

Health Everywhere Hub

presents

PATIENTS IN TRANSITION SUMMIT

NOV **18** 2026

UNIVERSITY OF ALBERTA

REHAB ROBOTICS LAB

health everywhere hub

W21C

Alberta Government



WELCOME!

The University of Alberta acknowledges that we are located on Treaty 6 territory, and respects the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

PATIENTS IN TRANSITION

Creating seamless pathways across the continuum of care

Building Alberta's Health Innovation Infrastructure

Exploring Living lab Ecosystems through the Health Everywhere Hub Event Series

HEH EVENT SERIES

Exploring Living Lab Ecosystems

By highlighting shared goals and commonalities, we hope to spark collaboration and amplify impact across the system.

01 COMPLETE

The Future of the OR

Sept 15, 2026

02 YOU ARE HERE

Patients in Transition

Nov 18, 2026

03 UPCOMING

The Future of Health at Home

Date: TBD

MEET OUR TEAM



Dr. Martin Ferguson-Pell

Biomedical Engineer and Director at Rehabilitation Robotics Laboratory, University of Alberta



Dianna Linton

Laboratory Operations Manager at Rehabilitation Robotics Laboratory, University of Alberta



Mahtab Azhdar

Researcher at Rehabilitation Robotics Laboratory, University of Alberta



Dr. Antoinette Nguyen

Program Coordinator and Scientific & Innovation Lead at Rehabilitation Robotics Laboratory, University of Alberta



Chris Small

Software Development Lead at Rehabilitation Robotics Lab, University of Alberta

PROGRAM AGENDA

Full Day Event Schedule - Edmonton Unlimited & Amii

MORNING SESSION

7:30 AM - 12:00 PM

7:30 am
Registration & Breakfast, Patient Stories Gallery Open
Location: Edmonton Unlimited

8:30 am
Transition to Amii

8:45 am
Elder Blessing & Land Acknowledgement
Elder Marilyn McGillis
Dr. Neesh Pannu

9:00 am
Welcome & Keynote
Dr. Neesh Pannu
Call to Action Keynote: Teri Price

9:45 am
Mini Keynotes
- *Rural and Remote Care*
Keynote I: Dr. Stacey Lovo
- *Leaving Acute Care*
Keynote II: Balraj Mann

10:15 am — MORNING BREAK

10:30 am
Breakout Workshops
- *Workshop I & Workshop II*

12:00 pm — LUNCH
Pitch Luncheon, Patient Stories Gallery Open & Research Innovation Banners
Location: Edmonton Unlimited

AFTERNOON SESSION

1:00 PM - 5:30 PM

1:00 pm
Transition to Amii

1:15 pm
Afternoon Introduction

1:20 pm
Mini Keynotes
- *Life After Sudden Disability*
Keynote III: Dr. Adalberto Loyola Sanchez
- *Emergency Care and Unhoused People*
Keynote IV: Dr. Louis Hugo Francescutti

2:00 pm
Workshops
- *Workshop III & Workshop IV*

3:30 pm — AFTERNOON BREAK

3:45 pm
Policy to Practice Discussion

4:30 pm
Final Comments & Next Steps

4:45 pm — RECEPTION
Reception & Tech Showcase
Location: Edmonton Unlimited

health everywhere hub

LIVING LABS

DRIVING HEALTH INNOVATION ACROSS ALBERTA

The Health Everywhere Hub is supported by the Government of Alberta's Ministry of Technology and Innovation through the Major Innovation Fund Program.

OUR VISION

Our vision for Alberta is a vibrant eHealth and mHealth ecosystem that builds on a foundation of strength in innovation to drive economic and technological growth that positively transforms our health system.

REAL WORLD ENVIRONMENTS

Living lab creates integrated & structured, real world environments where teams can test, learn, and generate evidence that support IP development and clinical adoption.

BRIDGING THE GAP

Living lab close the gap between promising innovation and real world use by bringing together the people, the places, the processes and the technology that support economic and health outcomes.

CO-CREATION & PARTNERSHIP

Living lab is a place where clinical, community, research, and industry partners co-create alongside patients and caregivers to identify, test, and learn under real conditions, in real time.

