

Central Lancashire Online Knowledge (CLoK)

Title	Data-Driven Technologies for Global Healthcare Practices and COVID-19: Opportunities and Challenges
Type	Article
URL	https://clock.uclan.ac.uk/47430/
DOI	https://doi.org/10.1007/s10479-023-05462-8
Date	2023
Citation	Ogbuke, Nnamdi, Yusuf, Yahaya, Gunasekaran, Angappa, Colton, Nora and Kovvuri, Dharma (2023) Data-Driven Technologies for Global Healthcare Practices and COVID-19: Opportunities and Challenges. Annals of Operations Research. ISSN 0254-5330
Creators	Ogbuke, Nnamdi, Yusuf, Yahaya, Gunasekaran, Angappa, Colton, Nora and Kovvuri, Dharma

It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1007/s10479-023-05462-8>

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

[Click here to view linked References](#)

Data-Driven Technologies for Global Healthcare Practices and COVID-19: Opportunities and Challenges

**Nnamdi Ogbuke¹, Yahaya Y. Yusuf², Angappa Gunasekaran³, Nora Colton⁴,
Dharma Kovvuri²,**

¹Hertfordshire Business School, University of Hertfordshire, De Havilland Campus, Mosquito way, Hatfield AL10 9EU, United Kingdom

²Lancashire School of Business and Enterprise, University of Central Lancashire, Preston PR1 2HE, United Kingdom

³School of Business Administration, Penn State Harrisburg Middletown, PA 17057-4898, USA

⁴Global Business School for Health, University College London, Bath London, EC1V 9EL, United Kingdom

Abstract

This paper discusses the applications of data-driven technologies in managing healthcare data services and information systems, as well as how they stimulate innovations to bring major improvements in the industry. The study explores the novel applications of digital technologies such Big Data, AI, 3D Printing, and Blockchain and the most challenging parts of data security, privacy, and interoperability in healthcare organisations. Whilst the number of articles on this subject have been steadily increasing owing to the sweeping health crisis of COVID-19 Pandemic, there is absence of systematic literature review that comprehensively explored the existing and potential applications of these digital data-driven innovations in response to the pandemic, and in handling healthcare data services. The review outlined six principal facets namely: hospitals practices, clinical services, patients' home, nursing homes, rural areas, and anywhere, which provided the useful insights and the journey involved in the emergence of data-driven technologies for healthcare Practices. These facets are built across the multiple levels and unique conceptual standpoints indicated by 10 sub-themes. These themes were generated based on 77 articles (2010-2022) drawn from 40 leading Journals. Overall, there is a considerable consensus across current literature that digital data-driven technologies extend far beyond mitigating the significant impacts of coronavirus on healthcare industry. They have the potential to support and provide more responsive digital solutions to the data management crises that industry has been characterised, such as high demands of rising aging populations with chronic diseases, child mortality and potential impacts of pandemics.

Keywords: Data-Driven technologies; Healthcare data management; Industry 4.0; Internet of Things; Ethical issues; COVID-19 Pandemic.

1
2
3
4
5
6 **1. Introduction**
7

8 Healthcare is becoming increasingly a difficult sector to manage due to insufficient and less effective
9 healthcare services. The industry has also been characterised with high demands of rising aging populations
10 with chronic diseases, child mortality and frequent impacts of pandemics like the recent COVID-19
11 (Farahani et al., 2017). According to Manero et al. (2020), coronavirus pandemic has provided a unique set
12 of global supply chain limitations with an exponential growing surge of patients requiring care and Personal
13 Protective Equipment (PPE) for hospital staff and doctors.
14
15
16
17
18

19 Besides the significant impacts of coronavirus on Healthcare industry, the pandemic had devastating effects
20 that cut across industries and businesses, and the effects are still evolving. Chamola et al. (2020; cited by
21 Ogbuke et al.,2020) confirm that COVID-19 pandemic has adversely impacted several industries, ranging
22 from automotive sector, tourism industry, aviation industry, oil and gas industry, construction industry,
23 telecom sector, food industry, to healthcare industry. In fact, 94% of the Fortune 1000 companies were
24 reported to have experienced coronavirus-driven SC disruptions (Dun and Bradstreet, 2020; Ivanov and
25 Dolgui, 2020; cited by Ogbuke et al., 2020).
26
27
28
29
30

31 Moreover, the issue of data management in the global healthcare practices has become more challenging,
32 with the recent pandemic outbreak. This novel virus is unprecedented and quite tragic, especially in tracking
33 and tracing of the data, as patients infected by this virus may either be asymptomatic (no detectable sign of
34 symptoms) or symptomatic - with mild fever, sore throat and cough, as well as severe clinical symptoms
35 like pneumonia, respiratory failure and, ultimately death. Likewise, Sayi et al. (2019) have highlighted that
36 healthcare industry is a data-intensive clinical environment where a huge amount of data is generated,
37 accessed, disseminated on regulated basis, and shared for essential clinical decision making.
38
39
40
41
42
43

44 Therefore, the authors argued that hospitals are becoming bigger with little resources to admit, treat,
45 operate, or monitor the increasing number of patients. And worse still, the numbers of old adults (over 60
46 years of age) are expected to grow globally more than double, from 841 million individuals in 2013 to more
47 than 2 billion by 2050 (Miorandi et al., 2012; cited by Farahani et al., 2017). Yet, we still live in the
48 traditional model of hospital-centric care, in which citizens visit doctors when they are sick - A model that
49 is more reactive and less proactive, and do not involve patients as an active part of the medical process.
50
51
52
53

54 However, there is an emerging model for healthcare services that is Patient-Centred (PCC) and Data-
55 Driven, which ensures smooth operations of the industry. This model focuses on the patients and their
56 individual healthcare needs. The model is also dependent on Smart and Digital Data-Driven technologies
57 like Big Data Analytics, Artificial intelligence (IA), 3D Printing, Internet of things (IoT), Blockchain, as
58
59
60
61
62
63
64
65

1
2
3
4 well as the miniature wearable bio-sensors for personalised Electronic Health Records (EHR) and services
5 (Manero et al., 2020). More importantly, the supply chain shocks and adaptations amid the covid-19
6 pandemic and post-pandemic recoveries provided indisputable evidence for the urgent needs of digital
7 techniques for mapping supply chain networks and ensure visibility (Ivanov and Dolgui, 2020; cited by
8 Ogbuke et al., 2020).
9

10
11
12
13 According to Sayi et al. (2019), researchers have tried in the past couple of years to implement applications
14 of internet of things, artificial intelligence, machine learning and computer vision to facilitate doctors and
15 clinical practitioners in the diagnosis and treatment of various chronic diseases. The scholars have also
16 suggested how healthcare services can collect, transport, shared and process different types of patient's
17 health data including heartbeats, blood pressure, and glucose level through smart devices or wearable
18 sensors and store them in the cloud or wireless networks layers. Several other scholars (Zhang et al., 2016;
19 Azaria et al., 2016; Kuo et al., 2017; Angraal et al., 2017; cited by Sayi et al., 2019) have also explored
20 with remarkable interest the utilization and applications of blockchains for the delivery of safe and secure
21 healthcare data and biomedical for e-health data sharing.
22
23
24
25
26
27
28

29 Recently, Yaqoob et al. (2021) have confirm the emerging roles of blockchain technology and how it can
30 be leveraged for healthcare data management systems and employed to stimulate innovations, and bring
31 major improvement in the industry. The authors suggest that this emerging technology offers unprecedented
32 data efficiency and transparency, provides decentralized storage, immutability, and authentication, as well
33 as data access, flexibility, interconnection, and data security and privacy for the general healthcare service
34 users. Similarly, Big data analytics is an emerging field where innovative technology offers new ways of
35 extracting value from the massive new information. In facts, the continuous increase in the volume and
36 details of data captured by organisations, through social media, Internet of Things, Cloud Computing,
37 Cyber-Physical Systems, Machine-learning, 3D printing, and Multimedia, health information and product
38 recalls have produced enormous flow of data in either structured or unstructured format (Musa and Dabo,
39 2016; cited by Ogbuke et al., 2020). In healthcare domain, big data emanate from Electronic Healthcare
40 Records such as hospital records, medical records of patients, results of medical examinations,
41 demographics, call records, prescriptions, Pharmaceutical and R&D records, queries from patients, billing
42 records, laboratory test results, and devices that are part of the internet of things (Dash et al, 2019). Zhang
43 et al., (2015) emphasise that in healthcare practices, big data has gradually becoming the trend for healthcare
44 innovation (Zhang et al., 2015).
45
46
47
48
49
50
51
52
53
54
55

56 Maria' Cavanillas et al. (2016) corroborated that big data is the 'New Oil' that now fuel innovations. The
57 authors estimated that applications of big data in healthcare services have potential of 90 billion euros saved
58 expenditure. Although, some scholars have contended that most of the big data studies in healthcare sector
59
60
61
62
63
64
65

1
2
3
4 merely concentrate on technological understanding of big data rather than the analytics aspect of healthcare
5 data services for decision making skills (Senthilkumar et al., 2018). They believe that the healthcare
6 industry has not been quick enough to adapt to the big data movement compare to other leading sectors like
7 Financial services, High tech and communication, Transportation, and logistics (SAP, 2018). Hence big
8 data usage and applications in the healthcare sector remain in the infancy stage.
9

10
11
12
13 Another emerging data-driven innovation is the Internet of Things (IoT-based) medical devices which can
14 help to collect invaluable patient's data, automate workflows, provide insights on diseases symptoms,
15 facilitate remote caring, and provide patients more control over their lives and treatments (Tao et al., 2018;
16 Ali et al., 2020; cited by Yaqoob et al., 2021). With the IoT devices, patients can be monitored real-time,
17 thereby reducing the need for visiting hospitals for routine health check-ups. More so, connected home
18 health monitoring systems can help to reduce hospital stays or readmission costs. And more importantly,
19 the IoT-enabled medical devices can assist in diagnosis through alerts and can trigger notifications before
20 it becomes an emergency health situation. In addition, installed sensors and wearables on various parts of
21 patient's medical apparatus could be gathered and the data sent to the hospitals, where clinicians will
22 analyse them for possible abnormalities.
23
24
25
26
27
28
29
30

31 Artificial intelligence (AI) and its subfield machine learning (ML) are another key innovative technology.
32 Their applications cut across industries, including Healthcare industry. Kaplan and Haenlain (2019)
33 described AI in the context of its ability to independently interpret and learn from external data to achieve
34 specific outcomes via flexibility adaptation. For example, AI systems are already helping oncologist to
35 identify cancerous tumours. More interestingly, the recent COVID-19 Pandemic was detected by a digital
36 firm called, Blue Dot, a Toronto-based start-up that uses AI-enhanced surveillance systems. The detection
37 was carried out several hours the insurgence was reported in Wuhan, the epic centre, well ahead of the
38 Chinese authorities and other international institutions and agencies (Bragazzi et al.,2020; cited by Ogbuke
39 et al., 2020). The timely detection of this deadly virus demonstrates the capacity of AI and Big Data
40 Analytics in monitoring and detection of disease outbreak in real-time.
41
42
43
44
45
46
47
48

49 Additionally, the applications of these disruptive techniques have also enabled institutions such as John
50 Hopkins University, USA, in its efforts in visualisation in real-time and tracking the spreading of this virus
51 across the world. Again, AI/ML medicine and healthcare initiatives can be developed strategically from in-
52 silico to in-patient paediatric care (Drysdale et al., 2019). This initiative, according to the authors will
53 deliver data-driven and personalised paediatric healthcare-for paediatric patients, as well as facilitate the
54 implementations of clinical practices.
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 On the other hand, there is an overwhelming demand for personal protective equipment (PPE) for hospital
5 staff and doctors, due to COVID-19 driven global supply chain disruptions. Consequently, this has led to
6 the switching of production lines by businesses to manufacture essential items like mechanical ventilators,
7 Hand Sanitizers etc., needed to curtail the spread of the virus and save life. This trend has resulted in a call
8 for additive manufacturing (3D printing) equipment to fill the gap between traditional manufacturing cycles
9 (Manero et al, 2020). 3D printing can be used to produce a variety of equipment for hospitals including
10 face shields, mask, and even mechanical ventilator to handle the upsurge. Although 3D printing innovation,
11 rapid and crowd sourced, it is very costly and required innovative design and production skills.
12
13
14
15
16
17

