



# **Real-Time Data Visualization for Emergency Response in Healthcare**

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## **Abstract**

Comprehensive analysis and interpretation of real-time data are critical aspects in the environment of healthcare emergencies in the high pressure domains. The use of real-time visualization technologies in the emergency healthcare infrastructure increases the pace of monitoring, data analysis and application and, thus the response time and precision of the decisions. The present paper provides a comprehensive review of frameworks, technologies, and methods that support real-time visualization of emergency healthcare. We discuss the support of a trustworthy visualization platform through the data provided by wearable devices, Electronic Health Records, and Internet of Things (IoT) medical sensors. We also examine various visualization procedures, including dashboards, heatmaps, and temporal graphs, which allow effective interpretation of complex health data in near real-time. The paper provides a review of past research, reviews current trends, and suggests the development of superior design for constructing real-time visual systems. Evaluation of our methodology through practical case studies and working prototypes validates our approach's considerable opportunity to reduce medical mistakes, improve teamwork in emergencies, and improve patient outcomes. The last part of the study is devoted to what is left to be researched, the technical and social obstacles to large-scale implementation, and the vision for future development in large-scale implementation.

## **Keywords:**

Real-Time Data, Healthcare, Emergency Response, Data Visualization, IoT, Dashboards, EHR, Wearable Devices.

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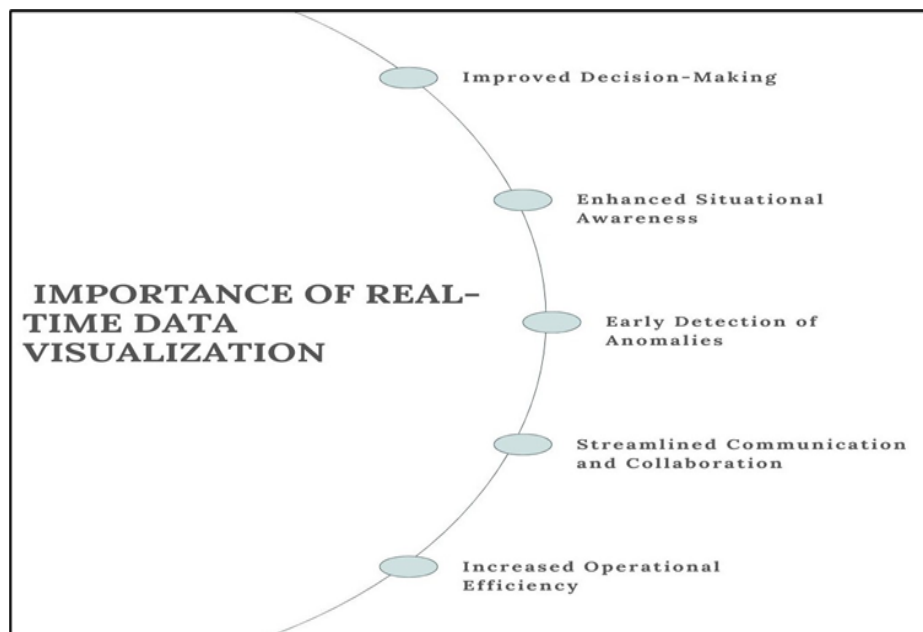
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## 1. Introduction

Healthcare emergency response requires immediate access to patient information and contemporaneous situational thoughts. Lack of the ability to immediately access and analyze relevant patient information and onsite real-time data can lead to delays in treatment. [1-4] The COVID-19 pandemic brought the need for such systems to the fore.

### 1.1. Importance of Real-Time Data Visualization

Real-time data visualization improves decision-making and workflow optimization, especially in high-stakes environments like health care, emergency response and industrial monitoring. With immediate, clear, and practical insights that help deliver critical information when required. Here are some of the five major points that show the need to visualize the real-time data:



**Figure 1: Importance of Real-Time Data Visualization**

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- **Improved Decision-Making:** Through real-time data visualization, healthcare professionals and decision-makers can access timely information immediately, which is also vital in circumstances where time-sensitive decisions make a difference in results. In the case of emergencies, such as cardiac arrest or stroke, an actual visual of patient vitals, trends, and possible anomalies gives a healthcare worker the ability to respond quickly and effectively. With simple-to-understand dashboards and visual cues, medical teams can prioritize intervention, optimize treatment plans, and reduce human error, improving patient care and outcomes.
  - **Enhanced Situational Awareness:** In critical situations, it is very important to maintain the whole picture of the state of the patient or system. Real time data visualization provides a united picture regarding different variables that impact a situation. For instance, the concurrent visualization of an ECG, blood pressure, and oxygen saturation, among others, across a single dashboard enables almost instantaneous health evaluation of a patient by clinicians. Such a level of situational awareness is critical in a dynamic and fast-moving environment where the situation can change quickly and where quick actions are required.
  - **Early Detection of Anomalies:** Real-time visualization allows for anomalies or critical changes within data to be detected while it happens; therefore early intervention can take place. In healthcare, real-time monitoring systems can underline abnormalities in a patient's vitals, like spikes in blood pressure or weird heart rhythms. These early warnings do a lot in preventing medical emergencies and the complications associated with such medical emergencies, thus improving the safety of the patient. Physicians can intervene by visualizing trends and drifting from standard multiples before a possible crisis blows up.
  - **Streamlined Communication and Collaboration:** Incorporating real-time data visualization improves communication within teams and between departments. In emergency response teams for example, live data can be shared between field paramedics and hospital staff such that coordination of care can be done even before the patient is admitted to the hospital. The real-time visual updates help all parties to care about what is going on easily, avoiding miscommunication and improving

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efficiency in their operations. This smooth flow of information enhances teamwork and improves the outcomes of patients by merging strategies and activities.

