CONCENTRIC

CONnecting and Coordinating an Enhanced Network for TRansitions In Care

Transitions in Care after Spinal Cord Injury

5th Annual SCI Education Day April 9, 2026

Chester Ho, MD
Professor & Spinal Cord Injury Research Chair
Division of Physical Medicine & Rehabilitation
Department of Medicine
Faculty of Medicine & Dentistry
University of Alberta
Edmonton, Alberta, Canada

Hospital Medical Director, Glenrose Rehabilitation Hospital, Edmonton, Alberta
Medical Co-Lead, Neurosciences Care Alberta

UNIVERSITY OF ALBERTA

Land Acknowledgment

We acknowledge that the work of our project was performed on the Territories of Treaty 6, Treaty 7 and Treaty 8 and Métis Regions 1 through 6.

These territories are home to many Indigenous Peoples, including the Blackfoot, Cree, Dene, Saulteaux, Ojibwe, Stoney Nakota Sioux, and Tsuut'ina Peoples, the Métis Nations of Alberta and the 8 Métis Settlements.

Objectives

1. Describe what “transitions in care” means and how it applies to the journey of persons with spinal cord injury (SCI).
2. Discuss what the CONCENTRIC project is.
3. Share the findings of the CONCENTRIC project and how they can improve the transitions in care experiences of persons with SCI.

What is “Transitions in Care”?

CIHR definition

- **Transitions in care** are when transfer of responsibility and accountability for some or all aspects of patient care occurs among providers, institutions, and/or sectors (e.g., federal and provincial jurisdictions, or education, judicial and other environments).
- The more complex the condition is, likely the more transitions in care.
- There are multiple potential transitions along the SCI journey:
  - Emergency department to operating room
  - Operating room to intensive care
  - Intensive care to surgical care unit
  - Surgical care unit to rehabilitation
  - Rehabilitation to community

* *CIHR – Canadian Institutes of Health Research*

Improving Transitions in Care

CIHR Grant

- **CON**necting and **C**oordinating an **E**nhanced **N**etwork for **TR**ansitions **I**n **C**are (“CONCENTRIC”) project

- Application for funding supported by provincial rehab leaders and community members - granted in April 2019.

Mission

- To design, implement and evaluate an improved, evidence-based and standardized provincial model of care with clear transition strategies for persons with spinal cord injury (SCI).

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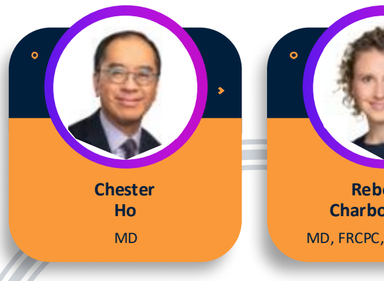
* *CIHR – Canadian Institutes of Health Research*

CONCENTRIC leadership team members

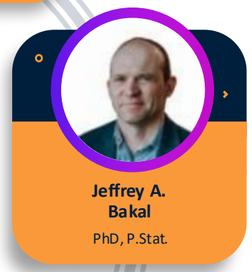
Steering Committee



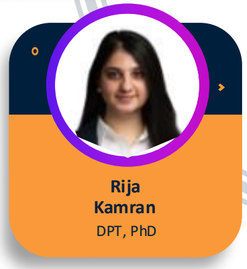
Chester Ho
MD

Rebecca Charbonneau
MD, FRCPC, CSCN (EMG)

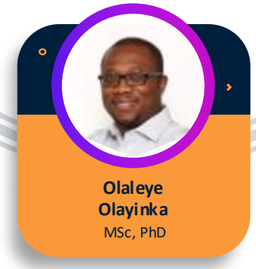
Adalberto Loyola Sanchez
MD, MSc, PhD



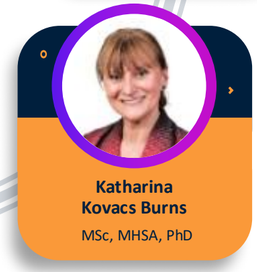
Jeffrey A. Bakal
PhD, P.Stat.



