CONCENTRIC PROJECT

ANNUAL REPORT

CONnecting and **C**oordinating an **E**nhanced **N**etwork for **TR**ansitions **I**n **C**are [**CONCENTRIC**]:
A New Model for Spinal Cord Injury in Alberta

Transition from Planning to Active Implementation

2025

www.concentricproject.com

About Us

CONCENTRIC is a project dedicated to making healthcare better for people living with spinal cord injury (SCI) in Alberta. We're working to ensure that everyone with a SCI gets the right care, at the right time, no matter where they live in the province.

The project is the outcome of and testament to the strategic impact of the collaborative efforts of SCI partners across the province who came together to brainstorm and transform transitions in care for persons with SCI in Alberta.

The core focus of the project is on transitions from inpatient rehabilitation to the community with a special focus on those resident outside the main urban centres where specialized SCI care are traditionally located.

Our Vision

Excellent transitions in care for persons with spinal cord injury.

Our 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

Sponsors & Partners

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

UNIVERSITY OF ALBERTA
SCI Research Chair

CLINICAL NEURO SCIENCES
CALGARY CANADA

Alberta Health Services

Friends OF GLENROSE

Spinal Cord Injury Alberta
Lésions Médullaires Alberta

UNIVERSITY OF CALGARY

PRAXIS
Spinal Cord Institute
Institut de la moelle épinière

THE ALBERTA PARAPLEGIC FOUNDATION

Neurosciences, Rehabilitation & Vision
Strategic Clinical Network™

Steering Committee



Institutional Affiliations

- Alberta Health Services
- Foothills Medical Centre, Calgary
- Glenrose Rehabilitation Hospital, Edmonton
- University of Alberta, Edmonton
- University of Calgary, Calgary

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Executive Summary

Dear Friends, Colleagues and Partners

Welcome to 2026.

The year 2025 (November 2024 – October 2025) marked a critical milestone as the project transitioned from planning and co-design to active implementation of the Provincial Spinal Cord Injury (SCI) Transitions in Care (TiC) Model called the CONCENTRIC Model. Building on earlier Stages, 16 prioritized recommendations under five thematic areas were operationalized across five pilot sites that represent the transition from specialized SCI rehabilitation into the community.

To ensure successful implementation across settings, the project utilized Change Champions to lead effort to integrate the CONCENTRIC Model into existing workflows and to enable continuous feedback and prompt resolution of barriers. This effort was supported through regular meetings between the Change Champions and with the Steering Committee and also with the provision of tools to track implementation progress and inputs.

In preparation for post-implementation evaluation, significant progress was achieved in establishing a baseline with the creation and/or pilot testing of experience surveys for persons with SCI (PwSCI), their family/support persons and their healthcare team. Progress was also made in planning how to carryout the Indigenous Strategy plans for the project as captured in the IPHCPR grant proposal that helped to secure additional funding.

Several knowledge transfer activities which included provincial and international presentations, an annual SCI Education Day event, and publishing peer-reviewed articles were carried out in the year. These activities together contributed to efforts to increase the awareness, adoption and success of the CONCENTRIC Model and share what has been learnt or discovered so far. As the project approaches its March 2026 completion date, the team has started reviewing sustainability plans and considering new opportunities to leverage the lessons and outcomes from the project and in implementing the CONCENTRIC Model.

Looking back, it is clear that so much have been accomplished since the inception of the project. All this are made possible by virtue of the unrelenting effort of our partners to see conversations and knowledge of the ideal transitions in care for PwSCI translated into reality. To this, we once again say a very big thanks to you for all your invaluable contributions and sacrifices.

As we move into another year and the final phase of the CONCENTRIC project, we wish you all a wonderful and successful year.

