

**20
21**

**OCTOBER
REPORT**

CONCENTRIC



VISION

Creating a community of SCI stakeholders committed to learning and working together to improve transitions in care for persons with spinal cord injury

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

This report provides an update on activities, accomplishments and challenges encountered between October 2020 and October 2021 and reveals plans for the coming year ending October 2022.

For more visit;

 www.concentricproject.com

 [YouTube Channel](#)

Project... Pandemic... Persistence... Progress...

The larger part, about 86%, of the operational time of the Concentric project fell within the period of the Covid-19 Pandemic.

Despite the effect of the pandemic and other unforeseen circumstances, the project made significant progress which would be highlighted in the remainder of this report.

CONCENTRIC - CONnecting and Coordinating an Enhanced Network for TRansitions In Care

Canadians deserve the best healthcare irrespective of when, where, how long or how often they need to receive it.

This is especially important for those with complex chronic health conditions, which exposes them to multiple transitions in care (TiC). One such group are Canadians with Spinal cord injury (SCI).

For persons with SCI, gaps in TiC involving coordination between providers and healthcare settings currently exists and costs them an estimated \$1.5 to \$3.0 million.

The gaps further result in an unacceptable, unwanted and unpredictable cycle between secondary complications, adverse events, increased morbidity, hospital readmissions and emergency room visits. These all manifest in decreased patient and provider satisfaction and thus calls for changes to the status quo.



To address the gaps in TiC for SCI, our research team is engaging multiple SCI stakeholders across Alberta to study, develop, implement and evaluate a new TiC model for SCI. It will be built on a hubs and spokes system, with demonstration sites using Calgary and Edmonton as the hubs site and Slave Lake and Lethbridge as the spoke sites.



A New Model for Spinal Cord Injury Care



CONTENTS

Figures

3 MEET THE TEAM	Figure 1: Overview of Working Groups for the Concentric project	Page 3
4 HOW CONCENTRIC TRENDS	Figure 2: Concentric process leading to Stage 2	Page 4
5 2020 HIGHLIGHTS	Figure 3: 2020 highlights	Page 5
6 2021 HIGHLIGHTS	Figure 4: 2021 highlights	Page 6
7 ENGAGING MULTIPLE STAKEHOLDERS		
8 STAGE 1 DATA COLLECTION	Figure 5: Recruitment and interview target and actual	Page 8
	Figure 6: Stakeholders interviewed by location	Page 8
	Figure 7: Stakeholders interviewed by gender	Page 8
	Figure 8: Interviewed persons with SCI by impairment & injury type	Page 8
	Figure 9: Interviewed persons with SCI by cause of injury	Page 8
	Figure 10: Stakeholders interviewed by profession	Page 8
9 STAGE 1 ANALYSIS AND FINDINGS	Figure 11: Stage 1 findings analysis process	Page 9
10 PRIORITIZING FINDINGS	Figure 12: Prioritization survey for impact	Page 10
	Figure 13: Prioritization survey for feasibility	Page 10
	Figure 14: Final prioritization survey impact-feasibility matrix	Page 10
11 COMMUNICATING PROJECT INFORMATION	Figure 15: Guiding principles for communicating information	Page 11
12 STAGE 1 EVALUATION	Figure 16: Logic model evaluation plan for stage 1 — situational analysis	Page 12
13 STAGE 1 OUTCOME	Figure 17: Logic model evaluation plan for stage 2 — SCI transitions model design	Page 13
	Figure 18: Stage 1 evaluation lessons learnt	Page 13
14 MAPPING CARE PATHWAY AND SCI RESOURCES	Figure 19: Proposed Concentric project stages	Page 14
	Figure 20: TIC pathway from inpatient rehab into community	Page 15
	Figure 21: TIC pathway for rehospitalization	Page 16
17 STAGE 2 BEGINS	Figure 22: Stage 2 U-Process timeline	Page 17
18 CONCLUSION	Figure 23: Next year (2022) plans	Page 18

Tables

Table 1: Six themes and 8 statements from Stage 1 Findings	Page 9
Table 2: TIC pathway abbreviations	Page 16

Abbreviations

AADL	Alberta Aids to Daily Living
AAHB	Alberta Adult Health Benefit
Ad	Advert
AFNIGC	Alberta First Nations Information Governance Centre
AHS	Alberta Health Services
AISH	Assured Income for the Severely Handicapped
CBPR	Community-Based Participatory Research
CIHR	Canadian Institutes of Health Research
CONCENTRIC	CONnecting and Coordinating an Enhanced Network for TRANSitions In Care
CRIS	Community Rehabilitation Interdisciplinary Service
CSCIRA	The Canadian Spinal Cord Injury Rehabilitation Association
CZ	Calgary Zone
DCHB	Drug Coverage and Health Benefits
DROC	Debrief, Recruit, Obtain Consent
EZ	Edmonton Zone
FGD	Focus Group Discussion
FMC	Foothills Medical Centre
GRH	Glenrose Rehabilitation Hospital
ISCOs	The International Spinal Cord Society
MDA-WG	Model Development and Actualization Working Group
NIHB	Non-Insured Health Benefits
PARP	Post-Acute Rehabilitation Program
SCI	Spinal Cord Injury
SCI-AB	Spinal Cord Injury Alberta
SROP	Specialized Rehabilitation Outpatient Program
TIC	Transitions in Care
U of A	University of Alberta
WCB	Workers' Compensation Board
WG	Working Group
YMCA	Young Men's Christian Association

MEET THE TEAM



Steering Committee

Aadalberto Loyola-Sanchez
Chester Ho
Jeff Bakal
Katharina Kovacs-Burn
Olaleye Olayinka
Rebecca Charbonneau
Rija Kamran



External Advisory Committee

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Cynthia MacQuarrie
Colleen O'Connell
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Lana Tordoff
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Evaluation Working Group

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Brooke Nowicki
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Tanya McFaul
Teren Clarke
Tony Flores
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SCI Education Day Planning Committee

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Dean Tumibay
Dulcie Miller
Hardeep Kainth
Julie Reader
Kasey Aiello
Marcy Cwiklewich
May McEwan
Michelle Wallace
Olaleye Olayinka
Raj Parmar
Rebecca Charbonneau
Tanya McFaul