Rija Kamran
DPT, PhD



Olaleye Olayinka
MSc, PhD



Katharina Kovacs Burns
MSc, MHSA, PhD

Change Champions

Joanne Hunter
SLFCC [North Zone]

Nicole Owens
GRH [Edmonton Zone]

Brenda Kinnie
SCI-AB [Community]

Rob MacIsaac
SCI-AB [Community]

Dawn Miller
FMC [Calgary Zone]

Brittney Makhotkina
FMC [Calgary Zone]

Jibin Jacob
CRH [South Zone]

Wanda Seifried
SCI-AB [Community]

Zahra Bhatia
SCI-AB [Community]

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CONCENTRIC project design

Approach

- Community-based Participatory Research
- 4 pilot sites + SCI Alberta
- 3-Stage Model

Stage 1

Situation Analysis with SCI partners

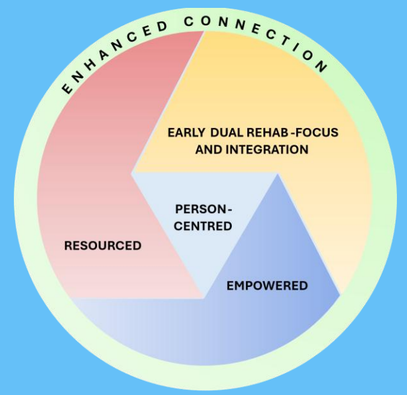
Stage 2

Evidence-based & Standardized Solutions Co-creation

Stage 3

Model Implementation and Evaluation

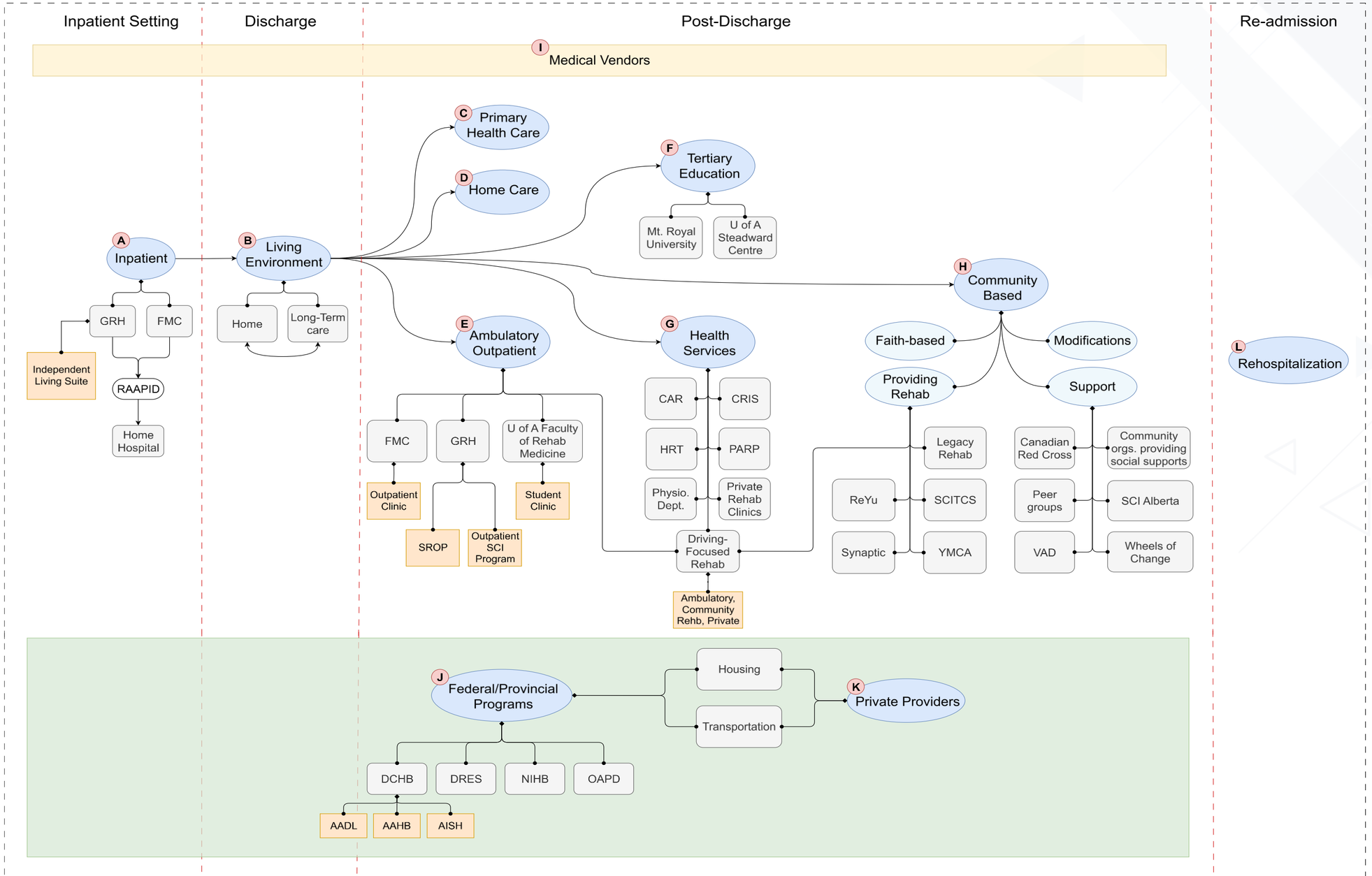
- My Experience Survey
- CONCENTRIC Model