The Concentric Team

Project Recap

Stage 1

2019
- CIHR Grant awarded and project kickoff event held

2020
- Stage 1 Working Groups created and members recruited
- Stage 1 interviews begin

2021
- Completion of Stage 1 interviews and preliminary analysis

Stage 2

- Co-development of solutions to identified transitions in care (TiC) gaps begin

2022
- Stage 2 WGs created and members recruited

2023
- Pre-implementation evaluation surveys drafted
- Final recommendations generated and logic models created

2024
- Consultation with partners on synthesized TiC model
- Prioritization of recommendations in synthesized TiC model
- Talking circle with Indigenous partners to capture TiC experience
- Project deadline extended to March 2026
- CONCENTRIC Model implementation guide created
- Engagement with partners in preparation for CONCENTRIC Model implementation
- Search for Change Champions begin

Nov 2024 – Oct 2025

Highlights

NOV 2024
MoU & Training Guide for Change Champions developed

Care Providers Experience Survey piloted
DEC 2024

JAN 2025
Change Champions Orientation Session (Calgary/South Zone)

Change Champions Orientation Session (Edmonton/North Zone)
FEB 2025

MAR 2025
External Advisory Committee Meeting

Presenting CONCENTRIC to Division of Physical Medicine & Rehab
APR 2025

Annual SCI Education Day 2025

MAY 2025
Presenting CONCENTRIC at Physiotherapists Best Practice Day (South Zone)

CIHR Workshop

Potential opportunities to leverage CONCENTRIC identified
JUNE 2025

AUG 2025
CONCENTRIC Awareness session for PARP Team

Heat Map for evaluation of implementation progress generated

Digital Story planning resumes
OCT 2025

Presentation at ISCOS Conference (Rapid Fire)

Committees/Working Groups

- Evaluation Working Group
- External Advisory Committee
- Education Committee
- Indigenous Strategy



Evaluation Working Group

Experience Surveys

Year started with efforts to **increase the response rate** for the My Experience Survey that was generated in the previous report year for PwSCI (Nov 2024). Following this, the **experience surveys for care providers** (Dec 2024) **and family/support persons** were launched (Jan 2025) and closed in January and February 2025 respectively.

Evaluation Metrics

The team was brought together to determine how best to evaluate implementation of the CONCENTRIC model at the different pilot sites (July, Aug 2025). A **heat map** format was adopted and generated (Aug 2025).

Indigenous Strategy

IPHCPR Network Grant

The team secured the **IPHCPR Grant** in the last report year. Plans on **how to execute the grant proposal** continued in this report year with the team agreeing on the following;

i. **hiring an Indigenous Research Assistant** to assist in carrying out the work laid out in the grant proposal (May 2025).

ii. holding an **engagement session** in December 2025.

iii. following the principles laid out in the **Maskwacis Disability Futures** document.

iv. using the outcome of the engagement session to put together a **full proposal for additional funding** in the next grant cycle (2026).

External Advisory Committee (EAC)

Model Implementation

The project team met with the EAC in March 2025 and was advised to ensure they **focus on what is pragmatic**. The advisory committee likewise recommended asking the Change Champions to **prioritize solutions that build into existing workflow** over those that don't and try as much as possible to **avoid solutions that require additional human resources** to implement them.

Model Scaling

The project team was tasked to **consult other groups** to see if the recommendations in CONCENTRIC model resonates with them. To aid this, they recommended putting together a **model toolkit/package.**

Model Buy-in

Change Champions were asked to ensure they **keep their managers in the loop and obtain their approval** before implementing any solution.

The project team was asked to ensure they **provide regular update to the managers** at each pilot site.

Education Committee

Education Day Planning

Plans for the **4th Annual SCI Education Day** slated for the **24th of April 2025** started in January 2025 with registration opening in February 2025.

Based on responses from the post-event evaluation for the previous year, the Team agreed to **change the start time for the event from 1pm to 12.30pm**.

See page 18 for further details on the Education Day.

Stage 3

Implementation and Monitoring

Last Report Year

Through a prioritization exercise conducted with SCI partners, **16 recommendations organized under 5 thematic areas** (see figure 1 below) made the final list that was adopted and included in **the CONCENTRIC Model**.

Current Report Year

Efforts centered on **operationalizing the CONCENTRIC Model** in this current report year. Acknowledging contextual nuances, the project team adopted approaches that permitted **implementing the model in a way that accounts for contextual realities**.