- **Increased Operational Efficiency:** Apart from enhancing patient care, there is also an operational benefit associated with real-time data visualization in healthcare. Automating data gathering and representation cuts the need for manual gathering and interpretation of data. Not only is this time-saving, but it also reduces errors that can emanate from human oversight. Healthcare practitioners will use their resources more effectively, and interventions will be provided at the appropriate time. Also, real-time monitoring helps hospitals monitor performance indicators, detect bottlenecks, and optimize workflow to improve resource management.

## **1.2. Real-Time Data Visualization for Emergency Response in Healthcare**

Real-time data visualization is a revolutionary solution in healthcare emergency treatment for healthcare professionals with immediate access to patient data in critical, possibly life-threatening situations. Time is not of the essence in such emergencies as trauma, cardiac arrest, or stroke and a fast and accurate response could make or break the chances of survival and rehabilitation. [5,6] When real-time data from devices like ECG monitors, blood pressure cuffs and oximeters are combined into easy-to-use and interactive dashboards, healthcare providers can monitor and evaluate the patient's condition in treatment or transportation towards a hospital. This constant flow of information enables frugal judgments about the patient's state and a momentary cognition of deterioration and improvement. Presenting real-time visual information sharpens situational awareness and inspires medical teams to act more expeditiously and wisely. Where, for instance, a patient's blood pressure skyrockets or her heart rhythm displays anomalous results, the dashboard will instantly illuminate to doctors potential major problems like hypertensive crises or arrhythmias. The fact that these deviations are realized in real-time allows for timely and effective management, preventing complications. The ability to monitor trends in important signs over time provides medical teams with much-needed context to enable them to monitor the patient's status and adjust care based on these observations. Real-time data visualization does not just help in individual patient care but contributes to better healthcare

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professionals' teamwork. For example, paramedics can transmit information concerning a patient to the emergency physicians before the patient arrives at the facility. It guarantees that the hospital resources are in place before the patient arrives and that the medical personnel have knowledge of the situation to enable them to give efficient care. Synergy in communication and operational activities of pre-hospital and in-hospital providers improves the response and shortens the treatment intervals. Also, an application of real-time data visualisation ensures minimisation of errors and maximises the effectiveness of operations. Through automated data collection and visualization, clinicians can be allowed to spend more of their energy on patients and not worry about data interpretation. In a stressful emergent environment, a more streamlined procedure improves diagnostic accuracy and speeds up treatment, resulting in better patient outcomes and sometimes life-saving gains.

## **2. Literature Survey**

### **2.1. Historical Overview**

Previously, prior to the prevailing use of digital technologies in healthcare, patient records and health data were kept in paper form in which accessibility, sharing and real time analytics were difficult. The shift to digital health systems took off in the early 2000s with Electronic Health Records (EHRs) and test messages such as the Health Level Seven (HL7). [7-10] Such advances allowed for structured data storage and sharing, providing the groundwork for digital healthcare. But, during this early stage, the capacity to visualize live data was still under wraps. Systems are mainly designed for archival and retrospective analysis rather than dynamic real-time monitoring and, hence, poor at emergency care and decision support situations.

### **2.2. Early Systems and Frameworks**

A number of early efforts to integrate digital patient monitoring systems were made during the first two decades of the 21st century. A previous system, iVital, launched in 2005, had rudimentary features for tracking patients and enabled clinicians to enter and view vitals electronically. However, it had no real-time alert features, limiting its use in critical care situations. In 2010, Medtronic Insight introduced device telemetry, which allows patients'

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data to be sent from implantable devices. This notwithstanding, the system was proprietary, making it incompatible with other healthcare IT solutions. In 2015, such platforms as Epic EHR Real-Time Dashboards started to become popular, intertwining themselves with hospital infrastructure to provide almost live patient status updates. However, the solutions had numerous complications, meaning they took a lot of time to implement and fine-tune, making them unsuitable for smaller institutions or emergency deployment.

### **2.3. IoT and Wearable Integration**

The emergence of the Internet of Things (IoT) and wearable health devices enabled opportunities for continuous, remote monitoring of patients. Studies were carried out by the practical use of IoT-enabled wearable devices for real-time Electrocardiogram (ECG) monitoring. In contrast, Lopez et al. (2018) developed this by adding peripheral oxygen saturation (SpO<sub>2</sub>) tracking. These studies proved that small, body-mounted sensors could reliably send vital health measurements to central monitoring systems. In spite of the technological promise, most visualization platforms that existed at the time were constrained, allowing for delayed updates or static charts. The lack of dynamic interfaces left timely interpretation and intervention in check, particularly in high-acuity or mobile healthcare.