Partnership Complexity

Main Headings in Map

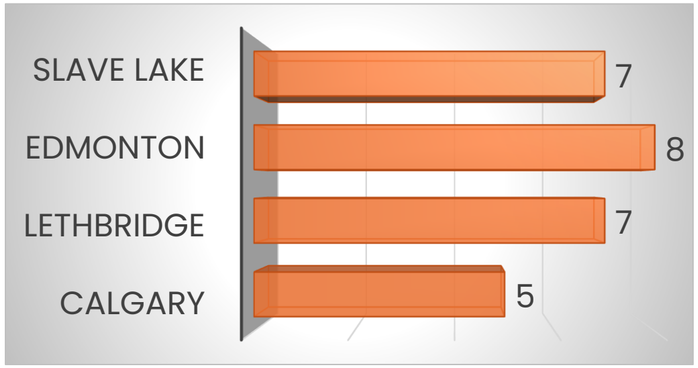
- A. Inpatient
- B. Living Environment
- C. Primary Health Care
- D. Home Care
- E. Ambulatory Outpatient
- F. Tertiary Education
- G. Health Services
- H. Community Based Groups or Organizations
- I. Medical Vendors
- J. Federal/Provincial Programs
- K. Private Providers
- L. Rehospitalization



Partnership Breakdown

SCI Partners Interviewed in Stage 1

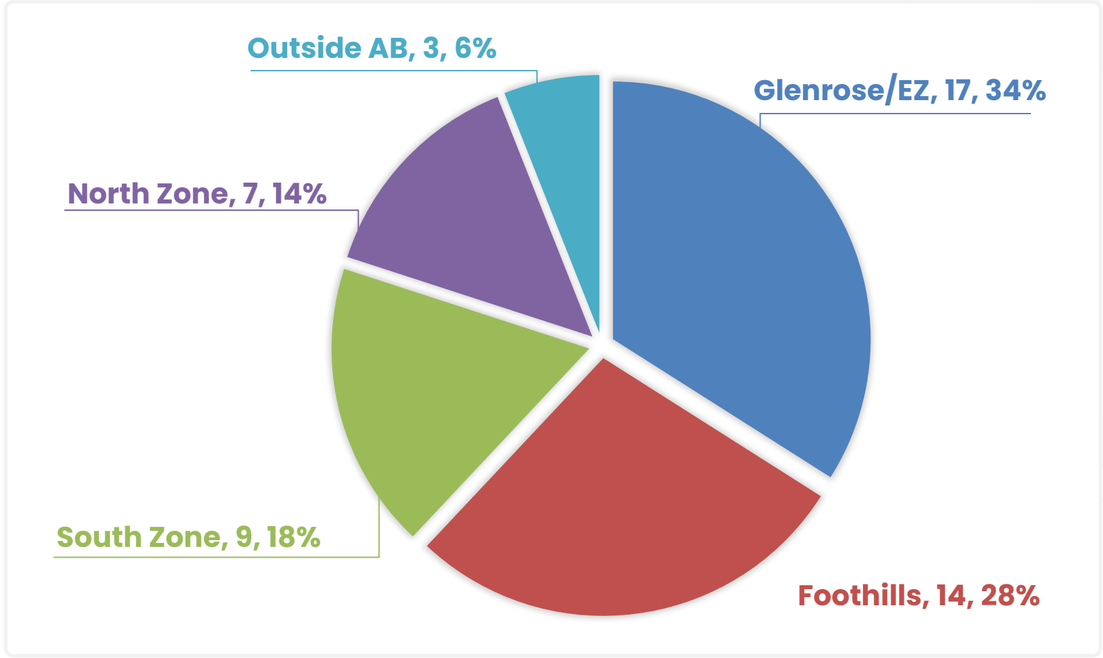