18
19 Despite the benefits of these innovative digital applications, there are clear issues and challenges of
20 regulations, transparency, scalability, liability, data leakage and distributions. Additionally, handling and
21 streamlining the e-Health records in a secure manner will pose a challenge since the data is spread across
22 medical facilities. Some scholars have contended that most of the big data studies in healthcare sector
23 merely concentrate on technological understanding of big data rather than the analytics aspect of healthcare
24 data services for decision making skills (Senthilkumar et al., 2018). The authors also believe that the
25 healthcare industry has not been quick enough to adapt to the big data movement compare to other
26 industries. Sengupta et al. (2020) have maintain that the current electronic health and medical records fall
27 short in providing transparency, trustful traceability and ethical considerations, and any leakage or failure
28 of patients' personal information can constitute serious health implications.
29
30
31
32
33
34
35

36
37 In the same vein, only a limited fraction of artificial intelligence and machine learning (AI/ML) described
38 in research papers find their way into medical and healthcare practices (Drysdale et al., 2019). The authors
39 maintain that healthcare academic researchers generally focus on factors required for successful data
40 science and statistical analysis of ML algorithms. Consequently, there are limited or less emphasises on
41 implementation, digital applications, and operational research in medical and healthcare data management,
42 which by no means are quite emerging.
43
44
45
46

47
48 Therefore, this paper will comprehensively review the previous, existing and the latest developments in
49 applications of digital tools for healthcare management. Against this background, the study will therefore,
50 seeks to address the following research questions:
51
52

53 **RQ1. What are the Operational challenges in healthcare data-driven innovations and management?**

54
55 **RQ2. How far can data be extracted from Hospital's Electronic Healthcare Record system and**
56 **evaluated in real-time through digital technologies?**
57
58
59
60
61
62
63
64
65

1
2
3
4 **RQ3. How will feedback and clinical contexts be enabled and incorporated into healthcare data**
5 **practices in response to COVID-19 Pandemic?**
6
7

8 In general, there is interesting evidence that researches conducted in healthcare industry particularly in data-
9 driven technology, are quite limited and have fluctuated tremendously. For example, the number of articles
10 published have decrease from 134, 000 in Year 2011 to 75,000 in Year 2014, and they have surge again to
11 97,000 publications in Year 2015 (Farahani et al., 2017). We have also, observed within the literature space
12 that very limited articles have been published in data-driven technology since 2015. In fact, the latest article
13 accepted for publications at the time of this study, is titled: ‘‘Blockchain for Healthcare Data management:
14 Opportunities, Challenges, and Future Recommendations (Yaqoob et al., 2021).’’ This clearly shows that
15 there are still lots of demand to increase research outputs in Healthcare data-driven Innovations. And we
16 believed we have responded to these clarion calls, and this review paper will set the pace and lead further
17 discussion in this emerging healthcare operational research.
18
19
20
21
22
23
24
25

26 The rest of the study is organised a follow: In section 2 we analyse the recent literature information, related
27 work done in the healthcare practices, challenges, opportunities, various applications of the emerging digital
28 technologies in healthcare and medical field, and how they relate to COVID-19 pandemic. Section 3
29 explains the methodology of the research. In section 4, we discuss data analysis. In section 5 we explain
30 the results of the study, and Section 6 carried out the discussion. Section 7 draw the summary of the
31 conclusion from the entire overview including theoretical contributions, managerial implications, future of
32 the research and its limitations.
33
34
35
36
37

38 **2. Literature Review**
39

40 The interactions in supply chain for vast majority of enterprises are going unmonitored, and have created
41 silos along the operations processes, resulting in businesses inefficiency. Similarly, the usage and
42 exploitation of these unmonitored and unstructured massive data information by digital technologies may
43 have also illustrated the value creating possibilities of data-driven innovations for business decision-making
44 skills. Likewise, the adoption of these digital technologies by organisations has boosted their business
45 models and marketing strategies globally, as well as creating opportunities for better understanding of ways
46 to automate and optimise, collect and analyse data, make predictions and offer added value to corresponding
47 market (Ramon Saura et a., 2022).
48
49
50
51
52
53

54 Several academics (Trabuchi and Buganza, 2019; Adamides and Karacapilidis, 2020; Ramon Saura et al.,
55 2022) also support the views that Artificial Intelligence (AI), Blockchain Technology, Cloud Computer,
56 and Internet of Things (IoT) enable organisations to develop business models that is focused on what is
57 known as Data-Driven Innovations (DDI). Therefore, these perspectives have provided the conceptual
58
59
60
61
62
63
64
65

1
2
3
4 background and the overview of Data-Drive Innovations, as well as highlighting other factors and
5 challenges associated with their diffusion, uptake, and sustainability initiatives in the society and across
6 industries, particularly in the healthcare sector.
7
8

9
10 According to Ivanov et al. (2020), disruptive innovations such as Artificial Intelligence (AI), Internet of
11 Things (IoT), 3D Printing, Blockchain Technology and Big Data Analytics influence the development of
12 new paradigms, principles, and models in supply chain management (SCM). More so, they facilitate the
13 development of digital supply chain (SCs) and smart operations (Qu et al., 2017; Yang, Pan, and Ballot,
14 2017; Minner, Battini, and Celebi, 2018; cited by Ivanov et al., 2020). In the same vein, AI and big data
15 analytics can be deployed in managing supply chain disruptions to enhance firm's resiliency, cost
16 effectiveness, and improve agility and adaptability. Arter et al. (2022) believed that the adoption and
17 application of these advanced systems such as the IoT, Blockchain Technology (BCT), Cloud Computing,
18 Data Analytics and AI, are fundamental for the digital transformations of businesses. For example, the
19 market value of AI in the food and beverages industry is expected to reach US\$29.94 billion by 2026, at
20 Compound-Annual Growth Rate (CAGR) of 45.8 percent. Also, the global market size for BCT in
21 agriculture and food sector is projected to reach US\$948 million by 2025, at CAGR of 48.1 percent
22 (MarketsAnd Markets, 2020).
23
24

25
26 Ivanov and Dolgui (2020) have emphasised that these disruptive technologies have the capacity to enhance
27 predictive and reactive decisions, utilize the advantages of SC visualisation, historical disruption of data
28 analysis, end-to-end visibility, as well as business continuity in global companies, particularly the
29 healthcare organisation. Tsolakis et al. (2022) in their study agreed that digitalisation is expected to
30 transform end-to-end supply chain operations by leveraging the technical capabilities of advance technology
31 applications. Weill and Woerner (2018) also corroborated the importance of these innovations in business
32 operations and advantages they offer to traditional enterprises to competing in the digital economy.
33
34

35
36 Several researchers (Ben-Daya et al., 2018; Nguyen et al., 2017; Hofmann and Rusch, 2017; Choi et al.,
37 2018; cited by Gunasekaran et al., 2018) have identified classifications of different digital technologies and
38 their impacts on SC management (SCM). These digital technologies include big data analytics (BDA),
39 advanced manufacturing technologies with sensors, decentralised agent-driven control, advanced robotics,
40 augmented reality, advanced tracking and tracing technologies, and additive manufacturing. Moreover,
41 these evolutions have now prompted Operational researchers and SC Practitioners to explored various ways
42 to better manage the data information and leverage them for better business decision-making skills.
43
44

45
46 Furthermore, Samad et al. (2022) in their study identified the roles of Blockchain Technology in aiding
47 Logistics Supply Chain Managers to understand the appropriate decision-making framework, as well as
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 implementing strategic recommendations to overcome the challenges faced by Logistics Supply Chain
5 Organisations. Notwithstanding the operations-wise merits associated with the implementation of these
6 digital technologies, individually, the challenge for the future is that their combined effect has been
7 overlooked due to limited real-world evidence. In this context, this research explores the prospect of their
8 integration and future challenges in healthcare data management.
9
10
11

12 2.1. Global healthcare data management and COVID-19

13 Healthcare Industry is one of the world's biggest and constantly involving industries. In recent years, the
14 industry is changing from disease centre to a patient-centred model, volume based to a value-based
15 healthcare delivery model (Cortada et al., 2012). Similarly, in terms of its data management and operations,
16 there are high demands and adoption of digital data-driven innovations (Yaqoob et al., 2021). The recent
17 research conducted by IDC (2019), predicted that the worldwide big data expenditure in the healthcare
18 business has progress towards CAGR of 42 percent between the year 2014 – 2019. Rahaman Masudur
19 (2020) confirm that global healthcare supply chain is expected to hit \$3 billion by 2025. The author
20 classified the global supply chain into diverse range of segments, including pharmaceuticals, information
21 technology, medical devices, and several other services, all of which are growing exponentially.
22
23
24
25
26
27
28
29
30

31 Several studies have also, suggested that technologies such as 3D printing, Big data, AI, and industry 4.0
32 can be used to manage the impact of COVID-19 pandemic, particularly in the healthcare sector. In fact,
33 these studies confirm that such technologies can help the healthcare supply chain immediately to ramp up
34 the production of Personal Protective Equipment (PPE), Mechanical Ventilators, and other essential items
35 (Chowdhury et al., 2021). Kazancuglu et al. (2022) in their study emphasised the importance of
36 sustainability of supply chain in rapidly changing business conditions, such as the recent COVID-19
37 pandemic that caused unexpected disruptions in the global value chain, and the need for further
38 improvement of its resiliency for future events. The authors agreed that the use of emerging disruptive
39 digital techniques including blockchain, industry 4.0 analytics model, robotics technology, IoT and AI
40 driven methods are aimed at enhancing the sustainability and resilience of supply chains, particularly in an
41 uncertain environment. The studies encouraged healthcare researchers to investigate the prospects of these
42 data-driven innovations in healthcare data management and practices. These research gaps are completely
43 in line with research questions as outlined in introductory section, which this review seeks to explore,
44 including the associated challenges.
45
46
47
48
49
50
51
52
53
54

55 To envision the roles of digital data-driven technologies, smart devices, as well as IoT, in healthcare data
56 management, it is important to identify the operations and classification of the industry. The healthcare
57 industry is classified into three areas: large healthcare organisations such as hospitals; small clinics and
58 dispensaries; and non-clinical environments such as patients' homes, communities, nursing home, and rural
59
60
61
62
63
64
65

1
2
3
4 areas without any medical support. According to Farahani (2017), healthcare professionals across the globe
5 are connected via IoT eHealth ecosystem to enable patients have more access to international facilities at
6 their fingerprints (anywhere and any times). Moreover, there is also an increasing interest in mobile
7 healthcare clinics across the globe. For example, in African and most developing countries, mobile clinics
8 have proven to offer a low-cost, high-quality care for vulnerable populations in remote areas where citizen
9 have no access to basic medical facilities (Farahani., et al., 2017). Mobile clinics are vehicles with limited
10 medical facilities, therefore, IoT could make a big difference in enhancing the infrastructure of the mobile
11 clinics that could partner with large hospitals to remotely communicate for diagnosis and decision support.
12 As such, mobile clinics could scale up their capabilities for care services.
13
14
15
16
17
18
19

20 Senthil Kumar et al. (2018) stated that the volume, demand, the usefulness and need for data in healthcare
21 organisations are growing in leaps and bounds. They emphasise that to provide effective patient-centred
22 care, it is essential to manage and analyse huge health data. The outdated data management is insufficient
23 to analyse big data, especially now that variety and volume of data sources have increased tremendously in
24 the last two decades, and skyrocketed by Covid-19 pandemic. Schiopoiu and Ferhati (2020) acknowledged
25 that the recent crisis of COVID-19 has also forced all organisations, including public and private sector, to
26 rethink their policies and strategies. The rapid evolution of the virus requires collective and global strategies
27 towards ensuring the health of the populations, as well as continuous assessment of the events to give
28 priority to the future needs. Panhuis et al. (2018) have also acknowledged that decisions in global health
29 populations can affect the lives of millions of people and can change the future of entire communities. For
30 example, the decision to declare a particular viral disease a pandemic, like the recent COVID-19, gives the
31 government and its advisers the opportunity to design some form of restriction measures to curtail the
32 spread of the virus. A case in point is the different tiers of restrictions and lockdown measures introduced
33 by Government of several nations in the ongoing Coronavirus Pandemic. Certain strategic business
34 decisions were taken by leaders of nations, even in area of stockpiling of Personal Protective Equipment
35 (PPE).
36
37
38
39
40
41
42
43
44
45
46