Core Activities Breakdown for the Report Year

- ❑ Change Champions Onboarding
- ❑ Bilateral Site Visits
- ❑ Digital Story
- ❑ Implementation Tracking

Implementation Sites

The core focus of the project was on **transitions from Inpatient Rehab back into the community**. To address this, **five pilot sites** were strategically chosen for implementing the CONCENTRIC Model and include

1. **Foothills Medical Centre**
2. **Glenrose Rehabilitation Hospital**
3. **Chinook Regional Hospital**
4. **St. Michael's Post-Acute Rehabilitation Program**
5. **Slave Lake Family Care Clinic**

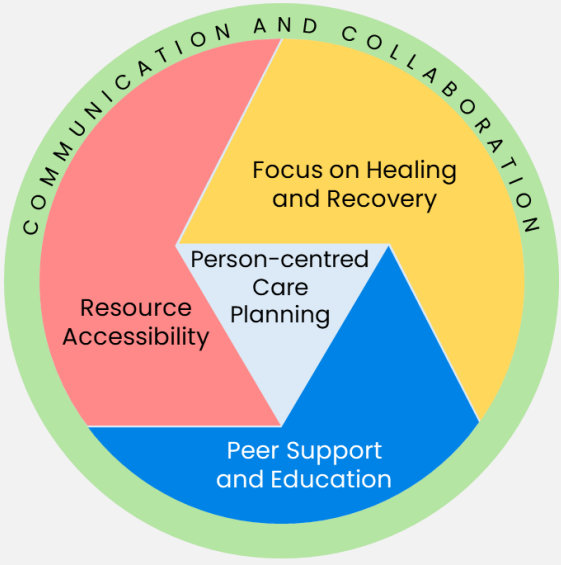


Figure 1: *Conceptual framework showing the five thematic areas that underpin the CONCENTRIC Model*

Change Champions

Key aspect of a multi-site approach that allows for tailored implementation strategies that accounts for contextual differences while still aligning with the core focus of the CONCENTRIC Model

The year started with the **development of the MoU and training guide** (Nov 2024) for bringing Change Champions (CCs) onboard to assist with implementation of the CONCENTRIC Model. As with the previous year, **consultations with key personnel** to identify potential CCs continued (Dec 2024) and an **orientation session** was conducted after they were identified (Jan, Feb 2025). Other activities or actions related to the CCs are highlighted below.

01. Meetings

To debrief and keep abreast of things, the CCs were scheduled to **join the Steering Committee meeting** every third Wednesday in the month. The CCs also **met together bi-weekly** to brainstorm, discuss how things are going and **ensure alignment of the strategies implemented across the pilot sites**.

02. Point of Contact

In addition to regular meetings, the CCs were **assigned to a member of the Steering Committee** (Jan, Feb, Mar 2025) to help resolve any urgent issue, provide clarification on things and help keep the CCs on track.

03. Patient Heat Map

Due to a gap in knowledge of who among the clientele of community care providers has sustained a SCI, the team presented the **distribution of PwSCI in the North and South Zone** to respective CCs (Jul 2025).

04. Alignment

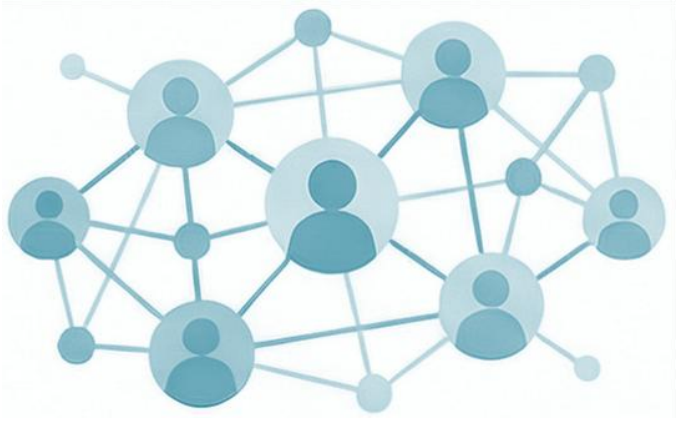
After some months of implementation, the team **met with managers & CCs** (Aug, Sept 2025) at the different pilot sites to **ensure the key tasks for the CCs were understood as intended** and address any concerns.

Change Champions (CCs), as adopted in this report year, were **key to the implementation of recommendations** included in the CONCENTRIC Model.

The CCs were **selected from the team at each pilot site.** Some of the advantages of doing this are captured in Box 1.