WHY THIS SUMMIT MATTERS

“Innovation needs to happen where care happens”

01 / THE CHALLENGE

Health innovations rarely fail to commercialize and scale because of the technology alone. They often fail because they are developed in isolation from the real-world contexts in which they must ultimately function.

02 / THE APPROACH

The Health Everywhere Living Lab Series brings together people with lived experience, clinicians, researchers, innovators, and health-system partners for a one-day, action-oriented and collaborative visioning summit. Hosted by the University of Alberta arm of the Health Everywhere Hub, this summit is part of a three-event, province-wide initiative in collaboration with W21C at the University of Calgary.

03 / THE FOCUS

The summit will focus on the importance of a seamless patient journey from acute to community care, and on how a living lab ecosystem can accelerate innovation and help

LEADERSHIP & KEYNOTE SPEAKERS



Dr. Martin Ferguson-Pell
Biomedical Engineer and Director at Rehabilitation Robotics Laboratory, University of Alberta



Dr. Mary Brindle
Surgeon and Professor, University of Calgary



Dr. Neesh Pannu
Nephrologist & Professor in the Department of Medicine at the University of Alberta



Dr. Haidong Liang
Gerontologist & CEO of WE Seniors
Master of Ceremony



Teri Price
Co-founder and Executive Director, Greg's Wings
Keynote Speaker

AM MINI-KEYNOTES

Dr. Stacey Lovo

Associate Professor, School of Rehabilitation Science, University of Saskatchewan



01

Rural & Remote Care

Exploring equitable care pathways for rural and remote communities.

Balraj Mann

Senior Program Lead
Acute Care Alberta



02

Leaving Acute Care

Exploring patient-centred alternative levels of care.

PM MINI-KEYNOTES

Dr. Adalberto Loyola Sanchez

Specialist in Physical Medicine/Rehabilitation
and Professor, University of Alberta



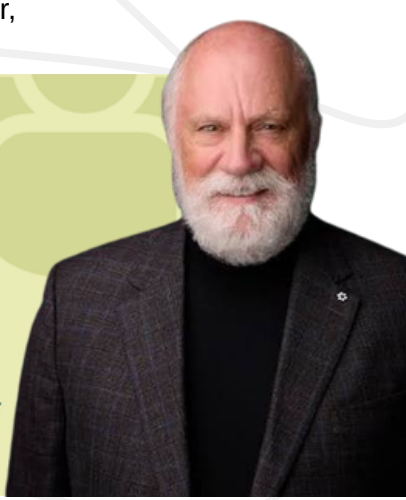
03

Life After Sudden Disability

Exploring life after sudden onset of disabling conditions.

Dr. Louis Hugo Francescutti

Emergency Physician and Professor,
University of Alberta



04

Emergency Care & Unhoused People

Exploring pathways from emergency care for unhoused people.

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OPEN TO ALL SUMMIT GUESTS

PITCH LUNCHEON

ROOM A
Edmonton Unlimited

12:25 PM - CalyxEra

Anita Minootan
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Calyxera.ca

People living with chronic conditions, such as spinal cord injury (SCI) and COPD, often leave the hospital with separate documents from each discipline and no single guide. In SCI, about 36% of patients are re-hospitalized within the first 90 days.
CalyxEra is an AI-powered mobile app that supports this transition. During the hospital stay, the patient and the care team build the care plan together, based on the patient's specific condition and needs. After discharge, the patient takes that plan home in the app, with daily check-ins and resources to help them follow it.

CalyxEra is built on three principles: patient-centered care, patient empowerment and self-management. The patient helps shape the plan, understands their own health, and manages it day to day.

Our AI assistant, Ava, helps patients find what they need in the app. She is closed and used only for navigation, so she answers only from information the patient and the care team have already entered.

We are starting with SCI and have a working prototype. In phase 2, a few patients will use the app, with a nurse helping us connect with them. I am the co-founder and lead the technology side of CalyxEra.