47 Firms that were resilient and agile enough, made sacrifices by switching their production line to
48 manufacture some of the essential materials - a patriotic move in support of their country and humanity.
49 For example, the following manufacturers namely: Tesla, General Motors, Ford, Dyson, and Roll-Royce
50 switched their production lines to manufacture essential items that were in short supply, including
51 mechanical ventilators (Bhaskar et al., 2020). Moreover, Government leaders initiated Public Private
52 Partnership arrangements (PPP) with Pharmaceutical companies to massively produce vaccine. There were
53 also some economic incentives and safety-net that most Head of States put in place in support of businesses
54 and their workforce, as well as to mitigate the looming massive unemployment, orchestrated by the deadly
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 virus. Other sources also contended that billions of dollars could also be wasted if decision to announce
5 the pandemic outbreaks was based on false alarm and not data driven. Panhuis et al. (2018) also, recognised
6 that decision making in global health is often made under some degree of uncertainty and with incomplete
7 information. But, with emergence of data-driven innovations coming from mobile technology, electronic
8 health records, social media platform, and remote sensing, there are now golden opportunities for data-
9 driven decision making in global healthcare industry.
10
11
12
13

14
15 However, there are multiple layers of challenges, ranging from technical to ethical barriers, that can limit
16 the effective use of data in global healthcare practices (Drysdale et al., 2019). The authors support the views
17 that composing an epidemic model to inform decisions about vaccine stockpiling requires the integration
18 of existing data from a wide range of data sources, such as population census, disease surveillance,
19 environmental monitoring, and research studies. Integrating data sources can be a daunting task, especially
20 since global health data are often stored in domain-specific data silos that each uses different formats and
21 content standards, that are semantically heterogenous. The heterogeneity of data in global health can slow
22 down scientific progress, and so researchers must spend much time on data discovery and curation (Forbes
23 Magazine, 2016). On the other hand, Drysdale et al. (2019) also highlighted the ethical challenges posed
24 to digital technologies including machine learning, data security, and privacy concerns, as well scalability.
25 They maintain that in order to address each of these issues, there should be a discussion among stakeholders
26 and experts around establishing general frameworks. The study outlined the some of the major applications
27 of Big Data, 3D Printing, IoT, AI and Blockchain in healthcare data management, as well as their mitigating
28 measures for Covid-19 related health pandemic (see table 1).
29
30
31
32
33
34
35
36
37
38

39 **Table 1. AI, Big Data, 3D Printing, IoT and Blockchain Influence on COVID-19 Pandemic and other**
40 **health crises**
41

42 Applications	43 Functions	44 Authors
45 Detecting and 46 Diagnosis of 47 infection	48 IoT provides insights on disease symptoms and trends, facilities in terms 49 of remote caring, and provide patients more control over their lives and 50 treatments	51 Saura et al. (2022)
	52 Blockchain-based tele-monitoring healthcare framework for the diagnosis 53 and treatment of cancer tumours for remote patients. it can also be used to 54 ensure the validity and security of patient’s data specialised medical 55 centres, as well as in patients’ homes.	56 Samad et al. (2022); 57 Kazancoglu et al. 58 (2022); Tsolakis et 59 al. (2022)
	60 AI is helping in developing a new diagnosis and management system for 61 the COVID-19 case, through useful algorithms	62 Kazancoglu et al. 63 (2022); Tsolakis et 64 al. (2022); Javid et 65 al. (2020); Modgil 66 et al. (2021)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

	Blockchain is deployed in applications of IoT, AI, ML, Computer vision to facilitate doctors and clinical practitioners in the diagnosis and treatment of various chronic diseases.	Samad et al. (2022); Kazancoglu et al. (2022)
	3D printing plays a relevant role in clinical preoperative evaluation.	Aimar et al. (2019); Manero et al. (2020)
	Big Data application in proteomics will have a major role in predicting and preventing human cancer	Ji et al. (2022)
	AI is also helpful in diagnosis of the infected cases through medical imagery technologies like computed tomography, magnetic resonance imagery (MRI) scan of human body parts.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020); Modgil et al. (2021)
	A neural network can also be developed to extract the visual features of this disease, and this would help in proper monitoring and treatment of the effected individuals.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020); Modgil et al. (2021)
Monitory the treatment	Big Data application in genomics will help to prevent or cure diseases and delivery personalised care to each patient.	Ji et al. (2022)
	Blockchain is used in storing, transferring, sharing, as well as maintaining the most sensitive electronic health and medical records of patients' health history. For example, health record of patients fighting for chronic disease such as HIV and Cancer.	Samad et al. (2022); Kazancoglu et al. (2022); Tsolakis et al. (2022)
	Blockchain based strategy can facilitate, secure real-time remote monitoring, thus allowing practitioners to track the healthcare status of other patients from distant locations, while also maintaining a safe, secure, and up-to-date history of patients.	Samad et al. (2022) Kazancoglu et al. (2022); Tsolakis et al. (2022)
	3D printing is used in paediatric congenial heart disease treatment is a study reported in the literature based on the development of a 3D heart model of a 15-years-old boy to improve interventional simulation and planning in patient with aortic arch hypoplasia.	Aimar et al. (2019); Manero et al. (2020)
	AI can build an intelligent platform for automatic monitoring and prediction of the spread of the virus features of these diseases. It has the capacity of providing day-to-day updates of the patients and provide solutions in COVID-19 pandemic.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020); Modgil et al. (2021)
	IoT convergence and interconnectivity of Sensors, Wearables, Actuators, Telecommunications, Cloud computing and Big Data provides goal-oriented services by using wearable wrist watches and sensors by the patients to monitor and detect heart rate, glucose level and blood pressure, and thereby providing easy analysis, diagnosis and treatment by health professionals and clinicians	Saura et al. (2022)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

Contact tracing of the individuals	IoT-based medical devices can help to collect invaluable patient’s data, and automate workflows	Saura et al. (2022)
	AI helped to analyse the level of infection of virus by identifying the clusters and hot spots and can be usefully contact tracing of the individuals and monitor them.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020); Modgil et al. (2021)
	Blockchain is utilised for delivery of safe and secure healthcare data, biomedical and e-health data sharing, brain simulation and thinking.	Samad et al. (2022); Kazancoglu et al. (2022); Tsolakis et al. (2022)
	3D Printing is used in producing a variety of equipment for hospitals including face shields, masks, and even, ventilator for components to handle the surg.	Aimar et al. (2019); Manero et al. (2020)
	Patient-specific 3D printing anatomical models are becoming increasingly useful for tools in today’s practices of precision medicine.	Aimar et al. (2019)
Projection of cases and mortality	Digital techniques like Big Data and AI help in understanding prediction of pandemic outbreaks.	Kazancoglu et al. (2022); Tsolakis et al. (2022)
	AI technologies can track and forecast the nature of the virus from the available data, including social media platforms. It can also predict the number of positive cases and death in any region.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020); Modgil et al. (2021)
Development of Drug	The growth of IoT has increased the applicability and transformation of Big Data Analytics in pharmaceutical and drug prescriptions.	Ji et al. (2022)
	AI is used for drug research by analysing the available data on COVID-19. Big data AI are used for drug delivery design, development, testing in real-time.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020)
	Vaccine manufacturing firm (e.g., MERCK) implemented Hadoop (AI) to utilise huge amount of data in producing vaccines faster.	Samad et al. (2022); Javid et al. (2020); Modgil et al. (2021)
	Pfizer has recently initiated Precision Medicine Analytics Environment program to identify innovative medicines for patient populations.	Senthilkumar et al. (2018)
	Blockchain is a fit technology for evaluating, monitoring, and ensuring the production process of potential drugs. It plays a major role in inspecting and fighting the production of counterfeit drugs. Blockchain is used to improve the traceability of falsified drugs, security of drug supply system, and guarantee the quality of drugs supplied to consumers or end-users.	Samad et al. (2022); Kazancoglu et al. (2022); Tsolakis et al. (2022)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

	Blockchain made it possible for pharmaceutical industries, drug manufacturers, and biomedical researchers to use DNA data stored to conduct advance transnational research at genomic level.	Samad et al. (2022); Kazancoglu et al. (2022); Tsolakis et al. (2022)
	3D Printing technology represents a big opportunity to help pharmaceutical and medical companies to create more specific drugs, enabling a rapid production of medical implants and changing the way that doctors and surgeons plan procedures.	Aimar et al. (2019); Manero et al. (2020)
Reducing the workload of healthcare workers	IoT could further augment telemedicine by networking sensors to facilitate tele-screening. In this way, the hospital could cope with a smaller number of health workers by increasing the virtual care services.	Saura et al. (2022)
	Through digital approaches and data science, AI can impact future patient care and address more potential challenges which reduce the workload of the doctors, through digital applications	Kazancoglu et al. (2022); Tsolakis et al. (2022)
	Because Blockchain is not easy to manipulate, it can provide a safe platform that eliminate fraudulent and vulnerable attack, and in some cases, prevent fraud occurrence, as well as introducing higher data transparency and improve product traceability.	Samad et al. (2022); Kazancoglu et al. (2022); Tsolakis et al. (2022)
Prevention of the disease	Data-drive technologies like IoT, Big data, and AI could make a difference in enhancing the infrastructure of the mobile clinics, which could partner with large hospitals to remotely communicate for diagnosis and decision support in disease control and prevention	Kazancoglu et al. (2022); Tsolakis et al. (2022); Saura et al. (2022)
	With the help of real-time data analytics, AI can provide updated information which is helpful in the prevention of disease. It can also be used in predicting probable sites of infection, influx of the virus, for healthcare professional during this crisis.	Kazancoglu et al. (2022); Tsolakis et al. (2022)
	AI identifies traits, causes, and reasons for the spread of infections. In future, it would become more important technology to fight against other chronic illness.	Kazancoglu et al. (2022); Tsolakis et al. (2022); Javid et al. (2020)
	3D Printing is deployed in surgical planning, prosthesis, tissue construct, and drug printing	Aimar et al. (2019); Manero et al. (2020)

2.2. Applications of data-driven technologies for healthcare services

In recent years, healthcare has gone through technology advancement and has become an important part of our daily life. Likewise, it has been very challenging for the practitioners to deliver high-quality care with limited resources (Stromeo et al., 2013; cited by Vali et al., 2022). The industry has also, seen tremendous growth of data, both in value and in the number of data users and they are expected to increase even more rapidly in the near future.

