

# Open Board Forum

Island Health Board of Directors

November 2019

*Excellent health and care for everyone, everywhere, every time.*

# Open Board Forum

Leah Hollins, Chair  
Island Health Board of Directors

November 2019

*Excellent health and care for everyone, everywhere, every time.*

# Agenda

- Welcome
  - Kathy MacNeil, CEO & President, Island Health
  - Murray Fyfe, Medical Health Officer
  - Lucia Bartleman and Jane Fox, W'SANEC Partnership Projects with Island Health
  - Shawna Walker and Andrea Lewis, Shoreline Medical Clinic
  - Dr. Paul Winston, Rehabilitative care at the Victoria Peripheral Nerve and Spasticity Clinic

# Kathy MacNeil

President & CEO

*Excellent health and care for everyone, everywhere, every time.*



# W'SÁNEĆ First Nations

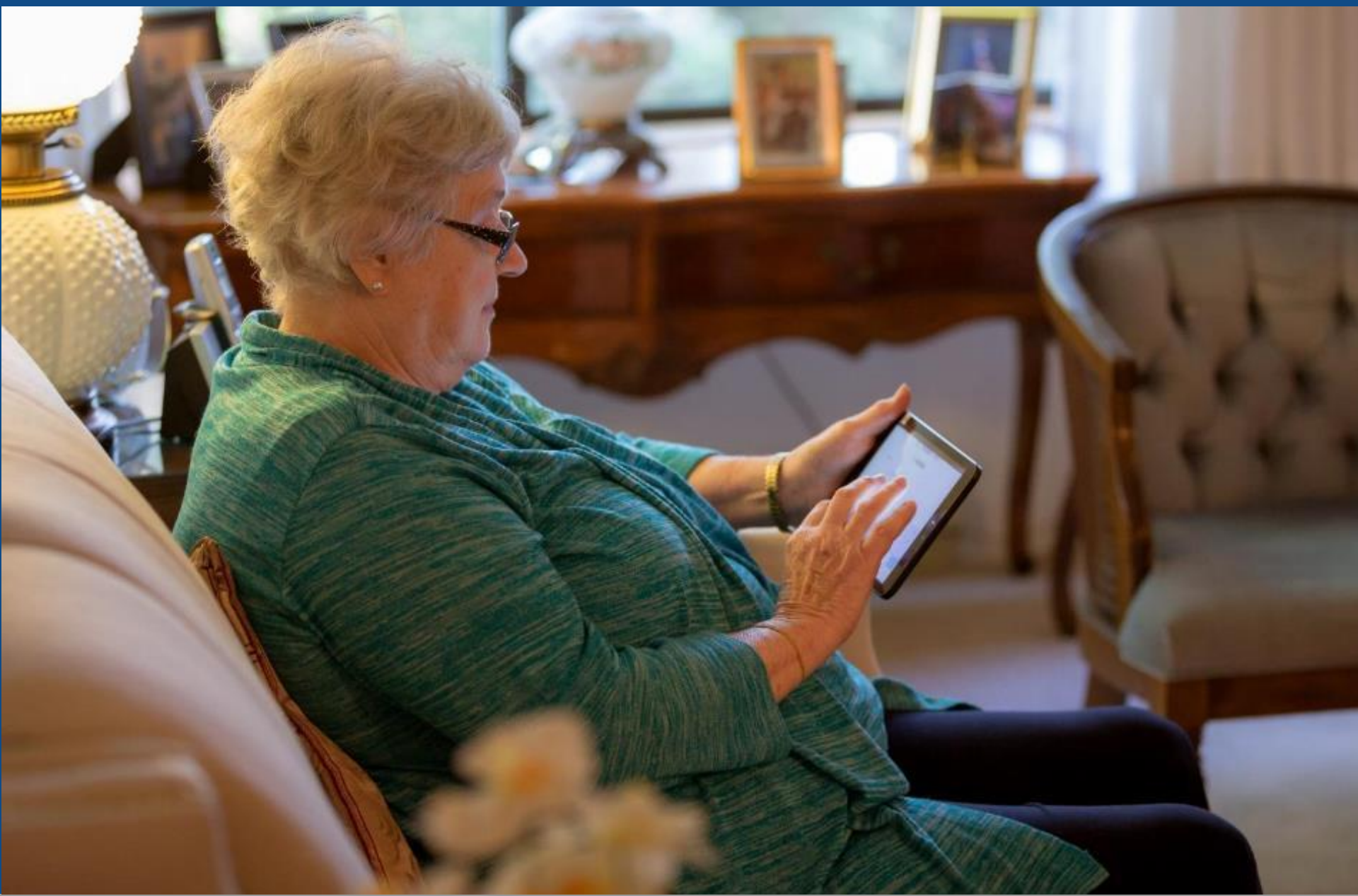




















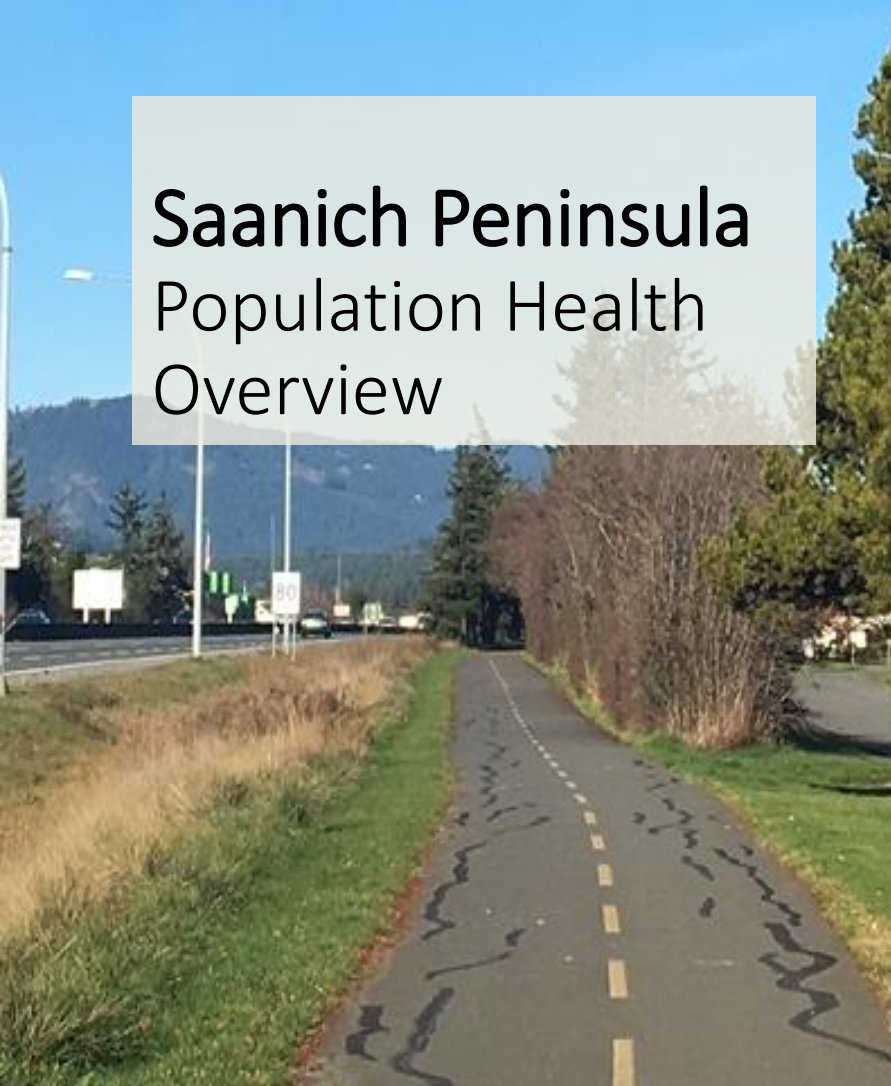


# Thank you



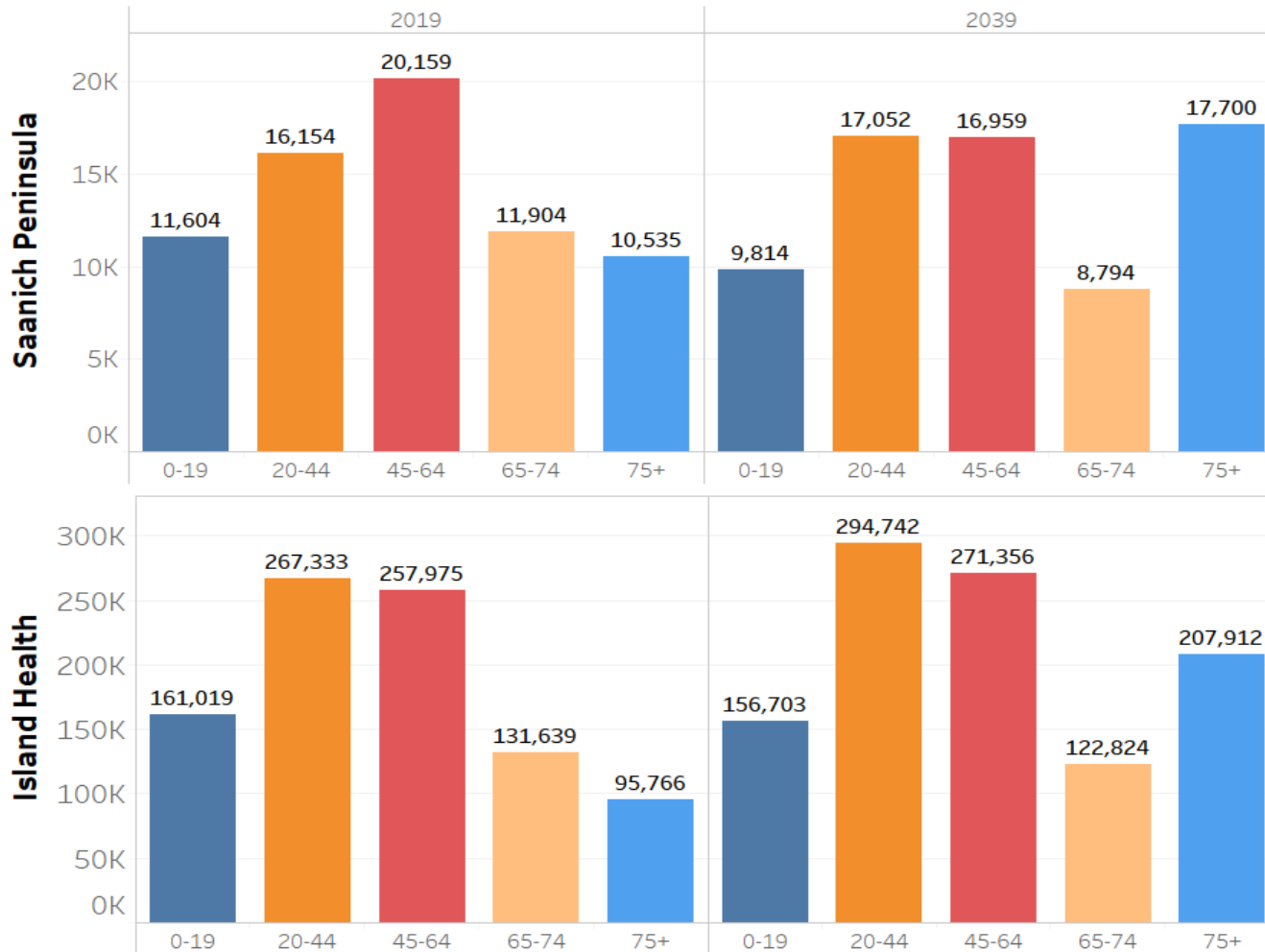