12:40 PM - Heka Intelligence

Deepali Joshi and James Peralta
deepali@hekaintelligence.com
https://hekaintelligence.ai/

A referral is sent. A patient leaves the hospital. What happens next is often a black box. Patients navigate disconnected services while care teams struggle to track outstanding handoffs, follow-up needs, and changing symptoms.

Heka Intelligence is building an AI workforce for care coordination and patient navigation; we are building assistants that work alongside healthcare teams to keep patients moving through care. These assistants track referrals, identify stalled transitions, initiate follow-up, and bring relevant changes to clinicians' attention across hospitals, clinics, pharmacies, and community services.

Patients can now see where they are in their care journey and speak or log symptom updates between appointments. Those updates connect directly to clinic workflows, where defined triggers prompt action or clinician reassessment of urgency. Heka connects patient visibility with the work needed to deliver the next step in care.
Already deployed in an Alberta surgical clinic, Heka is expanding toward broader pathways, including rural and remote access, hospital-to-community transitions, and follow-up for people experiencing homelessness.

We seek clinical and community partners, pilot sites, and researchers to evaluate improvements in timely follow-up, unresolved handoffs, patient experience, and staff workload. Our mission is to make healthcare proactive and connected, so no patient gets forgotten.

OPEN TO ALL SUMMIT GUESTS

PITCH LUNCHEON

ROOM B
Edmonton Unlimited

12:25 PM - Intellicube: Interactive Patient Education for Everyday Life

Sandra Stabel, Co-Founder & CEO
hello@intellicube.ca
www.intellicube.ca

Patients and families often leave healthcare appointments overwhelmed, with limited time to absorb what a diagnosis means or how to manage daily life. Education needs continue long after the appointment ends.

Intellicube is a mobile learning platform that makes patient education easier to understand, more engaging, and available when families need it. Short, interactive lessons combine animation, visual storytelling, and plain language to explain conditions and everyday care. Users can learn at their own pace and revisit lessons as questions arise.

Developed with input from patients, caregivers, and clinicians, Intellicube combines evidence-based, clinically reviewed content with learning experiences designed for patients and families. Our first program, developed in partnership with the Epilepsy Association of Calgary, focuses on pediatric epilepsy, including understanding seizures, everyday safety, and family life.

As we prepare to launch our epilepsy program, we are seeking clinical and community partners, pilot sites, and evaluation collaborators to help integrate Intellicube into care pathways and expand to additional conditions. Our goal is to strengthen understanding and confidence while supporting ongoing learning between healthcare visits.

12:40 PM - Care Starts Before the Patient Arrives: Don’t Let Critical Information Get Left Behind

Kate Ewing
kate.ewing@syncmed.ca

Handover between paramedics and emergency department teams is one of the most vulnerable moments in a patient’s care. Critical details are often relayed verbally, under time pressure, in crowded and noisy environments, and much of that information is lost, misheard, or never reaches the clinicians who need it. EDs frequently learn what is coming only when the stretcher comes through the doors.

EMS2ED is a made-in-Alberta digital handover platform developed at the University of Calgary and brought to market by SyncMed Technologies. It connects EMS crews and receiving emergency departments before the patient arrives. Paramedics share structured, essential patient information en route, so ED teams can anticipate needs, prepare resources, and assign the right clinicians ahead of arrival. When the patient arrives, the verbal handover reinforces what the team already knows instead of starting from scratch.

Built by clinicians and human factors researchers, EMS2ED is designed around how paramedics and ED staff actually work, with the goal of reducing information loss, shortening handover time, and improving patient safety. EMS2ED is seeking hospital partners for pilots across Alberta.

Care starts before the patient arrives. EMS2ED makes sure critical information is never left behind.

OPEN TO ALL SUMMIT GUESTS

PITCH LUNCHEON

ROOM C
Edmonton Unlimited

12:25 PM - From Elevated PSA to the Right Next Step in Alberta

ClarityDX Prostate
Nanostics, Catalina Vasquez
Catalina.vasquez@nanosticsdx.com
www.nanosticsdx.com

An elevated prostate-specific antigen (PSA) result often leaves patients and primary care teams with an uncertain next step. PSA alone has limited ability to distinguish clinically significant prostate cancer from benign causes of elevation, making it difficult to decide who needs timely specialist assessment and who may be able to avoid an unnecessary biopsy.