1
2
3
4 The influence of the COVID-19 disruption has worsened the situation, resulting in the global imbalance
5 between the supply and demand of anti-epidemic materials such as masks, disinfectants, goggles, gloves,
6 and protective clothing. This situation has also led to people, including doctors, nurses, and patients, not
7 having sufficient anti-epidemic materials, thus resulting in the prioritization of healthcare services, and
8 eventually the shutting down of the healthcare centres (Song et al., 2022). Therefore, collecting,
9 maintaining, and leveraging data assets to support decision making and daily operations have become an
10 important target in healthcare data services (Zhang and Koru, 2019).
11
12
13
14
15

16 The growth of Industrial Internet of Things (IIoT) has increased the applicability and transformation of big
17 data analytics across industries such as healthcare sector (Abaker et al., 2014; Biajian et al., 2018). Ji et al.
18 (2022) in their paper emphasised that data-driven innovation enables organisations to design products that
19 are more responsive to market needs, which significantly will reduce the risk of innovation. The study
20 focuses on the influence of big data analytics capability of the firms. A good example is in pharmaceutical
21 sector, where big data and mobile health are starting to transform the healthcare and diagnostics in a
22 significant way, with new players such as Apple and Google acting as increasingly disruptive catalyst
23 (Gautam and Pan, 2016; Giuseppe et al., 2018; cited by Ogbuke et al, 2020). Likewise, vaccine
24 manufacturing firm, MERCK implemented Hadoop to utilise huge amount of data in producing vaccines
25 faster and reduce the discard rates (Henschen, 2014; cited by Lamba and Singh, 2017).
26
27
28
29
30
31
32
33

34 Senthilkumar et al. (2018) have also, noted that big data is used during all pharmaceutical development,
35 particularly for drug delivery. The authors gave example of how Pfizer has recently initiated Precision
36 Medicine Analytics Environment program that associates the dots among electronic medical record data,
37 clinical trials, and genomic to identify chances to rapidly convey innovative medicines for particular patient
38 populations. Another example of big data application is the utilisation of enormous volume of information
39 from patient data by scientist to detect drug interactions, design, and implementation of optimal drug
40 therapies (healthworkscollective.com, 2014; Smolan and Erwit, 2012). Yang et al. (2014; cited by
41 Senthilkumar et al., 2018)) in his research predicted that in near future that big data-derived influences, will
42 prompt suitable updates of diagnostic assistance, clinical guidelines and patient triage that permit more
43 particular modified treatment, and advance medical results for patients. Similarly, Yalamanchili et al.
44 (2012) predicted that big data application in proteomics will have a major role in predicting and preventing
45 human cancer. A study conducted by Oracle indicated that healthcare providers experience on the average
46 of \$70.2 million annually, about 15% of potential revenue per hospital, because of their inability to interpret
47 and translate data into actionable insights, as well as due to poor quality of the large volumes of data they
48 collected (Lewis, 2019).
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Although, in recent time, the industry is now benefiting from the progress of data-driven innovations of
5 extracting information and translating the information into knowledge. Hospital flows has also benefited
6 from the technology progress of information systems and the emergence of new IT tools with high added
7 value such as Radio Frequency Identification (RFID), Enterprise Resource Planning (ERP) and Mobile
8 applications. Healthcare sector has also benefited significantly from telemedicine. Telemedicine is one the
9 first and famous stakeholders of IoT today. According to recent reports by Trends and Forecast (2019), the
10 global market for telemedicine is worth around \$23,224 million and is expected to go up to \$66,606 million
11 in 2021, with estimated growth rate of 18.8%. IoT has a lot to offer data management because of a large
12 portion of world's population that owns cellphones and smartphones, which are not mere communication
13 devices, but are deployed for connecting with other sensors (Farahani et al., 2015). In fact, healthcare
14 organisations have seized the opportunity offered by ICTs to move towards a new management based on
15 the control of financial, administrative, and medical aspects. Several studies have focused on the trajectory
16 of intra-site patients, and proposed innovative practices to optimise their circulation and ensure the safety
17 of their stay in care units or medical-technical services (Shen et al., 2007; cited by Ageron et al., 2018).
18 Other scholars (Chaerul, Tanaka, and Shekdar 2007; Narayana, Pati, and Vrat 2014; Bentahar, Benzidia,
19 and Fabbri, 2016), have analyse the circulation of physical flows by focusing on other issues related on
20 traceability of blood flows and elimination of pharmaceutical flows.
21
22
23
24
25
26
27
28
29
30
31
32

33 According to Ageron et al. (2018), patient information flows are a source of improvement for medical
34 practices. The authors further maintain that tools such as electronic patient record play a key role in
35 recording the data, and thereby providing detailed information about the history of patients' file. Moreover,
36 the e-healthcare record also constitutes a medium of communication between the service of the organisation
37 and information sharing, as well as the partner institutions like laboratory, hospital. blood transfusion
38 centre, etc. Shah et al. (2018) also highlighted key insights for the top application categories, which include
39 wearables connectivity, disease detection and treatment, patient care, and sensor networks. The authors
40 identify gaps and future research directions related to technology design and acceptance, regulations for
41 data security and privacy, and system efficacy and safety. More so, the IoT devices such as smart pills,
42 wearables monitors, and sensors allow healthcare practitioners to continuously collect data, and AI systems.
43
44
45
46
47
48
49
50

51 Also several scholars (Daecher et al., 2018; Verweij et al., 2017; cited by Shah et al., 2018) have the
52 suggested that AI systems can help analyse this data to detect changes in a patient's conditions, suggest
53 treatment options, and identify trends, thus supporting patient adherence, as well as improving patient
54 outcomes and accelerating discovery of access to new treatment. More so, the development of medical
55 information including the increase volume of medical data, and promotion of wearables health devices,
56 have accelerated the explosion of healthcare data (Chen et al. (2013; cited by Zhang et al., 2015). Some
57
58
59
60
61
62
63
64
65

1
2
3
4 other healthcare researchers (Chen et al., 2014; Chen et al., 2015; Zhang et al., 2013) categorised healthcare
5 developments into three stages: rapid generation, various structure, and deep value. For rapid generation,
6 most medical equipment like wearable devices are deployed to collect, generate, and process data needed
7 for prompt response to emergency concerns. Whilst various structure category, is for clinical examination,
8 treatment, monitoring, and other healthcare devices that generate complex and heterogenous data (e.g. text,
9 image, audio, or video). And deep value is a hidden and an isolated data source fusion of eHealth records
10 and electronic medical records (EMRs), which can maximise the deep value from healthcare data such as
11 personalised health guidance to public health warning.
12
13
14
15
16
17

18 Zhang et al. (2015) proposed a cyber-physical system for patients-centre healthcare application and
19 services, called Health-CPS, built on cloud and big data analytics technologies. The results of the study
20 indicate that the technologies of cloud and big data can be used by humans to enhance the performance of
21 various smart healthcare application services. Lin et al. (2014) proposed a NoSQL-based approach for rapid
22 processing, storage, indexing, and analysis of healthcare data, to overcome the limitation of a national
23 database. In another study, Takeuchi and Kodama (2014; cited by Zhang et al., 2015) presented a personal
24 dynamic health system based on cloud computing and big data to store daily healthcare-related information
25 collected by mobile devices.
26
27
28
29
30
31

32 In facts, they believe big data can help fight the spread of communicable diseases. For example, a
33 retrospective analysis of the 2010 cholera outbreak in Haiti indicated that mining data from Twitter and
34 online news reports could have given the country's health officials an accurate indication of the disease's
35 spread with lead time of two weeks (Chunara et al.,2012; cited by Kshetri (2014). Additionally, with the
36 scenario of mobile applications, particularly in intensive care, sudden disease detection, vital signs
37 monitoring, and data changing, will reflects the individual health status in real-time. In such circumstances,
38 data will be processed rapidly, and the analysis of results will be expected to return quickly in response to
39 emergency situations. In the end, with this memory analysis framework, hotspot data such as heat rate,
40 blood pressure, and other relevant data, will be kept in memory for improving the efficiency of e-Healthcare
41 records.
42
43
44
45
46
47
48
49

50 Furthermore, digital applications have the highest technical complexity and greatest commercial value. For
51 instance, individual eating habits can be deduced through retail records, using big data and AI. Other
52 potential health risks can also be predicted particularly, diet-related disease such as obesity and high blood
53 pressure (Zhang et al., 2015). Likewise, Robot assisted user interface plays key roles in healthcare
54 operations. For example, Health-CPS provides a robot with healthcare services supported by a cloud-
55 assisted system, for communication to the doctor, family, and in emergency. Singh et al. (2020)
56 conceptualised a Truck-drone hybrid delivery system that will administer relief materials in a high-rising
57
58
59
60
61
62
63
64
65

1
2
3
4 building quarantine zone. The study helps in curtailing the spread of diseases in virus-prone environment
5 like the recent COVID-19, using drone technology to minimize human to human contacts.
6
7

8 However, there are ethical and security challenges posed by these emerging digital data-driven
9 technologies. Every single digital tool present risk that could be exploited to either harm the end-users of
10 jeopardise their privacy (Suciu et al.,2015). For example, in IoT, when security is comprised, end-user's
11 information can be accessed through unauthorised authentication. This can lead to creating risks to personal
12 safety. Moreso, coordination, integration, and management of global supply chain using digital
13 technologies will be needed to mitigate the impacts of both current and future pandemics.
14
15
16
17
18

19 Recent studies have reviewed the healthcare operations data management and its accelerated adoption of
20 data-driven technologies, particularly in personalised eHealth services. Essentially, handling
21 and streamlining of e-Health and Medical Records (HER/EMR) in a secure manner has become
22 very challenging, since the new data-driven information is spread across various medical facilities.
23 There are concerns on how to address most of the challenging issues created by these advance
24 technologies particularly, in eHealth data management, ranging from scalability, regulation,
25 interoperability, device-network-human interface, data security, privacy, to ethical issues. For example,
26 data is becoming more in variety, volume, and velocity. And as such, network infrastructure needs to be
27 scalable in different devices and data. More so, the interfaces need to be simple and genuine enough,
28 making them accessible for everybody from children to elderly people. Again, other challenges of data
29 management come with data volume and velocity, associated with the capabilities to receive, process,
30 store, and communicate the high-fidelity, high-resolution data coming from medical devices that could be
31 with patients or in hospital.
32
33
34
35
36
37
38
39
40

41 In proffering solutions to these data management challenges, Chen et al. (2012; cited by Ogbuke et
42 al., 2020) in his explorative research described Big Data Analytics as the datasets and analytical
43 application tool that are so large (from terabytes to exabytes) and complex (from sensor to social media
44 data), which require advanced and unique data storage, management, analysis, and visualisation
45 technologies. Other sources have also recommended that in order to ensure cloud less vulnerable
46 attack, network cloud and acting agents must be enhanced by secure hardware, as well as adequate
47 training of people that handle the secure data. Moreover, security and privacy of IoT eHealth spans the
48 whole life of the system starting from specification generation, to implementation and deployment. In
49 fact, Suciu et al. (2015) believe that every single digital technology might present a potential risk that
50 could be exploited to either harm the end-users of jeopardise their privacy (Suciu et al., 2015). Hence
51 protecting the IoT ecosystem is a sophisticated and challenging task.
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Furthermore, there are other concerns in area of standardization in application of digital data-
5 driven technologies, as various organisations developed different standards of regulations for
6 integrating, exchanging, and retrieving electronic and medical healthcare records. The standardisation
7 complexity lies in the fact that IoT aims to capture a wide range of disciplines that are, in general,
8 regulated by different regulatory affairs. In the case of IoT eHealth, the complexity even increases due to
9 the strict regulations mandated by medical standards. This implies that companies must precisely
10 consider the policies and rules mandated by the regulators. For IoT, eHealth will have to navigate
11 through a complex multi-agency regulatory structure before we start to see the IoT eHealth products in
12 the market. The facility can also be scale up to the entire hospital, so that patients can use medical
13 services, check updates and health status monitoring by their smartphones.
14
15
16
17
18
19
20

21 Overall, society is yet to fully grasp with many of the ethical and economic considerations associated
22 with IoT, AI and Big Data, 3D printing, Blockchain technologies and their wider implications on
23 human life, culture, sustainability, and technological transformation. To this end, healthcare
24 organisations and tech companies are now at a crucial juncture in determining how to effectively
25 deploy these disruptive technologies in a manner that promote the duty of care for service users, as well
26 as upholding other values such as freedom, equality, and transparency.
27
28
29
30
31

32 **Table 2. Research questions and step approaches**

Questions	Steps
What are the Operational challenges in healthcare data-driven innovations and management?	Identify all the associated challenges ranging from, security, privacy to issues of scalability, regulations, and interoperability.
How far can data be extracted from Hospital's Electronic Healthcare Record system and evaluated in real-time through digital technologies?	Define the concept of data-driven technologies and applications for healthcare data practices
How will feedback and clinical context be enabled and incorporated into healthcare data practices in response to COVID-19 Pandemic?	Outlined the current and future perspectives of digital technologies in healthcare data service.

33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

3. Methodological Approach

A comprehensive literature analysis of the article deals with Big Data, AI, 3D printing, Blockchain and IoT, in Electronic and Medical Healthcare Records data practices, as well as the impacts of these digital tools in mitigating Covid-19 pandemic health-related concerns. The review also explored the associated challenges of the data-driven innovations. To answer the research questions, the study identified three research questions as described in 3-step approaches (see table 2). Furthermore, the paper adopted a systematic literature review process that involves structured and transparent assessment of the articles from mainstream journals. The review demonstrates both the present and future perspectives of data digital solutions and management in healthcare and medical field. The research also discussed the associated challenges of data-driven innovations, including the issues of scalability, security, privacy, ethical and interoperability and regulations confronting the healthcare organisations.