**(excludes PwSCI)*



Engaged in working groups in Stages 1-3

Partner Group	No.
Persons with SCI	11
Family	1
Community organization partners	13
Govt representatives	16
Clinicians	50
Researchers	21

Breakdown of clinicians engaged in working groups



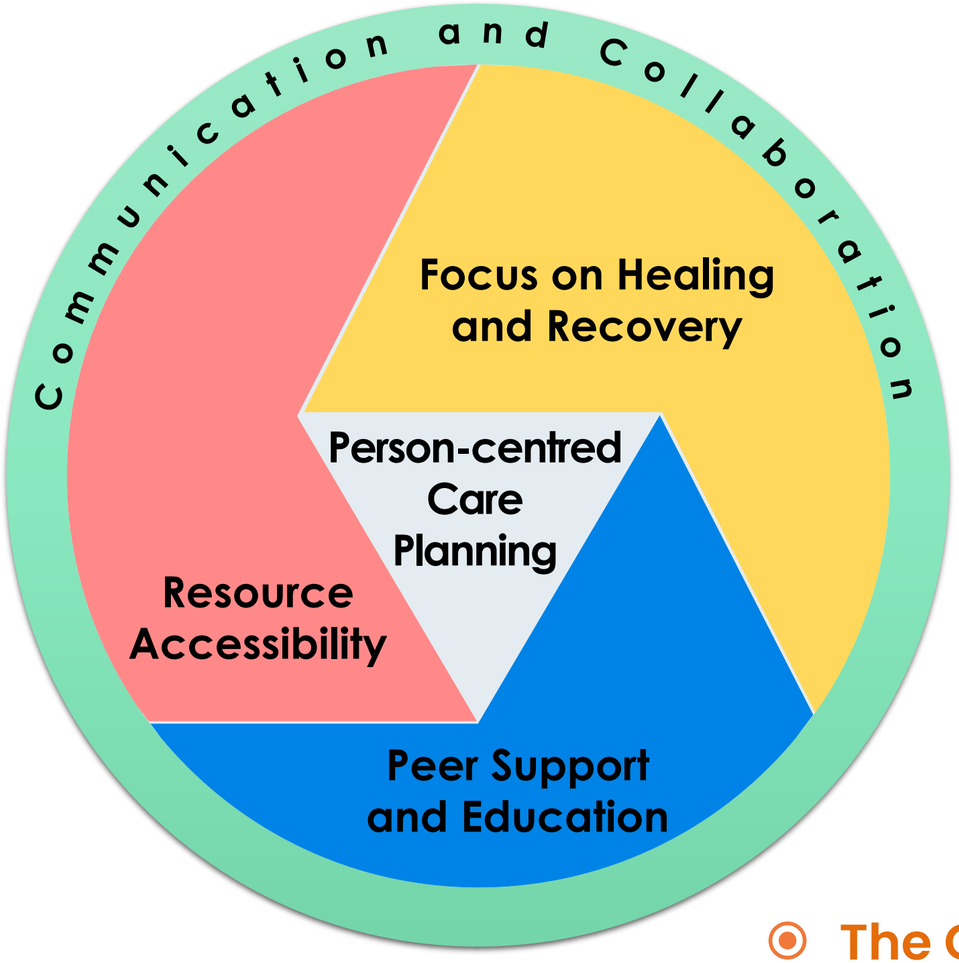
- Steering Committee
- External Advisory Committee
- Evaluation & Tools development
- Model Development and Actualization
- Education
- Indigenous Strategy
- Pilgrimages