# Saanich Peninsula Population Health Overview



• Monday, February 03, 2020

# Population Estimates by Age Groups



Estimated 2019 Population: 70,356

Estimated 2039 Population: 70,319

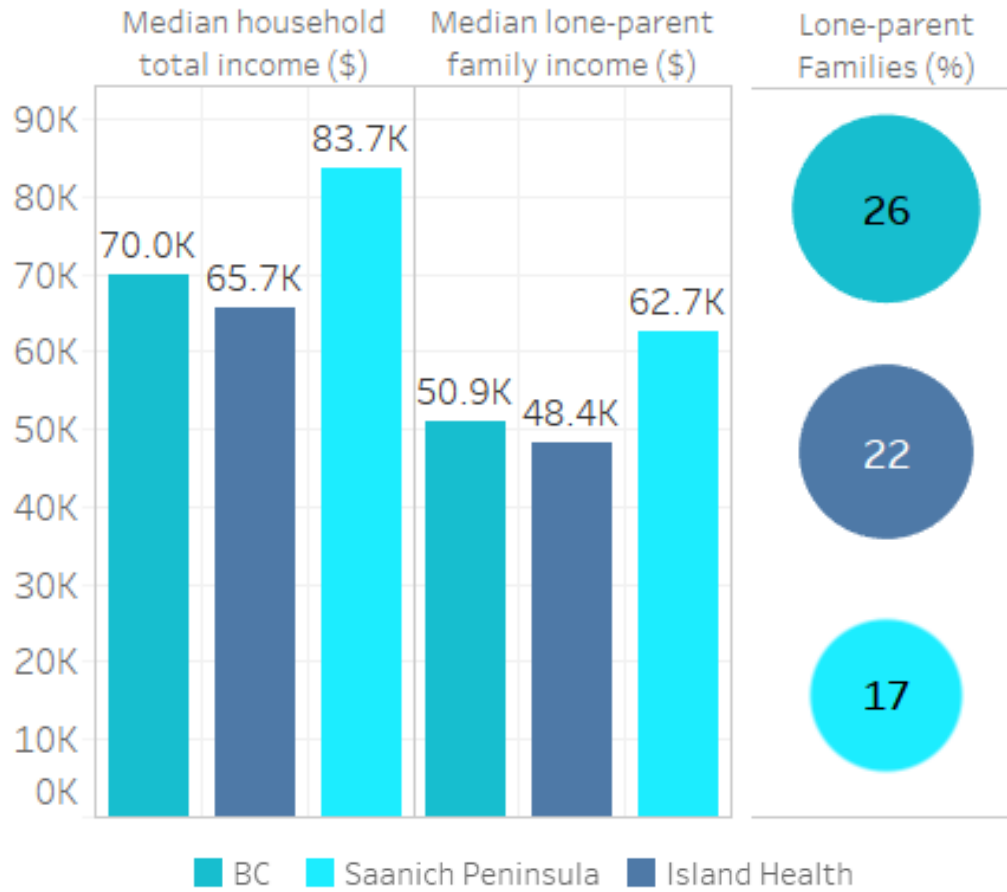


ROYAL OAK SCHOOL - 1884

Social Determinants of Health

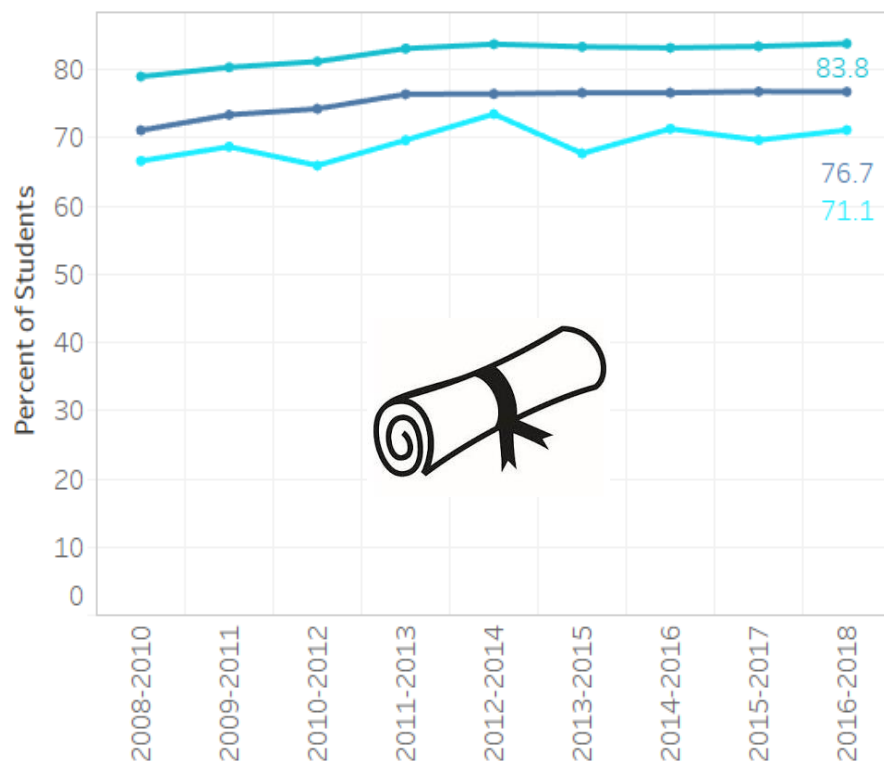
# Economic Status

Median Household and Lone-Parent Income, and Percentage of Lone-Parent Families (2016 Census)

