



# Creating the Future of Rehabilitation Care

## Identifying Opportunities for Rehabilitation Care in Rural and Remote Alberta

A report from the Glenrose Hospital Foundation  
and Alberta Innovates

November 2024

# Foreword

---



Nearly nine years ago, my life changed in an instant. What began as an ordinary day turned catastrophic when I fell down a flight of stairs, leaving me with a severe spinal cord injury that left me paralyzed from the neck down. I spent eighteen hours on the floor, unable to move, before I was found and airlifted to an acute care facility in Calgary, Alberta.

The gravity of my injuries became clear once I was in the hospital: I was quadriplegic. As I began the long road to recovery, my wife and I faced an additional, unforeseen challenge—accessing the outpatient rehabilitation services I desperately needed. Living in a rural community, these services were simply not available to me.

In those early days, uncertainty clouded my future. Would I be able to access the specialized care I required? How would the geographic and service disparities impact my recovery and quality of life? How would this affect my family, who now had to care for me?

I am truly grateful to my physiatrist, Dr. Chester Ho, for connecting me with an out-of-town therapist who had the expertise and resources to treat my complex injuries. However, this solution came with its own challenge: the therapist was several hours away in Edmonton, and I had to navigate unpredictable highways for up to three hours each week to get there.

I made the weekly commute out of necessity, but for my family, it was an incredible strain. Unfortunately, this is not an uncommon reality for many individuals living with complex physical and cognitive disabilities outside of major urban centers. The barriers to accessing specialized care often feel insurmountable.

That is why I am so encouraged by programs like Creating the Future of Rehabilitation Care. The initiative is a step toward ensuring that people like me—living with complex disabilities and conditions—have equitable and timely access to the rehabilitation care we need, where we live. It gives us hope for a future where geographic location no longer determines the quality of care we receive. A future where everyone can realize their full potential for well-being and optimal functioning.

Sincerely,

*Marty Lehman*

# Background

---

The increasing prevalence of health conditions requiring rehabilitation services and an aging population are significantly driving the demand for rehabilitation services across Alberta. Rehabilitation care is effective in optimizing functioning and improving physical, mental and overall well-being. Globally, *one in three individuals* (Cieza et al., 2020, para. 4) will require rehabilitation care to navigate the complexities of illness or injury, highlighting an urgent need for effective solutions. Each year, *approximately 10,000 Albertans* travel from rural and remote areas to urban centers seeking specialized rehabilitation services, indicating a critical gap in access to care.

In response to the growing need for rehabilitation services, the [Creating the Future of Rehabilitation Care](#) initiative was established as a collaborative effort between the **Glenrose Hospital Foundation** and **Alberta Innovates** with support from key stakeholders (Appendix: [Activation Committee Membership](#)).

The initiative aims to enhance rehabilitation care in rural and remote communities by leveraging digitally enabled and data-informed technologies. Embracing the principles of human-centered design, central to this initiative are two challenge statements:

1. How might we promote **equitable access** to rehabilitation care within rural and remote Alberta?
2. How might we improve the **transitions from hospital to home** and ensure rehabilitation needs are met for people and communities in rural and remote Alberta?

Creating a successful future for rehabilitation care in Alberta powered by health technology solutions requires broad stakeholder engagement and collaboration across the province to better understand challenges faced by the rehabilitation care community to curate, test and evaluate high potential solutions.

## Our Approach

---

On September 12th, a virtual engagement session was held that attracted 88 participants from diverse rehabilitation care specializations across the province (from here on referred to as [Rehabilitation Care Community](#)). The session featured breakout discussions to create

a shared understanding of barriers related to the challenge statements with some exploring of enablers. Following the session, an online engagement questionnaire was distributed to gather further insights from another 15 participants.

For more detailed information about the participants, including demographics and a more comprehensive methodology, please refer to the Appendix.

This document summarizes the key findings from our engagements with the Rehabilitation Care Community with a focus on barriers. The insights were essential in validating the challenge statements for the 'Creating the Future of Rehabilitation Care' program and will inform the details of the innovation funding program developed in partnership between the Glenrose Hospital Foundation and Alberta Innovates scheduled to launch in the fall of 2024.

## What We Heard

---

The Rehabilitation Care Community expressed that both challenge statements strongly resonate with their needs. While there are some areas of strength, rehabilitation care in rural and remote Alberta faces significant barriers related to equitable access and transitions in care. The same priority thematic areas emerged for both challenge areas; however, the discussions revealed nuanced differences. Priority ranking for key barriers in need of innovative, technology-enabled solutions varied depending on the specific challenge statement (see Figure 1 and 2). A detailed summary and description of what we heard about barriers and enablers for each challenge statement can be found in the [Appendix](#). Key findings identified in this report reflect what we heard from the Rehabilitation Care Community .

