

Research into Frail, Homebound, and Bedridden People (#FHBP): collecting experiences and developing advocacy tools



**Myalgic
Encephalomyelitis**
Group Australia

Severe ME Month 2025
Webinar Event

Dr Maria Alejandra Piñero de Plaza
Research Fellow
College of Nursing and Health Sciences
Flinders University



<https://researchnow.flinders.edu.au/en/persons/maria-alejandra-pinero-de-plaza>



alejandra.pinero-de-plaza@flinders.edu.au

Penelope McMillan
Spokesperson
ME/CFS Australia
Lived experience of Severe ME

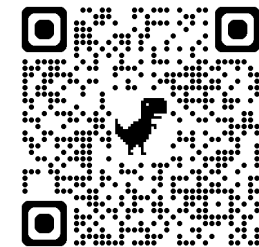
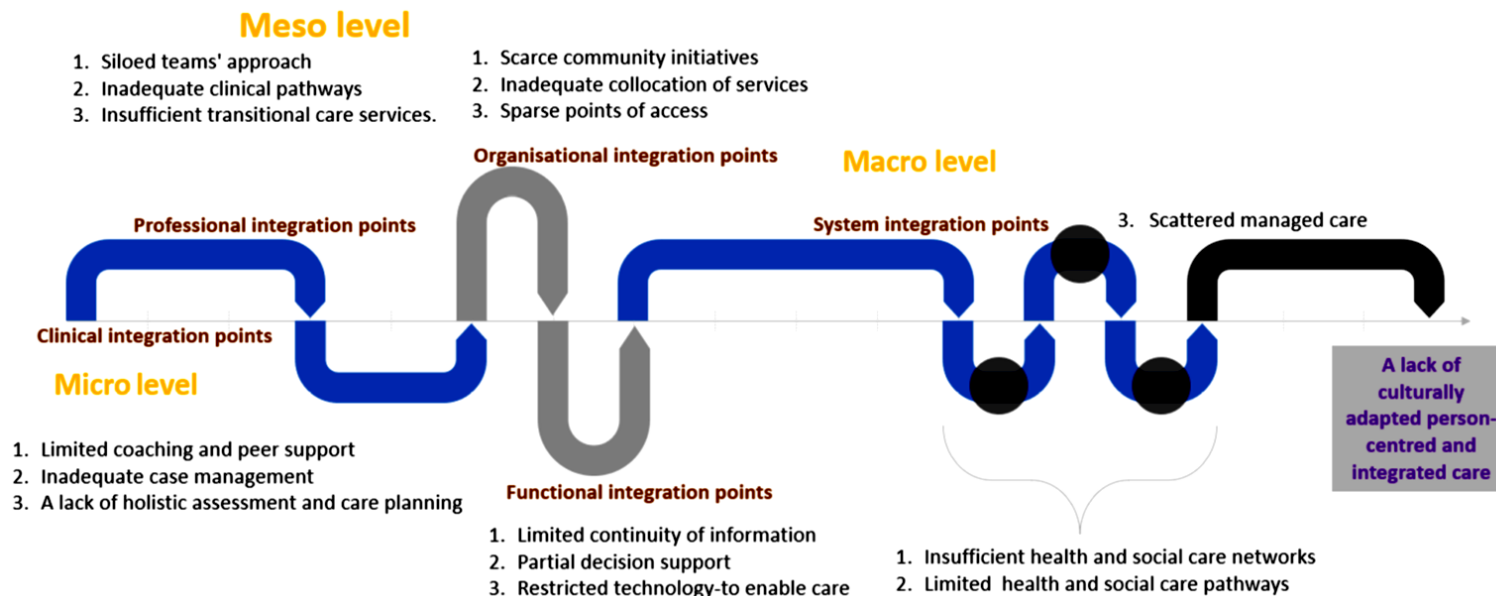


Acknowledgement of Country

We acknowledge the traditional owners and custodians of the land from which Alejandra and Penelope present today: The Kurna People. We pay respect to their Elders, past and present, and emerging leaders.

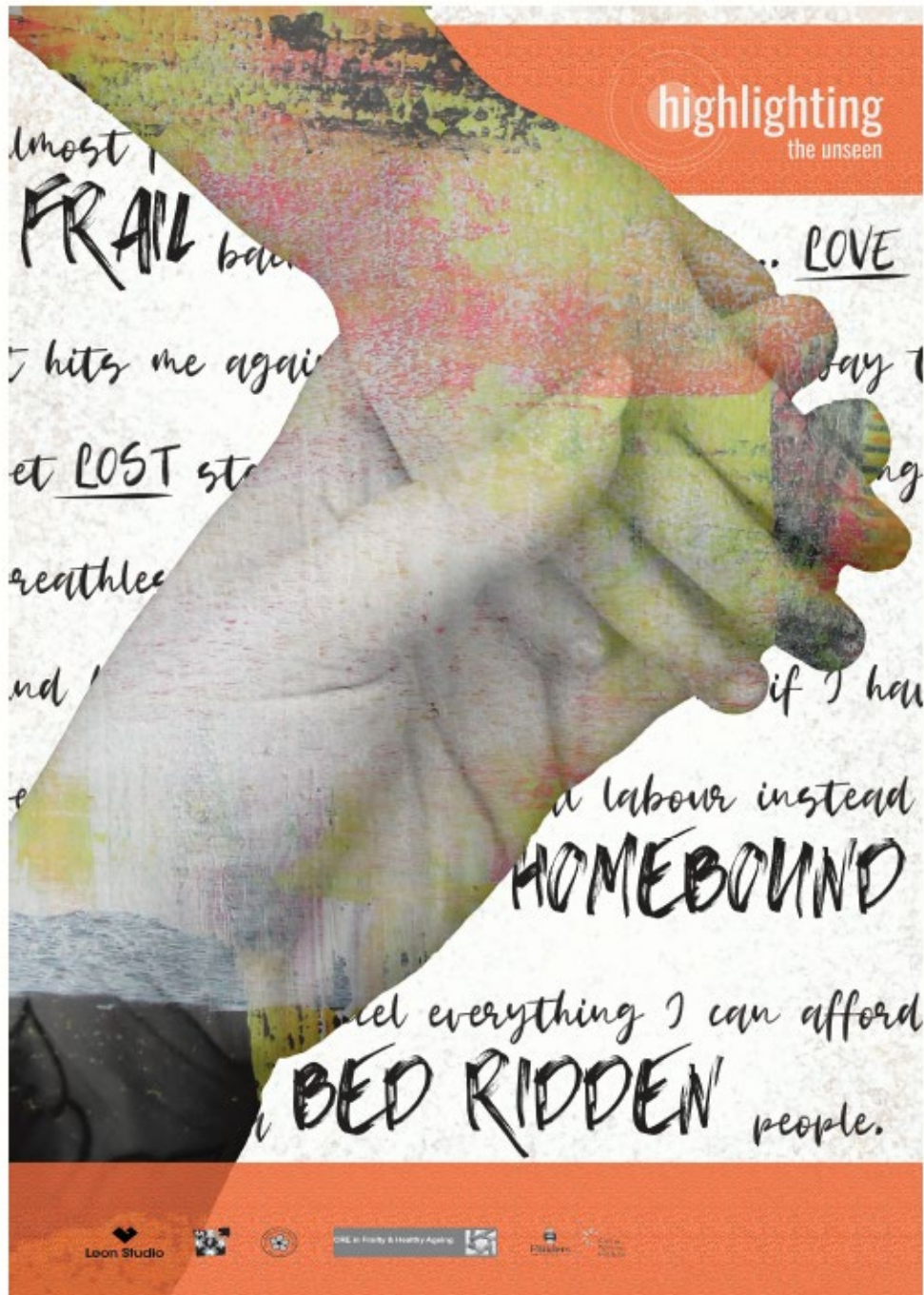
We also acknowledge traditional owners and custodians across Australia, wherever people are watching today, and extend our respect to Aboriginal and Torres Strait Islander peoples here today.