Table 3. Review protocol

Research Variables	Description
Database	The study selected Scopus because it offers integrated results from diverse databases, including Tailor and Francis, Elsevier, Science Direct, Emerald, and Ebsco.
Article quality	This paper addressed the issues by considering articles that originate from ABS Journal ranking and SSCI index (impact factor).
Review scope	The year, 2010 is selected as the baseline for the literature search. This will support the objective of the present research. Therefore, review considers the timeline from 2010– 2022.
Keywords	Data-driven technologies; Healthcare data management; Industry 4.0; Internet of Things; Ethical Issues; Covid-19 pandemic.
Article selection criteria	The principal criteria include articles with good empirical characteristics, including quantitative survey, case study and conceptual model development, reviews that focused on data-driven technologies, and application, and associated security, privacy, and ethical challenges.
Article de-selection criteria	In line with objectives and review scope of this research, the articles are restricted towards a manageable level. We review article with conceptual underpinnings inherent in the research questions. However, papers based on stochastic mathematical models were excluded from the review. The articles of interest must also have management implications for healthcare data services and operations applications. Articles that do not address the challenges of data-driven innovations were also excluded.

It became significant to broaden the research with the inclusion of relevant articles, given the nature of the research topic. Therefore, the key stages of SLR comprises planning, execution, and reporting (Tranfield et al., 2003; cited by Vivek et al., 2018).

Table 4: Classification of the Reviewed Articles

Journal (SSCI and ABS ranking)	Article Count	Journal (SSCI and ABS ranking)	Article count
Journal of the American Medical Informatics Association	4	American Journal of Theoretical and Applied Business	1
Neural Computing and Applications	1	Journal of Big Data	2
Journal of Production Planning and Control	2	IEEE Systems Journal	2
Journal of Healthcare	1	Digital Technology	1
Supply Chain Forum: An International Journal	4	AI in Medical for Kids	2
Annals of Operations Research	9	Computer and Biomedical Engineering	1
Research and Applications	1	Journal of Healthcare Engineering	3
Journal of Cryptography	1	Public Policy	2
International Journal of Environmental Research and Public Health	3	New Horizons for a Data-Driven Economy	2
Bioscience Trend	2	Journal of International Business Policy	1
Frontiers in Public Health	2	Issues in Information Systems	2
Information Fusion	2	Transportation Research Part E	1
Innovations in Care Delivery	2	Big Data Analytics in Healthcare	2
IEEE Internet of Things	1	Neural Computing and Applications	1
Business Process Management Journal	1	American Journal of Theoretical and Apple Business	1
Journal of Marketing Management	1	Communications for development	2
Analytics in Healthcare	4	Journal of medical systems	1
International Journal of Production Research	2	Healthcare	1
Future Healthcare Journals	2	Journal of Cryptography	1
Waste Management Journal	2	PwC	1

1
2
3
4 The approach prompted this study to focus on a review scope of at least 11 years. Following the example
5 of the extant comprehensive literature reviews, the study believed the data-driven technologies have
6 become increasingly an enabling tool that provide useful insights for healthcare industries post- 2010. The
7 paper also employed a diverse set of keywords for the literature search. The entire research team agreed on
8 these keywords since they gave us a clue and clear direction of the review protocol (See table 3). The
9 analysis uncovers journals that have extensively publish research on the data-driven innovations and Covid-
10 19 pandemic in healthcare practices and data management. The research papers were extracted from the
11 prominent databases like Tailor and Francis, Emerald, Science direct, Elsevier, Ebsco, and Google Scholar.
12 Articles considered in this study were published in the duration of 2010 – 2021. The keywords employed
13 for searching for the databases were outlined in Table 3.
14
15
16
17
18
19
20

21
22 Initially, 1900 articles were obtained using the keywords from leading journal articles (see table 3). A
23 preliminary screening was performed on articles by assessing title and abstract of the articles to filter the
24 articles based on the relevance to this research. It synthesizes the main themes investigated in these studies,
25 including the methodologies, contexts, and theoretical underpinnings. The articles in non-English language
26 were discarded. The screening generated 310 articles and rigorous analysis of these articles were performed
27 to limit the system boundary of the articles to Data-driven technologies, Healthcare data management,
28 Industry 4.0, Internet of Things, Ethical Issues, and Covid-19 pandemic. Repetitive and similarity articles
29 were removed in their findings, leading to 77 most relevant articles from 40 leading Journals as shown in
30 Table 4.
31
32
33
34
35
36

37 3.1. The thematic landscape of DDTHP

38
39 The 76 articles were classified in thematic landscape across the 40 mainstream Journals. The thematic
40 landscape provided the useful insights and the journey involved in the emergence of data-driven
41 technologies for healthcare practices (DDIHP). Additionally, thematic landscape is designed and developed
42 around a conceptual framework along 6 levels themes, namely: Hospitals practices, Clinical services,
43 Patients' home, Nursing homes, Rural areas, and Anywhere. Each level contains article stream that
44 characterised the group sub-themes. Following this was the selected articles with the full lists of the authors.
45 These segments give the descriptions of the authors, as well as their viewpoints around the discourse. The
46 summary of these points are outlined in Table 5.
47
48
49
50
51
52
53

54 Furthermore, the matrix level was explored based on broad theme and sub-themes. This was done in way
55 that shows a progressing expansion of conceptual framework, from bottom-up to top-down approach. The
56 bottom-up approach is the beginning of the extraction of sub-themes, as individual research articles in the
57 review were determined inductively. The coding was designed in a manner that allowed the capturing of
58
59
60
61
62
63
64
65

1
2
3
4 the most dominant conceptual standpoints in the articles towards the main issues of data-driven innovations
5 for healthcare data management, as well as how digital techniques can enhance costs efficiency. The
6 concept was also designed to improve access to data services, increase innovative platform for information
7 and communications, as well as explore other security, privacy, ethical and regulatory challenges.
8 Moreover, to ensure validity and reliability of the coding, the research team read the articles in
9 chronological order starting from 2010 to 2022. Separate lists were generated and cross-validated.
10
11
12
13

14
15 There were discussions among the research team about the classification of the themes and sub-themes and
16 consensus were reach. In general, the reconciliation of the useful insights arising from the top-bottom and
17 bottom-up approaches were achieved within the research team and the team adopted the six principal facets
18 of DDIHP operations, namely: Hospitals practices, Clinical services, Patients' home, Nursing homes, Rural
19 areas, and Anywhere - for representing the conceptual matrix at the top-most level. The next section
20 explained the results in detail.
21
22
23
24

25 **4. Analysis and Results**

26
27
28 This research conceptualised, developed, and validated the dimensions of data-driven innovations for
29 healthcare data applications management, and data security, data privacy, as well as interoperability and
30 regulatory challenges in 77 articles. The results reveal that the largest number of articles (50 out of 96)
31 relied on researchers' opinions as their main methods of investigations. The researchers specifically,
32 provided their perspectives and opinions on the potential impacts of Covid-19 pandemic and data-driven
33 innovations for healthcare data operations. Some parts of the articles used the viewpoints of the researchers
34 themselves, whilst the rest were discussions, conceptual papers and three review papers. The articles were
35 filtered from 40 mainstream Journals as listed in table 4. The study embraced a systematic approach to
36 established rigor throughout the
37
38
39
40
41
42

43
44 Review. This was based on a similar approach used by Vaithianathan (2010; cited by Shahria and Wamba,
45 2016) in e-commerce and Benedettini and Neely (2012) in service system research. The study adopted a
46 protocol that described the criteria, scope, and methodology at each step (Ogbuke et al., 2020). Additionally,
47 the thematic landscape is designed around the conceptual standpoints along top categories including
48 Hospitals practices, Clinical services, Patients' home, Nursing homes, Rural areas, and Anywhere. The
49 thematic landscape was further expanded into broad level themes and sub-themes as shown in Table 5 and
50 6. As such, total number of 6 broad themes and 10 sub-themes were identified. The tables were designed
51 to provide a clear understanding of the specific conceptual underpinnings as contained in the thematic
52 landscape.
53
54
55
56
57
58
59
60
61
62
63
64
65

Table 5. Thematic landscape in terms of broad themes and sub-themes (article streams).

DDIHP (Functions): reflecting the focus	Articles streams (Operations): showing the conceptual underpinning of the sub-theme focus	Conceptual standpoints of selective articles (Applications): full list of the authors
<p>Hospital practices (1): There is an increasing need from clinic-centric healthcare. Digital tool is expected to be a strong enabler that provide a seamless connection of devices and cloud storage, as well as an acting agent for patient hospital, analysis labs and emergency services.</p>	<p>Article streams (1): A typical Internet of Things (IoT) electronic Health Records system integrate, offer networking skills, support, and transfer data in wired and wireless network. More so, IoT paradigm have revolutionized healthcare industries by bringing major improvements in term of e-health/medical records (HER/EMR).</p>	<p>Yaqoob et al. (2021) present recent on-going projects and case studies to show the practicality of blockchain technology for various healthcare applications. In the research, the authors confirm that IoT-based medical devices can help to collect invaluable patients data, automate workflows, provide insights on disease symptoms and trends, facilities in terms of remote caring, and provide patients more control over their lives and treatments. Farahani et al. (2015) presented a complete survey of various published papers on IoT eHealth and proposed a holistic eHealth ecosystem covering those layers where various applications can be mapped, which include mobile health, assisted living, e-medicine and implants, early warning systems, and populations monitoring.</p>
<p>Hospital practices (2): The outdated data management implements in healthcare are not sufficient to analyse big data as variety and volume of data sources have increase in the past two decades.</p>	<p>Article streams (2): The practices of advance techniques enhance the prospective of the upcoming markets needs and trends in healthcare establishments. Likewise, digital technologies provide great opportunity for epidemiologist, physicians, and health policy experts to make data-driven judgements that will eventually develops the patient care</p>	<p>Sessler (2015; cited by Senthilkumar et al., 2018) in his research employed Google trends for analysing big data in healthcare between 2010 - 2015. The authors maintained that big data provides a great opportunity and intelligent workflow management tools for hospital preparations, which might include an operating room for surgeons. According to Belle et al. (2015), application of big data in genomics will help to prevent or cure diseases and delivery personalised care to each patient.</p>
<p>Hospital practices (3): Hospitals are becoming bigger with limited resources to admit, treat, operate, or monitor increasing numbers of patients.</p>	<p>Article streams (3): For easy, flexible, and smooth operations of the industry and for cost savings, the healthcare organisations now rely on advance and smart technologies particularly in ICU and Emergency department.</p>	<p>Farahani et al. (2015) envision the role of IoT in other divisions of the hospital care practices such as intensive care unit (ICU), primary care unit, and specialised units. The authors also suggest that smart Ambulances could perform on-fleet diagnosis such that medical staff can make possible arrangements before the arrival of the patients in ICU or A&E department. Smart ambulances will need a set of reliable medical sensors for diagnosis, a secure communication link with hospital.</p> <p>Siyal et al. (2019) proposed a blockchain-based tele-monitoring healthcare framework for the diagnosis and treatment of cancer tumours for remote patients. it can also be used to ensure the validity and security of patient's data specialised</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

		<p>medical centres, as well as in patients' homes. The authors suggest that blockchain could be used in storing, transferring, sharing, as well as maintaining the most sensitive electronic health and medical records of patients' health history. For example, health record of patients fighting for chronic disease such as HIV and Cancer.</p>
<p>Clinical services (1): Healthcare industry is facing challenging concerns of increasing aging population, individuals with chronic conditions and frequent outbursts of disease epidemics and rising populations.</p>	<p>Articles streams(4): Healthcare organisations employ new technology for scheduling and managing epidemic outbreaks, chronic disease, patients make frequent visits to hospital or clinics for the doctors to make observations that include monitoring disease progression and to make clinical decisions that lead to treatment adjustments. Moreover, big cities will become a centre of epidemic outburst of contagious diseases that will spread easily across dense populations. In facts, big data can help fight the spread of communicable diseases.</p> <p>Article streams (5): Digital techniques like Big data and AI help in understanding prediction pandemic outbreaks and the same predict consumers' purchasing behaviours during pandemic crises.</p>	<p>According to Javid et al. (2020), AI helped to analyse the level of infection of any epidemic virus by identifying the clusters and hot spots, as well as in through contact tracing of the individuals and monitoring them. Likewise, Farahani et al. (2015), confirm that IoT could play significant roles to make the medical processes and procedures more cost effective, timely, reliable, and easy. WHO predicted in 2015 that 70% of the world's populations will live in urban environment. This implies that big cities will demand more healthcare infrastructure to serve rising populations. According to Yaqoob et al. (2021), blockchain is deployed in applications of IoT, AI, ML, Computer vision to facilitate doctors and clinical practitioners in the diagnosis and treatment of various chronic diseases.</p> <p>Chunara et al. (2014; cited by Kshetri, 2014) carried out retrospective analysis of the 2010 cholera outbreak in Haiti indicated that mining data from Twitter and online news reports could have given the country's health officials an accurate indication of the disease's spread with lead time of two weeks.</p>

Table 5. Thematic landscape in terms of broad themes and sub-themes (article streams).