### Barriers: Thematic Areas

Key barriers to equitable access and transitions in rehabilitation care in rural and remote Alberta organized by thematic area include:

**A. Continuity of Care:** Inconsistent follow-up, generalized care, and long wait times affect care quality. Poor information flow between hospitals, primary care, and community services causes delays and gaps in care coordination.

**B. Geographical and Logistical:** Long distances, high travel costs, geographic isolation, and poor transportation infrastructure impede access to care. Lack of local facilities, personnel with specialized skill set and rehabilitation services further impedes care.

**C. Operational Constraints:** Overburdened healthcare providers, inconsistent provincial planning, resistance to change, and limited funding in rural areas restrict service delivery. Bureaucratic hurdles and jurisdictional divides contribute to fragmented and delayed care.

**D. Patient and Caregiver**

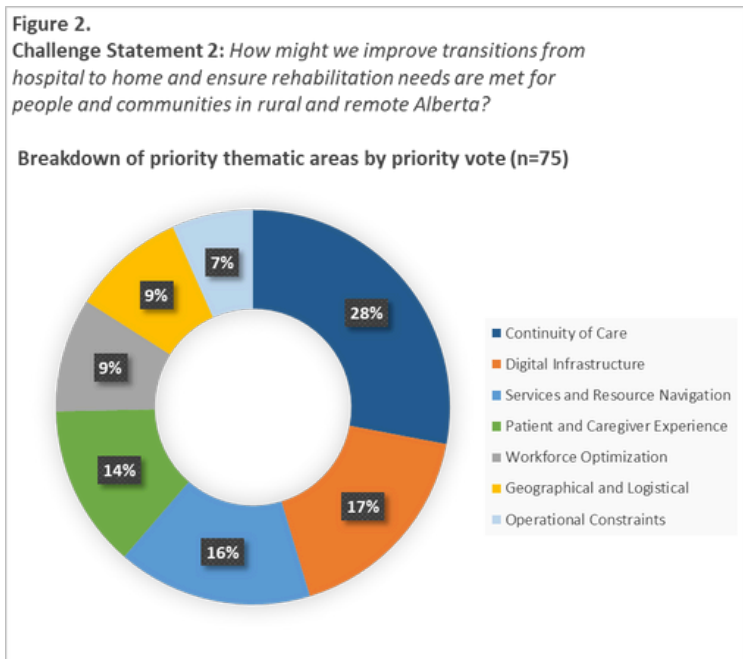
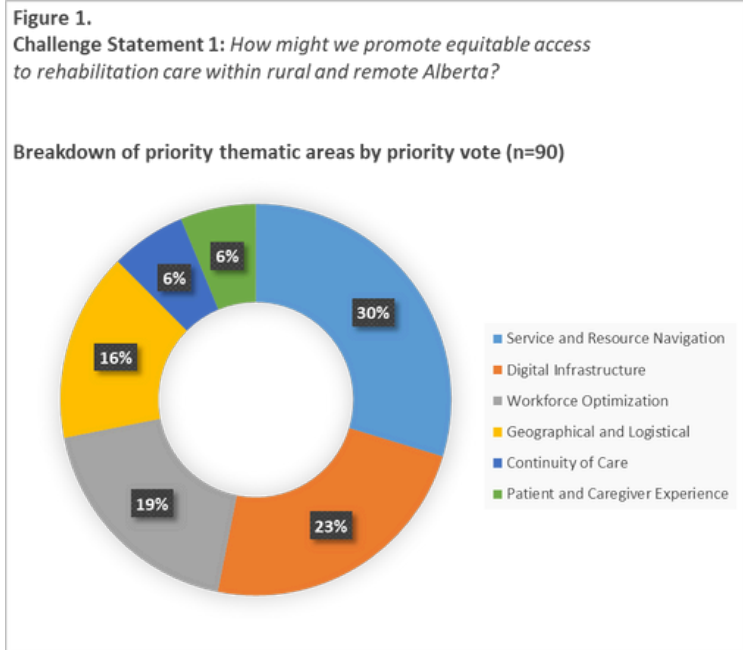
**Experience:** Gaps in health literacy, self-advocacy challenges, and cultural/language barriers limit access, especially for Indigenous and culturally diverse populations. Patients and caregivers may be unprepared for home rehabilitation due to inadequate education, support, and financial readiness.

**E. Service and Resource**

**Navigation:** Lack of service and program awareness, fragmented services, inefficient referral pathways, and insurance coverage gaps hinder access to care. There is a lack of navigational resources to help connect with resources and manage follow-ups.

**F. Digital Infrastructure:** Limited internet access in rural and remote areas, gaps in digital literacy and know-how by patients and providers reduce the effectiveness of virtual care. Home health technology infrastructure is limited.

**G. Workforce Optimization:** Limited mentorship and training as well as workforce shortages reduce care quality. Scope of practice is not fully utilized.