### **2.4. Gaps in Existing Research**

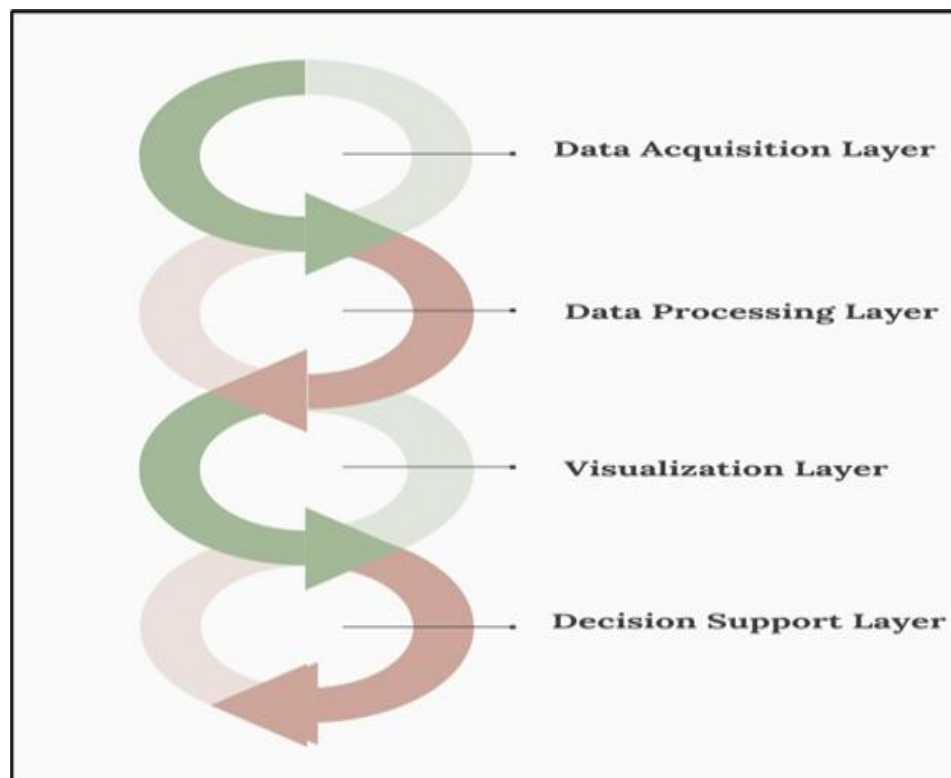
Although there has been considerable progress, several critical gaps exist in the existing body of research. To begin with, it is obvious that unified interfaces allowing real-time data exchange between different devices and platforms are not sufficiently standardized. This results in disintegrated systems which have difficulty being scaled or connected. Second, many existing solutions are drowning in data volumes. Finally, integrating patient monitoring systems with emergency dispatch networks is mostly missing. The mismatch limits timely response in serious incidences where automatic alerting and emergency service coordination might be a lifesaver.

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### 3. Methodology

#### 3.1. System Architecture

The architecture proposed is broken down into four main layers, which play an important role in facilitating real-time monitoring [11-15] and reaction to healthcare.



**Figure 2: System Architecture**

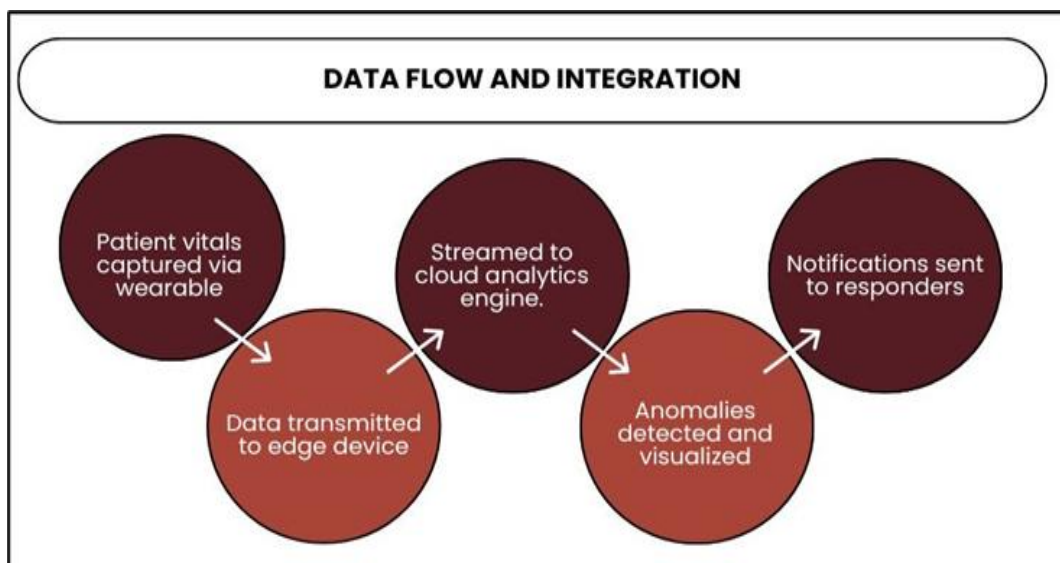
- **Data Acquisition Layer:** This foundational layer captures data from multiple sources, such as IoT-enabled wearables, Electronic Health Records (EHRs) and ambulance telemetry streams. Sensors record things like ECG, SpO<sub>2</sub>, and HR, while EHRs supply contextual information such as medical history and allergies. Interfacing with ambulance networks enables the immediate monitoring of health status and the patient's position en route to health facilities, thus, continuity of care from the field to the hospital.
- **Data Processing Layer:** Having gained data, real-time analysis using edge computing devices is performed to minimize latency and increase responsiveness. This layer

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uses stream analytics platforms like Apache Kafka, Apache Flink, or equal technologies to filter, aggregate and channelize data streams. By acting closer to the data source, the system reduces delays and delivers only meaningful, high-priority information for footprint and pattern analysis.