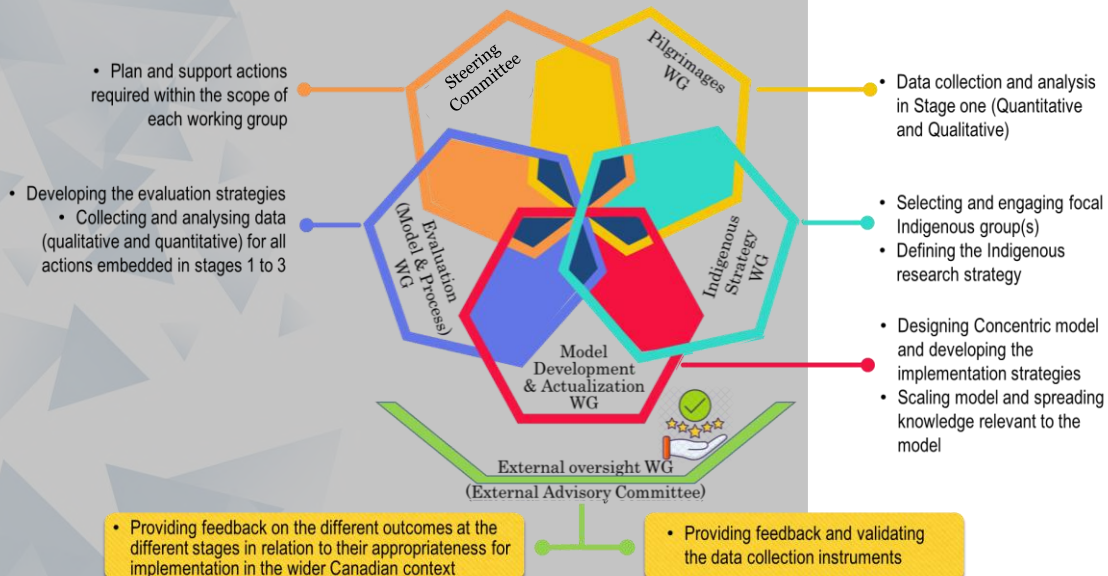


Figure 1: Overview of Working Groups for the Concentric project



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

Sponsors & Partners

Canadian Institutes of Health Research
Friends of the Glenrose
Praxis Spinal Cord Institute
Spinal Cord Injury Alberta
The Alberta Paraplegic Foundation
University of Alberta, Faculty of Medicine & Dentistry
University of Calgary, Department of Clinical Neurosciences
University of Calgary, W21C



How CONCENTRIC trends

► Are we on track?

Since June 9, 2021, the project officially entered its second stage. Planned activities for Stage 2 have been adjusted to be completed in 7 months instead of the initially proposed 12 months. This was to compensate for the extra 8 months it took to complete Stage 1 due to the effect of the Covid-19 pandemic and other unanticipated constraints.

Scheduled to be completed in 2024, the project is currently on track with its proposed timelines for completing the project.

► Were we able to achieve what we set up to do this past year?

All set goals for Stage 1 and Stage 2 for the last year were achieved except one; **interview of persons with SCI from a chosen Indigenous community**. The Covid-19 pandemic has resulted in Indigenous Elders focusing their attention exclusively on the safety of their communities. This has made it difficult to get them engaged during the Stage 1 and hence the delay in choosing a focal Indigenous community for the project.

As an alternative, pending when things change, **the External Advisory Committee recommended interviewing Indigenous persons with SCI that could be accessed across the province**. This resulted in 6 interviewed Indigenous persons with SCI in the Stage 1 of the project.

**A 1-year extension was secured for the project from CIHR in November 2020 due to the impact of Covid-19 pandemic on research activities.*

CONCENTRIC ROADMAP

A brief overview of the process followed leading to Stage 2

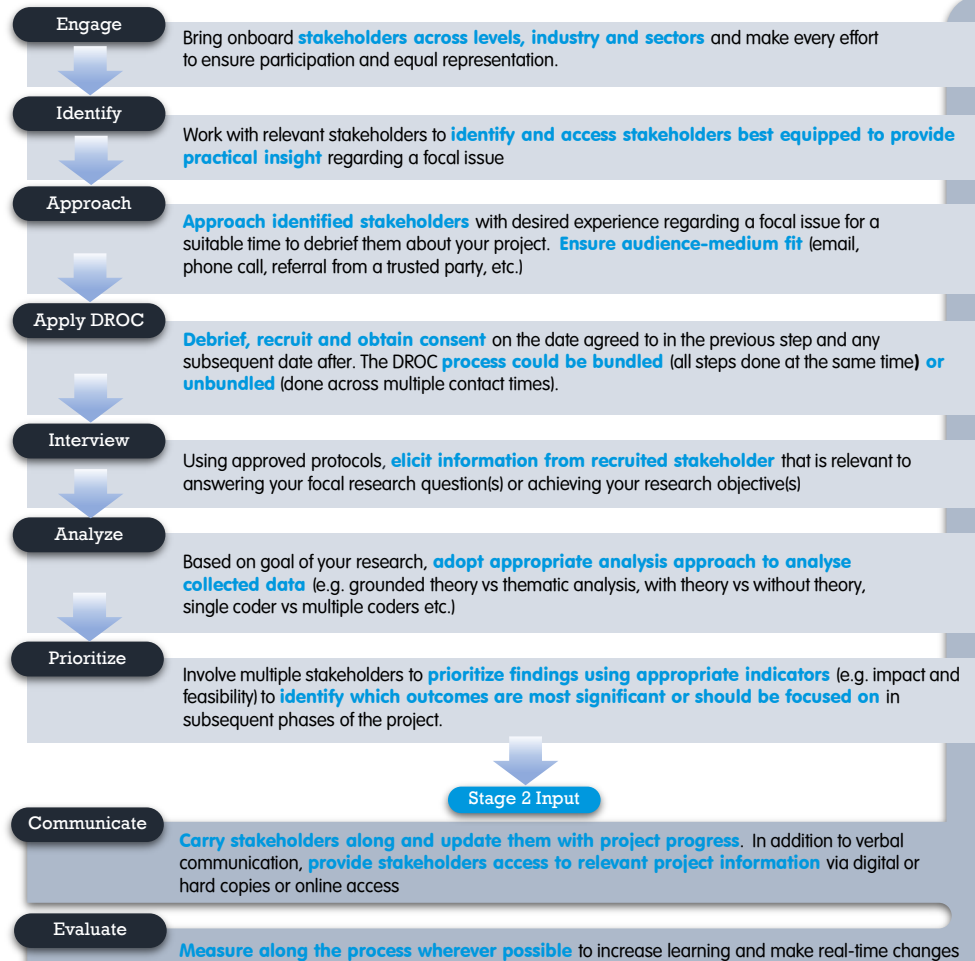


Figure 2: Concentric process leading to Stage 2

2020
Highlights**JANUARY**
Ethics approval**MARCH**

- Recruited, debriefed & trained Research Assistants on interviewing skills
- Booth secured at Health Symposium for Blackfoot Nations to engage with Indigenous stakeholders
- Evaluation Working Group was inaugurated

MAY

- 2 Summer students recruited to take inventory of services available for persons with SCI in Alberta
- First interview with persons with SCI was conducted

AUGUST

- Transcription of collected interview data begins
- Thematic analysis of collected data began

**DECEMBER**

Working agreement to engage with AFNIGC drafted with guidance from U of A Vice-Provost (Indigenous Programming & Research)

MARCH

Alberta enters first Covid-19 lock down

FEBRUARY

- Project website was created for a one-stop platform to get project updates and relevant resources
- Actions to obtain membership for the Indigenous Strategy working group began

APRIL

Pilgrimages working group responsible for data collection and analysis was inaugurated

JULY

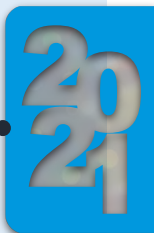
- Lunch & learn sessions held with personnel from spoke sites
- Amendment to address recruitment challenges via placing ad in newspaper and using AHS mass mailing approved

NOVEMBER

1-year extension due to the impact of Covid-19 approved by CIHR

**DECEMBER**

– Virtual Annual General Meeting
– Preliminary findings presented to Concentric Stakeholders



2021
Highlights

2022

JANUARY

- Virtual meeting with the External Advisory Committee to present preliminary findings and advice on advancing Indigenous Strategy
- Facilitated virtual meeting for Hub & Spoke site & a Patient Advisor in North Zone to connect and learn from each other

JANUARY

- First round of Delphi to identify evaluation tools to adopt completed
- Research Assistant to guide Stage 2 activities brought on board

MARCH

- Findings prioritized according to impact and feasibility
- Virtual General meeting with Concentric partners
- First analysis for Stage 1 interview data completed

FEBRUARY

- Last interview for Stage 1 was completed
- Analysis of first round of Delphi for identifying evaluation tools completed

MAY

- Results of first round of Delphi presented to Evaluation working group

JUNE

- Stage 2 officially starts
- Working group responsible for designing the Concentric model is inaugurated
- Modelling and verification of the TIC pathway from in-patient rehab to community and for readmission completed

JULY

- Engagement session facilitated with support of AFNIGC was had with 7 Indigenous Elders [across Treaties 6, 7 & 8]
- Second analysis of Stage 1 data using a different lens began
- Lunch & learn sessions held with personnel from spoke sites

AUGUST

- Activities for stakeholders to develop an open heart, open will and open mind strategic to creating the appropriate Concentric model begins

SEPTEMBER

- Second round of Delphi begins

OCTOBER

- Brainstorming for potential solutions to identified TiC challenges begins

Engaging multiple Stakeholders

► Facilitated Meetings

The CONCENTRIC project was designed from start to be a **community-based participatory research (CBPR)**. This in practice meant involving stakeholders beyond a focal research team.

