, and Applications Conference (COMPSAC)*, pp. 1872–1876 (Jul. 2024). doi: 10.1109/COMPSAC61105.2024.00297.

- [60] H. Gunduz, "An efficient stock market prediction model using hybrid feature reduction method based on variational autoencoders and recursive feature elimination," *Financ Innov*, vol. 7, no. 1, pp. 28 (Apr. 2021), doi: 10.1186/s40854-021-00243-3.
- [61] S. Fatima, A. Hussain, S. B. Amir, S. H. Ahmed, and S. M. H. Aslam, "XGBoost and random forest algorithms: an in depth analysis," *Pakistan Journal of Scientific Research*, vol. 3, no. 1, pp. 26–31 (2023).
- [62] S. A. Rahman, K. Obaideen, M. AlShabi, and N. Al-Yateem, "Enhancing Mental Health Care with the Kalman Filter: Predictions, Monitoring, and Personalization," in *2024 IEEE 48th Annual Computers, Software, and Applications Conference (COMPSAC)*, IEEE, 2024, pp. 1872–1876. Accessed: Feb. 28 (2025). [Online]. Available: <https://ieeexplore.ieee.org/abstract/document/10633400/>
- [63] A. Ala, V. Simic, D. Pamucar, and E. B. Tirkolaei, "Appointment Scheduling Problem under Fairness Policy in Healthcare Services: Fuzzy Ant Lion Optimizer," *Expert Systems with Applications*, vol. 207, pp. 117949 (Nov. 2022), doi: 10.1016/j.eswa.2022.117949.

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