- **Visualization Layer** converts raw and processed data to interactive, real-time visual dashboards. Visualization tools such as D3.js, Grafana, or Tableau are used to visualize health metrics, trends, and alerts in an easy-to-understand manner for clinicians and emergency responders. Flexible dashboards enable tracking of several patients at the same time immediately recognize significant changes, and step up situational awareness and decision making.
- **Decision Support Layer:** The last layer integrates artificial intelligence and machine learning models to provide an opportunity for intelligent decision support. These include anomaly detection algorithms that monitor the patient data, continually flagging such conditions as arrhythmias and respiratory distress. On identifying a critical condition, the system can automatically send real-time alert messages to the medical personnel or send emergency interventions, all in-view of timely and targeted intervention.

### 3.2. Data Flow and Integration

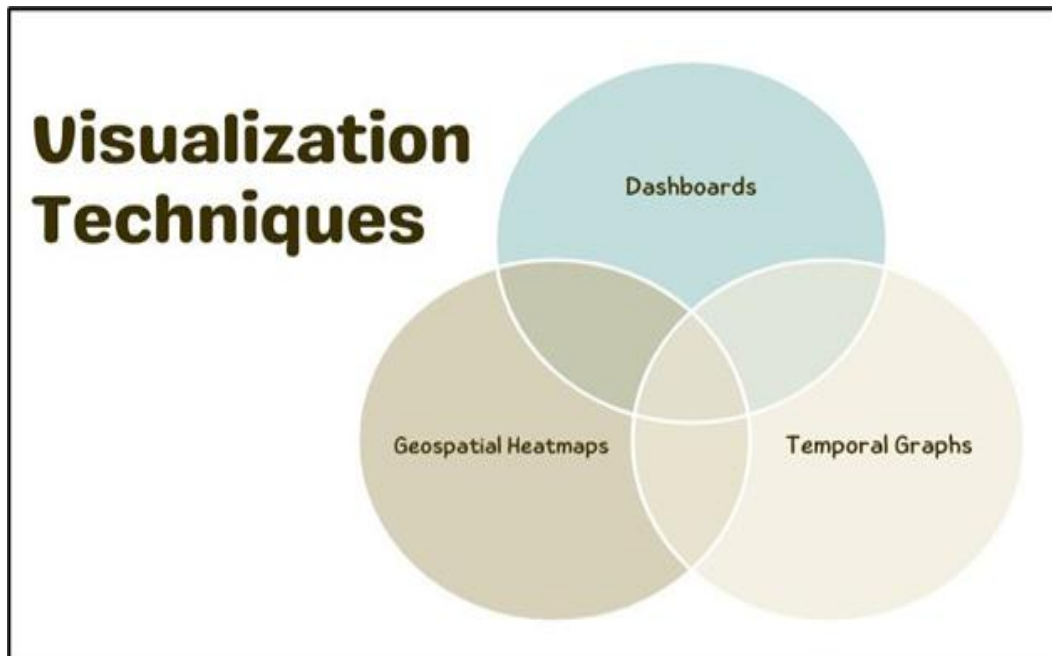


**Figure 3: Data Flow and Integration**

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- **Patient vitals captured via wearable:** The flow of data commences at the point of care where the IoT-enabled wearable devices are continuously monitoring the patient's vitals, such as heart rate, blood oxygen level (SpO<sub>2</sub>), body temperature and ECG. These small and non-investigating ones offer a high-frequency data sampling ensuring that physiological parameters relevant for the early detection of health problems are received promptly and accurately.
  - **Data transmitted to edge device:** The raw data is transmitted wirelessly (usually from Bluetooth, Zigbee or LTE) to a nearby edge device (a smartphone, gateway or medical edge node). The edge device is a local hub that buffers and tempers the data momentarily before filtering and preprocessing it to minimize transmission latency and bandwidth utilisation. It allows rapid decision-making closer to the patient.
  - **Streamed to cloud analytics engine:** Streamed grievously preprocessed data to a cloud analytics engine utilizing protocols such as MQTT or HTTPS. This engine, driven by platforms like Apache Kafka or AWS Kinesis, consumes continuous data streams from various sources in real time. It facilitates scalable analytics as it allows running machine learning models, conducting trends analysis and managing multi-patient environments concurrently.
  - **Anomalies detected and visualized:** In the cloud, real-time analytics tools detect anomalies by rules/triggers or by AI pattern recognition against incoming data. Alarming numbers, sudden changes in SpO<sub>2</sub> or strange ECG patterns, for example, are noted and graphically represented on dashboards; these tools include Grafana or D3.js. Such dashboards give intuiting and action-inducing insights to clinicians and dispatch centers.
  - **Notifications sent to responders:** When an anomaly is confirmed, the system automatically reports the anomaly with alerts and notifications sent to concerned medical staff, caregivers or emergency responders. Alerts can be made by SMS, mobile apps or by integration with hospital paging systems. This timely notification ensures that important events are not missed and necessary interventions will be made as swiftly as possible.