Health System Enablers and Barriers to Continuity of Care for First Nations Peoples Living with Chronic Disease



<https://ijic.org/articles/10.5334/ijic.7643>

Figure. Main points across the health system at which continuity and care coordination barriers emerged for First Nations Peoples.



Content

- The origins of the project: community need
- The academic need
- Key outputs/outcomes
- Medicare/Telehealth
- New evidence and advocacy tools

The community need

1. Invisibility
2. Marginalisation
3. Health and quality of life deterioration
4. Barrier to accessing disability, welfare and other supports

Ricky Buchanan, author of:

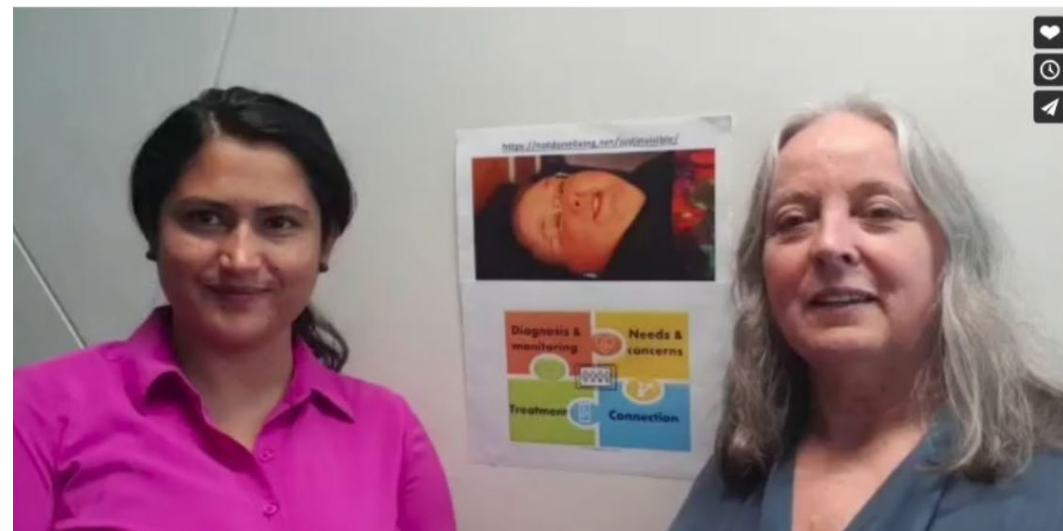
"Just Invisible"
Medical Access Issues For Homebound/
Bedridden Persons



<https://www.facebook.com/watch/?v=572189996766243>

Approximately **596,800** Australians aged 5 and over do not leave home as often as they would like due to their disability or condition. Of these, **383,500** are aged 5-64, and **212,800** are aged 65 or older (2018, ABS). A significant portion of these are people with Severe ME.

Alejandra, Penelope and Ricky - Transformation of healthcare delivery for Homebound patients



The academic need

1. Video evaluation on Frailty.
2. Knowledge translation research.
3. Previous experience as a consumer advocate and an interest in engaging with stakeholders as co-researchers.

Videos :



Frailty: Every Step You Take Matters!

YouTube · Mandy Archibald
15 Mar 2019

Frailty is a continuum, not a label. It can be prevented or reduced by adopting healthy habits and seeking support.



The University of Adelaide

https://health.adelaide.edu.au/media/cre_speci... PDF

CRE in Frailty & Healthy Ageing

A short film on **Frailty** and Forgotten. Australians is also in production.



Flinders University

<https://www.flinders.edu.au/research-projects/knowl...>

Knowledge Translation Program

23 June 2021 — To promote the effective transfer of research findings about frailty screening and management into practice and policy.