CONCENTRIC Findings

- **5 Key Themes for Successful Transitions in Care**

For list of themes and recommendations

Visit concentricproject.com



The CONCENTRIC Model

Themes and Recommendations

◆ Person-Centred Care Planning

Objective	Recommendations
To ensure PwSCI and relevant SCI partners are **consistently engaged** in the development of and **have access** to an updated person-centred multidisciplinary care plan across the care continuum.	1) **Ensure care providers engage PwSCI and their family in developing and updating a person-centred multidisciplinary care plan** that includes relevant health information, goals, and available SCI resources
	2) **Provide information on SCI resources** that are tailored to the need of each PwSCI in the multidisciplinary care plan
	3) **Ensure that care plans are accessible to PwSCI and all relevant partners** as appropriate throughout the care continuum (e.g. easy to read, understand and obtain a copy of)
	4) **Establish clear post-discharge follow-up arrangements** for PwSCI with scheduled visits to SCI specialized clinics (e.g. Physiatry) at specific intervals

*PwSCI - Person(s) with Spinal Cord Injury

Person-Centred Care Planning

PwSCI
- Female
- Quadriplegic
- 14 yrs since injury

They have to listen to their clients. They have to follow with their clients…Not them coming in there and start guessing "oh it could be this, it could be that".

*PwSCI - Person(s) with Spinal Cord Injury

Themes and Recommendations

◆ Communication and Collaboration

Objective	Recommendations
To ensure PwSCI and relevant SCI partners in the community and hospital settings are **connected** and able to maintain **2-way communication** as needed throughout the care continuum.	1) **Develop clear communication processes, protocols or channels to facilitate communication, connection and collaboration** between PwSCI, their family, community partners, and care team in SCI centres
	2) **Promote ongoing two-way communication** between SCI specialists and the community care team of PwSCI after discharge
	3) **Identify and establish connection with relevant SCI partners across the care continuum**, particularly those who will serve as main contacts for PwSCI at the community level
	4) **Create opportunities or platform for SCI partners to collaborate, share knowledge and network** with the goal of creating and maintaining a community of practice across the acute care, inpatient, outpatient and community settings

*PwSCI - Person(s) with Spinal Cord Injury

Communication and Collaboration

OT
- Female
- Rural

…I think when you start looking big picture, right from the beginning, you pull in all the right stakeholders and that takes a little bit of extra work. Um, but if you do it, it's well worth the investment …it just creates a better coordination um, and it's more timely. Uh we actually look like we know what we're, you know doing together.