ClarityDX Prostate is a blood-based risk assessment developed by Edmonton-based Nanostics. It combines routine PSA measurements and clinical information to estimate an individual's likelihood of having clinically significant prostate cancer. It can be used before MRI or biopsy to support referral and triage decisions. This gives primary care and urology teams a common risk estimate to guide the next step and explain it to the patient.

The test is commercially available in Canada. We are conducting a randomized Clinical Utility Study across Canada, including Alberta, with 75% of planned recruitment complete nationwide. Preliminary results are encouraging, with early findings suggesting that the test is informing care decisions and may help identify clinically significant cancer sooner in higher-risk patients.

We are working with Alberta clinical partners to explore how the test could fit into referral triage. Our goal is to make ClarityDX Prostate a publicly funded part of Alberta's standard elevated-PSA pathway so eligible patients can access it without paying out of pocket.

12:40 PM - AIDE : Bridging the Gap Between Hospital Discharge and Community Care

Rosmi Abraham
rosmi.abraham@aidedhs.ca

A patient leaving hospital may still need physiotherapy, rehabilitation, or other community-based services. Yet finding an appropriate provider, identifying available appointments, and coordinating follow-up care can involve fragmented processes, repeated phone calls, and unnecessary delays.

AIDE Digital Health Services is developing a digital healthcare coordination platform that connects patients with appropriate community providers based on real-time appointment availability, service requirements, and patient preferences.

Our platform combines patient-facing mobile applications with a clinic management interface, enabling appointment discovery, self-booking, multilingual access, and clinic-controlled scheduling. We are also developing eligibility-based matching and AI-assisted appointment prioritization to help clinics use available capacity more effectively.

With our initial work involving independent allied health clinics in Edmonton, we see an opportunity to extend AIDE's coordination capabilities to hospital-to-community transitions, particularly rehabilitation and allied health follow-up.

Our goal is to help patients access appropriate care sooner while reducing administrative effort and making better use of existing healthcare capacity.

We are seeking clinical and health-system partners to co-design and validate this transition-of-care use case in real-world settings.

OPEN TO ALL SUMMIT GUESTS

PITCH LUNCHEON

ROOM D
Edmonton Unlimited

12:25 PM - Immersive Mind and Memory Program

Hems J.
founder@simplefrenchwithhems.com
https://simplefrenchwithhems.com/immersive-mind-and-memory-program

The Immersive Mind & Memory Program (IMMP), developed by Simple French with Hems Inc., is a voice-controlled, AI-supported virtual reality program designed to promote cognitive enhancement in older adults through novel, challenging learning. It integrates VR, NLP and conversational AI.

Inspired by Dr. Denise Park's Synapse Project, which demonstrated episodic memory benefits from sustained, demanding new learning, IMMP applies this principle through immersive French learning. Activities combine spatial exploration, listening, speaking, reading, writing and drawing to engage, in principle, brain networks supporting memory, attention, language, spatial processing and executive function.

Voice drives the experience: participants must speak and provide an appropriate response to progress. Without a spoken response, the activity does not advance. Prompts, retries and repeated recall require participants to actively learn and retrieve information.

IMMP enables week-by-week tracking of engagement across reading, writing, listening and speaking, alongside participation and recall attempts. This provides a longitudinal picture of how participants engage with increasingly demanding activities.

Seated VR sessions are paired with group learning and off-headset recall exercises. The program's novelty lies in combining voice-dependent progression, immersive learning and ongoing engagement tracking within a structured approach intended to support cognitive enhancement. Its cognitive outcomes will require formal evaluation.