11/9/2018

Consumer and Community Engagement / SAHMRI



SAHMRI

Donate



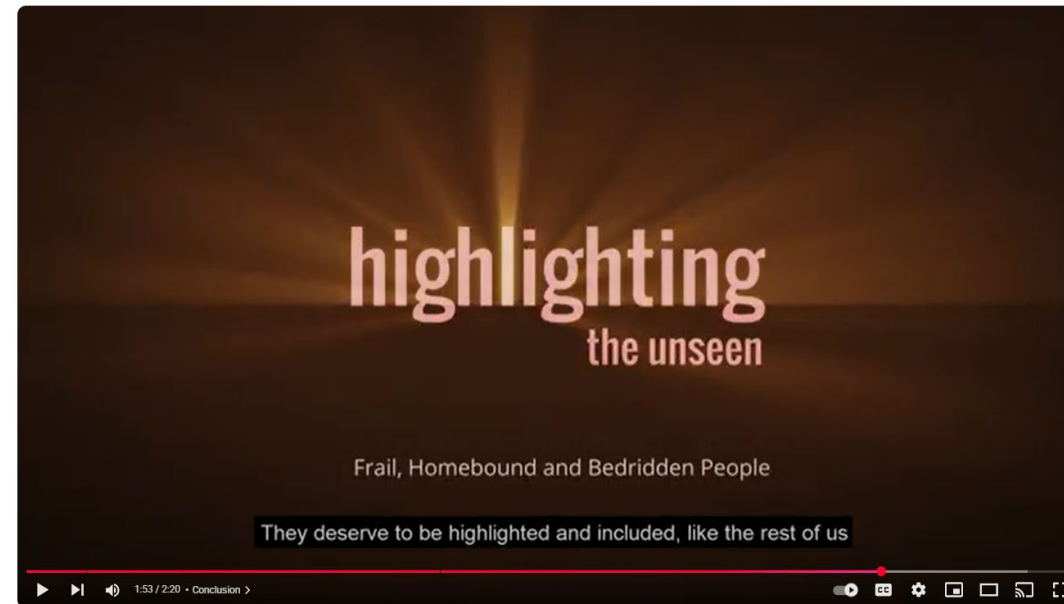
Consumer and Community Engagement

A COMMITMENT TO IMPROVING CONSUMER AND COMMUNITY ENGAGEMENT IN HEALTH AND MEDICAL RESEARCH

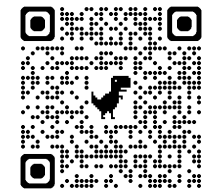
Key outputs/outcomes

3. Consumer-Led and Community-Oriented Examples:

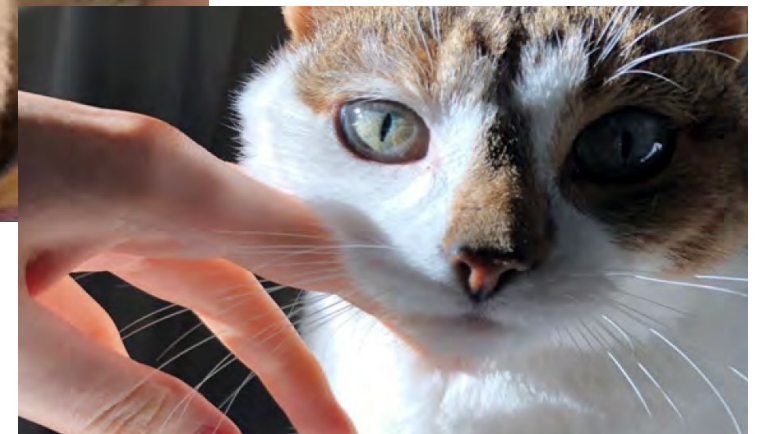
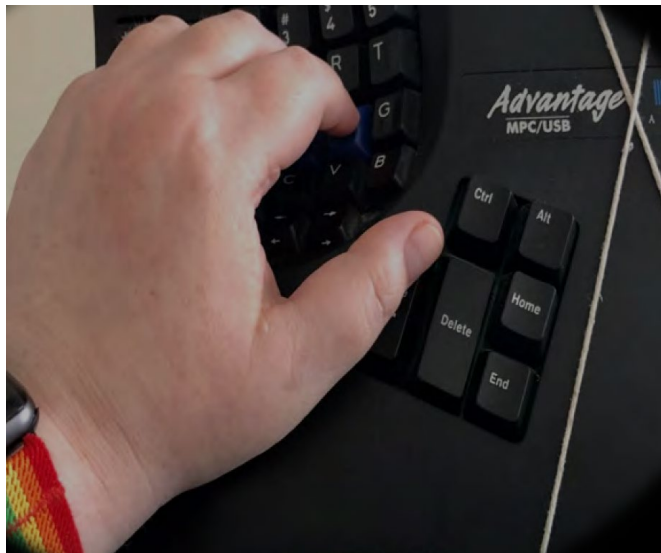
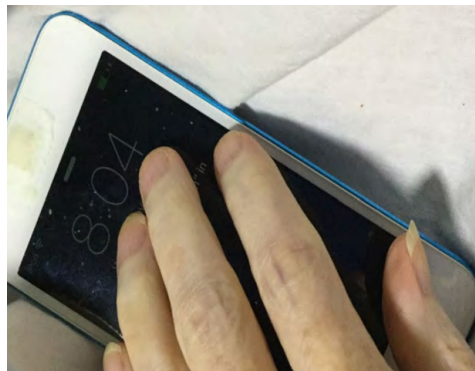
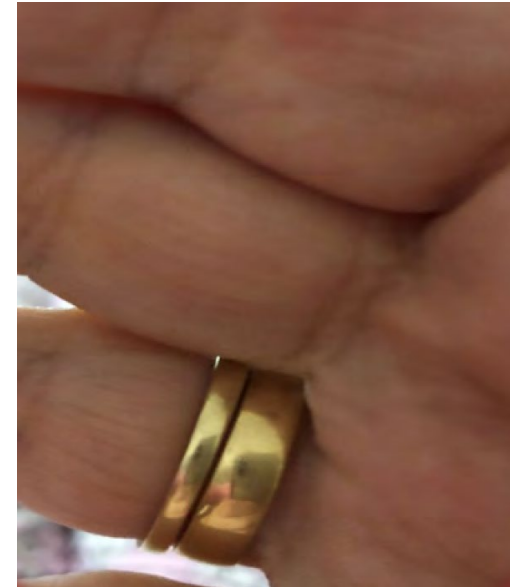
- **Figshare Report:** *Making the Invisible Visible* — lived experiences of FHBP.
- **Highlighting the Invisible Video:** Co-produced media to amplify the voices of #FHBP, ME/CFS and others.
- **Other dissemination:** Facebook page, videos, presentations, lectures.