<p>DDIHP (Functions): reflecting the main focus</p>	<p>Articles streams (Operations): showing the conceptual underpinning of the sub-theme focus</p>	<p>Conceptual standpoints of selective articles (Applications): full list of the authors</p>
<p>Clinical services (2): Healthcare operations is utilising the enormous volume of information from patient data by Scientist to detect drug interactions, design and implement optimal drug therapies</p>	<p>Article streams (6): The growth of Industrial Internet of Things (IIoT) has increased the applicability and transformation of big data analytics in pharmaceutical sand drug prescriptions, as well as across healthcare industry.</p>	<p>Several researchers (Abaker et al., 2014; Biajian et al. 2018) acknowledged the application of big data in pharmaceutical sector. Similarly, other scholars (Gautam and Pan., 2016; Giuseppe et al., 2018; cited by Ogbuke et al., 2020) confirm that mobile health are starting to transform the healthcare and diagnostics in a significant way, with new players such as Apple and Google acting as</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

		<p>increasingly disruptive catalyst. According to Henschen, (2014; cited by Lamba and Singh, 2017), Vaccine manufacturing firm, MERCK implemented Hadoop to utilise huge amount of data in producing vaccines faster and reduce the discard rates.</p> <p>According to Senthilkumar et al. (2018) have noted that big data is used during all pharmaceutical development, particularly for drug delivery. The authors gave example of how Pfizer has recently initiated Precision Medicine Analytics Environment program that associates the dots among electronic medical record data, clinical trials, and genomic to identify chances to rapidly convey innovative medicines for patient populations. Aimar et al. (2019) In his study proposes that 3D printing plays relevant range of role consistent in clinical preoperative evaluation.</p>
<p>Patients' homes (1): One of the emerging models for healthcare today is Patient-Centre Care (PCC). This model focuses on the patients and their individual healthcare needs.</p>	<p>Article streams (7): This model was not designed to eliminate hospital and clinics. Instead it leverages them in the share model for patient care. To integrate hospital or clinics with patients in PCC, there is a need to utilise the powerful ecosystems of IoT, both in smart homes and in self-testing.</p>	<p>Senthilkumar et al. (2018) in their research paper review the definition, process, and use of big data in healthcare management. The authors analysed the effective tools used for visualization of big data and suggesting new visualization tools to manage the big data in healthcare industry. Farahani et al. (2015) stated that IoT is a convergence of sensors, wearables, actuators, telecommunications, cloud computing and big data, interconnecting them through the internet to provide goal-oriented services. The applications of these digital tools include using wearable wrist watches and sensors by the patients to monitor and to detect heart rate, glucose level and blood pressure, and integrating the information into the Electronic Health and Medical records for easy analysis, diagnosis and treatment by health professionals and clinicians.</p>
<p>Nursing Homes (2): One of the first and famous stakeholders of digital techniques for healthcare electronic data management practices is telemedicine. This health service is very vital for elderly patients with chronic disease, as well as disable individuals</p>	<p>Article streams (8): In telemedicine, IoT, has a lot to offer since a large portion of the world population owns cellophanes and smartphones. These digital tools are not just mere communication devices, but they are useful for connecting with other sensors</p>	<p>Chowdhury et al. (2021) in his studies confirm that such technologies can help the healthcare supply chain immediately to ramp up the production of Personal Protective Equipment (PPE), Mechanical Ventilators, and other essential items (Chowdhury et al., 2021). Other studies also acknowledge that smart phones played a vital role in medical field in enabling patients to self-test their own health, particularly now that self-test data have become important predictors of health and diseases. Additionally, physicians and medical staff have ways of seeing their patients virtually</p>

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

		via teleconferencing. More so, IoT could further augment telemedicine by networking sensors to facilitate tele-screening. In this way, the hospital still could cope with a smaller number of health workers by increasing the virtual care services.
<p>Rural Areas (1): There is an increasing demand and adoption of Mobile Clinics in healthcare services, particularly, in most developing countries</p>	<p>Article streams (9): In African for example, mobile clinics are proved to over a low-cost, high quality care for vulnerable populations in remote areas where citizens have no access to basic medical facilities. Mobile clinics are vehicles with limited medical facilities that could partner with large.</p>	<p>Yang et al. (2014; cited by Senthilkumar et al., 2018)) in his research predicted that in near future, fresh big data-derived influences will prompt suitable updates of diagnostic assistance, clinical guidelines and patient triage that permit more particular modified treatment, and advance medical results for patients. Data-drive technologies like IoT, Big data, and AI could make a difference in enhancing the infrastructure of the mobile clinics, which could partner with large hospitals to remotely communicate for diagnosis and decision support.</p>
<p>Anywhere (1): Since telemedicine services can reduce the number of visits to hospital and clinics, especially for patients who are elderly with chronic conditions or disabilities, it become crucial to establish a technical infrastructure in their homes. In that regards, there is need for smart homes and environment that will provide an enabling support system to assist citizens to experience independence, activity, quality of wellbeing.</p>	<p>Article streams (10): Digital technologies have penetrated the market of home automation to provide interactive capabilities for residents to control the appliances using smartphones and remote controls. Smart homes could adjust lights and sound to avoid sensory overloads for individuals with autism who then could live better quality life</p>	<p>Yalamanchili et al. (2012) predicted that big data application in proteomics will have a major role in predicting and preventing human cancer. Other literature sources maintain that IoT and smart sensors could be customised to fulfil specific healthcare needs of elderly individuals. Smart toilet could execute urine testing on regular basis for preventive and primary care. Another example on how IoT-driven smart cities can make the healthcare more efficient is the convergence of smart traffic lights and ambulance routing to save lives with the cooperation of transportation infrastructure. Shah et al. (2018) in his also highlighted key insights for the top applications, which include wearables connectivity, disease detection and treatment, patient care, and sensor networks. The authors identify gaps and future research directions related to technology design and acceptance, regulations for data security and privacy, and system efficacy and safety.</p> <p>Aimar et al. (2019) have noted that 3D Printing technology represent a big opportunity to help pharmaceutical and medical companies to create more specific drugs, enabling a rapid production of medical implants and changing the way that doctors and surgeons plan procedures.</p>

We also adopted this novel classification with interesting evidence that constant pandemic crises like the recent Covid-19 has exacerbated data management crises in healthcare data services. Hence the need and rapid adoption of digital data-driven technologies as solution enablers. In line with this objective, the reviewed articles focused mostly on digital applications in healthcare environment across nations and countries ranging from Advance (A) countries, Emerging (E) countries, to Developing (D) countries (see table 8). Furthermore, the top medical problems discussed in the papers include health monitoring, diseases detection/treatment, system accuracy/security, and data collection/management. Other fewer problems covered in the papers include smart hospitals and medical specialisation, as well as research/innovations and emergency response.

Table 8: The national and geographical contexts on which the reviewed articles focused

Country	Economy	Number of Articles	References
Central European countries	A	3	Ogbuke et al. (2020); Dash et al. (2019); Mathy et al. (2020); Suara et al. (2022); Vali et al. (2022); Tsolakis et al. (2022), Ji et al. (2022); Modgil et al. (2022)
South Asian countries	E	3	Zhang et al. (2015); Bhaskar et al. (2020); Wang et al. (2019); Song et al. (2022)
Multiple countries from various continents	A, E, D	9	Bourlakis et al. (2016); Daecher et al. (2018); Miorandi et al. (2012); Suciu et al. (2015); Tao et. (2018); Ali et al. (2020); Bhaskar et al. (2020); Aimar et al. (2019); Angraal et al. (2017); Kazancoglu et al. (2022)
Canada	A	2	Ageron et al. (2018); Drysdale et al. (2020)
Algeria	D	1	Schiopoiu et al. (2020)
India	E	1	Senthilkumar et al. (2018)
Ireland	A	2	Farahani et al. (2015); Cavanillas et al. (2016)
United State	A	5	Shah et al. (2018); Davenport and Kalakota (2019); Manero et al. (2020); Zhang and Koru (2020); Panhuis et al. (2018)
Australia	A	1	Chowdhury et al. (2021)
UAE	E	2	Zobbi et al. (2020); Yaqoob et al. (2021); Samad et al. (2022)
Italy	A	1	Aimar et al. (2019)
Greece	A	1	Siyal et al. (2018)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

Sweden	A	1	Rahaman Mohammad (2020)
Germany	A	1	Ivanov and Dolgui (2020)

5. Discussion

This study presents a comprehensive and systematic review of existing and future research perspectives in data-driven technology for healthcare practices and operations. The paper also explored the most challenging parts of digital technology applications in healthcare data privacy, data leakage, data security, scalability in terms of efficient handling of large volume of electronic health and medical data records, as well as interoperability and regulatory concerns, not only to healthcare organisations but the vulnerable populations. We also assessed the novel applications of digital technologies such Big Data, AI, 3D Printing, and Blockchain technology, and provided the conceptual background and overview of these innovations, highlighting other factors associated with their diffusion, uptake, and sustainability initiatives in the society and across the healthcare industries. Additionally, the review outlined six principle facets namely: hospitals practices, clinical services, patients’ home, nursing homes, rural areas, and anywhere, which provided the useful insights and the journey involved in the emergence of data-driven technologies for healthcare practices.

These principle facets are built across the multiple levels and unique conceptual standpoints indicated by 10 sub-themes. These themes were generated based on 77 articles (2010 -2022) drawn from 40 leading Journals. This research is very novel and is one of first studies, to the best of our knowledge, which systematically synthesized and analysed both the prior and most recent discussions on electronic health and medical data records, as well as digital applications in response to the sweeping crisis of Covid-19 pandemic. This paper comprehensively explored the current digital applications, as well as the potential prospects, including the industry 4.0, following a well-designed thematic landscape and conceptual articles streams. Again, most of the existing research work focused more on the traditional healthcare data practices, with limited information on today’s emerging models for healthcare - Patient-Centre Care (PCC). The model focuses on the patients and their individual healthcare needs, with potentials to integrate hospital and clinics with patients in PCC, thereby utilizing the powerful ecosystems of IoT, digital tools, both in smart homes and in self-testing.