The first official involvement of multiple stakeholders for the project occurred on **December 6 2019 at the project kickoff**. The meeting was held simultaneously across 4 physical locations in Calgary, Edmonton Lethbridge and Slave Lake with some joining remotely outside these locations.

To date, several meetings have been held to allow the contribution of stakeholders across levels, sectors and locations. Stakeholders agreed at the kickoff meeting to **create working groups to further allow stakeholder participation and contribution**.

► Working Groups

Following recommendation from stakeholders, four working groups were created in addition to the Steering Committee and External Advisory Committee (see **Figure 1**).

A fifth working group called **SCI Education Day Planning Committee** was added and inaugurated in June 2021 to oversee plans for the project's annual SCI Education day.

Currently, the Pilgrimages working group saddled with Stage 1 data collection and analysis have completed their task and since been evaluated and dissolved.

All other working groups and committees are active with the exception of the Indigenous Strategy working group.

► Focus Group Discussions

Input of stakeholders have been solicited for in various ways through focus group discussions (FGD).

After completion of the first round of analysis of interview data collected for Stage 1, a **member checking exercise was conducted with a subset of interviewed participants using FGD** to ensure that the results reflected what they intended.

To connect, learn about transition gaps and brainstorm how to improve/address things, a **FGD was held between personnel from Glenrose, Slave Lake Family Care Clinic and a person with SCI and her family** on January 26 2021. Three successive post-FGD sessions were held on the 10th of March, 13th of April, and 8th of October 2021.

ADVANCING INDIGENOUS STRATEGY

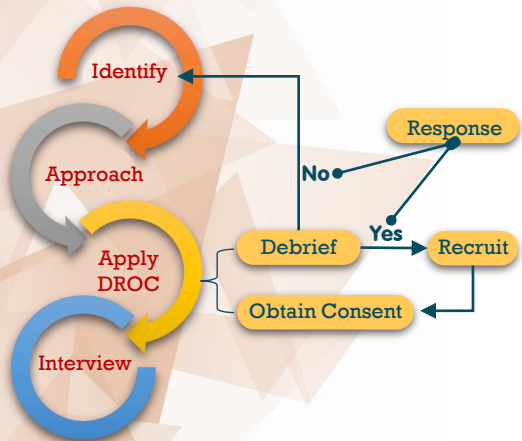
The Covid-19 pandemic has affected research and stakeholder engagement in various ways. For the CONCENTRIC project, this has stalled the inauguration of the Indigenous Strategy working group.

The working group is responsible for bringing Indigenous stakeholders together and deciding which Indigenous community to focus on. Persons with SCI from the chosen community will be interviewed to understand their transition in care experiences.

Starting November 18 2019, several actions have been taken to engage Indigenous stakeholders and to put together a team for the Indigenous Strategy working group such as;

1. Reaching out to the Indigenous Health Program in AHS (24th February 2020).
2. Reaching out to Deputy Medical Officer of Health for Indigenous Services Canada (2nd March 2020).
3. Securing a booth at the Health Symposium for Blackfoot Nations held in Calgary on 11th March 2020 to present Concentric to the Indigenous Community.
4. Drafting a working agreement to engage with the Alberta First Nations Information Governance Centre (AFNIGIC) with the guidance of the Vice-Provost (Indigenous Programming & Research) at the University of Alberta on December 11, 2020.
5. Conducting an engagement session facilitated with the support of AFNIGIC with Indigenous Elders (7 across Treaties 6, 7 & 8) on the 8th of July 2021 to make the case for the project.

Pending inauguration of the working group, the External Advisory Committee advised to interview Indigenous persons with SCI living outside a specific Indigenous Community. This resulted in interviewing 6 Indigenous persons with SCI in Stage 1.



Stage 1 Data Collection

With the help of stakeholders, the set target for recruitment for interviews was met and in some cases surpassed.

At onset, recruitment efforts were not very successful. Among other factors, this was traced to conducting **the DROC process [debrief-recruit-obtain consent]** over several contact times.

Application of the DROC process was subsequently modified to ensure a maximum of two contact times with the interview conducted on the second contact occasion.

Furthermore, ethics approval was obtained to expand recruitment methods to include advertising in local newspaper and using AHS mass mailing.