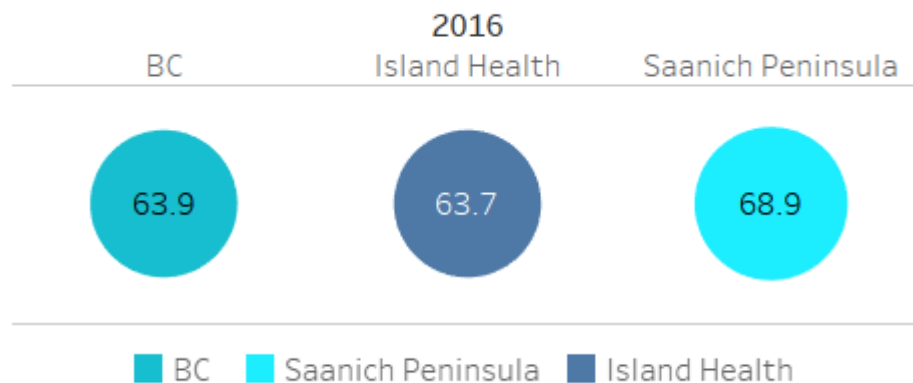


# Education

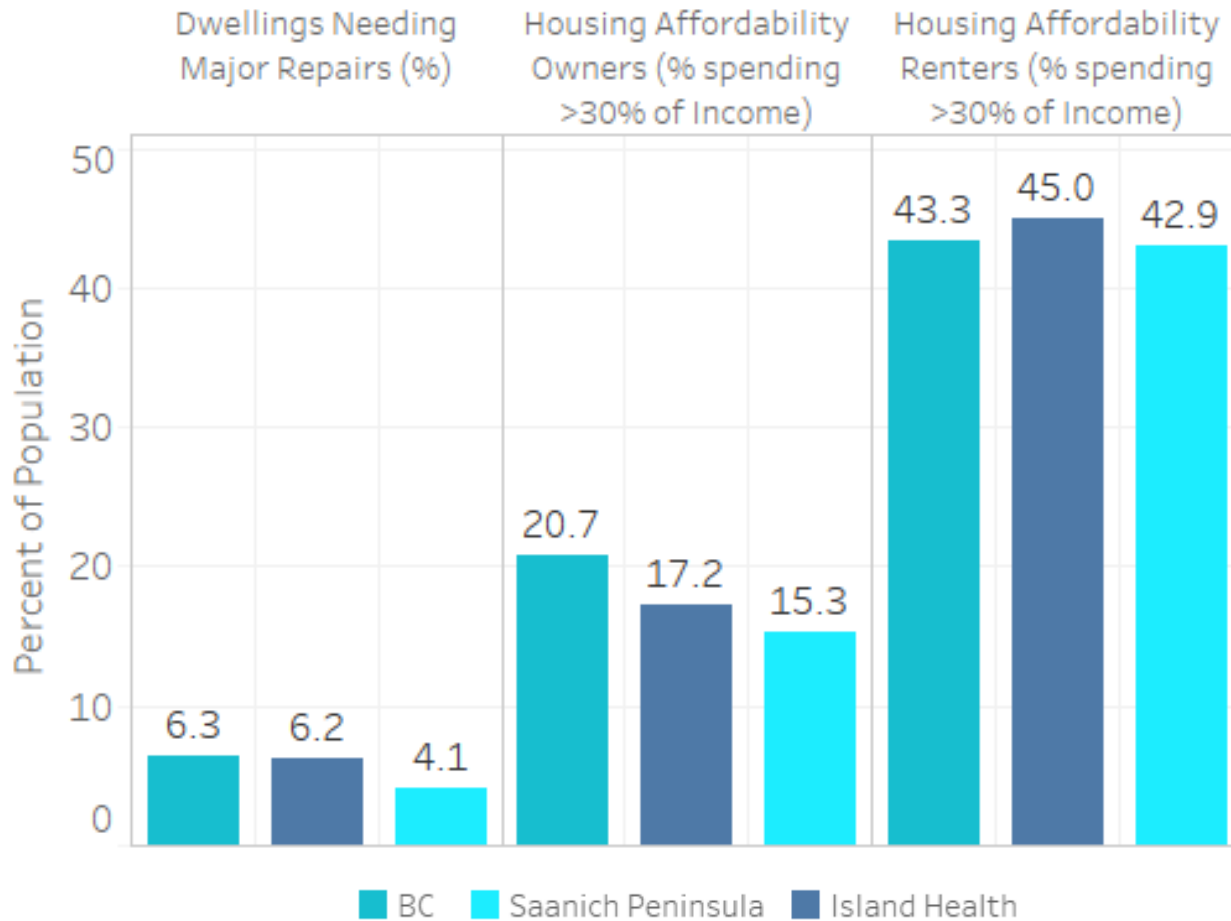
High School Completion Rate within 6 years of Grade 8 Enrollment (2 yr aggregate)



Population Aged 25 to 64 with Post-Secondary Certificate, Diploma or Degree (%)