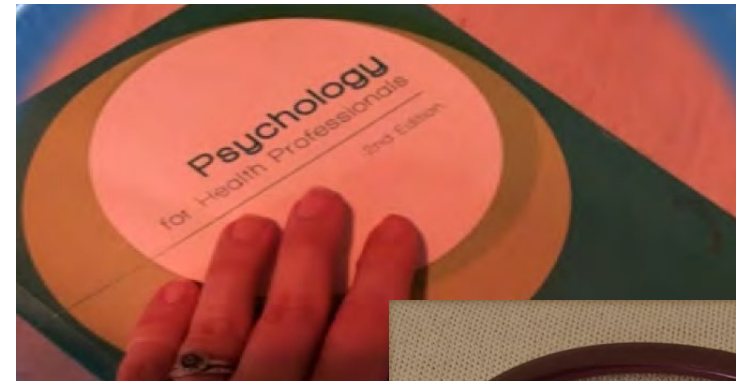
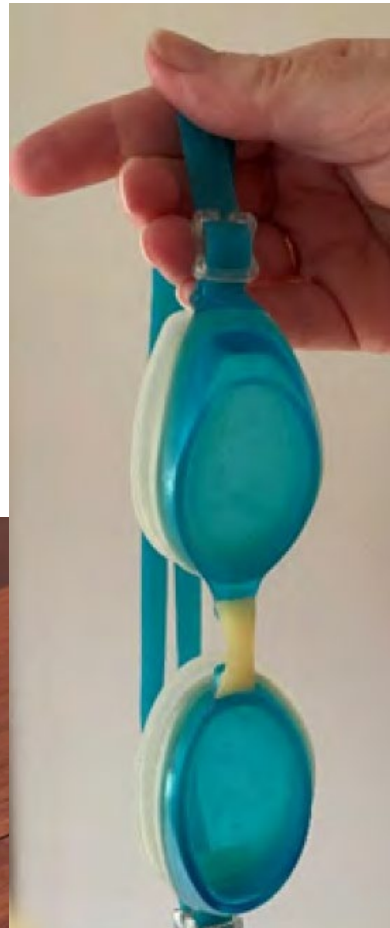
Highlighting the unseen: Frail, Homebound and Bedridden People in Australia



Selected survey outcomes: things that are important to me



Selected survey outcomes: things that I have lost



Selected survey outcomes: what do households look like?



Do you live alone?

Two thirds of the people surveyed do not live alone, 67%.

However, about 33% of the FHBP surveyed live alone.

What is your current marital status?

Most FHBP surveyed were single, 42%. The second-largest group of respondents were married, 26%. The third-largest group was constituted by divorced people, 13%.

Do you have children/stepchildren aged 18 and younger who do live with you?

Most FHBP respondents indicated that they do not have children living with them, 78%. However, 22% indicated that they have children aged 18 and younger living with them

In the last year, have you experienced...

Most FHBP reported social isolation, 88%. A reduction of their capacity to participate in family and community life, 87%. A reduction in their overall health of 84%.

Selected survey outcomes: diagnoses, bedridden



How many chronic conditions do you have?

More than half of respondents indicated that they have three or more chronic conditions, 66%. The following group indicated they have two or more, 16%. The third-largest group indicated that they have one condition, 14%.

Have you been diagnosed with any of these conditions?

Most respondents identified Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (includes CFS, ME or ME/CFS diagnoses) as one of their conditions, 78%. Other conditions not tabled represented the second largest group of responses, 45%. The third group identified Fibromyalgia with 38% of responses.

Do you need to stay in bed most or all of the time?

Nearly more than half of the respondents indicated that they have to stay in bed most or all of the time, 53%. The rest of the FHBP surveyed indicated that they do not have to stay in bed most of their time.

Selected survey outcomes: most important needs



Many Frail, Homebound, and Bedridden People receive no support to access clinical services and may not have a regular primary care provider, such as a GP, because the Australian health system has been designed around patients' physical attendance (as COVID-19, consumers, and these responses have demonstrated).^{1,2,3,6,7,8,9}



Dr Maria Ali

Education for all health professionals and service providers about people with your needs	97%
Educating Centrelink, NDIS, and government services about paperwork difficulties, e.g. providing more time or accepting GP reports rather than specialist paperwork only	94%
Access to community care services, for example, NDIS, Aged Care packages	91%
Adequate Medicare rebates for home visits	90%
Extending the existing telephone or online consults (Telehealth) for rural and remote patients to also cover patients who are housebound or bedbound	90%

Medicare-subsidised telehealth in Australia, August 2025

GP telehealth consultations

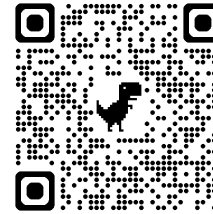
To be eligible for GP telehealth services, patients must have had a face-to-face consultation with their GP (or another GP in the same practice) in the 12 months before the telehealth service. There are some limited exceptions.

To be eligible for the MyMedicare service items, you must have seen your GP twice in the previous 24 months.

- in isolation or quarantine for COVID-19 due to a state or territory public health order
- experiencing homelessness
- under 12 months of age
- treated at an AMS or an Aboriginal Community Controlled Health Service (ACCHS)
- in a natural disaster area
- needing mental health support
- requiring urgent after hours service in unsociable hours
- undergoing eating disorder support or pregnancy counselling
- receiving blood borne viruses, sexual or reproductive health consultations
- getting MyMedicare attendance service items [91900, 91903, 91906, 91910, 91913 or 91916](#)
- getting an eligible service from an eligible urgent care clinic.

New evidence and advocacy tools

Systematic Review & Meta-Analysis



<https://doi.org/10.1155/hsc/7224151>

Research Question & Methods

Research Question:

👉 *Is telehealth an effective care solution for homebound people compared to in-person care?*

PICO

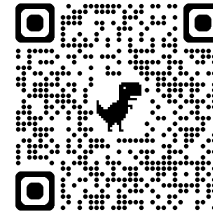
- **Population (P):** Homebound individuals with severe health or psychosocial conditions in community settings (n = 2,245)
- **Intervention (I):** Telehealth interventions (video, phone, digital platforms, nurse-assisted virtual visits, etc.)
- **Comparator (C):** Standard in-person care
- **Outcomes (O):** Healthcare utilisation, health-related quality of life (HRQOL), well-being

Systematic Review & Meta-Analysis

- **Databases searched:** MEDLINE, Embase, PsycINFO, CINAHL, Cochrane CENTRAL, Scopus, LILACS, Web of Science
- **Timeframe:** All years to **August 2023** (no language restrictions)
- **Articles screened:** 3,289 → **10 studies included** (8 meta-analysed)
- **Study types:** RCTs + quasi-experimental
- **Follow-up:** 3 months → 2 years
- **Codesign:** 21 co-researchers (consumer co-researchers + multidisciplinary team)

New evidence and advocacy tools

Systematic Review & Meta-Analysis



<https://doi.org/10.1155/hsc/7224151>

Findings & Meaning

Key Results (Telehealth vs In-Person Care):

- **Healthcare utilisation:** ↓ significantly (SMD -0.49 ; *low certainty*)
- **HRQOL:** ↑ significantly (SMD $+0.18$; *moderate certainty*)
- **Well-being:** ↑ significantly (SMD -0.31 ; *moderate certainty*)

What this means:

- **SMD (Standardised Mean Difference):** a way to compare results across different scales;
 - -0.49 = moderate reduction in service use (fewer hospital days/ED visits).
 - $+0.18$ = small but real improvement in quality of life.
 - -0.31 = moderate improvement in well-being (less depression, anxiety, loneliness).
- **GRADE certainty:**
 - *Low* = further studies may change the effect (healthcare use).
 - *Moderate* = reasonably confident the effect is real (HRQOL, well-being).