Figure 5: Recruitment and Interview target and actual

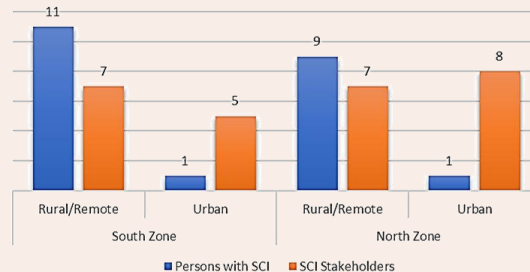


Figure 6: Stakeholders interviewed by location

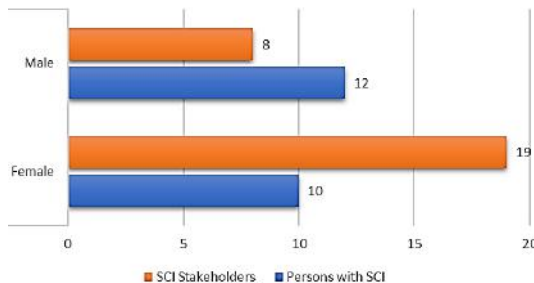


Figure 7: Stakeholders interviewed by gender

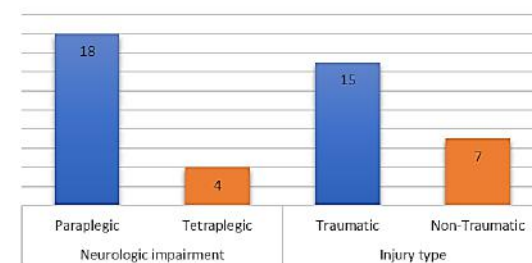


Figure 8: Interviewed persons with SCI by impairment & injury type

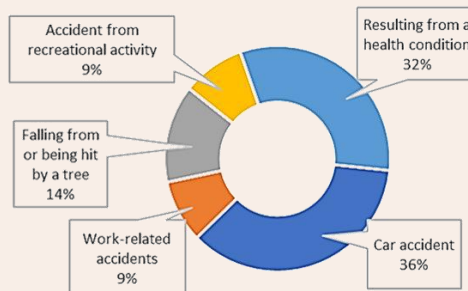


Figure 9: Interviewed persons with SCI by cause of injury

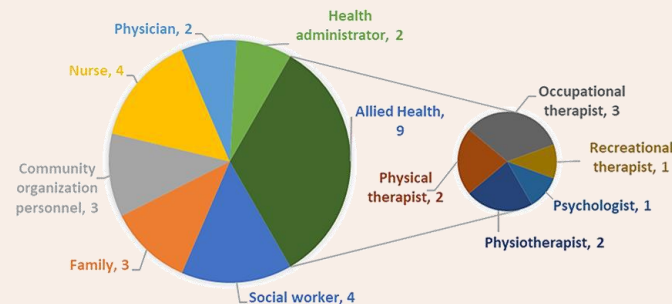
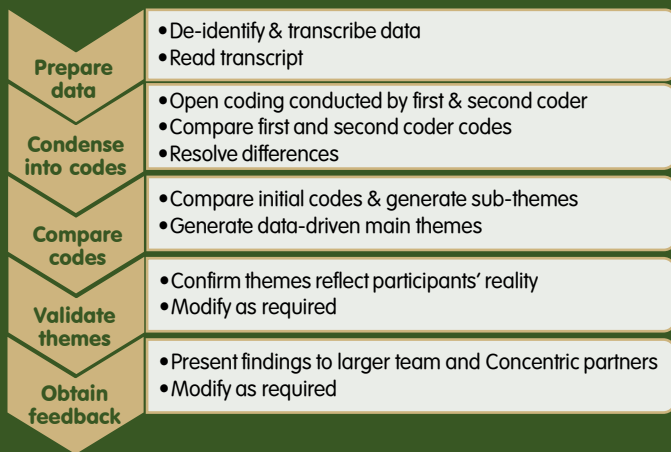


Figure 10: Stakeholders interviewed by profession

Stage 1 Analysis and Findings



The diagram above summarizes the process followed to generate the final 6 themes and 8 statements from first analysis of Stage 1 interview data.

The “**Condense into codes**” step resulted in 8 themes and 18 sub-themes from analysis of interview data for persons with SCI while that for all other stakeholders resulted in 10 themes and 36 sub-themes.

The “**Compare codes**” step, conducted by a team of 5 qualitative researchers, resulted in the themes and statements highlighted on the right.

The final step “**Obtain feedback**” included prioritizing the 8 statements generated in order of impact and feasibility [see page 10]

Main Themes for Transitions in Care

Six themes are identified as strategic to ensuring successful transitions in care between inpatient rehab and the community and integration into a meaningful life. The 6 themes form the acronym **Max ACCESS** and each have specific statement(s) associated with it.

Table 1: Six themes and 8 statements from Stage 1 Findings

M Anaging healing eX pectations	<p>Statement 1</p> <p>→ Set personalized care plans for persons with SCI that ensures their successful adaptation to the realities of their injury and the attainment of their highest functional recovery potential, harmonizing the functional recovery expectations from individuals and their healthcare teams.</p>
A ccess to services appropriate for SCI	<p>Statement 2</p> <p>→ Service providers involved in the care of persons with SCI identify and bring to their attention existing services, programs and resources that are close to where they live</p> <p>Statement 3</p> <p>→ Service providers facilitate access to services, programs or resources that are suitable for persons with SCI</p>
C lient-centred care	<p>Statement 4</p> <p>→ Using client-centred principles, service providers engage with persons with SCI and their family to determine and address their care needs</p>
C ontinuity of care	<p>Statement 5</p> <p>→ Service providers create a clear, standardized care pathway across rural and urban settings that allows for building connections, improving current relationships and facilitating the prompt sharing of updated client data within and across teams, facilities, services or programs</p>
E ducation	<p>Statement 6</p> <p>→ Using the most appropriate format that would allow subsequent retrieval and use, provide training on SCI knowledge and management skills to persons with SCI and the different individuals involved in their care</p> <p>*Statement 7</p> <p>→ Improve the public's general knowledge of and awareness regarding SCI and disability</p>
S ocial S upport	<p>Statement 8</p> <p>→ Connect persons with SCI and their caregivers to support networks that enable them to successfully address financial, physical, geographical, social and psychological challenges that they encounter</p>

*Statement 7 has since been modified to “Facilitate achieving knowledge that addresses potential impediments to care or community re-integration”



Prioritizing Findings

An interim and final prioritization exercise were conducted in March 2021 [see results in the chart on the right]. The exercise was to prioritize eight statements associated with six themes identified from analysing Stage 1 interview data in order of impact and feasibility [see page 9].

The interim survey was conducted over six days prior to conducting the final prioritization survey using Qualtrics. The result was presented at the March 2021 General Meeting to Concentric partners. The final survey was conducted as a live poll using Mentimeter at the meeting.

Unlike the interim survey, where responses given by persons with SCI were differentiated from that given by all other SCI stakeholders, the final survey result didn't differentiate between stakeholder groups.

Number of respondents for interim survey = 51
Number of respondents for final survey = 27

Survey Question

- ➔ Rate the statements in terms of their positive impact on successful transition of persons with spinal cord injury from in-patient rehab into community
- ➔ Rate each statement in terms of how possible (feasible) it is to achieve it within 1 - 2 years

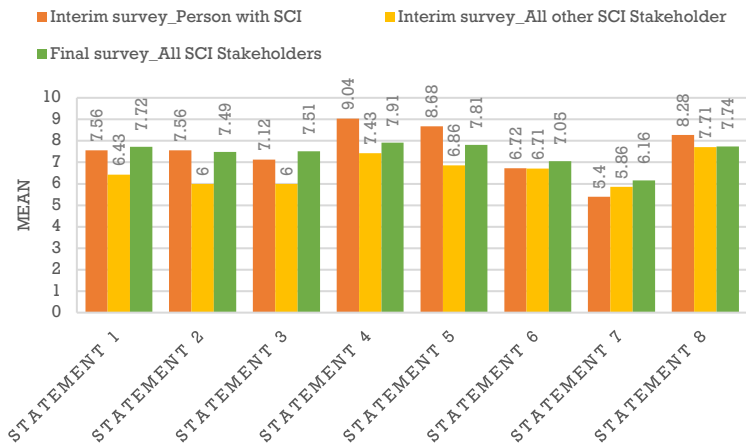


Figure 12: Prioritization survey for impact

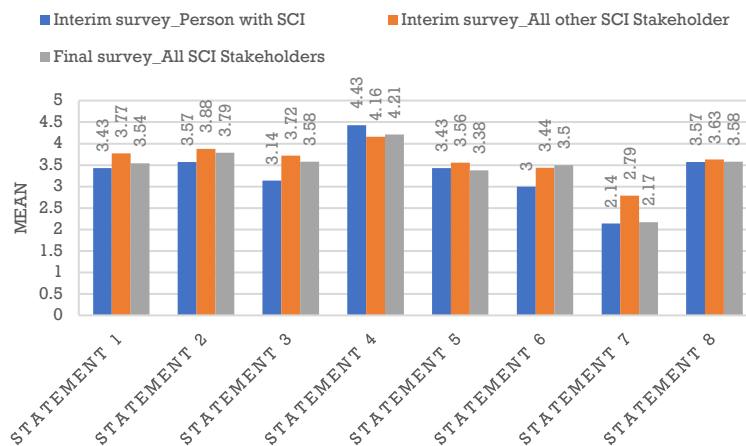


Figure 13: Prioritization survey for feasibility

*Note: See page 9 for full list of statements

Prioritization exercise conclusion

Seven breakout sessions were conducted at the March 2021 General Meeting for participants to react to results of the interim prioritization exercise.