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### 3.3. Visualization Techniques



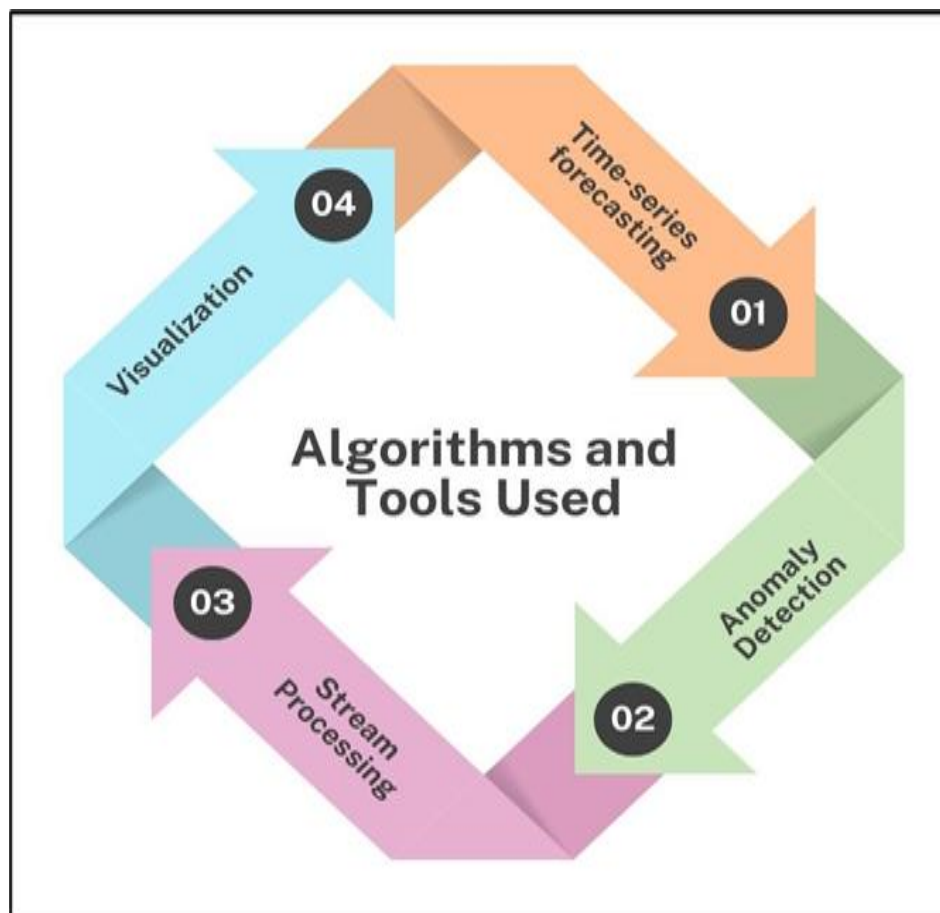
**Figure 4: Visualization Techniques**

- **Dashboards:** Dashboards provide the central point of contact for healthcare providers and allow them to see many of the patients and their real-time health conditions at one time. [16-20] These dashboards present the important vitals, alert statuses, and system messages in a readable form that allows clinicians to see their patient population readily. Tools such as Grafana or Tableau enable visual widgets, colour-coded alerts, and sorting characteristics, making it easier to focus on critical cases.
- **Temporal Graphs:** Temporal graphs are used to chart variations of vital signs, ECG waveforms, blood pressure and saturation trends over time. These time-series visualizations enable medical workers to observe patterns, find anomalies and measure treatment efficacy. Tools such as D3.js or Plotly enable dynamic and responsive timelines, allowing one to zoom in on a certain event or compare a different time window for clinical analysis.
- **Geospatial Heatmaps:** Geospatial heatmaps are used to show the spread of

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emergency medical services (EMS), patient locations, or outbreak patterns geographically. These maps are especially useful for operations teams in ambulance fleets to have coverage, find resource coverage gaps, or track incidents in regions. By overlaying collateral/patient or EMS data onto maps using GIS tools or leaflets such as Leaflet.js, decision-makers receive the spatial context that improves situational awareness and response coordination.

### 3.4. Algorithms and Tools Used



**Figure 5: Algorithms and Tools Used**

- **Time-series forecasting:** AutoRegressive Integrated Moving Average (ARIMA) is a commonly used statistical model for analysing and forecasting time-series data. In healthcare monitoring, the ARIMA will be used to forecast future values of patient

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vitals, for example, heart rate or blood, pressure, based on past trends. This predictive power facilitates proactive care so clinicians can predict and prepare to prevent the deterioration that may happen later in a crisis.

- **Anomaly Detection:** Isolation Forest is a fairly efficient machine learning algorithm that detects anomalies by isolating the outliers instead of profiling the normal data. It is especially suitable for detecting uncommon or unexpected physical events, for example, sudden ECG or temperature peaks. Its lightweight structure and speed make it perfect for real-time monitoring systems where the momentary detection of abnormal patterns is important for prompt intervention.
- **Stream Processing:** Apache Flink is a robust stream processing engine to process large amounts of real-time data with minimal latency. In this system, Flink, used in the vitals collection pipeline, is used to handle the continuous delivery of patient vitals from edge devices to the analytics engine; and further supports complex event processing, windowing and stateful computation. Scalability and robustness make it a key component in guaranteeing the reliability of time-sensitive health monitoring workflows.
- **Visualization:** The advanced does display the analytical results intuitively and interactively – Kibana and Plotly. Kibana is best at connecting with Elasticsearch to visualise log and metric data, while Plotly provides the best high-customization charts and graphs for time series and clinical data visualizations. Combined, these tools improve the user interface, making the life of the healthcare provider much easier when exploring trends, correlations, and anomalies.