*OT – Occupational Therapist

Themes and Recommendations

◆ Focus on Healing and Recovery

Objective	Recommendations
To make **healing and recovery key pillars** of the rehabilitation process for PwSCI as early as **from Inpatient Rehabilitation**.	1) **Care providers and PwSCI to co-determine and agree on realistic recovery goals** based on the prognosis and expectations of the PwSCI at every stage of the care continuum.
	2) **Embed and integrate healing and recovery programs/principles into standard rehabilitation protocols or therapy sessions**, drawing from current evidence on SCI prognosis.
	3) **Create opportunities for SCI partners to learn, discuss and share current knowledge on SCI prognosis and the healing expectations of PwSCI**.
	4) **Integrate current services focused on healing and recovery** (e.g. adapted exercise programs, which foster neuro recovery, including adapted recreation and sports programs.

*PwSCI - Person(s) with Spinal Cord Injury

Focus on Healing and Recovery

PwSCI
- Male
- Tetraplegic
- 2 yrs since injury

…everybody said it (AB7) was going to be great and then it just turned out to be pretty much a wheelchair facility …Not too much rehabilitation happened there. It's more of an adaptation hospital than a rehabilitation hospital.

*PwSCI - Person(s) with Spinal Cord Injury

Themes and Recommendations

◆ Peer Support and Education

Objective	Recommendations
To **improve SCI knowledge and self-management skills** for PwSCI through peer support, education, and regular relevant knowledge updates.	1) **Review and modify as appropriate existing peer support programs** for improving self-management skills of PwSCI
	2) **Provide training to peers on how to formally teach other peers on self-management**, taking into account the variations in peer experiences
	3) **Organize education days/series in collaboration with PwSCI and partners** to provide updated knowledge about SCI and SCI care
	4) **Provide education for partners, including PwSCI, on how to access SCI-specific resources** throughout the care continuum.

*PwSCI - Person(s) with Spinal Cord Injury

Peer Support and Education

PwSCI
- Female
- Paraplegic
- 4 yrs since injury

…as much as the doctors and nurses can be amazing and can provide you with all the education that they're aware of, they are not in your position; and they will never fully understand being in your position. The only people who can do that are your peers, and I think that peer support would be hugely beneficial…

*PwSCI - Person(s) with Spinal Cord Injury

Themes and Recommendations

◆ Resource Accessibility

Objective	Recommendations
To **streamline** ways for PwSCI and partners to **identify and access** appropriate resources (funding, supports, etc).	1) **Create a centralized resource list** relevant to PwSCI and other SCI partners especially those relevant to individuals in Alberta 2) **Simplify and/or provide suitable guides or templates on the application process** for resources, particularly funding with relevant partners

*PwSCI - Person(s) with Spinal Cord Injury

Resource Accessibility

Psychologist
- Female
- Urban

…if you didn't work in this environment, you wouldn't know what resources exist for the spinal cord injury population. …., but honestly I worry cause I have had this feedback from patients before, they get so much information when they're at inpatient and they can only absorb so much.

CONCENTRIC + HSO (Health Standards Organization)

CONCENTRIC Recommendation	Related HSO Standard
Ensure care providers engage PwSCI and their family in developing and updating a person-centred multidisciplinary care plan that includes relevant health information, goals, and available SCI resources.	**Standard 4.1**: "Teams co-design and continuously update the individualized care plan of the person living with SCI to ensure continuity throughout the SCI rehabilitation continuum of care"
Create opportunities or platform for SCI partners to collaborate, share knowledge and network with the goal of creating and maintaining a community of practice across the acute care, inpatient, outpatient and community settings	**Standard 1.1.1**: "Organizational leaders collaborate with system partners to develop a shared vision for an integrated SCI rehabilitation program across the continuum of care"
Embed and integrate healing and recovery programs/principles into standard rehabilitation protocols or therapy sessions, drawing from current evidence on SCI prognosis	**Standard 6.1.2**: "Organizational leaders enable the implementation of research outcomes in the integrated SCI rehabilitation program"

CONCENTRIC + HSO (Health Standards Organization)