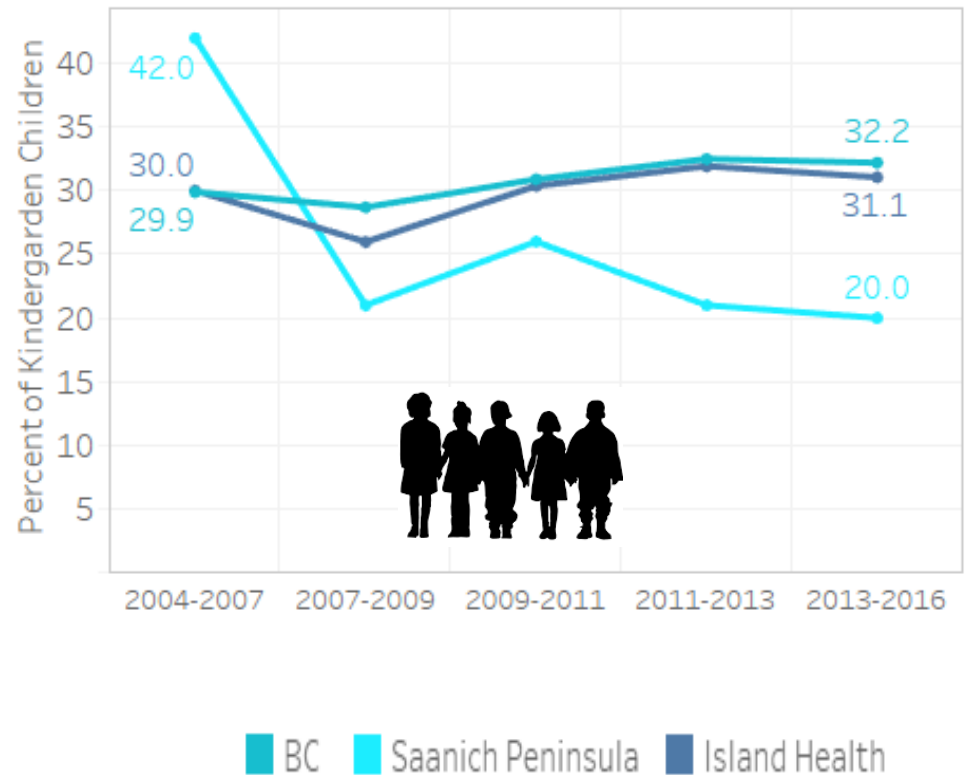
# Housing



# Early Development Instrument

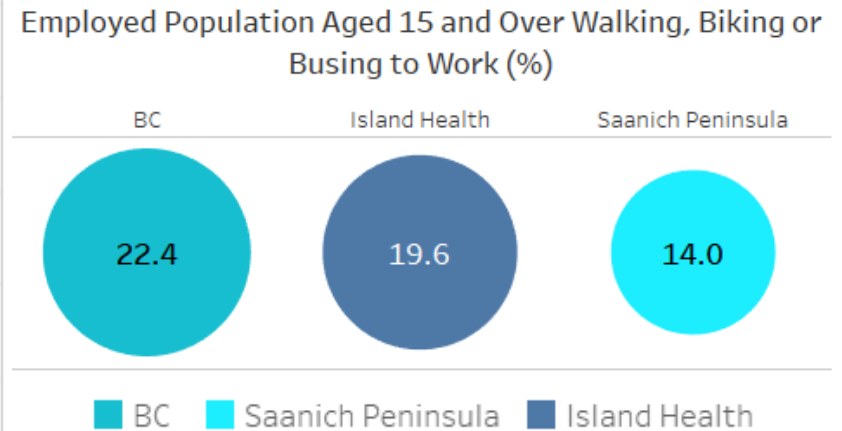
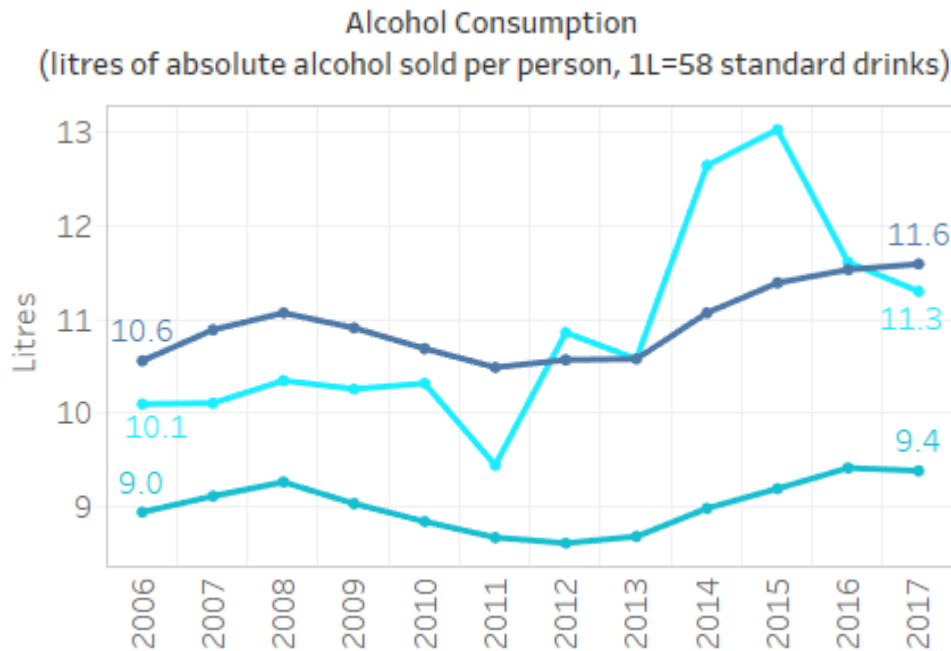
## Percent Children Vulnerable in One or More Domains

- Measures vulnerability in Kindergarten in five child development areas (domains):
  - Physical
  - Social
  - Emotional
  - Language and Cognitive
  - Communication skills