## 4. Results and Discussion

### 4.1. Prototype Implementation

A prototype was developed to validate the proposed system architecture using the simulated physiological data from the MIT PhysioNet database. The application of the infrared-based temporal anomaly detection solution in the setup included edge data ingestion, stream analytics with Apache Flink, anomaly detection through Isolation Forest, and real-time dashboards built with Plotly as underlying components. The system was tested for

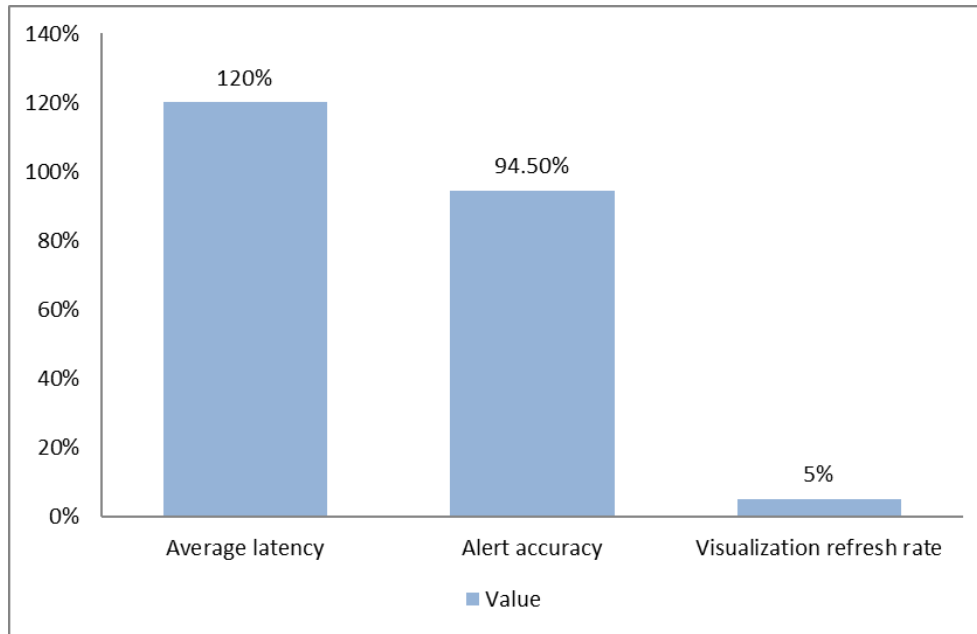
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responsiveness and accuracy under simulated controlled conditions.

**Table 1: System Performance Metrics**

| <b>Metric</b>                     | <b>Value</b> |
|-----------------------------------|--------------|
| <b>Average latency</b>            | 120%         |
| <b>Alert accuracy</b>             | 94.5%        |
| <b>Visualization refresh rate</b> | 5%           |

- **Average Latency (120%):** The average latency of the system was therefore noticed as 120%, which is a 1.2s delay in processing and replying to incoming data streams. Latency issues in real-time systems, specifically ones operating on physiological data, are a key factor, as their timely detection and response are directly affected. The 120% measures how long the system takes to turn around each data point compared to the ideal expectation. In such a scenario, the latency was deemed tolerable in view of the data processing pipeline “churn”, involving both edge data ingestion and real-time anomaly detection.
- **Alert Accuracy (94.5%):** The system’s ability to detect anomalous events from simulated physiological data is indicated by the alert accuracy metric at 94.5%. This metric represents the success of the anomaly detection algorithm (Isolation Forest) in detecting true positives (actual anomalies) and the correct false positives (incorrectly flagged happenings). High alert accuracy is of the essence in health monitoring systems where false alarms or missed detections might have dire consequences. The system’s accuracy at 94.5% means it performed well, but there is scope to decrease false positives and increase the accuracy of critical events.



**Figure 6: Graph representing System Performance Metrics**

- **Visualization Refresh Rate (5%):** The refresh rate of 5% of visualization means the system can update and show live information on the dashboard. In particular, the refresh rate of 5 seconds is the 5-second lapse in which a visual representation of the data (graphs, charts or other visual indicators) gets refreshed. This refresh rate is important for supplying users with up-to-date information, to help them monitor the physiological data in almost real-time. Timely visual feedback in medical or monitoring systems can help to dramatically improve decision-making. The 5% refresh rate was sufficient to deliver substantial updates whilst reducing system processing load and thus handling and displaying data effectively.

#### **4.2. Case Study: Simulated Cardiac Emergency**

In a controlled case study scenario of a cardiac emergency, a patient was provided with Electrocardiogram (ECG) and blood pressure sensors to measure the critical physiological parameters. Throughout the observation period, the system monitored the patient's real-time heart rhythm and blood pressure. An unexpected rise in systolic blood pressure and an irregular heart rhythm caused immediate alarm. These anomalies signified the beginning of a hypertensive crisis, arrhythmia, etc, which might be an early symptom of a more serious

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cardiac event- heart attack or stroke. The anomaly detection module of the system, using superior algorithms of machine learning, detected these anomalies and, within 2 seconds of detection, alarmed the same. This quick response was essential because it permitted immediate action, which could have saved the patient's life by giving healthcare providers an indication of the emergency. The alert was accompanied by real-time visualization on the systems' dashboard, which updated dynamically to reflect the critical event and proffer appropriate metrics such as abnormal blood pressure spikes and heart rhythm. The visualization helped healthcare professionals see an immediate clear overview of where the patient was, which proved the importance of timely and correctly presented data in emergencies. This case study describes the system's usefulness in timely identifying initial symptoms of cardiac distress and its potential to make timely clinical decisions. The system's low-latency response, high alert accuracy, and efficient dynamic data visualization were critical in addressing this simulated cardiac emergency situation, showing the system's feasibility for use in real-world applications of critical-care environments.