# What's Next

---

## Innovation Funding Program

Through the thoughtful contributions from the Rehabilitation Care Community in Alberta, we will finalize the 'Creating the Future of Rehabilitation Care' innovation funding program to support the implementation, testing and evaluation of novel, technology-enabled [care models](#). Find more information about the program [here](#).

Based on what we heard, we will seek to support the testing and evaluation of digital- and data-enabled care models that enhance patient and caregiver experiences by overcoming geographical and operational constraints through the following challenge **priority areas**:

1. Continuity of Care
2. Service and Resource Navigation
3. Workforce Optimization

**If you are a Health Service Delivery Partner (HSDP) and interested in participating as a real-world implementation site for novel, technology-enabled care models, submit your [Letter of Intent \(LOI\)](#) during the application intake.**

More information about the innovation funding program, including applicant criteria and full program timeline, can be found in the [Program Guide Appendix](#).

## Further Opportunities

The information gathered through this engagement is extensive and can support the building, integration and sustainment of platforms and activities that support the growth of Alberta's rehabilitation health innovation ecosystem beyond the innovation funding program. We believe we are well positioned to further advance rehabilitation care in Alberta and elsewhere through future collaborations and partnerships that address the opportunities identified in this report. We encourage you to utilize this information as appropriate to support the advancement of rehabilitation care in Alberta.

## Contact Information

For more information about the 'Creating the Future of Rehabilitation Care' program or to express your interest in participating as a real-world implementation site, contact us at [nancy.walter@albertainnovates.ca](mailto:nancy.walter@albertainnovates.ca).

# Appendix

---

## Table of Contents

### **1. Methodology**

- Engagement Session
- Online Engagement Questionnaire

### **2. Rehabilitation Care Community Representation: A Holistic View**

- Overview
- Geographic Distribution of Participants
- Participant Affiliation

### **3. Detailed Summary: Barriers by Challenge Statement**

- Challenge Statement 1
- Challenge Statement 2

### **4. Detailed Summary: Enablers by Challenge Statement**

- Challenge Statement 1
- Challenge Statement 2

### **5. Innovation Readiness**

- Motivation
- Barriers for Innovation
- Enablers for Innovation

### **6. Glossary & Definitions**

### **7. About Us**

- Activation Committee Membership
- Glenrose Hospital Foundation
- Alberta Innovates

### **8. References**



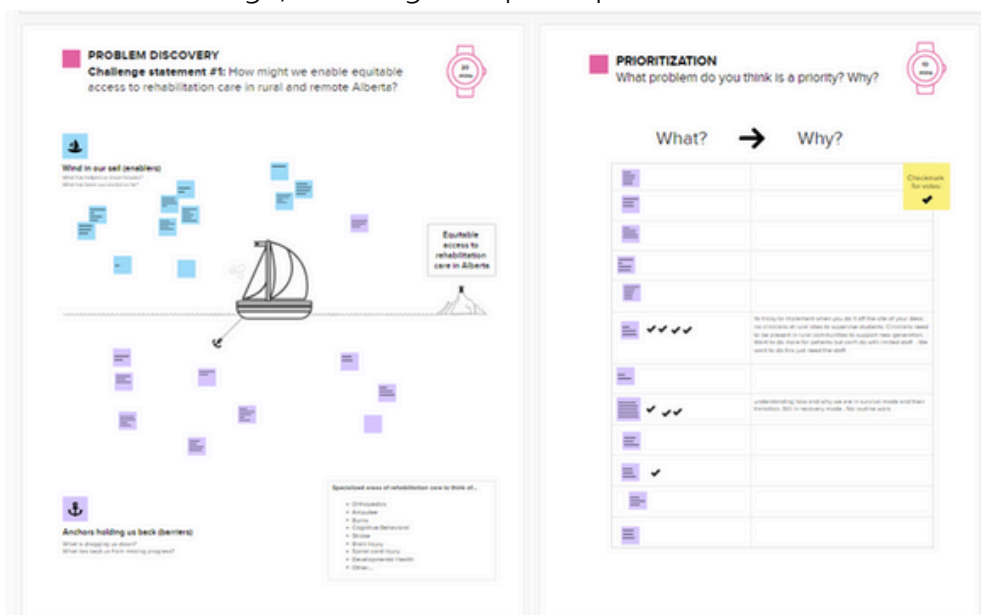
# Methodology

## Engagement Session

A virtual engagement session was hosted on September 12th, 2024, to create shared understanding of barriers related to equitable access and care transitions in rural and remote Alberta with some time spent to also explore enabling factors. This session also served to briefly inform the Rehabilitation Care Community about their role in supporting the development of innovative, technology-enabled care models as real world implementation sites.

The session welcomed a diverse but complimentary audience of 88 participants from the Rehabilitation Care Community, including clinicians, healthcare professionals, researchers, health system leaders, patients with lived experience, patient advocacy groups, and government representatives. To increase participation, the 'Creating the Future of Rehabilitation Care' Core and Activation Committees directly reached out to clinics and Associations, complemented by social media outreach.

