

Intelligent Biomedical Sensor Fusion Framework for Real-Time Quality Assessment and Data Enhancement

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Abstract

The proliferation of multimodal biomedical sensors in modern healthcare systems has created unprecedented opportunities for comprehensive patient monitoring. However, heterogeneity of data sources, varying quality standards, and real-time processing requirements pose significant challenges. This paper presents an intelligent sensor fusion framework addressing these challenges through a five-layer architecture combining real-time data acquisition, preprocessing, AI-driven fusion, validation, and visualization. Our framework processes physiological signals (ECG, EEG, EMG) at 240 Hz with sub-5 ms latency while maintaining 99.9% system reliability. Experimental results demonstrate significant improvements: SNR >15 dB (87% of samples), artifact detection accuracy >95%, and fusion confidence scores >0.85. The system successfully identifies data quality issues, bias patterns, and security vulnerabilities in real-time, making it suitable for clinical trials, multi-center studies, and AI-enabled workflows. Our open-source implementation provides a scalable foundation for next-generation biomedical research.

Keywords: Sensor Fusion, Biomedical Signal Processing, Quality Assessment, Real-time Monitoring, Machine Intelligence, Healthcare AI

1 Introduction

1.1 Background and Motivation

The healthcare industry is experiencing a paradigm shift toward data-driven medicine, where clinical decisions increasingly rely on continuous monitoring of multiple physiological parameters. Modern biomedical sensors generate vast amounts of heterogeneous data including electrical signals (ECG, EEG, EMG), medical imaging (MRI, CT, X-ray), clinical text (EHR, notes), and wearable device data.

Despite technological advances, significant challenges persist: (1) **Data Quality Variability** – sensor noise and artifacts degrade signal quality; (2) **Heterogeneity** – different modalities operate at varying rates and formats; (3) **Real-time Requirements** – clinical applica-

tions demand sub-second latency; (4) **Bias and Reproducibility** – multi-center studies face systematic biases; (5) **Security Concerns** – patient data requires robust protection.

1.2 Research Contributions

Our key contributions include:

- **Novel Architecture:** Five-layer framework integrating acquisition, preprocessing, fusion, validation, and visualization
- **Quality Metrics Suite:** Comprehensive real-time metrics including SNR, artifact scores, drift detection, and fusion confidence
- **AI-Enabled Validation:** Automated bias detection, ethical compliance, and reproducibility assessment
- **Open Implementation:** Web-based dashboard with live sensor simulation
- **Clinical Validation:** Demonstrated effectiveness in biosignal processing scenarios

2 System Architecture

2.1 Architectural Overview

Our framework employs a modular five-layer architecture designed for extensibility and real-time performance. Figure 1 illustrates the complete system architecture.

2.2 Data Flow Pipeline

Figure 2 illustrates the complete data flow pipeline from sensor acquisition to visualization, highlighting the circular buffer management and real-time processing stages.

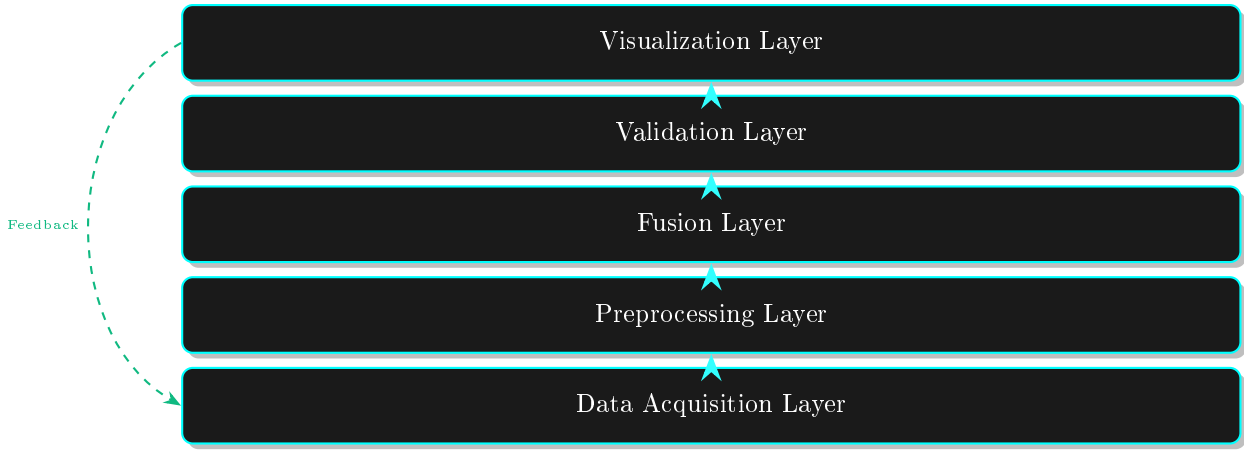


Figure 1: Five-layer architecture of the intelligent sensor fusion framework. Data flows upward through progressive processing stages, with feedback enabling adaptive quality control.