POLICY TO PRACTICE DISCUSSION



Beth Kidd
Exceutive Director,
Health Coalition of Alberta



Colleen S. McDonald
Senior Manager, Sovereign Health External Affairs. Enoch Cree Nation



Terri Poirier
Account Manager Western Canada at Philips



Ahmad Qayyum
Director Allied Health Calgary, Central, SE& SW corridors, Assisted Living Alberta
Area Manager Allied Health
Alberta Health Services

TECH SHOWCASE

4:45 PM - 6:00 PM

Edmonton Unlimited

Refreshments provided by Prairie Catering

AVA Robot	Ava Robotics Inc. Boston MA USA	Emmanuella Osuji
Telepresence Robotics and Wearables for Stroke Rehab	Rehabilitation Robotics Lab University of Alberta & Temi Robotics	Maria Insuasty
TeleVU Virtual Care Platform	TeleVU Innovation Ltd. Vaughan ON	Ryan De'Larami Founder & CEO
3D Markerless Motion Capture - Kinetisense	Kinetisense Inc. Medicine Hat AB	Yamen Shawan
Rotator Cuff Decision Support Tool	Rehabilitation Robotics Lab University of Alberta & Temi Robotics Hong Kong	Christopher Small
Escape rooms for recruitment – Autistic Peoples' Experiences	VR CAVE Inc. (Edmonton) & Rehabilitation Robotics Lab University of Alberta	Pariya Parchini
Digital Twins for training clinicians to treat vertigo	Computing Science Digital Medial Studies & Rehabilitation Robotics Lab University of Alberta	Mihir Niravkumar Sukharamwala
Bento Prosthetic Arm	BLINC Lab University of Alberta	Rory (Michael) Dawson

PATIENT STORIES

Through the Health Everywhere Hub Patients in Transition Summit, we invite you to reflect on these experiences and consider how healthcare systems can better respond to people's needs.

Because behind every transition is a person, behind every challenge is an opportunity, and behind every story is a reason to create change.



SOMETIMES THE HARDEST PART OF CARE IS GETTING THERE.

"In the darker parts of the year, I don't like to drive into the sun or in the dark. I have even had to pull over, go back for a coffee, or stay overnight in Lethbridge. Being able to have my appointment just five minutes from home avoids all of these challenges and extra costs — and that's a wonderful thing."

Before: A long and difficult drive

Driving to Lethbridge for an appointment



Driving into the rising and setting sun

Avoiding driving in the dark

Blowing snow covering the road (unpredictable)

Extra costs (hotel, dog boarding, breakfast)

Now: A local appointment

Just five minutes from home in Claresholm



COMMUNITY ACCESS BETTER CARE

Local virtual appointments remove unnecessary travel, reduce costs, and make care more accessible — especially as we get older.

Ready to Go Home. Not Ready to Be Home.

A client's experience shows how gaps in the transition from hospital to home can make recovery harder than expected.

The Journey



After registering for the Amsterdam Marathon, I developed back pain. I was sent home from the ER with a fractured vertebra, but two weeks later I was rushed back, diagnosed with a spinal abscess, and had emergency surgery. I couldn't walk or stand. At the Glenrose, I pushed to go home in one week instead of two, and my team made it happen.

The Challenges After Going Home



What Could Make the Transition Better?

- A triaged support line or simple flowchart: "If you're experiencing this, call this person."
- Equipment arranged and communicated before discharge.
- A digital at-home tracker or coach, and a tighter link between inpatient and outpatient rehab.
- A guide to preparing for a return to work after leaving hospital.

A successful discharge requires more than medical readiness – equipment, guidance, and follow-up must be ready too.

The Right Information Can Transform Quality of Life



THEY TRANSFERRED ME. BUT NO ONE WAS READY FOR ME.

"When I showed up in Lethbridge, they clearly weren't well prepared... They basically just found me in a corner and put me there."





THERE WAS NO IN-BETWEEN.



I Was Ready to Leave Rehab, But a Home of My Own Wasn't Yet Possible.

"My mom and I were stuck for about eight months because we couldn't find accessible housing."
– Albertan living with a spinal cord injury



Discharged to... Where?

Leaving the hospital is hard when you don't have the right support and a place to go.