# Healthy Behaviours & Built Environment



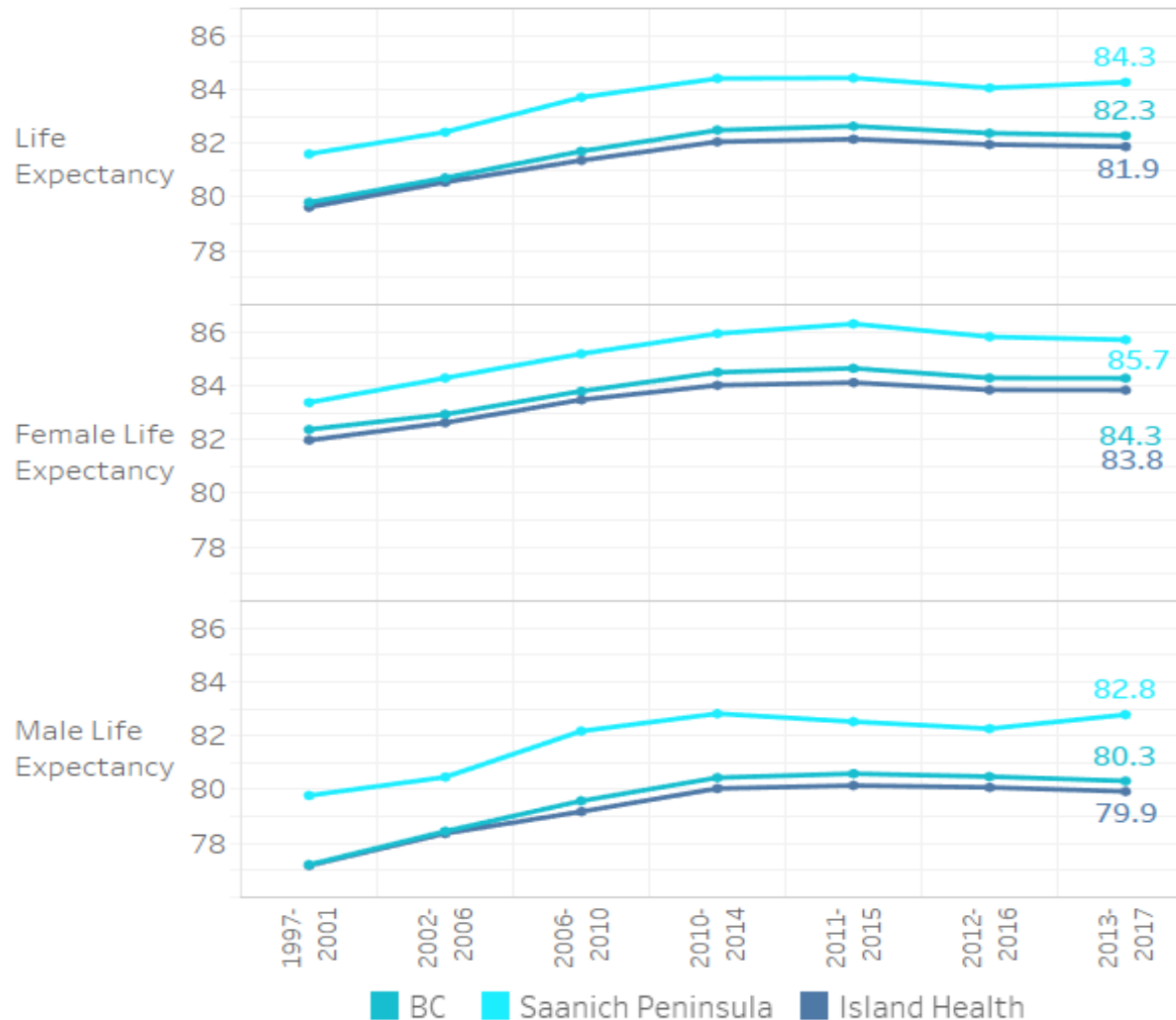




# Health Status



# Life Expectancy (years)



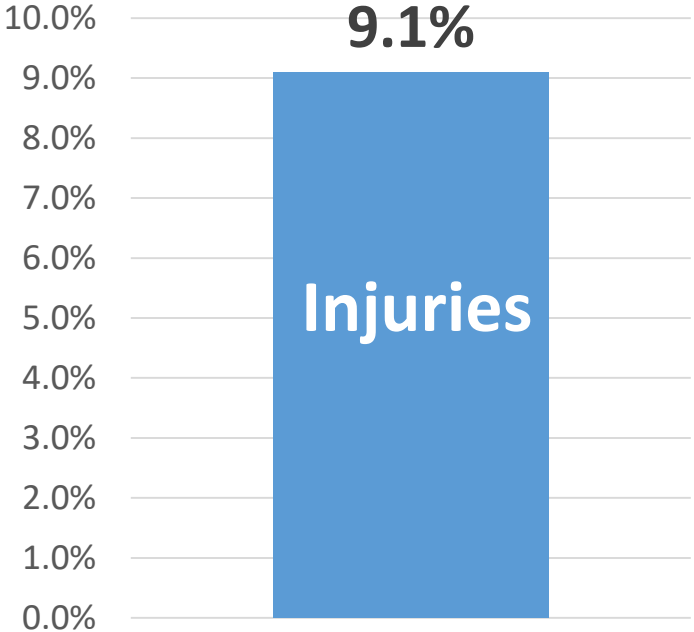
# Prevalence of Chronic Conditions, 2017