In consultation with Alberta Health Services' Design Lab and W21C at the University of Calgary, a user-friendly, human-centric and interactive Mural whiteboard was developed to facilitate meaningful discussions. The 75-minute session featured a brief introduction followed by breakout discussions in nine rooms, each led by a facilitator and a note-taker. Activities included a simplified sailboat exercise to identify barriers and enablers related to each challenge statement, followed by a group prioritization activity to identify the most significant barriers in need of solutions. Each breakout room dedicated 30 minutes to each challenge, fostering in-depth exploration of barriers.



# Online Engagement Questionnaire

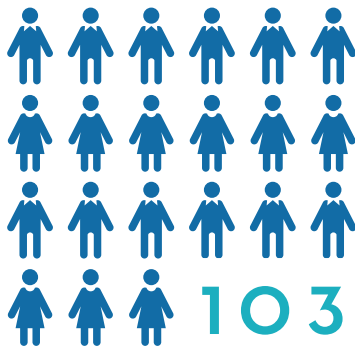
Following the session, an online engagement questionnaire was distributed to gather additional insights from those who were unable to attend the session or those who attended but wanted to share more insights.

The same questions discussed during the engagements session were shared across multiple channels via an online survey form to include stakeholders who were unable to attend, ensuring a thorough understanding of challenges faced by the Rehabilitation Care Community. A total of 15 individuals participated in the questionnaire

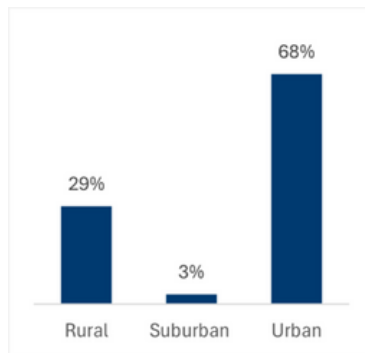
## Rehabilitation Care Community Representation: A Holistic View

### Overview

**Total Participants Engaged:**



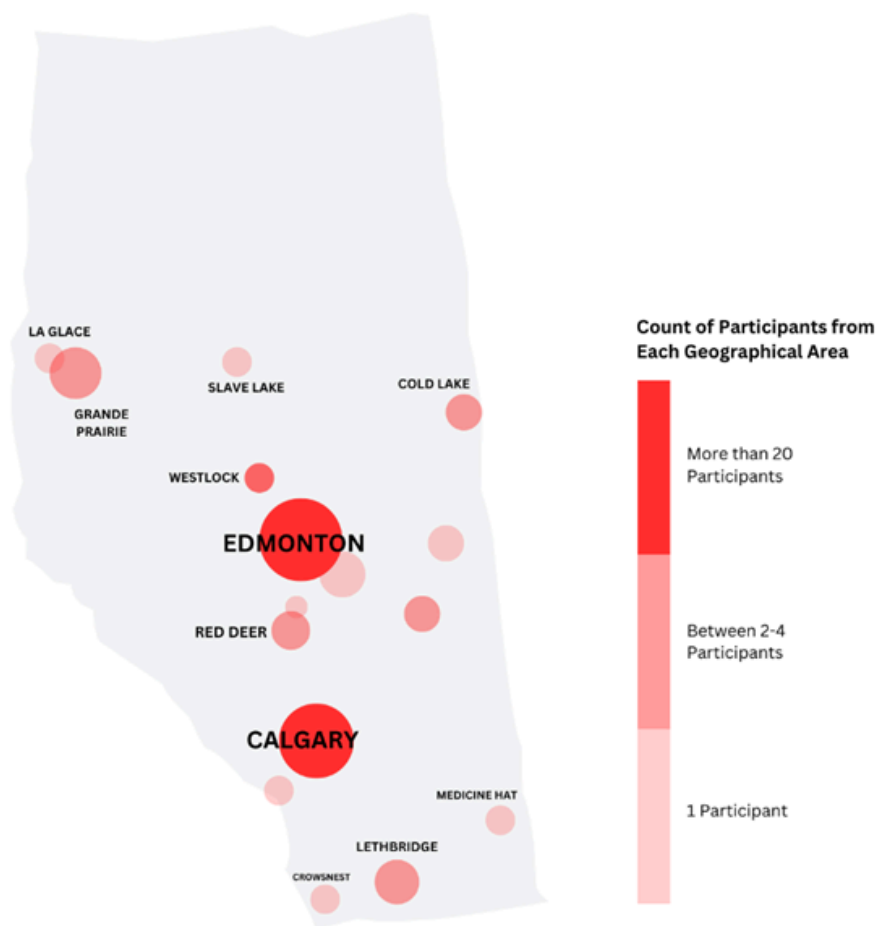
**Geographic Distribution of Participants as a Percentage of Total:**