This evidence must be shared so that policies change their **restrictive telehealth access for homebound people**

Research Article

Telehealth as a Care Solution for Homebound People: Systematic Review and Meta-Analysis of Healthcare Utilization, Quality of Life, and Well-Being Outcomes

Maria Alejandra Pínero de Plaza^{1,2,3}, Aarti Gulyani⁴, Lemma N. Bulsa^{1,5,6}, Regina Alande-Casoli^{1,7}, Vincent Pearson⁸, Jellisa Lange⁹, Tania Marín¹⁰, Lenken Gebremichael^{1,11}, Shannon Brown¹², Hila Dafny¹³, Shelda Sajeev¹⁴, Norma Bulamu¹⁵, Alline Belegoli¹⁶, Katie Nesbitt¹⁷, Penelope McMillan¹⁸, Robyn Clark¹⁹, Matthew Tien²⁰, Alison Kitson²¹, Stephanie Champion²², Sonia Hines²³ and Jeroen M. Hendriks^{24,25,26}

¹Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, Australia
²School of Health and Medical Sciences, Flinders University, Adelaide, Australia
³Department of Health, Behavior and Society, Johns Hopkins University, Baltimore, Maryland, USA

⁴Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, The University of Adelaide, Adelaide, South Australia, Australia
⁵College of Nursing, University of South Florida, Tampa, Florida, USA

⁶Flinders University Library, Flinders University, Adelaide, South Australia, Australia
⁷Centre for Artificial Intelligence Research and Optimisation, Flinders University, Adelaide, Australia
⁸Defence Electronic Warfare and Communications Services (DEWCS), Adelaide, Australia

⁹MEICS South Australia Inc, Adelaide, Australia
¹⁰Centre for Heart Rhythm Disorders, The University of Adelaide and Royal Adelaide Hospital, Adelaide, Australia
¹¹Department of Nursing, Monash University Medical Centre, Monashville, the Netherlands

¹²Department of Health Services Research, Care and Public Health Research Institute, Maastricht, the Netherlands
Correspondence should be addressed to Maria Alejandra Pínero de Plaza; alejandra.pinerodeplaza@flinders.edu.au

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To Advocate for

- 1. Health System Transformation:
- **Systematic Review & Meta-Analysis:** Telehealth reduces hospital use and improves outcomes for homebound people
- **Big Data Epidemiology Pilot:** Supporting visibility and inclusion of FHBP in national datasets



Wiley
Health & Social Care in the Community
Volume 2025, Article ID 7224151, 32 pages
<https://doi.org/10.1155/hsc/7224151>

WILEY

Research Article

Telehealth as a Care Solution for Homebound People: Systematic Review and Meta-Analysis of Healthcare Utilization, Quality of Life, and Well-Being Outcomes

Maria Alejandra Pinero de Plaza ^{1,2,3}, Aarti Gulyani ¹, Lemma N. Bulto ^{1,3,4}, Regina Allande-Cussó ^{1,5}, Vincent Pearson ⁶, Belinda Lange ¹, Tania Marin ¹, Lemlem Gebremichael ^{1,3}, Shannon Brown ⁷, Hila Dafny ^{1,3}, Shelda Sajeev ^{8,9}, Norma Bulamu ¹, Alline Beleigoli ^{1,3}, Katie Nesbitt ^{1,3}, Penelope McMillan ¹⁰, Robyn Clark ¹, Matthew Tieu ², Alison Kitson ¹, Stephanie Champion ¹, Sonia Hines ^{2,3} and Jeroen M. Hendriks ^{1,11,12,13}

¹Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, Australia
²Faculty of Health and Medical Sciences, Adelaide University, Adelaide, Australia
³Mpartwte Centre for Evidence in Health, A JBI Centre of Excellence, Flinders University, Alice Springs, Australia
⁴Health Evidence Synthesis, Recommendations and Impact (HESRI), School of Public Health, The University of Adelaide, Adelaide, South Australia, Australia
⁵College of Nursing, University of Seville, Seville, Spain
⁶JBI, School of Public Health, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, South Australia, Australia
⁷Flinders University Library, Flinders University, Adelaide, South Australia, Australia
⁸Centre for Artificial Intelligence Research and Optimization, Torrens University, Adelaide, Australia
⁹Defence Electronic Warfare and Communications Services (DEWC Services), Adelaide, Australia
¹⁰ME/CFs South Australia Inc, Adelaide, Australia
¹¹Centre for Heart Rhythm Disorders, The University of Adelaide and Royal Adelaide Hospital, Adelaide, Australia
¹²Department of Nursing, Maastricht University Medical Centre, Maastricht, the Netherlands
¹³Department of Health Services Research, Care and Public Health Research Institute, Maastricht, the Netherlands

Correspondence should be addressed to Maria Alejandra Pinero de Plaza; alejandra.pinerodeplaza@flinders.edu.au

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Academic Editor: Hannah Wesley

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SYSTEMATIC REVIEW PROTOCOL

Effectiveness of telehealth versus standard care on health care utilization, health-related quality of life, and well-being in homebound populations: a systematic review protocol

Maria Alejandra Pinero de Plaza^{1,2,3}, Alline Beleigoli¹, Shannon Brown¹, Lemma N. Bulto^{1,3,4}, Lemlem G. Gebremichael^{1,3}, Katie Nesbitt^{1,3}, Matthew Tieu¹, Vincent Pearson¹, Sara Noonan¹, Penelope McMillan¹, Robyn A. Clark^{1,3}, Sonia Hines², Alison Kitson^{1,2}, Stephanie Champion¹, Hila Dafny^{1,3}, Jeroen M. Hendriks^{1,3,5}