Chronic Disease Age Standardized Prevalence in 2018 Per 1,000 Individuals

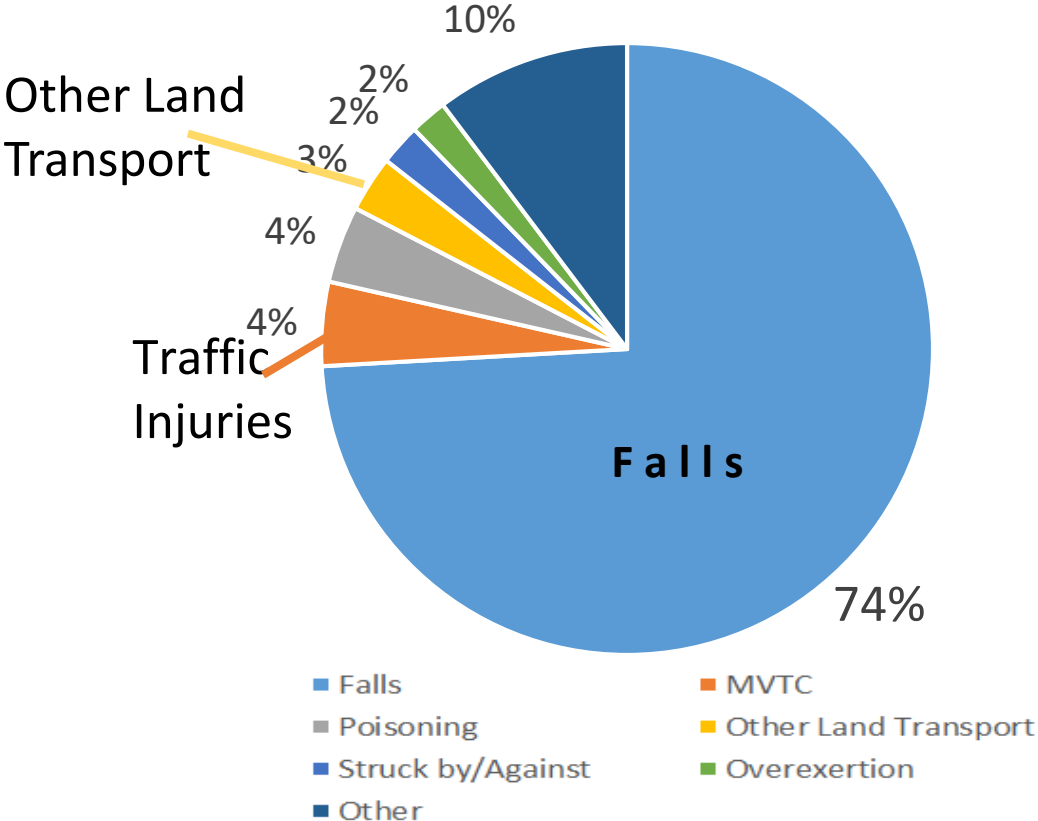
	BC	Island Health	Saanich Peninsula
Schizophrenia & Delusional Disorders	• 11.0	• 11.6	• 8.1
Heart Failure	• 19.4	• 17.7	• 13.8
Alzheimer's Disease and Other Dementia	• 20.3	• 21.3	• 18.3
Chronic Kidney Disease	• 23.2	• 22.2	• 21.1
Episodic Asthma	• 49.9	• 52.9	• 49.3
Chronic Obstructive Pulmonary Disease	• 51.1	• 52.5	• 30.6
Ischemic Heart Disease	• 69.4	• 60.5	• 52.2
Diabetes	• 80.3	• 69.5	• 61.9
Episodic Depression	• 72.2	• 85.8	• 83.0
Osteoarthritis	• 84.9	• 91.1	• 88.5
Episodic Mood & Anxiety Disorders	• 101.6	• 122.1	• 114.5
Asthma	• 123.1	• 130.7	• 124.0
Hypertension	• 224.7	• 212.1	• 209.4
Depression	• 246.0	• 278.3	• 267.0
Mood & Anxiety Disorders	• 301.9	• 342.7	• 325.3