**Role Distribution of Participants as a Percentage of Total:**



## Geographic Distribution of Participants



## Participant Affiliation

### Organizations:

Alberta Health  
Alberta Health Services  
Government of Alberta  
Covenant Health  
Capital Care Norwood  
AgeCare  
Vision by Design Rehabilitation  
Glenrose Rehabilitation Hospital  
Glenrose Hospital Foundation

Origin at Spring Creek  
Leading Edge Physiotherapy  
Manor Village Life Centers  
CBI Health  
Cartwright Cares  
New Age Services Inc.  
Curvy Spine Inc  
Cancer Care Alberta  
Group 23 Sports Medicine

**Academic/Academic****Affiliated Institutions:**

University of Alberta  
University of Calgary  
University of Lethbridge  
Northern Alberta Institute of Technology  
W21C

**Areas of Specialized  
Rehabilitation Care:**

Stroke  
Brain Injury  
Spinal Cord Injury  
Cognitive Behavioral  
Traumatic Psych  
Cancer Rehabilitation  
Developmental Health  
Generalist  
Burns  
Orthopedics  
Chronic Disease Management  
Recreation Therapy  
Fall Prevention  
Pediatric and Adult Gait Analysis  
Bracing, Musculoskeletal, Peripheral Nerve Injury  
Vision Therapy  
Community-Based Senior Supports  
Long Term Care

**Professional Industry****Associations:**

Alberta College of Occupational Therapists  
Alberta Association of Physiotherapy  
Chiropractic Association of Alberta  
Society of Alberta Occupational Therapists  
Rural Health Professions Action Plan  
Spinal Cord Injury Alberta  
Brenda Strafford Foundation

# Detailed Summary: Barriers by Challenge Statement

## Challenge Statement 1

### **HOW MIGHT WE PROMOTE EQUITABLE ACCESS TO REHABILITATION CARE WITHIN RURAL AND REMOTE ALBERTA?**

Detailed discussions regarding barriers to equitable access to rehabilitation care in rural and remote Alberta organized by thematic area included:

#### **1. Service and Resource Navigation**

- Lack of Awareness: Patients and healthcare providers are often unaware of available rehabilitation services, delaying access to appropriate care.
- Fragmented Services: Insufficient coordination among providers leads to inconsistent service delivery across regions.
- Referral Pathway Issues: Inefficient pathways complicate connections between patients and necessary rehabilitation resources.
- Insurance Gaps: Many rehabilitation services are not fully covered by insurance, or there is a lack of understanding of insurance coverage, resulting in out-of-pocket expenses for patients.

#### **2. Operational Constraints**

- Survival Mode Operations: Healthcare providers operate under extreme pressure, limiting their capacity to implement new solutions or care models.
- Inconsistent Provincial Planning: The lack of a uniform rehabilitation strategy leads to variability in services across different regions.
- Resistance to Change: Existing care models and change fatigue create reluctance to adopt innovative approaches, particularly in rural areas.
- Funding Constraints: Rural areas may receive less funding, limiting the development and sustainability of rehabilitation programs.

#### **3. Digital Infrastructure**

- Connectivity Issues: Poor internet access undermines the effectiveness of virtual and telehealth services.
- Digital Literacy: Patients and providers may struggle with technology use, particularly older adults and those with limited experience.
- Telehealth Limitations: Virtual care may be inadequate for complex rehabilitation needs requiring in-person assessments.
- Provider Training Gaps: Staff lack training in delivering rehabilitation services through telehealth, affecting care quality.

#### **4. Geographical and Logistical**

- Geographic Isolation: Traveling to rehabilitation centers involves considerable distances, which may be unfeasible for patients due to health conditions or mobility issues. Overall, there is a lack of local facilities and personnel.
- High Travel Costs: Travel expenses can be prohibitive for both patients and healthcare professionals, limiting access to care.
- Transportation Issues: Poor transportation infrastructure further limits patients' ability to reach care facilities.

#### **5. Continuity of Care**

- Inconsistent Follow-Up: Patients in rural areas often lack consistent follow-up after their initial treatment, hindering recovery and leading to worse outcomes.
- Generalized Care: Due to low population density and high demand, rehabilitation services tend to be more generalized, limiting access to specialized care.
- Surge in Wait Times: High turnover and staff vacancies create longer wait times for care, compromising service continuity.

#### **6. Workforce Optimization**

- Limited Mentorship Opportunities: New staff and students in rural regions often lack mentorship or learning opportunities, impacting professional growth and quality of care delivery.
- Workforce Shortages: A significant lack of specialized rehabilitation professionals limits staff availability and expertise in rural areas.
- Lack of specialized clinicians and professionals.

#### **7. Patient and Caregiver Experience**

- Limited Health Literacy: Patients in rural areas struggle with understanding health information, which inhibits their ability to make informed decisions regarding their care.
- Challenges in Self-Advocacy: A lack of knowledge about their rights and available services makes it difficult for patients to advocate for their rehabilitation needs effectively.
- Education on Self-Management: There is often insufficient education provided to patients about managing their own health conditions, including rehabilitation practices at home. Health literacy may be low.
- Cultural Barriers: Indigenous and culturally diverse populations may face additional challenges in health literacy and advocacy due to language and cultural differences, leading to further disparities in care access.
- Limited local peer support leads to increased isolation and affect overall patient well-being.