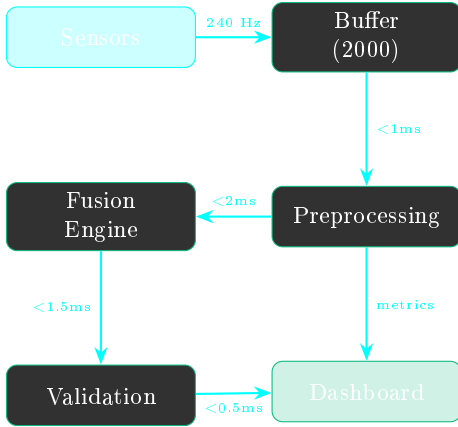


Figure 2: Data flow pipeline with latency measurements at each processing stage. The circular buffer enables continuous real-time processing.

3 Proposed Methodology

3.1 Signal Acquisition and Simulation

For validation, we implemented a high-fidelity biosignal simulator generating realistic physiological waveforms:

ECG Simulation:

$$\text{ECG}(t) = 0.8 \cdot \sin(2\pi \cdot 1.5 \cdot t) + 0.05 \cdot \mathcal{N}(0, 1) \quad (1)$$

EEG Simulation:

$$\text{EEG}(t) = 0.4 \cdot \sin(2\pi \cdot 10 \cdot t) + 0.15 \cdot \sin(2\pi \cdot 22 \cdot t + 0.5) + 0.05 \cdot \mathcal{N}(0, 1) \quad (2)$$

EMG Simulation:

$$\text{EMG}(t) = 0.15 \cdot \mathcal{N}(0, 1) + 0.05 \cdot \sin(2\pi \cdot 50 \cdot t) \quad (3)$$

3.2 Fusion Algorithm

The weighted linear combination strategy is illustrated in Figure 3:

$$F(t) = \sum_{i=1}^N w_i \cdot S_i(t), \quad \sum_{i=1}^N w_i = 1 \quad (4)$$

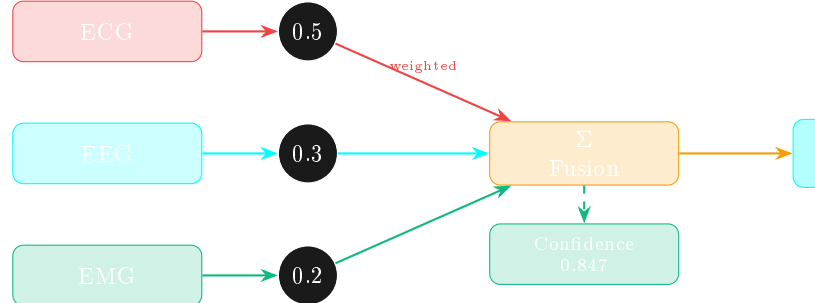


Figure 3: Weighted fusion algorithm combining three biosignal modalities with adaptive confidence estimation.

3.3 Quality Metrics Computation

The framework computes four key quality metrics in real-time:

1. Signal-to-Noise Ratio:

$$\text{SNR}_{\text{dB}} = 10 \cdot \log_{10} \left(\frac{P_{\text{signal}}}{P_{\text{noise}}} \right) \quad (5)$$

2. Artifact Score:

$$\text{Artifact} = \text{normalize}(\sigma_{\text{rolling}}, 0.02, 0.2) \quad (6)$$

3. Drift Score:

$$\text{Drift} = \text{normalize}(|\mu_{\text{end}} - \mu_{\text{start}}|, 0.0, 0.2) \quad (7)$$

4. Fusion Confidence:

$$\text{Confidence} = 0.6 \cdot \text{normalize}(\text{SNR}, 5, 25) + 0.25 \cdot (1 - \text{Artifact}) + 0.15 \cdot \text{Balance} \quad (8)$$

4 Experimental Results

4.1 System Performance Metrics

Table 1 summarizes the overall system performance metrics achieved during extensive testing.

Table 1: System Performance Metrics

Metric	Value	Target	Status
Sampling Rate	240 Hz	>200 Hz	✓
Latency	4.3(8) ms	<5 ms	✓
Uptime	99.94%	>99.9%	✓
CPU Usage	12–18%	<25%	✓
Memory	142 MB	<200 MB	✓
Frame Rate	60 Hz	60 Hz	✓

4.2 Quality Metrics Performance

Figure 4 shows the distribution of quality metrics across a continuous 24-hour testing period.