¹Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, SA, Australia, ²National Health and Medical Research Council, Centre of Research Excellence in Frailty and Healthy Ageing, Adelaide, SA, Australia, ³Mpartwte Centre for Evidence in Health, Flinders University, A JBI Centre of Excellence, Alice Springs, NT, Australia, ⁴Myalgic Encephalomyelitis/Chronic Fatigue Syndrome South Australia, Adelaide, SA, Australia, and ⁵Centre for Heart Rhythm Disorders, The University of Adelaide and Royal Adelaide Hospital, Adelaide, SA, Australia

ABSTRACT

Objective: The objective of the review is to determine the effectiveness of telehealth versus in-person care on health care utilization, health-related quality of life, and well-being in homebound populations.
Introduction: Globally, an increasing number of people are becoming homebound. These individuals experience high levels of social isolation and deterioration of their well-being. Reports from homebound people and recent publications suggest that this cohort may benefit from accessing telehealth solutions from their homes to treat and prevent serious issues affecting their health and well-being. This review will synthesize the evidence on the effectiveness of telehealth compared to standard care (in-person care) on health care utilization, health-related quality of life, and well-being in homebound populations.
Inclusion criteria: Studies including people living in community settings, whose daily life is physically limited to the boundary of their homes because of their ongoing health, energy, and psychosocial or socio-functional impairments will be considered for inclusion.
Methods: This review will consider relevant, peer-reviewed primary experimental and quasi-experimental studies, with no limit on language or date. Databases to be searched include MEDLINE, Embase, PsycINFO, CINAHL, the Cochrane Central Register of Controlled Trials (CENTRAL), Scopus, LILACS, JBI Evidence Synthesis (hand-searched for further studies), and Web of Science. Two independent reviewers will be involved in study selection and data extraction. Eligible studies will be critically appraised for methodological quality using the relevant JBI critical appraisal checklists, and statistical meta-analysis will be done (where possible). Findings will be presented in narrative form.
Systematic review registration number: PROSPERO CRD42021289578.
Keywords: bedridden; health care utilization; homebound; quality of life; telehealth
JBI Evid Synth 2022; 20(11):2734–2742.

Introduction

Globally, an increasing number of people are diagnosed with health issues, including disabilities, mental health, injuries, and chronic conditions, that prevent them from leaving their homes.^{1,2} They are defined as homebound: people whose daily lives are physically limited to the boundary of their homes because of their ongoing health, energy levels, functional impairments.^{1,2}
An Australian program of research (co-led by homebound persons and their affiliated community, disability and chronic diseases groups and the



JBI Evidence Synthesis © 2022 JBI 27

> Stud Health Technol Inform. 2024 Jan 25;310:1292-1296. doi: 10.3233/SHTI231173.

Piloting a Big Data Epidemiology Approach to Support Frail, Homebound, and Bedridden People

Maria Alejandra Pinero De Plaza¹, Alline Beleigoli¹, Alison Kitson¹, Penelope McMillan², Carlos Javier Barrera Causil³

Affiliations + expand
PMID: 38270023 DOI: 10.3233/SHTI231173

 Full text links  Cite

Abstract

Frail, homebound, and bedridden people (FHBP) are people living at physically limited to the boundary of their houses because of their psychosocial or socio-functional impairments. This definition needs driven view of the distribution (frequency, pattern) and determinant related states and adverse events experienced by FHBP. Thus, we pil approach (Multiple Correspondence Analysis and data visualization) FHBP experiences and identified a positive correlation between perc impairments.



Keywords: Big data epidemiology; bedridden; frail; homebound; public health.



To Advocate for

2. Policy Change:

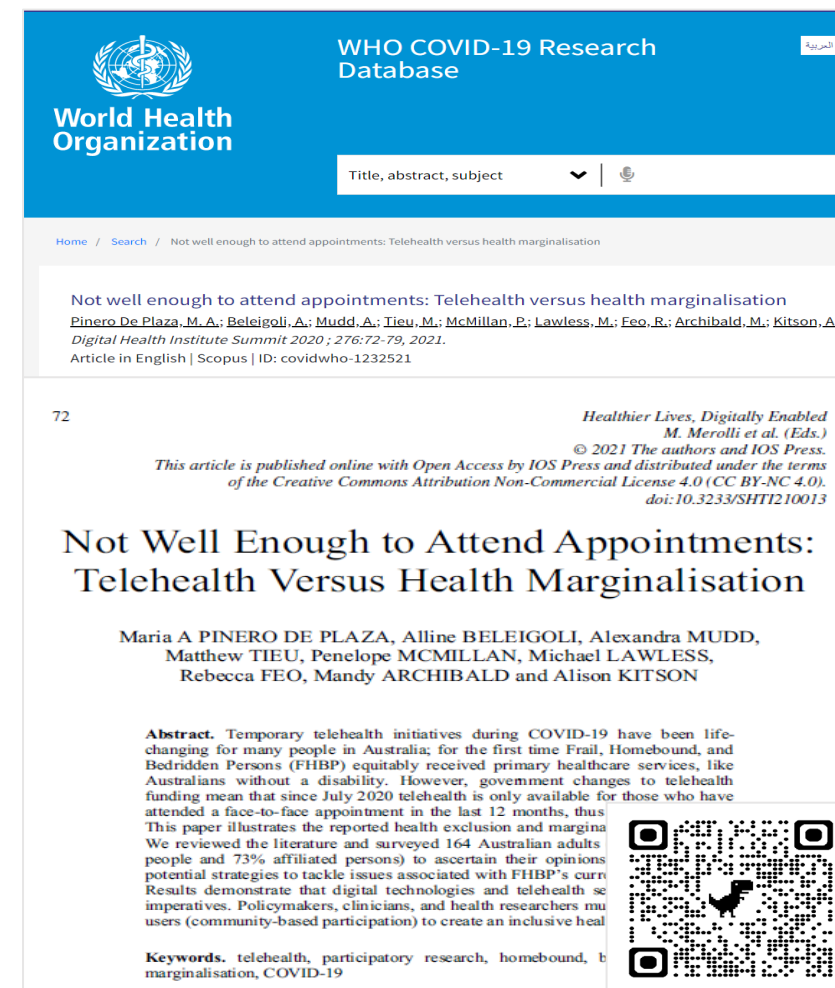
- **CHF 2021 Poster:** Exclusion from primary care and implications for disability strategy (Prize)
- **Policy Submissions & Presentations:** Digital Health Institute Summit (2020) - **Disseminated by WHO during COVID-19**, Research submitted and cited in the Royal Commission and AU Parliament, Referenced by [Queensland Government on their approach to homebound](#), AAG
- **ENLIGHTEN ONLINE Exhibition:** Presented at AAG 2022; art-science submission to the Royal Commission (more than 4000+ views)