CONCENTRIC Change Champions

1. **Community SCI Partners**
   Brenda Kinnie (BEd, MBA)
   Zahra Bhatia (RSW)
   Rob MacIsaac (RSW)
   Wanda Seifried
2. **Chinook Regional Hospital**
   Jibin Jacob (PT MSc.)
3. **Slave Lake Family Care Clinic**
   Joanne Hunter (RN)
4. **Foothills Medical Centre**
   Brittney Makhotkina (RN)
   Dawn Miller (Reg. OT (AB), BCR, MScOT)
5. **Glenrose Rehabilitation Hospital**
   Nicole Owens (RN)



Box 1

Why Change Champions?

01. Local Knowledge

The CCs **understand** core routines, practices, workflow pressures, resource availability and team/unit dynamics.

02. Trust

As members of the team at the pilot sites, the CCs and their perspective are more likely to be **trusted** than that of individuals from outside the team.

03. 2-Way Feedback Loop

CCs serve as **information conduits** between the frontline and project team and help gather real-time concerns and suggestions essential for implementation & continuous improvement.

04. Early Warning Sign

As individuals embedded in daily operations, CCs are **better placed** in quickly identifying challenges before they escalate or facilitators that can be leveraged to increase model adoption rate.

05. Consistent Message

The CCs serve as a **communication conduit** and help ensure key messages, rationale or **updates are shared accurately and consistently** across the team and pilot sites.

06. Model Adoption

As **boundary spanners**, CCs are able to **assist in operationalizing the model** in a way that aligns with local workflow. They help ensure that the model is easy to adopt and consequently sustain.

Bilateral Site Visits

Quote from Stage 1 Interviews

"I realized that what I thought I knew, I might not know all the details. Um but there are partnerships that I think could be strengthened or awareness of each other. Um. Or assumptions we may have made about other team members."

- Community Occupational Therapist

Stage 1 interviews with SCI partners revealed that **partners often make assumptions regarding what is possible** at other partners' site or their actual capacity.

To ensure strategies proposed for the **implementation of the CONCENTRIC Model are grounded in reality**, bilateral site visits were proposed.

Change Champions were asked to **start discussions on the site visit early with their managers** at their respective facilities (Apr 2025) and to work with other CCs to **co-determine relevant details** for the visit.

To aid planning, the team put together a **site visit document** (Sept 2025) which CCs could populate or use as a guide (see Box 2 for summary of content). The document's goal was to **ensure that the sending and receiving sites are clear about the purpose of the visit** and are able to make the best of it.

In addition to the CCs, the project team would also be **supporting other members** of their team to make the trip by covering associated costs such as accommodation and food.

Box 2

- Roles and Responsibilities
- Pre-visit Contact List
- Site Visit Learning Objectives Form
- Site Visit Summary Report
- Site Visit Checklist

Digital Stories



To support recommendations included in the CONCENTRIC Model, the team proposed working with PwSCI to **create digital stories that can highlight and reinforce their importance** for partners who would be implementing them.

To achieve this, the team consulted with its community partner (SCI AB) (Nov 2024) who helped to **identify three PwSCI who were willing to share their stories** (June 2025).

Search was made for a suitable video production company (Nov 2024) and the team settled with a partner within the University of Alberta (Sept 2025). In October 2025, the team facilitated a series of **meeting between the partner's team and identified PwSCI**. Following the meetings, a plan was put in place, documented and shared for further input offline.

Implementation Tracking



Key to the success of the CONCENTRIC Model is **the ability to monitor and track the progress** of its implementation. In this regards, an **implementation tracking document** was developed and provided to the CCs (Mar 2025).

CCs were expected to populate the tracking document or use it as a guide to **report on progress, challenges and the lessons learned** at stipulated intervals (3rd, 9th and 12th month post-implementation).

The document **provided clarity on what has been started or completed**. It likewise augmented the updates provided at the monthly meetings between the CCs and Steering Committee. (*See evaluation section for more*)

Co-creating culturally-acceptable solutions

Indigenous Strategy

For the report year, discussion on **how best to utilize funds** secured from the IPHCPR Network (Oct 2024) resumed with our Indigenous Partner (AFNIGC) (Dec 2024). To fulfil the conditions of the Grant and leverage proposed activities in the approved Proposal, the team agreed in May 2025 to

1. **Focus broadly on individuals with disability** instead of only those with a spinal cord injury.
2. Hold an **engagement session** with Indigenous Elders and knowledge holders in the Treaty 6 region.
3. Adopt and **use the Maskwacis Disability Futures document** as a guide and put together an engagement plan.
4. Start seeking for **potential funding opportunities** to implement Step 3 in the Grant Proposal (*see Box 3*)
5. **Find an Indigenous Research Coordinator** who will be responsible for coordinating the planned engagement session and use its outcome to prepare a proposal for a new grant.