Most reviewed research work often justified the traditional approach, because of the associated data security, data leakage, and data privacy challenges of digital innovations on the vulnerable individuals. Other justifiable factors include cost implications posed to healthcare organisations, in terms of maintenance and managing the electronic health and medical records. Other scholars have also noted that the interactions in supply chain for vast majority of enterprises are going unmonitored, and have created

1
2
3
4 silos along the operations processes, resulting in businesses inefficiency. They argue that the usage and
5 exploitation of these unmonitored and unstructured massive data information by digital technologies may
6 have also illustrated the value creating possibilities of data-driven innovations for business decision-making
7 skills. In general, the systematic rigor adopted in this study is more evident, particularly in clear recognition
8 of these most challenging issues of data security, data privacy and their impact on individuals' freedom,
9 transparency, and the ramifications to the entire society. More so, the comprehensive review demonstrates
10 clarity, and brought to bear what the issues are, that these emerging innovations will offer proactive and
11 useful data management insights for healthcare organisation's decision-making and better performance.
12
13
14
15
16
17
18

19 **6. Conclusion**

21 The issue of data management in the global healthcare practices has become a more challenging concern
22 with the recent pandemic outbreak. Prior to COVID-19 disruption, firms were known for their just-in-time
23 capabilities and sourcing strategies. But post-Covid-19 recovery has broadened the conversation around
24 mitigating supply shocks, sustainability, and resiliency of supply chain networks through the application of
25 digital techniques. Our findings have indicated considerable consensus across recent literature that digital
26 data-driven technologies mitigate the impacts of coronavirus on healthcare operations. Literature evidence
27 has also shown that these digital techniques have the potential to provide more responsive digital solutions
28 to the data management crises that characterised the industry, such as high demands of rising aging
29 populations with chronic diseases, child mortality and frequent impacts of pandemics.
30
31
32
33
34
35
36

37 Overall, the idea among both the practitioners and academics that COVID-19 pandemic is a practical
38 experiment to test the capabilities of industry 4.0 technologies, and to understand their limit within the
39 systems has been validated in this study. In fact, our findings have not only validated this assessment but
40 have shown it with empirical evidence as demonstrated in the theoretical and managerial contributions of
41 the study.
42
43
44
45

46 **6.1. Contributions**

47 In this paper, we presented insightful discussions on the integration of digital data-driven technologies with
48 healthcare systems, and highlighted other factors and challenges associated with their diffusion and uptake
49 across the industries. We formulated six thematic landscapes, namely, Hospitals Practices, Clinical
50 Services, Patients' Home, Nursing Homes, Rural Areas, and Anywhere, which focused on the patients and
51 their individual healthcare needs, with potentials to integrate hospital and clinics with patients in PCC. The
52 review also showed that the number of articles on this subject have been steadily increasing owing to the
53 sweeping health crisis of Covid-19 Pandemic.
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Through a systematic rigor, we comprehensively identified research gaps in the domain of this inquiry and
5 suggested unique research questions and proffered step approaches that addressed the concerns. Moreover,
6 the reviewed articles were categorised according to the national and geographical contexts. National and
7 geographical context are important factors for developing customised strategy for dealing with covid-19,
8 given that different countries have experienced different infection rates and adopted different lockdown
9 strategies to manage the pandemic situations (Chowdhury et al., 2021).
10
11
12
13
14

15 16 6.2. Theoretical implications 17

18 The main theoretical contribution of this study is that: (1) Previous research has focused the capabilities of
19 supply chain on just-in-time, inventory management, route optimisations and sourcing strategies (Song et
20 al., 2022; Ivanov, 2020; Van Hoek, 2020; Modgil et al., 2021). This review paper has broadened the
21 conversation from pre-COVID-19 pandemic to post-COVID-19 recovery, discussing mitigating supply
22 shocks, sustainability and resiliency of global supply value chains, through the applications of industry 4.0
23 digital technologies.
24
25
26
27

28
29 (2) The paper also investigated the most challenging parts of digital technology applications in healthcare
30 data privacy, data leakage, data security, scalability in terms of efficient handling of large volume of
31 electronic health and medical data records, as well as interoperability and regulatory concerns, not only to
32 healthcare organisations but the vulnerable populations. We embraced a systematic approach to established
33 rigor throughout, and the articles were filtered from 40 mainstream Journals as listed in table 4. This was
34 based on a similar approach used by Vaithianathan (2010; cited by Shahria and Wamba, 2016) in e-
35 commerce and Benedettini and Neely (2012) in service system research.
36
37
38
39
40

41 (3) Furthermore, the reviewed articles focused mostly on digital applications in healthcare environment
42 across nations and countries ranging from Advance (A) countries, Emerging (E) countries, to Developing
43 (D) countries (see table 8). The study adopted a protocol that described the criteria, scope, and methodology
44 at each step (Ogbuke et al., 2020). Additionally, the thematic landscape was designed around the conceptual
45 standpoints along top categories including Hospitals Practices, Clinical Services, Patients' Home, Nursing
46 Homes, Rural Areas, and Anywhere. The thematic landscape was further expanded into broad level themes
47 and sub-themes as shown in Table 5 and 6. As such, total number of 6 broad themes and 10 sub-themes
48 were identified. The tables were designed to provide a clear understanding of the specific conceptual
49 underpinnings as contained in the thematic landscape. (4) In this study, we offer a threefold contribution
50 to the recent literatures, and the consensus among most scholars (Song et al., 2022; Saura et al., 2022;
51 Kazancoglu et al., 2022; Tsolakis et al., 2022; Vali et al., 2022; Samad et al., 2022) that digital data-driven
52 technologies mitigate the impacts of coronavirus on healthcare operations.
53
54
55
56
57
58
59
60
61
62
63
64
65

6.3. Managerial implications

According to the conclusions, this study has some managerial contributions. (1) Most existing research work focused more on the traditional healthcare data practices, with limited information on today's emerging models for healthcare - Patient-Centre Care (PCC). Our model focuses on the patients and their individual healthcare needs, with potentials to integrate hospital and clinics with patients in PCC, thereby utilizing the powerful ecosystems of IoT, digital tools, both in smart homes and in self-testing. We designed the thematic landscape around the conceptual standpoint top categories, ranging from Hospitals Practices, Clinical Services, Patients' Home, Nursing Homes, Rural Areas, and Anywhere. Therefore, firms should focus on fostering digital technology capabilities and strengthening of data infrastructures, as well as recruitment of analysis technical personnel to improve data value for independent innovation decisions (Ji et al., 202). For example, telemedicine services can reduce the number of visits to hospital and clinics, especially for patients who are elderly with chronic conditions or disabilities. It will become crucial to establish a technical infrastructure in their homes. In this regard, there would be need for smart homes and environment that will provide an enabling support system to assist citizens to experience independence activity, and quality of wellbeing.

(2) However, most reviewed research work often justified the traditional approach, because of the associated data security, data leakage, and data privacy challenges of digital innovations on the vulnerable individuals, particularly in the rural developing nations. But this study combined digital analytics capabilities to organisational processes. Afterall, there is an increasing demand and adoption of Mobile Clinics in healthcare services, particularly, in most developing countries. For example, in African for example, mobile clinics are proved to over a low-cost, high-quality care for vulnerable populations in remote areas where citizens have no access to basic medical facilities. Mobile clinics are vehicles with limited medical facilities that could partner with large. Data-driven technologies like IoT, Big data, and AI could make a difference in enhancing the infrastructure of the mobile clinics, which could partner with large hospitals to remotely communicate for diagnosis and decision support (Yang et al., 2014; cited by Senthilkumar et al., 2018).

(3) Other justifiable factors include cost implications posed to healthcare organisations, in terms of maintenance and managing the electronic health and medical records. Notwithstanding, our findings have enriched the data-driven innovations literature by demonstrating how data resources can be achieved through cooperation and the advantages healthcare enterprises can gain through this innovation activities. For example, in clinical services, healthcare operations are utilisation the enormous volume of information from patient data by scientist to detect drug interactions, design and implement optimal drug therapies. Additionally, the growth of Industrial Internet of Things (IIoT) has increased the applicability and

1
2
3
4 transformation of big data analytics in pharmaceutical and drug prescriptions, as well as across healthcare
5 industry. Other scholars (Gautam and Pan., 2016; Giuseppe et al., 2018; cited by Ogbuke et al., 2020) have
6 confirmed that mobile health is starting to transform the healthcare and diagnostics in a significant way,
7 with new players such as Apple and Google acting as increasingly disruptive catalyst. Henschen, (2014;
8 cited by Lamba and Singh, 2017) corroborated that Vaccine manufacturing firm, MERCK has implemented
9 Hadoop to utilise huge amount of data in producing vaccines faster and reduce the discard rates.
10
11
12
13

14 6.4. Limitations and future research directions

15
16
17 Whilst our study offers clear theoretical and managerial implications, it is not without limitations. For
18 example, the developing nations are underrepresented in this research review as evidence in the national
19 and geographical contexts as outlined in table 8, and therefore, more research is needed in this context.
20 More so, we have noticed that there are quite limited publications that are available on digital technologies
21 and integration within the healthcare systems. There is also interesting evidence that research conducted in
22 healthcare industry particularly in data-driven technologies, are quite limited and have fluctuated
23 tremendously. We have also, observed that limited articles have been published in data-driven technology
24 since 2015. This clearly shows that there are still lots of demand to increase research outputs in healthcare
25 data management. Finally, we strongly recommend this review paper, and believed it will set the pace and
26 lead further discussion in this emerging healthcare operational research.
27
28
29
30
31
32
33

34 **References:**

- 35
36
37 Ash, S., M. Berg, & E. Coiera. (2004). Some Unintended Consequences of Information Technology in
38 Health Care: The Nature of Patient Care Information System-Related Errors. *Journal of the American*
39 *Medical Informatics Association*, 11 (2), 104–112. doi:10.1197/jamia.M1471.
40
41 Ageron, B., Benzidia, S., & Bourlakis, M. (2018). Healthcare logistics and supply chain -issues and future
42 challenges. *International Journal of Supply Chain Forum*, 19(1), 1-3.
43
44 <https://www.tandfonline.com/action/showCitFormats?doi=10.1080/16258312.2018.1433353>
45
46
47 Ali, F., El-Sappagh, S., Islam, S., Kwak, D., Ali, A., Imran, M., & Kwak, K. (2020). A smart healthcare
48 monitoring system for heart disease prediction based on ensemble deep learning and feature fusion.
49 *Information Fusion*, 63(2020), 208–222.
50
51 Aimar, A., Palermo, A., & Innocenti, B. (2019). The Role of 3D Printing in Medical Applications: A state
52 of the Art. *Journal of Healthcare Engineering*.
53
54 Azaria, A., Ekblaw, A., Vieira, T., & MedRec, A. (2016). Using Blockchain for Medical Data Access and
55 Permission Management. In Proceedings of the 2nd International Conference on Open and Big Data (OBD
56 16), Vienna, Austria, 22(2016), 25–30.
57
58 Angraal, S., Krumholz, H.M., Schulz, W. (2017). Blockchain technology: Applications in health care.
59 *Circ. Cardiovasc. Qual. Outcomes* 2017, 10, e003800.
60
61
62
63
64
65

- 1
2
3
4 Bentahar, O., Benzidia, S., & Fabbri, R. (2016). Traceability Project of a Blood Supply Chain. *Supply Chain*
5 *Forum: An International Journal*, 17 (1), 15–25. doi:10.1080/ 16258312.2016.1177916.
6
- 7 Benzidia, S., Ageron, B., Bentahar, B., & Husson, J. (2016). Investigating Automation in Healthcare
8 Logistics: A Case Study Based Approach. *2nd International Conference on Project and Logistic, PROLOG*,
9 5–6 May, Agadir, Morocco
- 10
11 Bourlakis, M., Clear, F., & Patten, L. (2011). Understanding the UK Hospital Supply Chain in an Era of
12 Patient Choice. *Journal of Marketing Management*, 27(3–4), 401–423.
13 doi:10.1080/0267257X.2011.547084
14
- 15
16 Belle, A., Thiagarajan, R., Soroushmehr, M., Navidi, F., Beard, A., & Najarian, K. (2002). Big Data
17 *Analytics in Healthcare*. doi:10.1155/2015/370194
18
- 19
20 Bhaskar, S., Tan, J., Marcel, L., & Bogers, M. (2020). At the Epicenter of COVID-19 - the Tragic Failure
21 of the Global Supply Chain for Medical Supplies. *Frontier in Public Health*, 8(2020).
22
- 23
24 Chaerul, M., Tanaka, M., & Shekdar, V. (2007). A System Dynamics Approach for Hospital Waste
25 Management. *Waste Management*, 28 (2), 442–449. doi:10.1016/j. wasman.2007.01.007.
26
- 27
28 Chowghurry, P., Kumar, P., Kaisar, S., & Moktadir, A. (2021). COVID-19 pandemic related supply chain
29 studies: A systematic review. *Transportation Research Part E*, 148(2021), 10227.
30
- 31
32 Cortada, W., Gordon, D., & Lenihan, B. (2012). The value of analytics in healthcare: From insights to
33 outcomes, *IBM Global Business Services, Executive Report*.
34
- 35
36 Cavanillas, J., Curry, E., & Wolfgan, W. (2015). New Horizons for a Data-Driven Economy: A roadmap
37 for usage and exploitation of big data in Europe. National University of Ireland Galway, Ireland.
- 38
39 Chen, M., Ma, Y., Ullah, S., Cai, W., & Song, E. (2013). ROCHAS: Robotics and cloud-assisted healthcare
40 system for empty nester", *Proc. BodyNets*, 1-4.
- 41
42 Daecher, A., Cotteleer, M., & Holdowsky, J. (2018). The Internet of Things: A technical primer. *Deloitte*.
43 <https://www2.deloitte.com/insights/us/en/focus/internet-of-things/technical-primer.html>
44
- 45
46 Dash, S., Shakyawar, S., Sharma, M., & Kaushik, S. (2019). Big data in healthcare: Management,
47 analysis, and prospects. *Journal of Big Data*, 1(2019), 6-54. <https://doi.org/10.1186/s40537-019-0217->
48
- 49
50 Davenport, T., & Kalakoda, R. (2019). The potential for artificial intelligence in healthcare. *Future*
51 *Healthcare Journals*, 6(2), 94-8.
52
- 53
54 Drysdale, E., Dolatabadi, E., Chivers, C., Liu, V., Saria, S., Sendak, M., Wilens, J., & Brudno, M. (2020).
55 Implementing AI in healthcare. *AI in Medicine for Kids*
- 56
57 Farahani, B., Firouzi, F, Chang, V., Badaroglu, M., Constant, N., & Mankodiya, K. (2015). Towards Fog-
58 driven IoT eHealth: Promises and Challenges of IoT in Medicine and Healthcare. Department of Electric,
59 Computer, and Biomedical Engineering.
- 60
61 Global big data spending in the healthcare industry 2014- 2019, *Infiniti Research Limited*. (Accessed on
62 2015, Sep 02). [http://www.rnrmarketresearch.com/global-big-data-spendingin-healthcare-industry-2015-](http://www.rnrmarketresearch.com/global-big-data-spendingin-healthcare-industry-2015-2019-market-report.html)
63 [2019-market-report.html](http://www.rnrmarketresearch.com/global-big-data-spendingin-healthcare-industry-2015-2019-market-report.html)
64
65