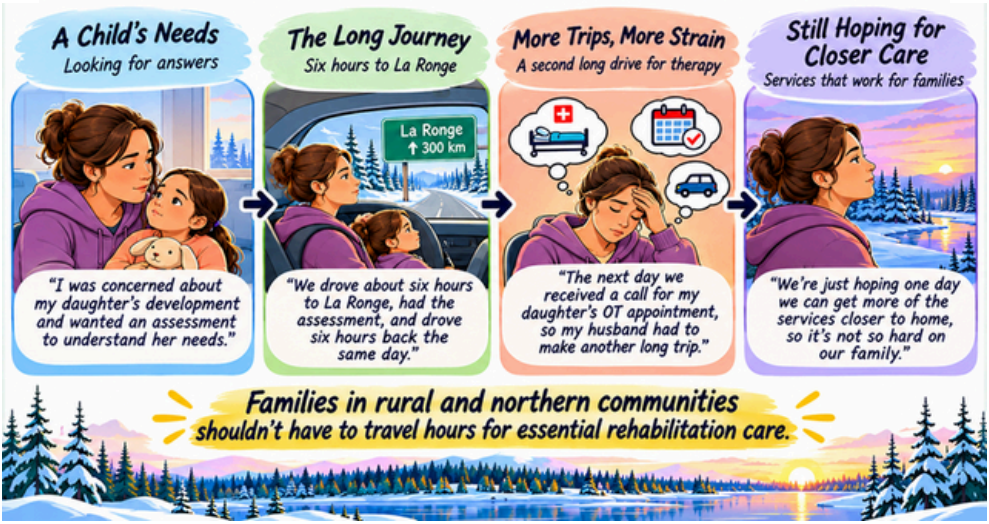


A safe transition from hospital means more than paperwork.

Interested in hearing more of Bobby's story? Contact Sarina.aryal@ucalgary.ca

A Six-Hour Drive for One Assessment.

"I drove to La Ronge for my daughter's assessment—about six hours there and back in the same day. I had just had my own surgery and the next day we had to make another long drive for her OT appointment."
– A parent from a Northern Cree community, Saskatchewan



Families in rural and northern communities shouldn't have to travel hours for essential rehabilitation care.

When Every Minute Matters

The Beginning: Care in Fort McMurray



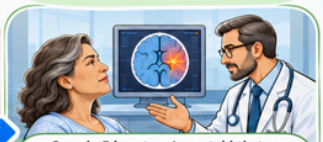
I am a 55-year-old resident of Fort McMurray. In 2024, I developed a stroke due to a blood clot. My symptoms were mild weakness, which I didn't recognize early, so I waited a few hours before going to the emergency room.

At the ER, the triage nurse quickly spotted my weakness. The ED physician told me I had a stroke due to a blocked artery and needed an urgent transfer to Edmonton to remove the clot through a wire.

The Transfer Journey



The Outcome



Once in Edmonton, I was told that my stroke was established and that the wire procedure would not be helpful and might even be harmful.

Can we do research to develop new treatments that can be given during transport?

Key Takeaway: For time-sensitive conditions like stroke, the transfer itself can become a critical part of care.

I'm 91, and I'm Not Ready to Give Up My Independence

> "I still live on my own in a house and neighbourhood that I love. I keep astive and look after myself. But something as simple as getting my weekly groceries has become a real problem."

Staying Independent



I'm 91 years old, with good friends and a busy social life. I can still look after myself and prepare my own meals.

My doctor wouldn't approve the renewal of my driver's licence. I understand the reasons, but losing the ability to drive has made life much more complicated.

The Grocery Challenge



Finding a Safe and Simple Way



I'm not comfortable doing financial transactions online after a bad experience where I lost money.

I'd like to have my groceries delivered, but most options require a credit card or are difficult to arrange.

For now, I rely on the kindness of friends and neighbours, but I don't like having to ask.

Key Takeaway: Services designed for older adults must work for people who cannot drive or use online payment systems.

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DASCH PRODUCTIONS

A THANK YOU TO OUR VOLUNTEERS

BREAKOUT DISCUSSION TABLE LEADS

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Snigdha Widge
Sophia Spawelko
Yasaman Mashayekhi
Zahra Ghofrani Jahromi

THANK YOU!

Your attendance and participation in the Patients in Transition Summit is greatly appreciated and we value your feedback!

Let us know your thoughts on the Summit!

CLICK HERE

Prefer email? Reach out to amy@daschproductions.com with your feedback or questions!


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