For point 5 above, a **job description and offer was developed** and sent out (July 2025) and a suitable individual was identified in October 2025.

Box 3

IPHCPR GRANT PROPOSAL

Step 1

Conduct a sharing circle where Indigenous Partners can share their experiences and knowledge regarding SCI and what is needed for a successful TiC.

Step 2

Discuss findings from the sharing circle and **co-create a strategy** to improve TiC for Indigenous People with SCI that is centred primarily around primary health care.

Step 3

Finalize a strategy to look for appropriate funding for implementing interventions that would improve the quality of TiC for Indigenous People living in Treaty 6 Central and in the future to benefit all Indigenous peoples with SCI living in Alberta.

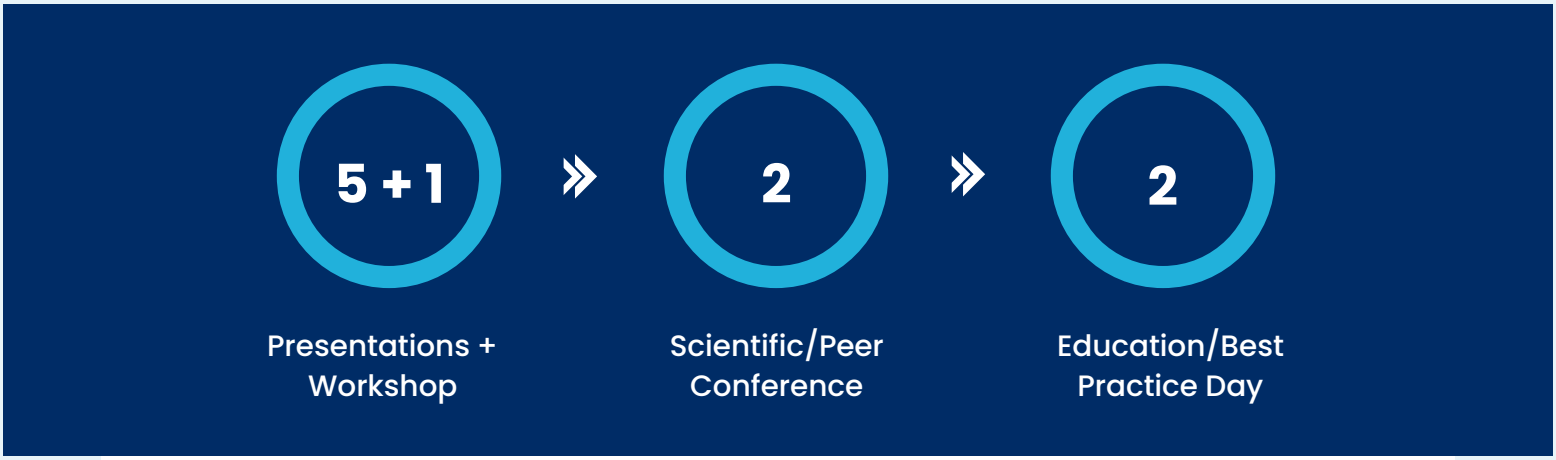
Improving knowledge and awareness of SCI management and realities

Knowledge Transfer

The project team facilitated or made presentations at different events during the course of the year to **fulfill its knowledge transfer/sharing obligation**.

In addition to sharing lessons from conducting the project, presentations geared towards **increasing awareness of the CONCENTRIC Model** were made. This was critical to the successful implementation of the model at the different pilot sites and also its spread and scale.

An article titled "***Experiences of persons with spinal cord injury, their family members, and health care providers during transitions in care in Alberta: a qualitative reflexive thematic analysis***" (Kamran et al 2025) was published and five more are in progress (2 submitted for review and 3 still in preparation phase).