The goal was to look at the top 3 statements in terms of impact and feasibility out of the 8 statements captured under 6 themes [see page 9 for full list].

As shown in the results of the live poll conducted for the final prioritization exercise presented in the [impact-feasibility matrix in figure 14](#) below, most items, with the exclusion of Statement 7, fell in quadrant 4 (High Impact-High Feasibility).

The final prioritization exercise results was echoed in various ways during the discussions at the meeting. Key points include:

1. Some statements were seen as an enabler or facilitator of other statements
2. Participants requested to ensure the seamless interplay between all the statements
3. Participants concluded that all the statements were important and should be incorporated into the Concentric model as that would be essential to creating a holistic patient-centred approach

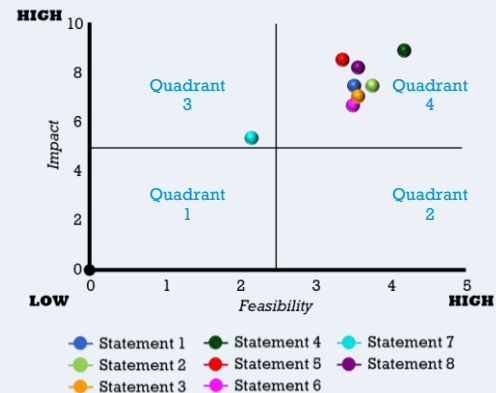


Figure 14: Final prioritization survey impact-feasibility matrix

Communicating Project Information

To ensure stakeholders are appropriately informed, the four guiding principles in the box below were followed.

Continued interest in receiving correspondence from the Project team was confirmed via an information survey sent to all stakeholders

Communicating project-related information was however not limited to only Concentric stakeholders and included the larger public and potential stakeholders in some cases.

Information Survey

A survey was sent out in February 2021 to all stakeholders to identify what type of information they were (still) interested in.

The survey was viewed as essential to ensuring stakeholder-communication fit. Stakeholders were asked

- if they were still interested in the project
- If they wanted to receive updates about the project
- If they wanted to be sent information about oncoming project meetings and
- If they wanted to receive information on SCI-related items such as education opportunities, conferences, etc.

Updating Potential Stakeholders

Project-related information has been communicated to the general public in various ways as shown below.

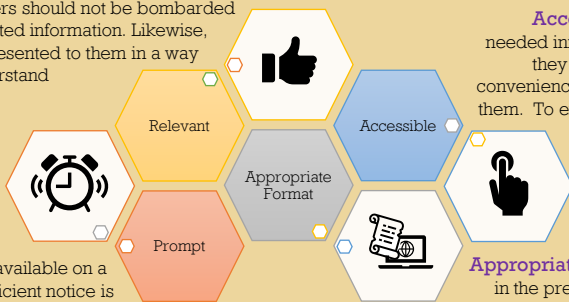
Via conferences

- Oral presentation at The 60th ISCoS on October 31 2021 titled "Identifying needs to promote successful transitions in care for persons with spinal cord injury living in rural areas: A qualitative study"
- Poster presentation at The 9th National Spinal Cord Injury Conference by CSCIRA in November 2021 titled "Understanding the services available for persons with traumatic spinal cord injury in Alberta, Canada: A mixed methods study"

Via webinar/virtual presentations

- Presentation of findings from assessment of the SCI-system in Alberta to participants at Wheels of Change in August 2020
- Scoping review on return to work for persons with SCI presented in August 2021
- Presentation on existing SCI models of care delivery in September and October 2021
- Presentation on the significance of Concentric and Stage 1 findings related to social workers to the Alberta College of Social Workers in September 2021.

Relevant – Stakeholders should not be bombarded with irrelevant, unsolicited information. Likewise, information must be presented to them in a way they would easily understand



Prompt – Information must be available on a timely basis. In this regard, sufficient notice is usually given for meetings, requests, webinars, etc. Reminders are often sent out as needed also.

Accessible – Stakeholders must be able to access needed information whenever they want. In some cases, they must be able to revisit information in their own convenience after such information has been presented to them. To ensure this, a [project website](#) was created and a [YouTube Channel](#) was set up.

[Click ► Concentric project website](#)
[Click ► Concentric YouTube Channel](#)

Appropriate format – Considering the potential variation in the preferences of stakeholders, different media have been adopted in the project to present information. Adopted media include one-pagers, documents (PDFs, Word Document], emails and animations.

Guiding Principles for Communicating Information

Stage 1 Evaluation

To guide the evaluation process, logic models were derived for each of the 3 stages of the project (see figures 16 and 17 for logic model evaluation plan for Stage 1 and 2 respectively).

Stakeholders have been engaged in various ways over the course of Stage 1 and 2 to evaluate relevant aspects of the project.

- Surveys were sent out to evaluate meetings and improve subsequent ones.
- Polls are conducted at the start of webinars to better understand the composition of attendees and their geographical distribution.
- Stakeholders involved in the Pilgrimages working group participated in evaluating the working group in July 2021 and
- The performance of the Steering Committee during the Stage 1 was evaluated also in July 2021.

Discussions on how to incorporate the results from evaluating the Pilgrimages working group and the Steering Committee was held in August 2021.

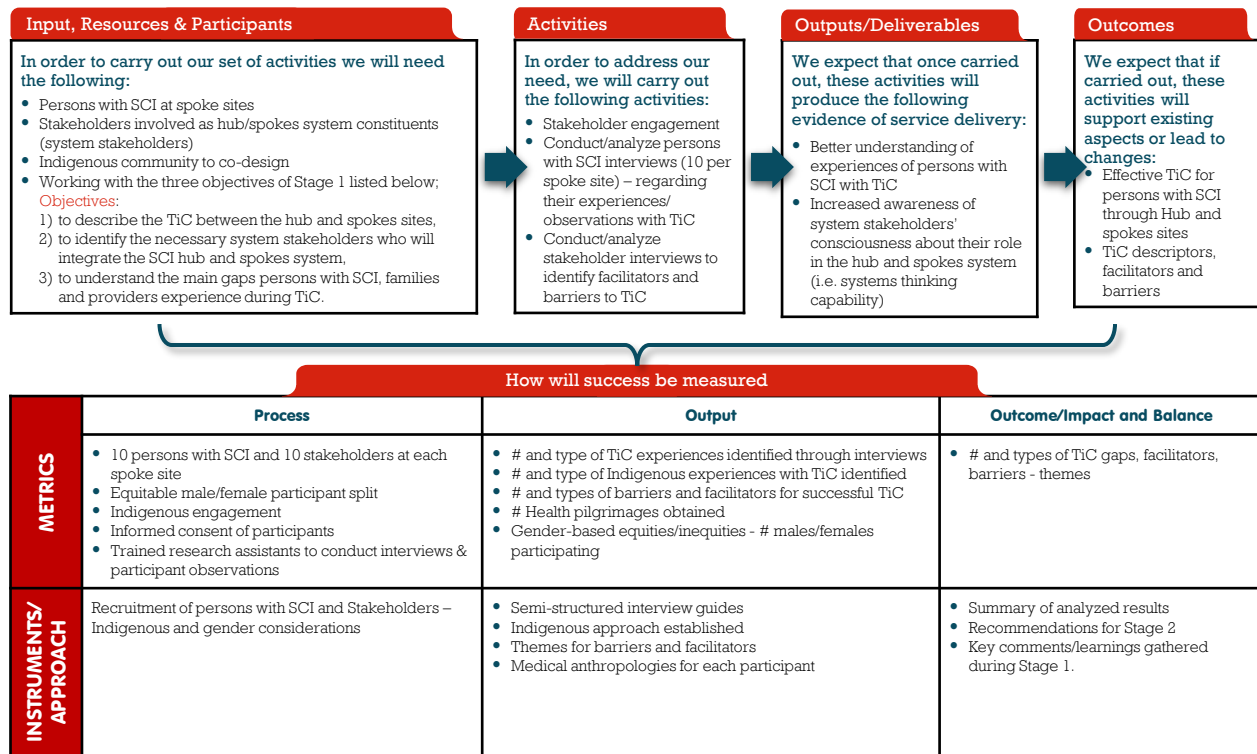
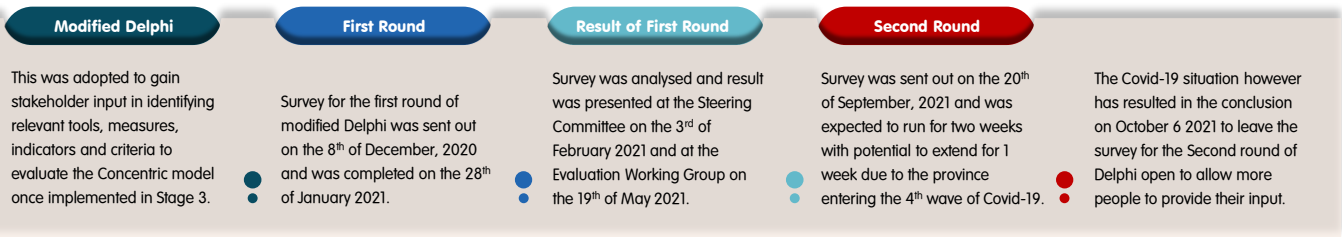