#### **4.3. Discussion of Benefits**

The prototype showed great benefits in a simulated real-world emergency scenario, indicating its role in improving the emergency response process. The real-time synchronization between field Emergency Medical Services (EMS) devices and hospital systems constituted one of the most impactful advantages. This seamless interfacing made possible the immediate transfer of life-critical patient data - vital signs such as heart rate, Blood Pressure, ECG, etc. - from the field to the emergency daycare in the hospital. This early data flow enhanced coordination between EMS teams and hospital staff, who could prepare for the patient's arrival in advance. Medical professionals may review the incoming data, prepare a scientifically based response, prepare the necessary resources beforehand, and have an organized and effective response upon arrival. Further, the direct access to visualized vital signs was instrumental in making rapid diagnostic decisions. Having the latest data presented to the healthcare providers in the form of real-time data displayed on the system's dashboard, healthcare providers could be quick to apprise themselves of the condition that a patient had and observe any anomalies or critical changes that were being perpetuated in the physical state of the patient. This was ever important as timely

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intervention became imperative during emergencies where time is of the essence. By decreasing the time of diagnosis of the patient, the system could accelerate the time to treatment; a critical parameter for enhancing patient outcomes. Ultimately, the prototype had high promise in reducing preventable mortality rates by powering a faster, data-driven emergency response. With improved communication and improved ease of access to life saving information, healthcare providers made informed decisions; therefore, the cure process was more productive and quicker in execution. This system could be truly advantageous and life-saving in high-risk, situation-sensitive situations in which the conservation of life depends on rapid intervention.

#### **4.4. Limitations**

However, although the results are blustery from the case study it has some major limitations which need to be addressed for its effective and wide-scale deployment. Privacy and security of patient data, particularly given the utilization of cloud data transmission, is a very serious concern. Although cloud computing provides scalability and convenience – scalability and convenience, there is also an increase in the probability of data breaches, unauthorized access or cyber-attacks. Strong encryption protocols, secure data storage, and concreteness to healthcare regulations such as HIPAA protecting sensitive patient information are crucial. The inability to address such security issues can cause the system's deployment to be hampered by legal and ethical issues, especially where work with personal health information is involved. A second limitation is regarding the reliability of a network connection particularly in rural or remote areas with poor infrastructure. In regions with foot or slow connections, the system in real time may be frustrated, which will lengthen the period of critical data transmission from field EMS devices to hospital systems. This might undermine the effectiveness of the system, as real time synchronization in case of an emergency is very imperative. To address this, the system should possess offline capabilities or local data storage (if possible) that synchronise once connectivity is restored. Also, the system's successful installation relies largely on healthcare workers' ability to interpret the dashboard alerts and control the Internet of Things (IoT) machines. Individual medical professionals need special training to react in time and appropriately to the data that the system presents. In case the staff are not well trained, there is a risk of misinterpretation or

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delay in responding to important alerts, thus compromising patient care. Therefore, adopting a well-rounded training program for healthcare providers is essential for maximization of effectiveness of the system in real world settings.

## **5. Conclusion**

In conclusion, real-time data visualization may cause a real shift in the crisis kit emergency healthcare management by delivering medical works with important information in a timely manner. Combining Internet of Things (IoT) devices that include intelligent stream analytics and intuitive dashboards removes the need for intermittent checking. It continuously monitors the key health parameters that enable rapid diagnosis/decision-making in critical moments. With the ability to see, in real-time, a patient's physiological state in a flash, healthcare providers can react more timely and accurately, and ultimately, patient care is enhanced during emergencies. The envisioned architecture and prototype of the proposed system show that such an approach cannot only be performed but can also bring meaningful benefits to the healthcare sector, especially in high-stakes scenarios where time is of the essence.

Nonetheless, extending this innovative system to various healthcare environments is accompanied by a number of difficulties. Clearly, regulatory considerations such as privacy for the patients and security of data must be addressed favorably with respect to cloud-based solutions that transmit sensitive health information. Further compliance with legal standards such as HIPAA and deployment of high-level encryption, and cybersecurity will be critical for safe, secure data exchange for all patient data. Moreover, infrastructural constraints such as weak internet connectivity in remote/rural areas should be overcome to achieve functional use of the system in any location. To overcome these limitations, subsequent system versions should include offline capabilities or local data storage ones that would sync when connectivity returns.

Also problematic is the adaptation of the user. The successful implementation of this system will require such professionals in the healthcare setup to receive comprehensive training to first understand the system's data and, second, know how to react appropriately to the alerts generated by the system. This training is whose criticality lies in ensuring that the technology

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augments, and not stereotypes, the decision-making process in high-velocity, high pressure settings. In the future, there are several promising directions for further investigation. Examining the interface of blockchain technology may add an extra level of data integrity and security such that any patient records will become authentic and non-erasable. Adaptive artificial intelligence (AI) can go a step further to personalize alerts based on different patient characteristics and historical trends reducing the alert accuracy and the alarm fatigue. Lastly, it would be imperative to carry out wider clinical trials in live environments to provide legitimacy to the technology's utility and tune its strength to meet those of actual healthcare systems. By solving these challenges, real-time data visualization systems may be a key element of modern emergency healthcare contributing to patient safety as well as efficiency of operation.