Presentations

- Division of **Physical Medicine and Rehabilitation** Grand Rounds Presentation (Apr 2025)
- Presentation at **CIHR Workshop** (May 2025)
- Presentation at **Physiotherapists Best Practice Day** (South Zone) (May 2025)
- Awareness session for **Post-Acute Rehabilitation Program** Team (Aug 2025)
- Presentation at **iSMART Network** (Aug 2025)

Conferences

- Rapid fire presentation at the **64th International Spinal Cord Society (ISCoS) Annual Scientific Meeting** (Oct 2025)
- Booth display at SCI Alberta's **Peer Conference 2025** (Living Beyond Limits)

Education Day

- **4th Annual SCI Education Day** (Apr 2025) (See report on next page)

4th Annual SCI Education Day 2025

749 Registered Individuals

462 Unique Zoom log-ins at event

~58% % of attendees that completed post-event evaluation survey

- **Topics covered** (selected from a list of 28 topics included in a professional needs assessment survey sent out in November 2021).

1. Bowel Management after SCI
2. Spasticity Management
3. Wheelchair Seating
4. Nerve and Tendon Transfers

Planning for the event began in January 2025. After finalizing relevant logistics, posters were sent out and registration opened on February 19, 2025.

In response to the survey from the previous year, extra 30 minutes was added to the time for the 2025 event (12.30pm to 4pm). Persons with lived experience of SCI joined other partners to present some of the topics at the event which held on the 24th of April 2025. An evaluation survey was shared during the event and was closed on 2nd of May 2025.

From collated registration data, Nurses topped the list of registrants at 267. Unlike the previous year, Physiotherapists came in at second instead of first and were followed by Occupational Therapists at 179 and 107 respectively. As in the previous year, the three aforementioned groups remain the largest groups that registered for the 2025 Education Day.

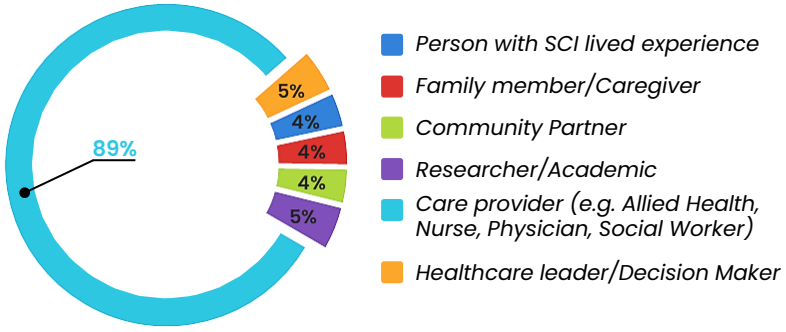
Recording of the sessions and slides used during the Education Day event were curated and made available via the project's website and YouTube Channel.

- Attendance breakdown – *(*Data collected through poll shared at beginning of event (n~255))*

By Location

By Location	%
North Zone Alberta	3
South Zone Alberta	6
Central Zone Alberta	4
Edmonton Zone	42
Calgary Zone	31
Outside Alberta [in Canada]	10
Outside Canada	5

By Partner Group



Attendees at this year's event come from 12 countries (including Canada) representing five continents out of 7 with only Australia (Oceania) and Antarctica not represented. While 135 individuals from outside Canada registered, only 48 attended the event.

From responses to the post-event evaluation survey completed by 268 attendees, 91.4% acknowledged that the event's topics and content met their expectation.

Post-implementation

Evaluation

Experience Surveys

The report year started with efforts to **develop, pilot and increase the response rate** for three experience surveys developed for establishing a baseline for the implementation of the CONCENTRIC Model (Nov-Dec 2024, Jan-Feb 2025).

Heat Map

A heat map was generated (Aug 2025) for each team at the pilot sites to **use to assess their implementation progress**. For the CCs, attempt was made to **synthesize it with the implementation tracking document** used for reporting on their work progress (Aug 2025).

Proposed Evaluation Plan

Generally, the team acknowledged the need to **have a suitable methodology for post-implementation evaluation**. This position, as the team prepared for the last phase of the project, became a central point of discussion.

The team discussed **what would be required to satisfy the conditions stated in the Grant Proposal** for post-implementation evaluation (Sept 2025). This was to be reviewed in light of the experience of the actual challenges, realities and result of implementing the CONCENTRIC model – **what needs to be retained, removed or revised** in the plan stated in the Grant Proposal (see table 1 and 2).

Relevant individuals were asked to review (Sept 2025) and present their part in the evaluation plan in October 2025 to aid the team in making an informed decision on required revisions.