## Challenge Statement 2

### **HOW MIGHT WE IMPROVE TRANSITIONS FROM HOSPITAL TO HOME AND ENSURE REHABILITATION NEEDS ARE MET FOR PEOPLE AND COMMUNITIES IN RURAL AND REMOTE ALBERTA?**

Detailed discussions regarding barriers to transitions in care in rehabilitation care in rural and remote Alberta organized by thematic areas included:

#### **1. Continuity of Care**

- Poor communication between hospitals, primary care, and community services, leading to miscommunication or delays in care plans and follow-up.
- Inadequate transfer of information between acute care, rehabilitation teams, and home care providers.
- Jurisdictional boundaries between urban and rural healthcare settings create challenges in continuity of care

#### **2. Service and Resource Navigation**

- Lack of clear clinical pathways and tools for communication across care settings.
- Difficulty navigating and accessing necessary rehabilitation tools and services, particularly in rural areas.
- Wait times for rehabilitation services, equipment, and follow-up care are excessively long, further delaying recovery.

#### **3. Digital Infrastructure**

- Limited access to technology and reliable internet in rural areas hinders the adoption of tele-rehabilitation and other digital health solutions.
- Many healthcare providers and patients are not comfortable or trained to effectively use available technologies.
- A lack of infrastructure and technology support virtual or at-home rehabilitation, and insufficient availability of home care resources (e.g., equipment storage, tech support).
- Lack of resources such as technology (e.g., virtual care), equipment.

#### **4. Workforce Optimization**

- A shortage of skilled rehabilitation professionals, particularly in rural communities, results in long waiting times and inconsistent follow-up care.
- Insufficient allied health staffing in some regions limits the availability of necessary home care and rehabilitation services.

#### **5. Patient and Caregiver Experience**

- Patients and their families often lack the education, training, or understanding to manage rehabilitation needs at home, leading to non-compliance and poor outcomes

- There is a need for improved discharge planning, especially in terms of caregiver support, housing arrangements, and financial preparedness for home recovery.
- Patients in rural areas may feel isolated, further hindering their ability to engage in rehabilitation due to a lack of local support systems.
- Lack of culturally sensitive care and language-appropriate resources, especially in rural and underserved communities, creates barriers to effective care transitions and patient adherence to rehabilitation plans.

## 6. Operational Constraints

- Bureaucratic red tape complicates access to care and equipment, as well as discharge procedures, delaying rehabilitation.
- Gaps in the provincial healthcare system, including lack of clear provincial or regional planning, risk siloing of services and fragmentation of care.
- Lack of allied health providers in rural areas.
- Insufficient funding, staffing shortages, and limited access to rehabilitative resources create moral distress for clinicians.

## 7. Geographical and Logistical

- Rural and remote areas face significant challenges in accessing rehabilitation services due to geographical isolation, transportation difficulties, and limited availability of healthcare professionals.

# Detailed Summary: Enablers by Challenge Statement

## Challenge Statement 1

### **HOW MIGHT WE PROMOTE EQUITABLE ACCESS TO REHABILITATION CARE WITHIN RURAL AND REMOTE ALBERTA?**

Detailed discussions regarding enablers to equitable access to rehabilitation care in rural and remote Alberta organized by thematic areas included:

**Workforce Development:** Competent staff, training opportunities, and innovative staffing models enhance service delivery and retention.

**Technology and Virtual Care:** Tele-rehabilitation services, mobile health units, and virtual care technologies to improve access and facilitate remote consultations.

**Service Coordination and Integration:** Coordinators in rural areas and systems like Connect Care streamline communication and referrals among providers.

**Community Engagement:** Collaborations with local and Indigenous communities ensure culturally relevant care and tailored rehabilitation programs.



**Resource Optimization:** Effective partnerships and coalition-building maximize limited community resources for ongoing rehabilitation activities.

**Community and Government Supports:** Government funding, travel assistance programs, and public health initiatives help reduce economic barriers to accessing care.

**Public Awareness and Education:** Campaigns to inform rural populations about available services and resources increase utilization of rehabilitation care.

## Challenge Statement 2

### **HOW MIGHT WE IMPROVE TRANSITIONS FROM HOSPITAL TO HOME AND ENSURE REHABILITATION NEEDS ARE MET FOR PEOPLE AND COMMUNITIES IN RURAL AND REMOTE ALBERTA?**

*Detailed discussions regarding enablers to transitions in care in rehabilitation care in rural and remote Alberta organized by thematic areas included:*

**Home-Based Care and Early Discharge:** Programs like early supported discharge and home-based rehabilitation (e.g., physiotherapy, occupational therapy) allow patients to recover at home, supported by remote monitoring technologies.