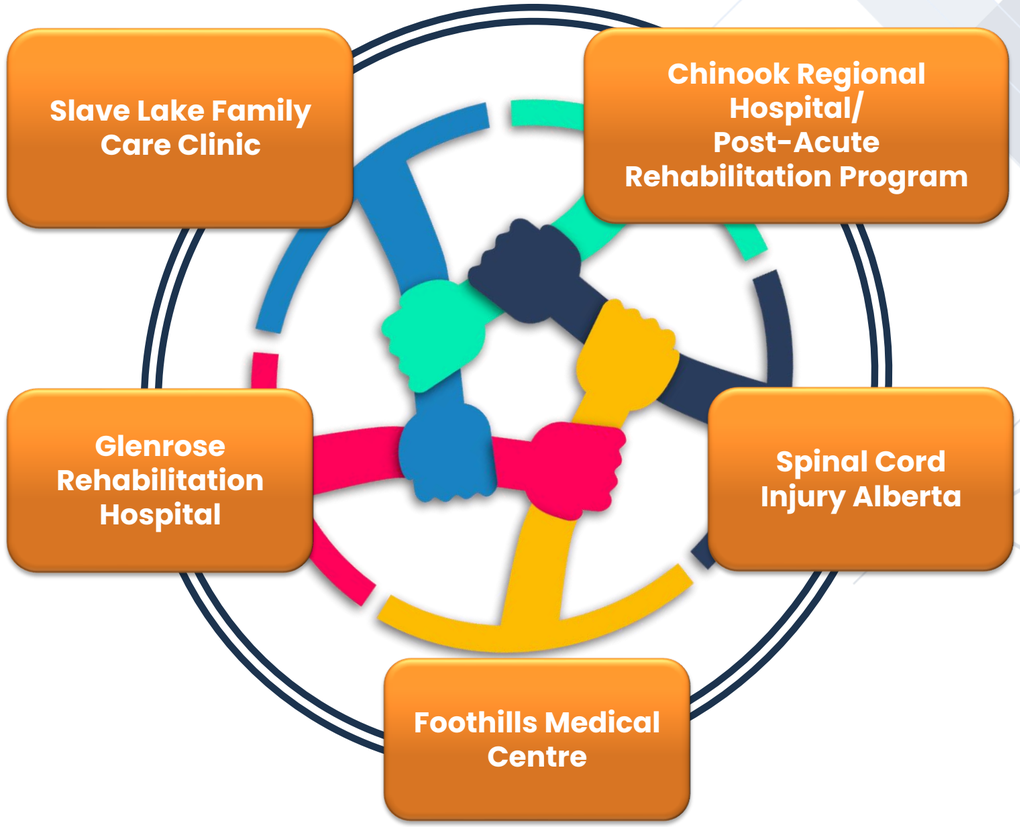
CONCENTRIC Recommendation	Related HSO Standard
Use peer support programs to improve skills for self-management and provide update on current SCI knowledge.	**Standard 2.2.4**: "Organizational leaders ensure teams have access to peer support services to support the person living with SCI throughout the SCI rehabilitation continuum of care"
Connect with key partners to leverage existing resources and create a centralized list.	**Standard 1.2.3**: "Organizational leaders coordinate with partner organizations to provide timely access to services throughout the integrated SCI rehabilitation program"
• Adopt and incorporate My Experience Survey into the care plan(ning) process • Make My Experience Survey accessible for persons with SCI to use throughout the care continuum.	**Standard 3.1.2**: "Organizational leaders provide teams with evidence-informed, validated tools to conduct SCI assessments"

Leveraging Change Champions

- Embedded “change champion(s)” in every team
- Funded by CONCENTRIC to support changes in practices and processes with each clinical team and Spinal Cord Injury Alberta

Case for Change Champions

- Contextual knowledge (frontline realities)
- Team trust
- Prompt feedback/Early warning sign
- Close point-of-contact to answer questions/concerns
- Consistent message across sites



Implementation updates

- Implementation stated in 2025.
- Over the last year, significant progress made by the teams through the support of the Change Champions.
- Most progress made with:
  - Person-centred care planning
  - Communication and collaboration
  - Resource accessibility
- More work is needed on:
  - Focus on healing and recovery
  - Peer support and education

Next steps for CONCENTRIC

- Learn about best practices from other jurisdictions to support implementation, e.g., peer support in Sweden.
- Full implementation of the CONCENTRIC model + spread and scale beyond pilot sites – need additional funding support!
- Facilitating relationships, communication and connection with other SCI communities beyond Alberta.
- Future opportunities e.g. Transitions in care project from acute to inpatient rehab ?