- 1
2
3
4 Groves, P., Kayyali, B., Knott, D., & Van Kuiken, S. (2013). The “big data” revolution in healthcare:
5 Accelerating value and innovation, *McKinsey & Company*.
6 http://www.pharmatalents.es/assets/files/Big_Data_Revolution.pdf
7
8
9 Ivanov, D (2020). Viable supply chain model: integrating agility, resilience and sustainability perspective
10 -lessons from and thinking beyond the Covid-19 pandemic. *Annals of Operations Research*.
11 <https://doi.org/10.1007/s10479-020-03640-6>
12
13 Ivanov, D., & Dolgui, A. (2020). Viability of intertwined supply chain networks: extending the supply
14 chain resilience angles towards survivability. A position paper motivated by Covid-19 outbreak.
15 *International Journal of Production Research*, 58(10), 2904-2915. 10.1080/00207543.2020.1750727.
16
17 Ji, G., Yu, M., Tan, K., Kumar, A., & Gupta, S. (2022). Decision optimisation in cooperation innovation:
18 the impact of big data analytics capability and cooperative models. *Annals of Operations Research*.
19 <https://doi.org/10.1007/s10479-022-04867-1>
20
21 Kazancoglu, I., Ozbiltekin-Pala, M., Mangla, S., Kumar, A., & Kazancoglu, Y. (2022). Using emerging
22 technologies to improve the sustainability and resilience of supply chains in a fuzzy environment in the
23 context of COVID-19. *Annals of Operations Research*, <https://doi.org/10.1007/s10479-022-04775-4>
24
25 Kuo, T., Kim, H., Ohno-Machado, L. (2017). Blockchain distributed ledger technologies for biomedical
26 and health care applications. *J. Am. Med. Inform. Assoc*, 24 (2017), 1211–1220.
27
28 Manero, A., Smith, P., Koontz, A., Dombrowski, M., Sparkman, D., Courbin, D., & Chi, A. (2020).
29 Leveraging 3D Capacity in Times of Crises: Recommendations for COVID-19 Distributed Manufacturing
30 for Medical Equipment Rapid Response. *International Journal of Environmental Research and Public*
31 *Policy*.
32
33 Miorandi, D., Sicari, S., De Pellegrini, F., & Chlamtac, I. (2012). Internet of things: Vision, applications,
34 and research challenges. *Ad Hoc Networks*, vol. 10, no. 7, pp. 1497–1516, 2012.
35
36 Modgil, S., Singh., R., & Hannibal, C. (2021). Artificial intelligence for supply chain resilience: learning
37 from Covid-19. *The International Journal of Logistics Management*, 12(2021), 0957-4093.
38
39 Mathy, C., Pascal, C., Fizesan, M., Boin, C., Deleze, N., & Aujoulat, O. (2020). Automated hospital
40 pharmacy supply chain and the evaluation of organisational impacts and costs, *International Journal of*
41 *Supply Chain Forum*, 21(3), 206-218. <https://doi.org/10.1080/16258312.2020.1784687>
42
43 Nie, L., Li, M., Akbari, J., Shen, J., Chua, T. (2014). Wenzher: Comprehensive vertical search for healthcare
44 domain. *Proc. 37th Int. ACM SIGIR Conf. Res. Develop. Inf. Retrieval*, 1245-1246,
45
46 Ogbuke, N., Yusuf, Y., Dharma, K., & Mercangoz, A. (2020). Big Data Supply Chain Analytics: Ethical,
47 privacy and security challenges posed to business, industry and society. *Journal of Production Planning*
48 *and Control*. <http://doi10.1080/09537287.2020.1810764>
49
50
51
52 Panhuis, W., Cross, A., & Burke, D. (2018). Project Tycho 2.0: A repository to improve the integration and
53 reuse of data for global population health. *Journal of the American Medical Informatics Association*,
54 25(12), 1608-1617. doi: 10.1093/jamia/ocy123
55
56
57 Press G. Cleaning big data: most time-consuming, least enjoyable data science task, survey says. *Forbes*
58 *Magazine*.2016.[https://www.forbes.com/sites/gilpress/2016/03/23/data-preparation-most-time-](https://www.forbes.com/sites/gilpress/2016/03/23/data-preparation-most-time-consuming-leastejoyable-data-science-task-survey-says/#143240186f63)
59 [consuming-leastejoyable-data-science-task-survey-says/#143240186f63](https://www.forbes.com/sites/gilpress/2016/03/23/data-preparation-most-time-consuming-leastejoyable-data-science-task-survey-says/#143240186f63). Accessed April 13, 2018
60
61
62
63
64
65

- 1
2
3
4 Rahaman, M. (2020). Deconstruction free trade: An analysis of the implications of the disruption on global
5 medical supply chains during the COVID-19 crisis. *Communications for Development*
6
7 Reiser S., The clinical record in medicine part 1: learning from cases. *Ann Intern Med*, 1991;114(10),902–
8 7
9
10 Shah, R., & Chircu, A. (2018). IoT AI in Healthcare: A Systematic Literature Review. *Issues in Information*
11 *Systems*, 19(3), 33-41. https://doi.org/10.48009/3_iis_2018_33-41
12
13 Senthilkumar, S., Rai, B., Meshram, A., Gunasekaran, A., & Chandrakumarmangalam, S. (2018). Big
14 Data in Healthcare Management: A review of literature. *American Journal of Theoretical and Apple*
15 *Business*, 4(2), 57-69. doi: 10.11648/j.ajtab.20180402.14
16
17 Sessler, D. (2014). Big Data and its contributions to peri-operative medicine, *Anaesthesia*. 69 (2014),
18 100–105.
19
20 Suci, G., Suci, V., Martian, A., Craciunescu, R., Vulpe, A., Marcu, I., Halunga, I., & Fratu, O. (2015).
21 Big data, internet of things and cloud convergence—an architecture for secure e-health applications. *Journal*
22 *of medical systems*, 39(11), 141-2015.
23
24 Samad, T., Sharma, R., Gangurly, K., Wamba, S., & Jain, G. (2022). Enablers to the adoption of blockchain
25 technology in logistics supply chains: evidence from an emerging economy. *Annals of Operations*
26 *Research*, <https://doi.org/10.1007/s10479-022-04546-1>
27
28 Siyal, A., Junejo A., Zawish, M., Ahmed, K., Khalil, A., & Soursou, G. (2018). Applications of Blockchain
29 Technology in Medicine and Healthcare: Challenges and Future Perspectives. *Journal of Cryptography*
30
31 Schiopoiu, A., & Ferhati, K. (2021). The Managerial Implications of the Key Performance Indicators in
32 Healthcare Sector: A Cluster Analysis. *Healthcare*, 9(2021), 19.
33
34 Song, M., Yuan, S., Bo, H., Song, J., Pan, X., & Jin, K. (2022). Robust optimisation model of anti-epidemic
35 supply chain under technological innovation: learning from COVID-19. *Annals of Operations Research*.
36 <https://doi.org/10.1007/s10479-022-04855-5>
37
38 Saura, J., Ribeiro-Soriano, D., & Palacios-Marques, D. (2022). Data-driven strategies in operations
39 management: mining user-generated content in Twitter. *Annals of Operations Research*.
40 <https://doi.org/10.1007/s10479-022-04776-3>
41
42 Strome, T. L., & Liefer, A. (2013). *Healthcare analytics for quality and performance improvement*. Wiley.
43
44 Takeuchi, H., & N. (2015). Kodama, "Validity of association rules extracted by healthcare-data-
45 mining", *Proc. IEEE 36th Annu. Int. Conf. EMBC*, 4960-4963, 2014.
46
47 Tsolakis, N., Schumacher, R., Dora, M., & Kumar, M. (2022). Artificial intelligence and blockchain
48 implementation in supply chains: a pathway to sustainability and data monetisation. *Annals of Operations*
49 *Research*. <https://doi.org/10.1007/s10479-022-04785-2>
50
51 Tao, H., Bhuiyan, M., Abdalla, A., Hassan, M., Zain, J., & Hayajneh, T. (2018) Secured data collection
52 with hardware-based ciphers for Iot-based healthcare. *IEEE Intern Things*, 6(1), 410–420.
53
54 Verweij, G., & Rao, A. (2017). Sizing the prize. *PwC*.
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Vali, M., Salimifard, K., Gandomi, A., & Chausalet, T. (2022). Care process optimisation in a
5 cardiovascular hospital: an integration of simulation-optimisation and data mining. *Annals of Operations*
6 *Research*. <https://doi.org/10.1007/s10479-022-04831-z>
7

8
9 Van Hoek, R. (2020). Research opportunities for a more resilient post-COVID-19 supply chain-closing the
10 gap between research findings and industry practice. *International Journal of Operations and Production*
11 *Management*, 4(40), 341-355.

12
13 Wang, X., Zhang, X., & He, J. (2020). Challenges to the system of reserve medical supplies for public
14 health emergencies: reflections on the outbreak of the severe acute respiratory syndrome coronavirus 2
15 (SARS-CoV-2) epidemic in China. *BioScience Trends*, 14(1), 3-8.

16
17 Yalamanchili, H., Xiao, W., & Wang, J. (2012). A novel neural response algorithm for protein function
18 prediction, *BMC Syst. Biol.* 6 (2012), 19.

19
20 Yaqoob, I., Salah, K., Jayaraman, R., & Al-Hammadi, Y. (2021). Blockchain for Healthcare Data
21 Management; Opportunities, Challenges, and Future Recommendations. *Neural Computing and*
22 *Applications* <https://doi.org/10.1007/s00521-020-05519-w>
23

24
25 Zoppi, M., Alsinglawi, B., Mubin, O., & Alnajjar, F. (2020). Measurement Method for Evaluating the
26 Lockdown Policies during the COVID-19 Pandemic. *International Journal of Environmental Research and*
27 *Public Health*, 17(2020), 55574.

28
29 Zhang, J., Xue, N., & Huang, A. (2016). Secure System for Pervasive Social NetworkBased Healthcare.
30 *IEEE Access* 2016, 4, 9239–9250.

31
32 Zhang, Y., Qui, M., Wie Tsai, C., & Alamri, A. (2015). Health-CPS: Health care Cyber-Physical Assisted
33 by Cloud and Big data. *IEE SYSTEMS JOURNAL*.

34
35 <https://doi.org/10.1109/JSYST.2015.2460747>
36

37
38 Zhang, Y., & Koru, G. (2020). Understanding and detecting defects in healthcare administration data:
39 Toward higher data quality to better support healthcare operations and decisions. *Research and*
40 *Applications*, 27(3), 386-395. <https://doi.org/10.1093/jamia/ocz201>
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65