**Collaboration and Care Coordination:** Multidisciplinary care teams and partnerships with external agencies (e.g., Red Cross, LTC providers) improve discharge planning and ensure continuity of care. Tools like Connect Care and secure messaging enhance clinician communication and patient follow-up.

**Technology and Virtual Care:** Systems like Connect Care provide seamless information transfer, while tele-rehabilitation and virtual care reduce geographic barriers, allowing patients to access services remotely.

**Community and Government Support:** Transition beds, financial assistance, and local community resources (e.g., outpatient clinics) help bridge the gap between hospital and home care.

**Patient Education and Empowerment:** Written home exercise plans, advice lines, and educational resources empower patients to manage their rehabilitation, supported by post-discharge follow-ups.

**Peer Support and Social Networks:** Engaging social networks and community groups ensures patients receive both emotional and practical support during transitions.  
**Standardized Discharge Protocols:** Early discharge planning, continuous rehabilitation, and adherence to established protocols ensure smooth transitions from hospital to home.

**Standardized Discharge Protocols:** Early discharge planning, continuous rehabilitation, and adherence to established protocols ensure smooth transitions from hospital to home.

## Innovation Readiness

Conditions need to be favorable to create readiness for innovation. Readiness is multifactorial and influenced by internal and external factors including personal motivation and the presence or absence of external enablers and barriers to innovation.

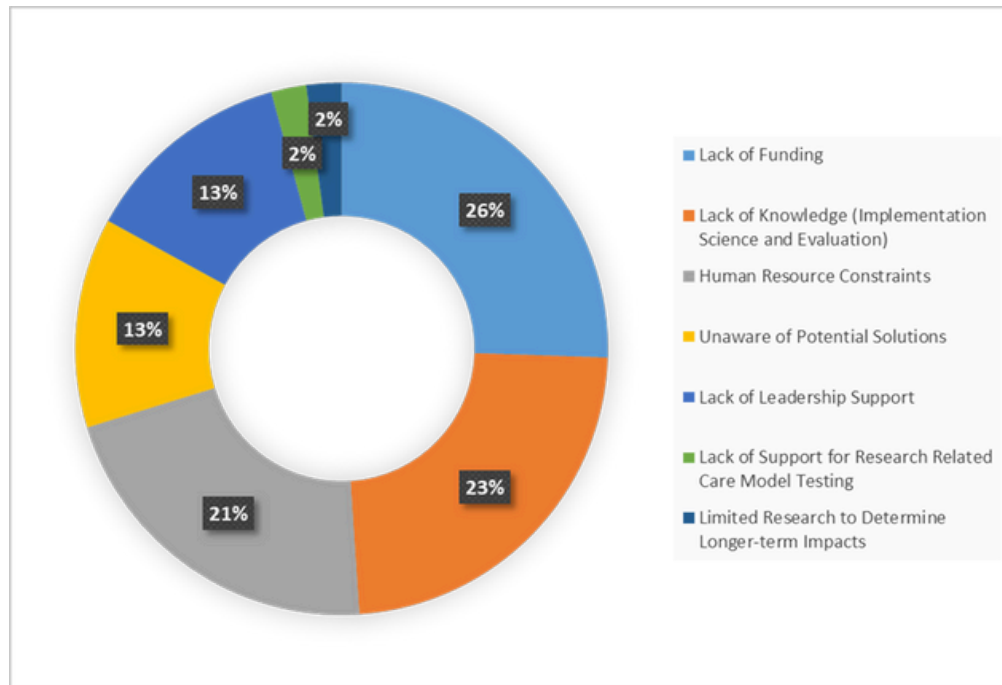
## Motivation to Innovate

In summary, health service providers from Alberta's Rehabilitation Care Community expressed they are driven by a mix of personal dedication to patient outcomes, a commitment to continuous learning and improvement, and the desire to address systemic inefficiencies in healthcare delivery. Key motivators include:

- **Improving Patient Care:** Enhancing patient outcomes, experience, and access, particularly for vulnerable populations.
- **Efficiency and Sustainability:** Optimizing resources, reducing wait times, and creating sustainable care models.
- **Collaboration:** Fostering interdisciplinary teamwork to provide holistic, patient-centered care.
- **Evidence-Based Innovation:** Driven by research and the use of technology to support innovative, data-backed solutions.
- **Adapting to Changing Needs:** Addressing evolving demographics and healthcare needs to ensure ongoing improvement in care delivery.