Figure 16: Logic Model Evaluation Plan for Stage 1 – Situational Analysis

Pre-Implementation Evaluation Modified Delphi Update

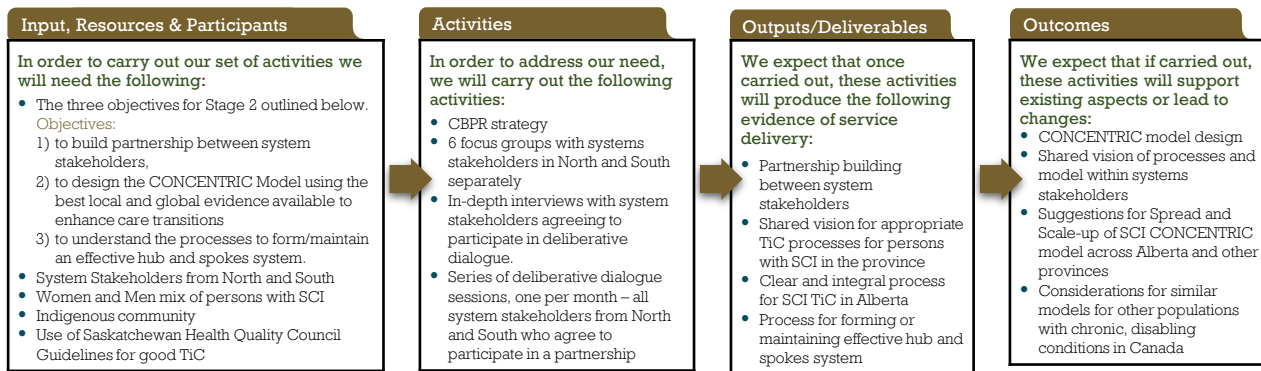


Stage 1 Outcome

Stage 1 outcome and lessons learnt from conducting it have been built on in Stage 2. Details of the lessons learnt is presented in the image on the bottom right of this page.

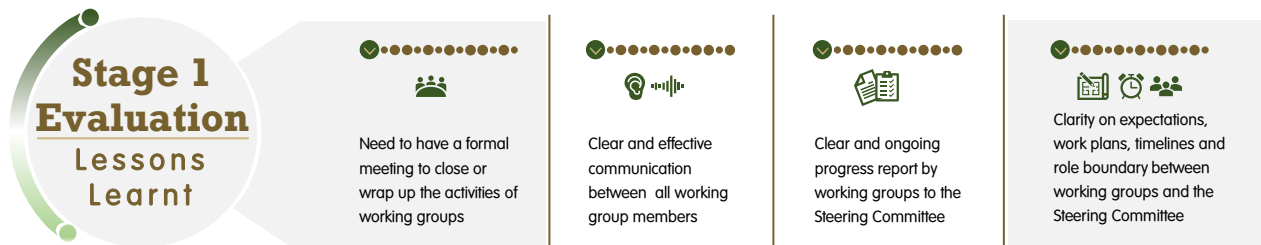
Figure 17 highlights the proposed logic model reflecting plans for Stage 2.

Stage 2 outcomes will be used as part of the input for Stage 3.



How will success be measured			
	Process	Output	Outcome/Impact and Balance
METRICS		<ul style="list-style-type: none"> # themes of shared vision for appropriate TiC processes for persons with SCI # confirmed TiC domains Partnership agreements Hub and spokes system definition/description 	<ul style="list-style-type: none"> Agreed on vision of processes and model to share Stakeholder and participant consensus reached # participants in agreement with Model # stakeholders in agreement with Model # and type of different perspectives
INSTRUMENTS / APPROACH	<ul style="list-style-type: none"> Focus group guiding questions Indigenous guiding questions Deliberative dialogue agreed on issues or question(s) related to 8 domains of good TiC 	<ul style="list-style-type: none"> Develop shared vision for appropriate TiC processes for persons with SCI based on results of focus groups and deliberative dialogue 	<ul style="list-style-type: none"> The Model design – draft.

Figure 17: Logic Model Evaluation Plan for Stage 2 – SCI Transitions Model Design





Mapping Care Pathway and SCI Resources

The goal of the CONCENTRIC project is to design and implement a standardized provincial SCI Transitions in Care Model.

The project hence comprises of 3, mostly sequential, stages [see [figure 19](#) on the right].

Across the three stages, stakeholder engagement, knowledge transfer and evaluation are conducted on a continuous basis.

In ensuring the goal of the project is met, the current TiC pathway in the province of Alberta was modeled in June 2021 and inventory of existing services and resources was completed in August 2021.

To successfully achieve the goal of the project, it was deemed necessary to **understand what currently obtains**. This led to three major activities which complement each other.