Summary

1. CONCENTRIC is about improving the transitions in care from inpatient rehab to community through a community and evidence-based approach - we are implementing evidence that we have generated into real-life practice!

2. Implementation of the CONCENTRIC Model will ensure compliance with the new SCI accreditation process using HSO standards.

3. Opportunities to enhance our current practices together with partners from other jurisdictions to improve patients' transitions in care experiences and outcomes.

Acknowledgment

Funders & Partners

Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

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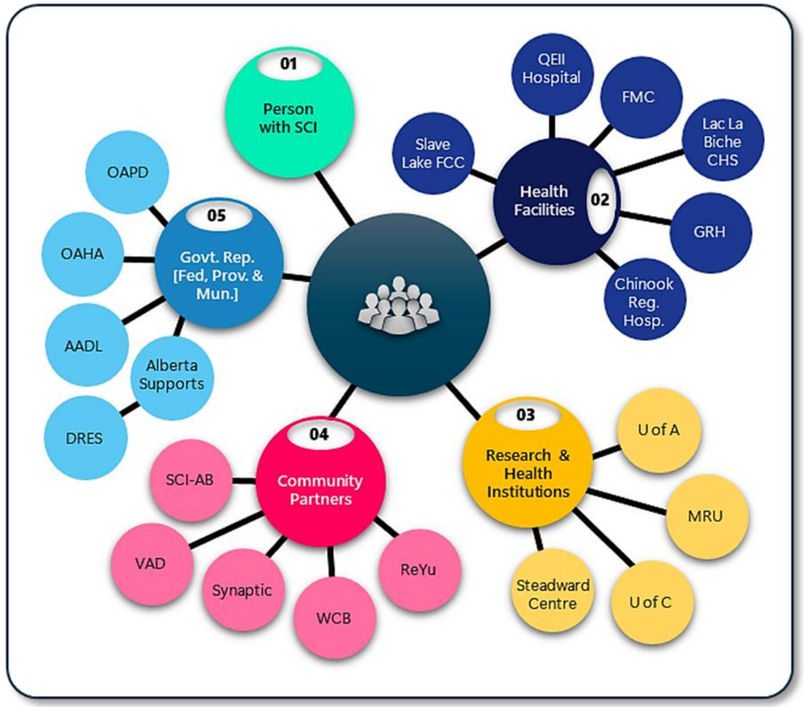

Abbreviations

Chinook Reg. Hosp.	Chinook Regional Hospital
DRES	Disability Related Employment Supports
Fed.	Federal
FMC	Foothills Medical Centre
Govt. Rep.	Government Representative
GRH	Glenrose Rehabilitation Hospital
Lac La Biche CHS	Lac La Biche Community Health Services
MRU	Mount Royal University
Mun.	Municipal
OAPD	Office of Advocate for Persons with Disabilities
OAHA	Office of the Alberta Health Advocates
Prov.	Provincial
QEII Hospital	Queen Elizabeth II Hospital
ReYu	ReYu Paralysis Recovery Centre
SCI-AB	Spinal Cord Injury Alberta
Slave Lake FCC	Slave Lake Family Care Clinic
Synaptic	Synaptic Spinal Cord Injury and Neurological Rehabilitation Centre
U of A	University of Alberta
U of C	University of Calgary
VAD	Voice of Albertans with Disabilities
WCB	Workers' Compensation Board

Thank You

Contact:

Chester Ho | chester.ho@albertahealthservices.ca

Olaleye Olayinka | oolayink@ualberta.ca

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