## Barriers to Innovation

Respondents expressed there are several barriers to innovation in the rehabilitation care space. Key barriers identified through a priority vote (n=47) include:



## Enablers for Innovation

Respondents identified the following key enablers that support innovation and the testing of new care models:

- 1. Funding and Resources:** Adequate financial support for testing, implementation, and long-term sustainability is crucial, as well as access to necessary tools and technology.
- 2. Implementation Support:** Dedicated resources for change management, troubleshooting, and continuous improvement are essential for ensuring new care models remain sustainable in practice.
- 3. Leadership Support:** Leaders who prioritize the testing and evaluation of new approaches foster a culture that encourages risk-taking and experimentation, which is vital for innovation.
- 4. Time and Capacity:** Clinicians need time beyond their regular duties to focus on testing and implementing new models.

**5. Training and Education:** Access to affordable training and educational resources empowers health providers to develop and apply new skills.

**6. Collaboration:** A multidisciplinary team approach and partnerships with external organizations promote diverse perspectives and shared knowledge, leading to more comprehensive care models.

**7. Patient Involvement:** Engaging patients ensures that care models address real-world needs and improve patient experience and outcomes.

**8. Data-Driven Evaluation:** Ongoing data collection, access and analysis enable teams to assess the effectiveness of care models, make improvements, and demonstrate long-term benefits.

**9. Flexible Policies:** Adaptable regulations and frameworks allow for easier navigation of compliance barriers, facilitating the testing of innovative care models.

**10. Evaluation Frameworks:** Support systems to meaningfully measure outcomes help refine and sustain care models to better align with patient needs and health system objectives.

# Glossary & Definitions

---

**Care Model:** Systems through which health systems deliver value to patients. They are comprised of six primary components: People, process, equipment, location, method, and information. Each of the six components must work synergistically to deliver meaningful results for patients and stakeholders.

**Health Service Delivery Partner (HSDP):** A health and care service provider in rehabilitation care in Alberta who may act as a real-world implementation site for novel, technology-enabled care models.

**Rehabilitation Care Community:** Clinicians, healthcare professionals, researchers, persons with lived experience, health system leaders, patient advocacy groups, representatives from government agencies in the rehabilitation care space

**Technology Solution Provider:** An entity providing a market-ready, high-potential solution based in North America. Their digital health technology meets at a minimum [Technology Readiness Level](#) 7, addresses the challenge statement/s and can be formulated into an implementation study.

**Rural:** Slave Lake, Cold Lake, Grande Prairie, La Glace, Wainwright, Canmore, Wetaskiwin, Red Deer, Lethbridge, Camrose, Lacombe, Westlock, Castor, Crowsnest Pass, Coaldale, Medicine Hat, Coleman

**Suburban:** St. Albert, Sherwood Park, Spruce Grove

**Urban:** Calgary, Edmonton

# About Us

---

## Activation Committee Membership

**Amber Benders** | *Glenrose Hospital Foundation, Director, Development & External Relations*

**Antonio Bruni** | *Alberta Innovates, Director, Health System Transformation*

**Geoffrey Gregson** | *Alberta Health Services, Senior Consultant, Research & Innovation, Glenrose Rehabilitation Hospital*

**Chester Ho** | *Alberta Health Services, Medical Director, Glenrose Rehabilitation Hospital*

**Feisal Keshavjee** | *CBI Health, Senior Vice President, Health Partnerships & Transformation*

**Mark Korthuis** | *Glenrose Hospital Foundation, President & CEO*

**Balraj Mann** | *Alberta Health Services, Senior Program Lead, Neuroscience & Stroke PIN*

**Raja Mita** | *Alberta Innovates, Executive Director, Health Innovation*

**Muna Sabouny** | *Alberta Innovates, Business Partner, Health System Transformation*

**Sandra Stabel** | *Alberta Health, Director, Health Innovation Partnerships & Strategy*

**Nancy Walter** | *Alberta Innovates, Senior Business Partner, Health System Transformation*

## Glenrose Hospital Foundation

The [Glenrose Hospital Foundation](#) supports rehabilitation research, technology, equipment, and services to enhance care at the Glenrose Rehabilitation Hospital and help patients recover, relearn life skills, and rediscover their full potential.

## Alberta Innovates

Alberta Innovates manages nearly 1,300 projects in a portfolio valued at \$1.33 billion. We work with innovators in all sectors of the economy and all corners of the province to drive entrepreneurship, applied research and industry development. With our impact-based funding programs and services, we are transforming energy systems for a net-zero world, promoting the responsible use of land and water, leveraging provincial strengths in agriculture, and contributing to improved health and well-being by harnessing digital tech and data. We are also advancing emerging technologies and strengthening entrepreneurship for a strong and diversified economy. From funding to commercialization, we are Alberta's innovation engine! See what entrepreneurs say about our coaching and support. Learn how [Alberta Innovates](#).

## References

---

Cieza, A., PhD, Causey, K., BSc, Kamenov, K., PhD, Hanson, S. W., PhD, Chatterji, S., MD, & Vos, P. T., PhD (2020, December 1). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: A systematic analysis for the Global Burden of Disease Study 2019. Science Direct. Retrieved October 15, 2024, from <https://www.sciencedirect.com/science/article/pii/S0140673620323400?via%3Dihub>