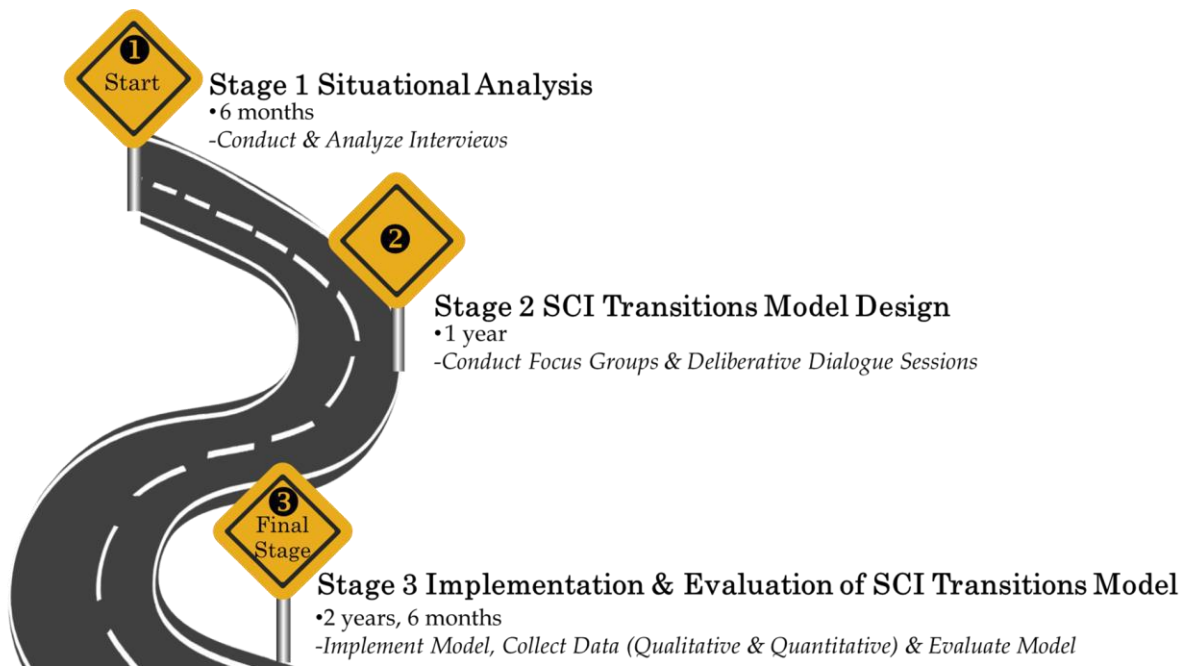


Figure 19: Proposed Concentric project stages



1

Semi-structured Interviews

Virtual interviews conducted to obtain the experience and perspective of persons with SCI and SCI care providers on transitions in care [see [page 8](#)]

2

Pathway mapping

Mapping the care pathway from inpatient rehab to community and for rehospitalization in Alberta using SCI stakeholders across the province [see [pages 15 and 16](#)]

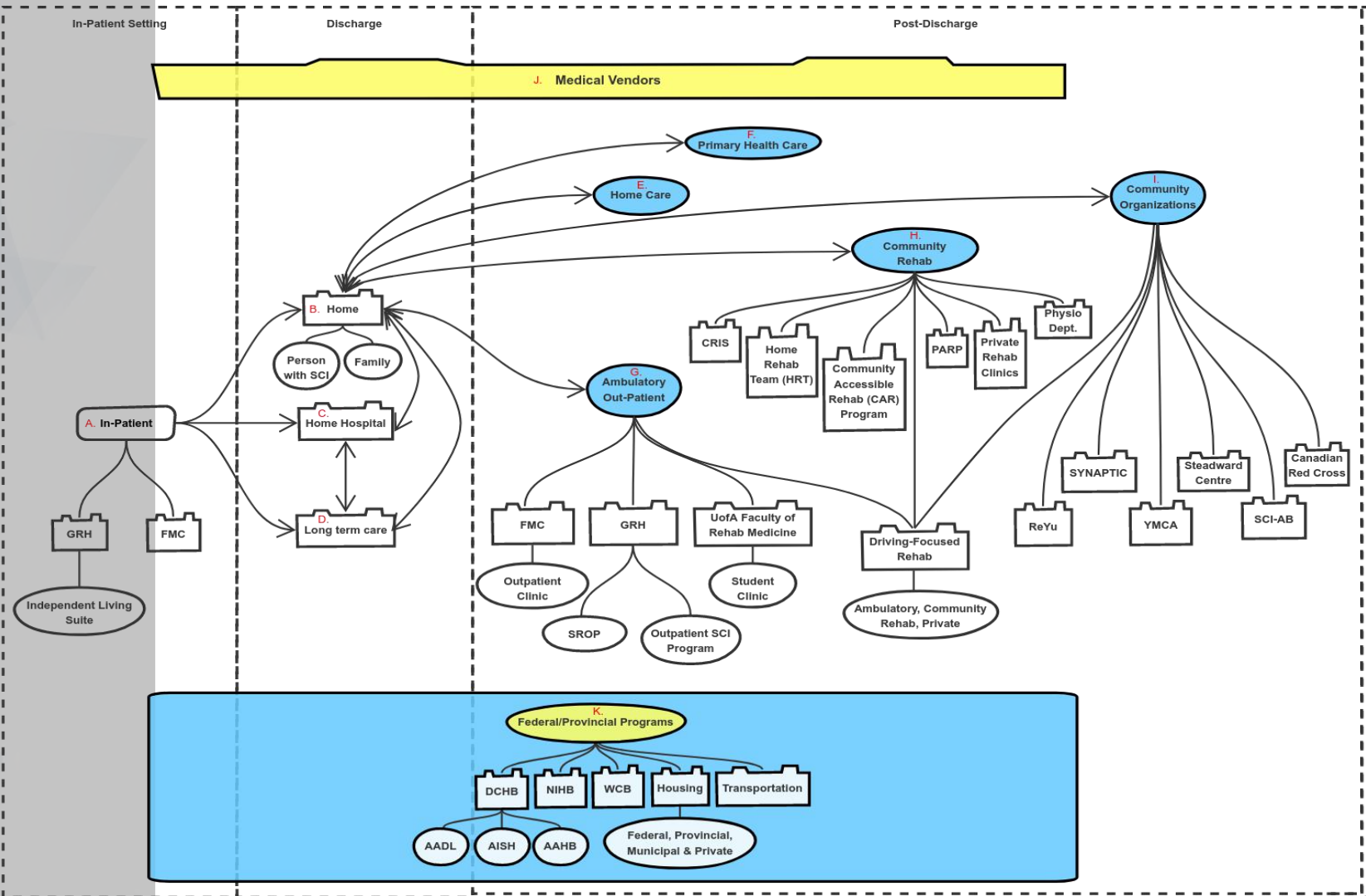
3

Thick Description

Conducting document and webpage analysis and informal interviews with care providers to identify and document the services and resources provided in the province for persons with SCI