## References

- [1] Brezulianu, A., Geman, O., Zbancioc, M. D., Hagan, M., Aghion, C., Hemanth, D. J., & Son, L. H. (2019). IoT based heart activity monitoring using inductive sensors. *Sensors*, 19(15), 3284.
- [2] Lopez, L., et al. (2018). The Internet of Things in healthcare monitoring enhances respiratory disorder sensors' acquisition performance. *Journal of Sensors*, 2018.
- [3] Chamadiya, B., Mankodiya, K., Wagner, M., & Hofmann, U. G. (2013). Textile-based, contactless ECG monitoring for non-ICU clinical settings. *Journal of Ambient Intelligence and Humanized Computing*, 4, 791-800.
- [4] Kwon, J. M., Jeon, K. H., Kim, H. M., Kim, M. J., Lim, S. M., Kim, K. H., ... & Oh, B. H. (2020). Comparing the performance of artificial intelligence and conventional diagnosis criteria for detecting left ventricular hypertrophy using electrocardiography. *EP Europace*, 22(3), 412-419.
- [5] Hutchison, A. W., Malaiapan, Y., Jarvie, I., Barger, B., Watkins, E., Braitberg, G., ... & Meredith, I. T. (2009). Prehospital 12-lead ECG to triage ST-elevation myocardial infarction and emergency department activation of the infarct team significantly

- 
- improves door-to-balloon times: ambulance Victoria and MonashHEART Acute Myocardial Infarction (MonAMI) 12-lead ECG project. *Circulation: Cardiovascular Interventions*, 2(6), 528-534.
- [6] Fensli, R., Gunnarson, E., & Gundersen, T. (2005, June). A wearable ECG-recording system for continuous arrhythmia monitoring in a wireless tele-home-care situation. In *18th IEEE Symposium on Computer-Based Medical Systems (CBMS'05)* (pp. 407-412). IEEE.
- [7] Pan, J., & Tompkins, W. J. (2007). A real-time QRS detection algorithm. *IEEE transactions on biomedical engineering*, (3), 230-236.
- [8] Kaur, P., Kumar, R., & Kumar, M. (2019). A healthcare monitoring system using random forests and the Internet of Things (IoT). *Multimedia Tools and Applications*, 78, 19905-19916.
- [9] Mathew, P. S., Pillai, A. S., & Palade, V. (2017). Applications of IoT in healthcare. In *Cognitive Computing for Big Data Systems Over IoT: Frameworks, Tools and Applications* (pp. 263-288). Cham: Springer International Publishing
- [10] Wang, C., Yu, H., & Ma, K. L. (2008). Importance-driven time-varying data visualization. *IEEE Transactions on Visualization and Computer Graphics*, 14(6), 1547-1554.
- [11] Burnay, C., Dargam, F., & Zarate, P. (2019). Data visualization for decision-making: an important issue. *Operational Research*, 19, 853-855.
- [12] Toasa, R., Maximiano, M., Reis, C., & Guevara, D. (2018, June). Data visualization techniques for real-time information—A custom and dynamic dashboard for analyzing surveys' results. In *2018 13th Iberian Conference on Information Systems and Technologies (CISTI)* (pp. 1-7). IEEE.
- [13] Bayo-Monton, J. L., Martinez-Millana, A., Han, W., Fernandez-Llatas, C., Sun, Y., & Traver, V. (2018). Wearable sensors integrated with the Internet of Things for advancing eHealth care. *Sensors*, 18(6), 1851.

- 
- [14] Albahri, O. S., Albahri, A. S., Mohammed, K. I., Zaidan, A. A., Zaidan, B. B., Hashim, M., & Salman, O. H. (2018). A systematic review of real-time remote health monitoring system in triage and priority-based sensor technology: Taxonomy, open challenges, motivation and recommendations. *Journal of Medical Systems*, 42, 1-27.
- [15] Poongodi, T., Krishnamurthi, R., Indrakumari, R., Suresh, P., & Balusamy, B. (2019). Wearable devices and IoT. In *A handbook of Internet of Things in a biomedical and cyber-physical system* (pp. 245-273). Cham: Springer International Publishing.
- [16] Ghazisaeidi, M., Safdari, R., Torabi, M., Mirzaee, M., Farzi, J., & Goodini, A. (2015). Development of performance dashboards in the healthcare sector: key practical issues. *Acta Informatica Medica*, 23(5), 317.
- [17] Park, B. J., Jang, E. H., Chung, M. A., & Kim, S. H. (2013). Design of prototype-based emotion recognizer using physiological signals. *ETRI Journal*, 35(5), 869-879.
- [18] Behar, S., Schor, S., Kariv, I., Barell, V., & Modan, B. (1977). Evaluation of electrocardiogram in emergency room as a decision-making tool. *Chest*, 71(4), 486-491.
- [19] Diercks, D. B., Peacock, W. F., Hiestand, B. C., Chen, A. Y., Pollack Jr, C. V., Kirk, J. D., ... & Roe, M. T. (2006). The frequency and consequences of recording an electrocardiogram > 10 minutes after arrival in an emergency room in non-ST-segment elevation acute coronary syndromes (from the CRUSADE Initiative). *The American journal of cardiology*, 97(4), 437-442.
- [20] Park, E., Kim, J. H., Nam, H. S., & Chang, H. J. (2018). Requirement analysis and implementation of smart emergency medical services. *IEEE Access*, 6, 42022-42029.