#FHBP

Submitted to and acknowledged by The Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability
SUB.001.02754 & SUB.001.02754

alejandra.pinerodeplaza@flinders.edu.au



<https://doi.org/10.25451/flinders.21569445.v2>

<https://ebooks.iospress.nl/doi/10.3233/SHTI210013>

To Advocate for

Winner of
CHF Big Ideas
2021

The Vice-
President &
Executive Dean's
Research Awards
2021



Highlighting the unseen: Frail, Homebound and Bedridden People in Australia

[A winner of the Big Ideas video competition to improve the Australian health system. Consumer Health Forum of Australia, 2021.](#)



https://youtu.be/8PRC_E7t6Ho?si=BB8FvMnj9ooBXpzA

3. Consumer-Led and Community-Oriented Interventions:

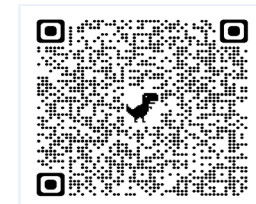
- **Figshare Report:** *Making the Invisible Visible* — lived experiences of FHBP.
- **Highlighting the Invisible Video:** Co-produced media to amplify the voices of #FHBP, ME/CFS and others.
- **Other dissemination:** Facebook page, videos, presentations, lectures.



<https://www.facebook.com/AustralianFHBP/>



Dr Maria Alejandra Pinero de Plaza, PhD | alejandra.pineroplaza@flinders.edu.au



<https://doi.org/10.6084/m9.figshare.14417987.v3>

To Advocate for

4. Knowledge Translation & Co-design for impact:

- KT in Transdisciplinary Teams
- Human-Centred Implementation Science Evaluation
- PROLIFERATE & PROLIFERATE_AI: Frameworks to evaluate real-world impact



ORIGINAL ARTICLE

The trouble with personhood and person-centred care

Matthew Tieu PhD✉, Alexandra Mudd LLB, BN(Hons), RN, Tiffany Conroy PhD, MNSc, BN, RN, FACN, Alejandra Pinero de Plaza PhD, Alison Kitson DPhil, BSc(Hons), RN, FRCN, FAAN, FAHMS

First published: 13 April 2022 | <https://doi.org/10.1111/nup.12381> | Citations: 11

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ARTICLE 2022-
2023


> Stud Health Technol Inform. 2024 Jan 25;310:389-393. doi: 10.3233/SHTI230993.


A Human-Centered Approach to Measuring the Impact of Evidence-Based Online Resources

Maria Alejandra Pinero De Plaza¹, Mandy Archibald², Michael Lawless¹, Rachel Ambagtsheer³, Penelope McMillan⁴, Alexandra Mudd¹, Michelle Freeling¹, Alison Kitson¹

Affiliations + expand

PMID: 38269831 DOI: [10.3233/SHTI230993](https://doi.org/10.3233/SHTI230993)

 Full text links

 Cite

Abstract

Evidence-based online resources aim to combat vulnerabilities associated with health misinformation, evidence misalignment, and science illiteracy. Yet, it is a challenge to measure and demonstrate their impacts beyond looking at proxies for success (e.g., numbers of followers and likes). Addressing this gap, we introduce an emerging evaluation and verify its functionality in delivering optimal impact and sustainability measures for an evidence-based video resource on frailty.

Keywords: Evaluation; digital health; knowledge translation; science communication.



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EDITED BY
Per Nilsson,
Linköping University, Sweden

REVIEWED BY
Nickie O'Brien,
Northumbria University, United Kingdom
Eleanor Griewe,
University of Glasgow, United Kingdom

*CORRESPONDENCE
Maria Alejandra Pinero de Plaza
mariaalejandrapinero@flinders.edu.au

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The Vice-President & Executive Dean's Research Awards 2022

Co-designing, measuring, and optimizing innovations and solutions within complex adaptive health systems

Maria Alejandra Pinero de Plaza*, Lalit Yadav and Alison Kitson

The Caring Futures Institute, College of Nursing and Health Sciences, Flinders University, Adelaide, SA, Australia

Objective: To introduce, describe, and demonstrate the emergence and testing of an evaluation method that combines different logics for co-designing, measuring, and optimizing innovations and solutions within complex adaptive health systems. **Method:** We describe the development and preliminary testing of a framework to evaluate new ways of using and implementing knowledge (innovations) and technological solutions to solve problems via co-design methods and measurable approaches such as data science. The framework is called PROLIFERATE; it is initially located within the ecological logic: complexity science, by investigating the evolving and emergent properties of systems, but also embraces the mechanistic logic of implementation science (IS) (i.e., getting evidence-based interventions into practice); and the social logic, as the study of individuals, groups, and organizations. Integral to this logic mixture is measuring person-centered parameters (i.e., comprehension, emotional responses, barriers, motivations, and optimization strategies) concerning any evaluated matter across the micro, meso, and macro levels of systems. We embrace the principles of Nilsen's taxonomy to demonstrate its adaptability by comparing and encompassing the normalization process theory, the 2x2 conceptual map of influence on behaviors, and PROLIFERATE.

Results: Snapshots of ongoing research in different healthcare settings within Australia are offered to demonstrate how PROLIFERATE can be used for co-designing innovations, tracking their optimization process, and evaluating their impacts. The exemplification involves the evaluation of Health2Go (the design and implementation of an innovative procedure: interdisciplinary learning within an allied health service—community-based) and RAPIDx_AI (an artificial intelligence randomized clinical trial being tested to improve the cardiac care of patients within emergency departments—tertiary care).

Conclusion: PROLIFERATE is one of the first frameworks to combine ecological, mechanistic, and social logic models to co-design, track, and evaluate complex interventions while operationalizing an innovative complexity science approach: the knowledge translation complexity network model (KT-cnm). It adds a novel perspective to the importance of stakeholders' agency in the system by considering their sociodemographic characteristics and experiences within different healthcare settings (e.g., procedural innovations such as "interdisciplinary learning" for Health2Go, and tech-enabled solutions such as RAPIDx_AI). Its structured facilitation processes engage stakeholders in dynamic and productive ways while measuring and optimizing innovation within the complexities of health systems.