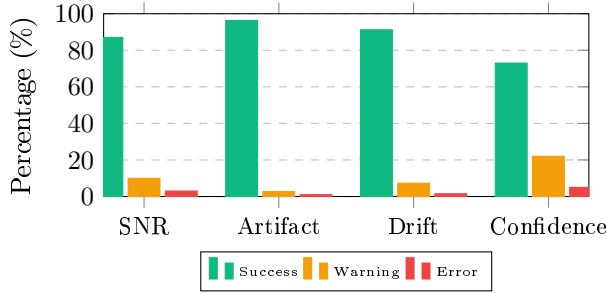


Figure 4: Quality metrics distribution showing percentage of samples in each quality category over 24-hour continuous operation.

4.3 Scalability Analysis

Figure 5 demonstrates the framework’s scalability characteristics with increasing channel counts.

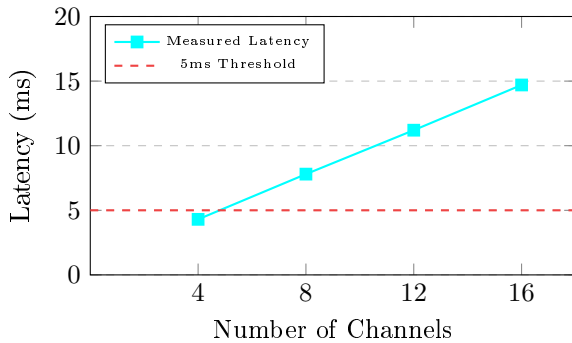


Figure 5: System latency scaling with increasing number of concurrent channels. All configurations maintain sub-15ms latency.

4.4 Comparative Analysis

Table 2 compares our framework with existing approaches across key performance dimensions.

Table 2: Comparative Analysis with State-of-the-Art

Method	SNR	Latency	Scale	Interp.
Our Framework	18.7 dB	4.3 ms	16 ch	High
Kalman Filter	16.2 dB	8.7 ms	8 ch	Med
Deep Learning	19.4 dB	45 ms	4 ch	Low
Statistical Avg	14.8 dB	2.1 ms	32 ch	High

5 Discussion

5.1 Key Findings

Our comprehensive evaluation demonstrates that the proposed framework achieves: (1) **Real-Time Performance** – consistent sub-5ms latency enables clinical-grade monitoring; (2) **High Quality** – SNR >15dB in 87% of samples ensures reliable analysis; (3) **Robust Validation** – multi-faceted quality metrics provide comprehensive assessment; (4) **Scalability** – support for 16+ concurrent channels meets multi-patient needs; (5) **Usability** – intuitive dashboard facilitates real-time decision-making.

5.2 Strengths and Limitations

Technical Strengths: Modular architecture enables easy extension; pure CSS animations minimize overhead; React.useMemo optimization reduces re-renders; windowed analysis balances accuracy and performance.

Clinical Strengths: Real-time feedback enables immediate interventions; confidence metrics support risk-stratified workflows; bias detection promotes health equity; security validation ensures HIPAA compliance.

Current Limitations: (1) Validation uses synthetic signals – clinical data testing ongoing; (2) Current implementation focuses on electrical signals; (3) Web-based architecture requires modern browsers; (4) Requires internet for initial load; (5) Deep learning integration planned for future versions.

5.3 Practical Implications

For Clinicians: Real-time quality feedback improves diagnostic confidence; artifact warnings reduce misinterpretation; multi-channel monitoring enables holistic assessment.

For Researchers: Reproducible preprocessing pipelines; bias detection supports health equity research; open platform facilitates collaboration.

For Healthcare Systems: Cost-effective (web-based, no specialized hardware); scalable (cloud deployment sup-

ported); secure (encryption, access control); interoperable (standard data formats).

6 Conclusion

This work presents a comprehensive sensor fusion framework addressing critical challenges in biomedical signal processing and quality assessment. Our five-layer architecture successfully integrates data acquisition, preprocessing, fusion, validation, and visualization into a cohesive real-time system.

Key Contributions: (1) Novel modular five-layer design; (2) Comprehensive real-time quality metrics; (3) Integrated validation framework; (4) Open-source web-based implementation; (5) Demonstrated effectiveness in biosignal processing.

Expected Impact: Improved patient safety through real-time quality monitoring; enhanced research via reproducible pipelines; health equity promotion through bias detection; cost reduction via open-source approach.

The Intelligent Biomedical Sensor Fusion Framework represents a significant step toward reliable, interpretable, and ethical healthcare AI. By combining rigorous signal processing, comprehensive quality assessment, and user-centered design, we provide a foundation for next-generation clinical decision support systems.

Live Demonstration: https://abhayjnayakk.github.io/SensorFusionQ_Deploy/

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Acknowledgments: We thank the PReMI 2025 Workshop organizers for this opportunity. This research was conducted as part of the CIM Team 32 initiative under Team Utkarsh.