Table 1: Key Groups for Proposed Evaluation plan

Participants	Description	Selection Criteria
Intervention Group	PwSCI	From Slave Lake and Lethbridge pilot spoke sites
Control Group	PwSCI	From other spoke sites matched for demographic and clinical profiles using AHS data
Stakeholders	System stakeholders	Healthcare providers and other stakeholders involved in the hub-and-spoke system

Table 2: Proposed evaluation plan

Outcome	Participant Group(s)	Data Type	Data Collection Methods & Tools	Data Analysis
1. Patient Experience during Transitions in Care	Intervention & Control Groups	Qualitative	• Semi-structured interviews with a maximum variation sample.	• Directed Content Analysis • Gender Analysis • Member Checking
2. Health, Function, & Quality of Life	Intervention & Control Groups	Quantitative	• Needs Assessment Checklist • SCI - Quality of Life Questionnaires	• Descriptive & Inferential Statistics (parametric & non-parametric tests) • Gender Analysis
3. Stakeholder Experience & Satisfaction	System Stakeholders	Qualitative	• In-depth interviews focusing on satisfaction with CONCENTRIC model and experience developing "learning organization" capabilities.	• Directed & Conventional Content Analysis • Gender Analysis • Member Checking
4. Healthcare Utilization & Costs	Intervention & Control Groups	Quantitative	• Secondary data from AHS Discharge Abstract Database (DAD).	• Descriptive & Inferential Statistics • Health Economics Analysis (cost estimation, correlation with QoL)
5. Preventable SCI Complication Rates	Intervention & Control Groups	Quantitative	• Surveys (Primary Data) • Secondary data from AHS DAD.	

*Table compiled from evaluation details presented in the approved Grant Proposal presented to the CIHR

Potential future engagements and opportunities

Sustainability Planning

The first item discussed in the report year on how to sustain it beyond the CONCENTRIC Project (Mar 2026) was the **Annual SCI Education Day** which partners were consulted on starting January 2025. The team further recommended putting together a **working group to review the education needs** in the province (Apr 2025) and **create a requirement document** (May 2025) using the experience of the past Education Days.

For the **larger project, sustainability plans** are as shown below.



ORGANIZE

Prepare and generate an implementation toolkit/package

Following advise from the External Advisory Committee (Mar 2025), the process of **generating a toolkit** started (May 2025). An outcome of this is the framework presented on page 11.



EXPLORE

Seek and review new partners and collaboration opportunities

Team sought for and made room for **potential partners** to present their work (Oct 2025) so as to consider **how it aligns with CONCENTRIC** and how the teams could work together (e.g. partners engaged in the initiative called "***The Connecting People and Community for Living Well***")



LEVERAGE

Review potential new opportunities to apply project's learnings or outcomes

New opportunities to either spread/scale the project or to address complementary new streams were identified (June 2025). **Potential funding** to initiate them were also considered (July 2025).

Abbreviations adopted in the Report

Acronyms

Acronym	Full Meaning
AFNIGC	The Alberta First Nations Information Governance Centre
CC	Change Champion
CIHR	The Canadian Institutes of Health Research
CONCENTRIC	CONnecting and Coordinating an Enhanced Network for TRansitions In Care
CSCI-RA	Canadian Spinal Cord Injury Rehabilitation Association
FMC	Foothills Medical Centre
GRH	Glenrose Rehabilitation Hospital
IPHCPR	Indigenous Primary Health Care and Policy Research
ISCOS	The International Spinal Cord Society
MoU	Memorandum of Understanding
PARP	Post-Acute Rehabilitation Program
PwSCI	Person(s) with Spinal Cord Injury
SCI	Spinal Cord Injury
SCI-AB	Spinal Cord Injury Alberta
SLFCC	Slave Lake Family Care Clinic
TiC	Transitions in Care
WG	Working Group

CONCENTRIC PROJECT

More Information About Us

Approved in 2019, CONCENTRIC is a Spinal Cord Injury project based on a community-based participatory research approach that aims to develop a Provincial SCI Transitions in Care Model. The project thrives on the engagement and input of multiple SCI stakeholders across the healthcare system and in the community and welcomes every input focused on improving the care experience of persons with SCI in Alberta, Canada.

THANK YOU!

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Video Resources:

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