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Human-centred AI for emergency cardiac care: Evaluating RAPIDx AI with PROLIFERATE_AI

Maria Alejandra Pinero de Plaza^{a,*,1}, Kristina Lambrakis^{b,c,d,1}, Fernando Marmolejo-Ramos^{a,1}, Alline Beilegoli^{a,1}, Mandy Archibald^{a,1}, Lalit Yadav^{a,1}, Penelope McMillan^{c,1}, Robyn Clark^{a,1}, Michael Lawless^{a,1}, Erin Morton^{a,1}, Jeroen Hendriks^{e,1}, Alison Kitson^{a,1}, Renuka Visvanathan^{f,1}, Derek P. Chew^{b,c,d,1}, Carlos Javier Barrera Causil^{g,1}

^a Caring Futures Institute, Flinders University, Adelaide, South, Australia
^b Victorian Heart Institute, Monash University, Melbourne, Victoria, Australia
^c Monash Heart, Monash Health, Melbourne, Victoria, Australia
^d College of Medicine and Public Health, Flinders University, Adelaide, South, Australia
^e South Australian Health and Medical Research Institute (SAHMRI), Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CF) Collaborative, Adelaide, South, Australia
^f Adelaide Medical School, Faculty of Health and Medical Sciences, The University of Adelaide, South, Australia
^g Department of Nursing, Maastricht University Medical Center, Maastricht, the Netherlands
¹ Bespoke Clinical Research, Adelaide, South, Australia
¹ Instituto Tecnológico Metropolitano, Medellín, Colombia

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ABSTRACT

Background: Chest pain diagnosis in emergency care is hindered by overlapping cardiac and non-cardiac symptoms, causing diagnostic uncertainty. Artificial intelligence, such as RAPIDx AI, aims to enhance accuracy through clinical and biochemical data integration, but its adoption relies on addressing usability, explainability, and seamless workflow integration without disrupting care.

Objective: Evaluate RAPIDx AI's integration into clinical workflows, address usability barriers, and optimise its adoption in emergencies.

Methods: The PROLIFERATE_AI framework was implemented across 12 EDs (July 2022–January 2024) with 39 participants: 15 experts co-designed a survey via Expert Knowledge Elicitation (EKE), applied to 24 ED clinicians to assess RAPIDx AI usability and adoption. Bayesian inference, using priors, estimated comprehension, emotional engagement, usage, and preference, while Monte Carlo simulations quantified uncertainty and variability, generating posterior means and 95% bootstrapped confidence intervals. Qualitative thematic analysis identified barriers and optimisation needs, with data triangulated through the PROLIFERATE_AI scoring system to rate RAPIDx AI's performance by user roles and demographics.

Results: Registrars exhibited the highest comprehension (median: 0.466, 95 % CI: 0.41–0.51) and preference (median: 0.450, 95 % CI: 0.41–0.48), while residents/interns scored the lowest in comprehension (median: 0.190, 95 % CI: 0.17–0.26) and emotional engagement (median: 0.112, 95 % CI: 0.09–0.14). Registered nurses showed strong emotional engagement (median: 0.379, 95 % CI: 0.33–0.43). Novice users faced usability and workflow integration barriers, while experienced clinicians suggested automation and streamlined workflows. RAPIDx AI scored "Good Impact," excelling with trained users but requiring targeted refinements for novices.

Conclusion: RAPIDx AI enhances diagnostic accuracy and efficiency for experienced users, but usability challenges for novices highlight the need for targeted training and interface refinements. The PROLIFERATE_AI framework offers a robust methodology for evaluating and scaling AI solutions, addressing the evolving needs of sociotechnical systems.



Event on 18 March, 2021

Highlighting the Unseen

Conference presentation on research and innovation for people who are frail, homebound and bedridden.

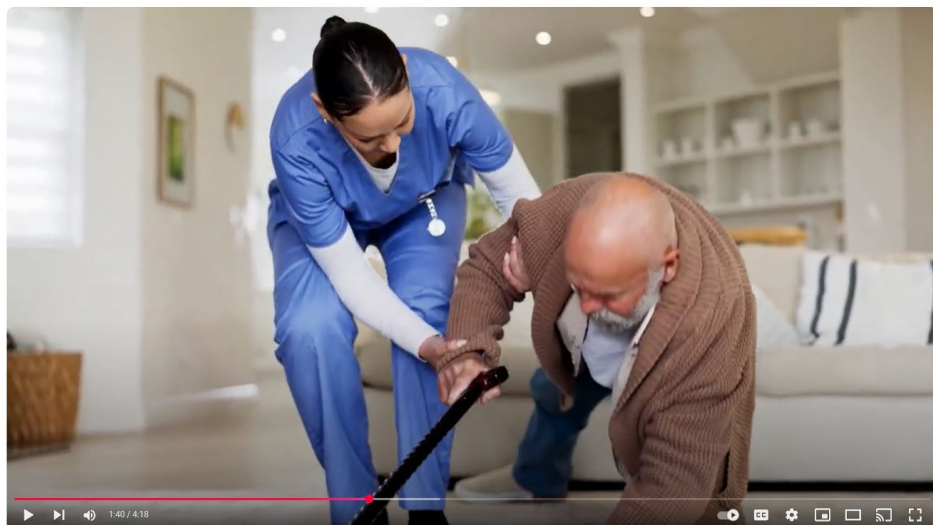


People with ME/CFS are amongst those who are often excluded from primary healthcare and involvement in the community due to being homebound.

Dr Maria Alejandra Piñero de Plaza and our Chair, Penelope McMillan, are leading a [research collaboration](#) to better understand and meet the needs of people who are frail, homebound and bedridden.

On the 18 and 19 March 2021, Alejandra and Penelope appeared in the Consumers Health Forum of Australia's *Virtual Summit 2021: Shifting Gears*.

On Thursday, they participated in the Big Ideas Forum, hosted by Ellen Fanning from ABC TV's *The Drum*.



Transforming Healthcare for Frail, Homebound, and Bedridden People



https://youtu.be/pm_An0lvwVc?si=AR7oa3odC99_TH04

Takeaways and questions

News and Opinion

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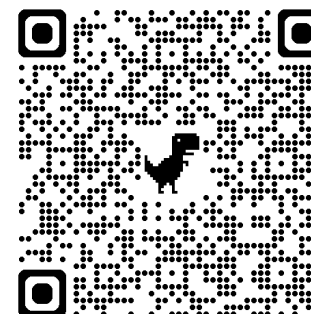
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Maria Alejandra Piñero De Plaza
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