Figure 20:
TiC Pathway from
Inpatient Rehab into
Community

*See next page for full
list of Abbreviations or
Acronyms



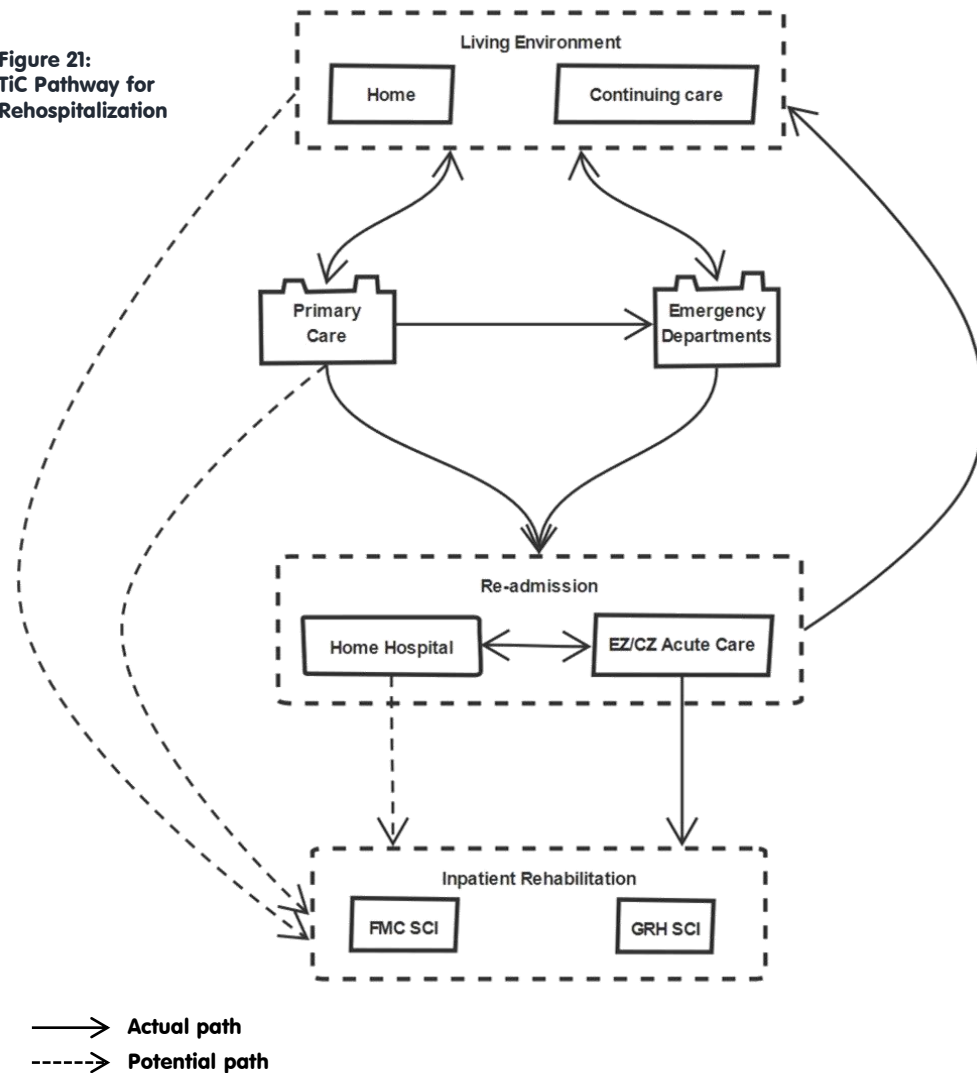
Main headings in map

- A. In-patient
- B. Home
- C. Home Hospital
- D. Long Term Care
- E. Home Care
- F. Primary Health Care
- G. Ambulatory Out-patient
- H. Community Rehab
- I. Community Organizations
- J. Medical Vendors
- K. Federal/Provincial programs

Table 2: TiC Pathway Abbreviations

Acronym	Full name
AADL	Alberta Aids to Daily Living
AAHB	Alberta Adult Health Benefit
AISH	Assured Income for the Severely Handicapped
CAR	Community Accessible Rehabilitation
CRIS	Community Rehabilitation Interdisciplinary Service
CZ	Calgary Zone
DCHB	Drug Coverage and Health Benefits
EZ	Edmonton Zone
FMC	Foothills Medical Centre
GRH	Glenrose Rehabilitation Hospital
HRT	Home Rehab Team
NIHB	Non-Insured Health Benefits
PARP	Post-Acute Rehabilitation Program
Physio Dept.	Physiotherapy Department
SCI	Spinal Cord Injury
SCI-AB	Spinal Cord Injury Alberta
SROP	Specialized Rehabilitation Outpatient Program
UofA	University of Alberta
WCB	Workers' Compensation Board
YMCA	Young Men's Christian Association

**Figure 21:
TiC Pathway for
Rehospitalization**



Stage 2



Official Start

Stage 2 of the project officially started on the 9th of June 2021 with the inauguration of the Model Development and Actualization working group (MDA-WG).

The working group members are currently utilizing findings from Stage 1 to guide activities and would use them to design a new provincial TiC model for persons with SCI.



Adopted Theory

U-Process theory with three distinct phases [co-sensing, co-presencing, and co-creation] was adopted.

As shown in figure 22 below, the first phase started in August 2021. The final phase, called co-creation, would lead to the designing of the CONCENTRIC model.



Open Heart, Will & Mind

Stakeholders in the MDA-WG were engaged in a sensing journey at the first two sessions in Stage 2.

The sensing journey was designed to enable stakeholders attain an open heart, open will and open mind.

This was strategic to creating a new model that would not recreate barriers and mistakes of the past.



Knowledge Transfer

To expand stakeholders' knowledge of existing solutions to transitions in care challenges, a webinar was held in September and October 2021.

A summary of models of care delivery adopted across 19 countries for persons with SCI was presented in the webinar.

A comparison with the findings from Stage 1 was also presented.

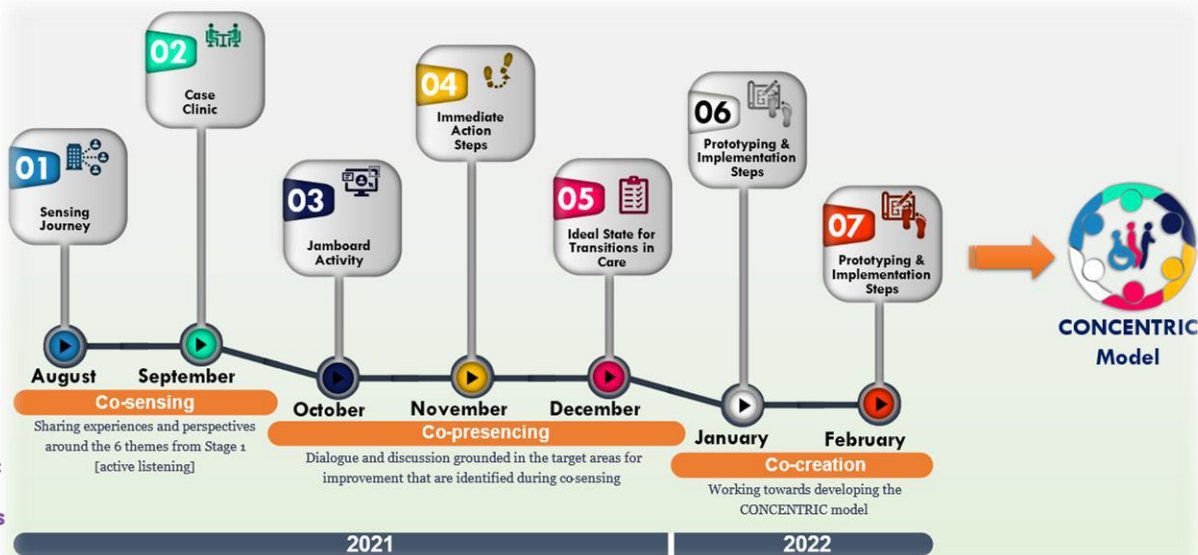


Figure 22:
Stage 2
U-Process
Timeline

CONCLUSION

The Concentric project is currently on track to meet its set goals despite all the challenges faced in the past years.

It is worth noting that the accomplishments of the past years would have not been possible without the **commitment, contribution and sacrifices made by our Sponsors, Partners and the entire Concentric team.**

We would like to say a big thanks to everyone who has contributed in one way or another.

We look forward to everyone's continued participation and to another year of great achievements.

Thanks.

What are the plans for the next year?

Within the next year, Stage 2 is scheduled to be completed by February 2022 and Stage 3 to begin in March 2022.

We plan to complete Stage 3 Pre-implementation activities by May 2022 and would be 6 months into activities regarding actual implementation of the CONCENTRIC model by November 2022.

As part of knowledge sharing plans, the first Annual SCI Education Day is scheduled to hold on the 17th of March 2022 and annual stakeholders meeting to debrief stakeholders on Stage 2 outcome would take place before May 2022.

Figure 23: Next year (2022) plans

CONCENTRIC



2021



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