# Injury Hospitalizations – Saanich Peninsula

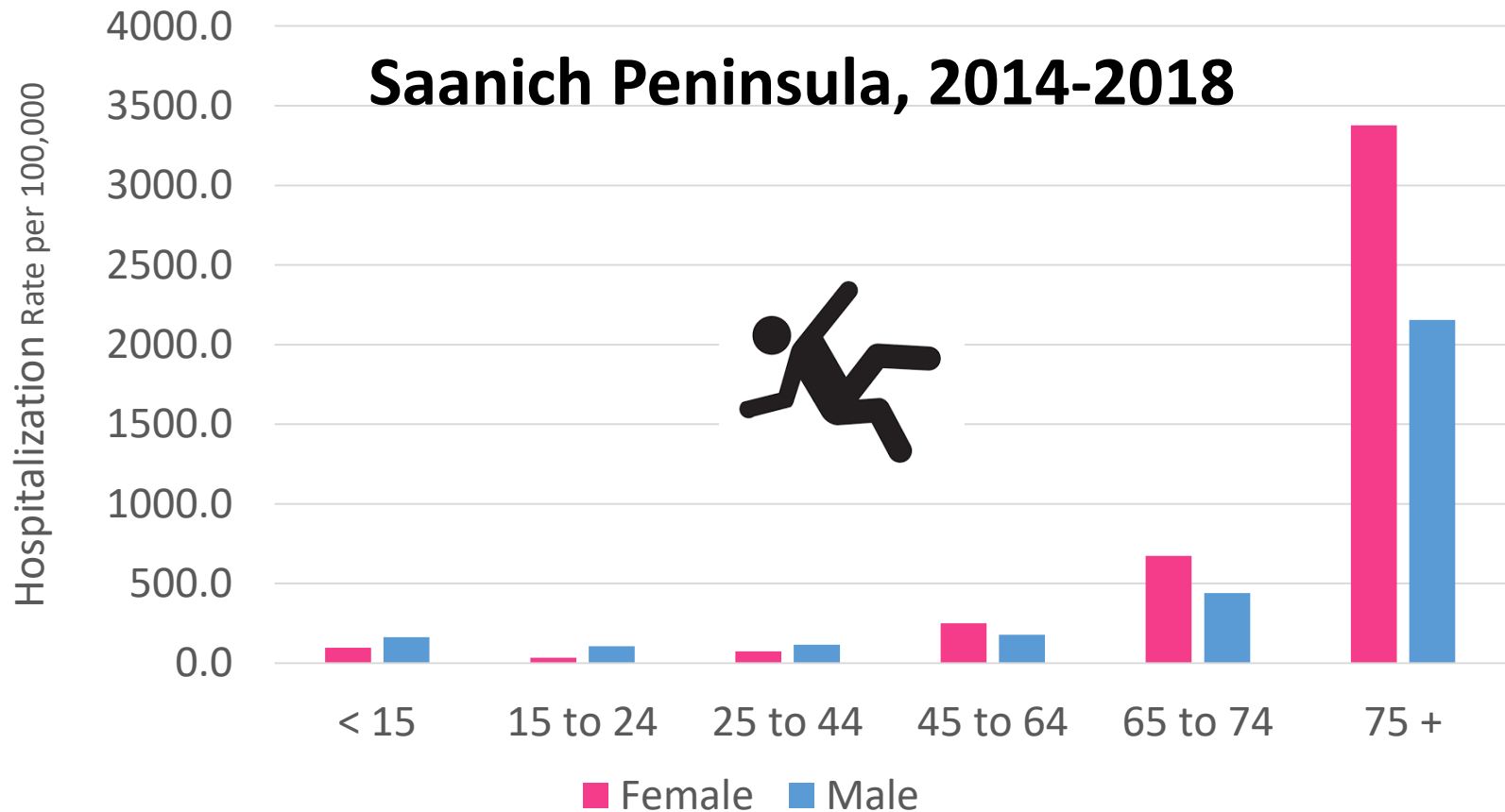
Percent of All Hospitalizations



Cause of Injuries



# Hospitalization Rate for Falls by Age and Sex



# Falls Prevention

## Strength and Balance Exercises

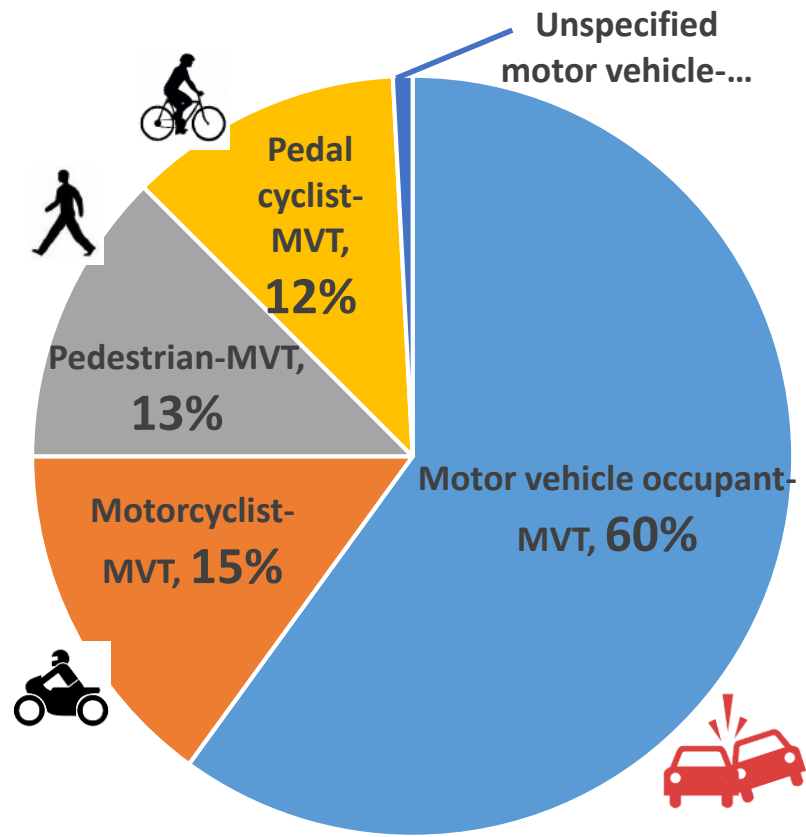
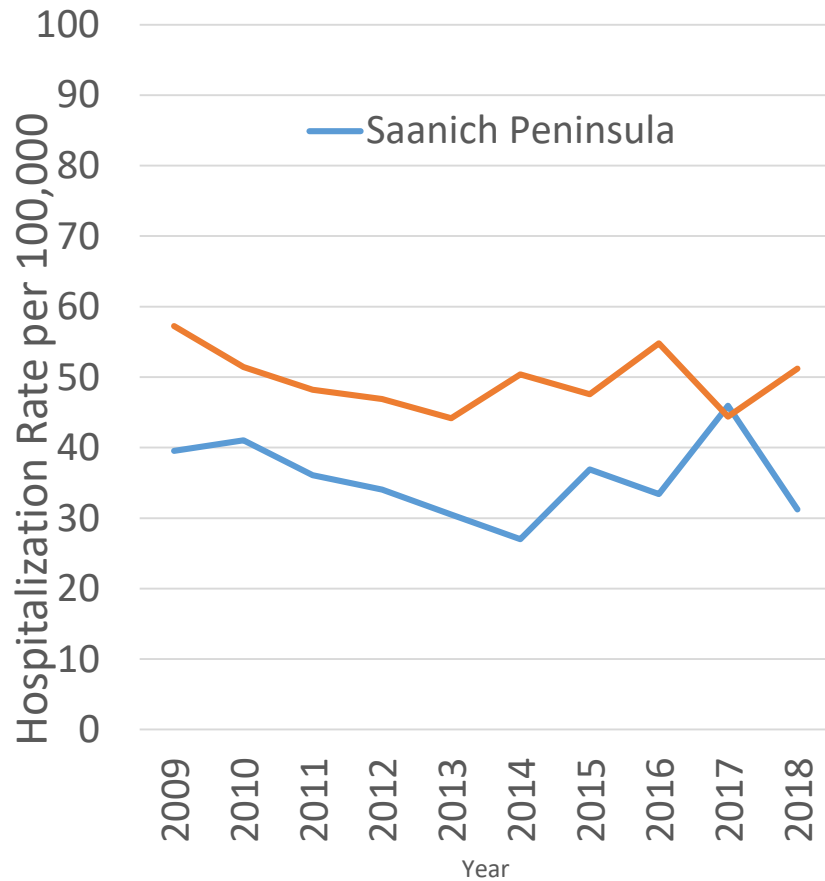
- Shoal Centre
- Panorama Recreation Centre
- Greenglade Community Centre
- Saanich Commonwealth Place

## Primary Care team

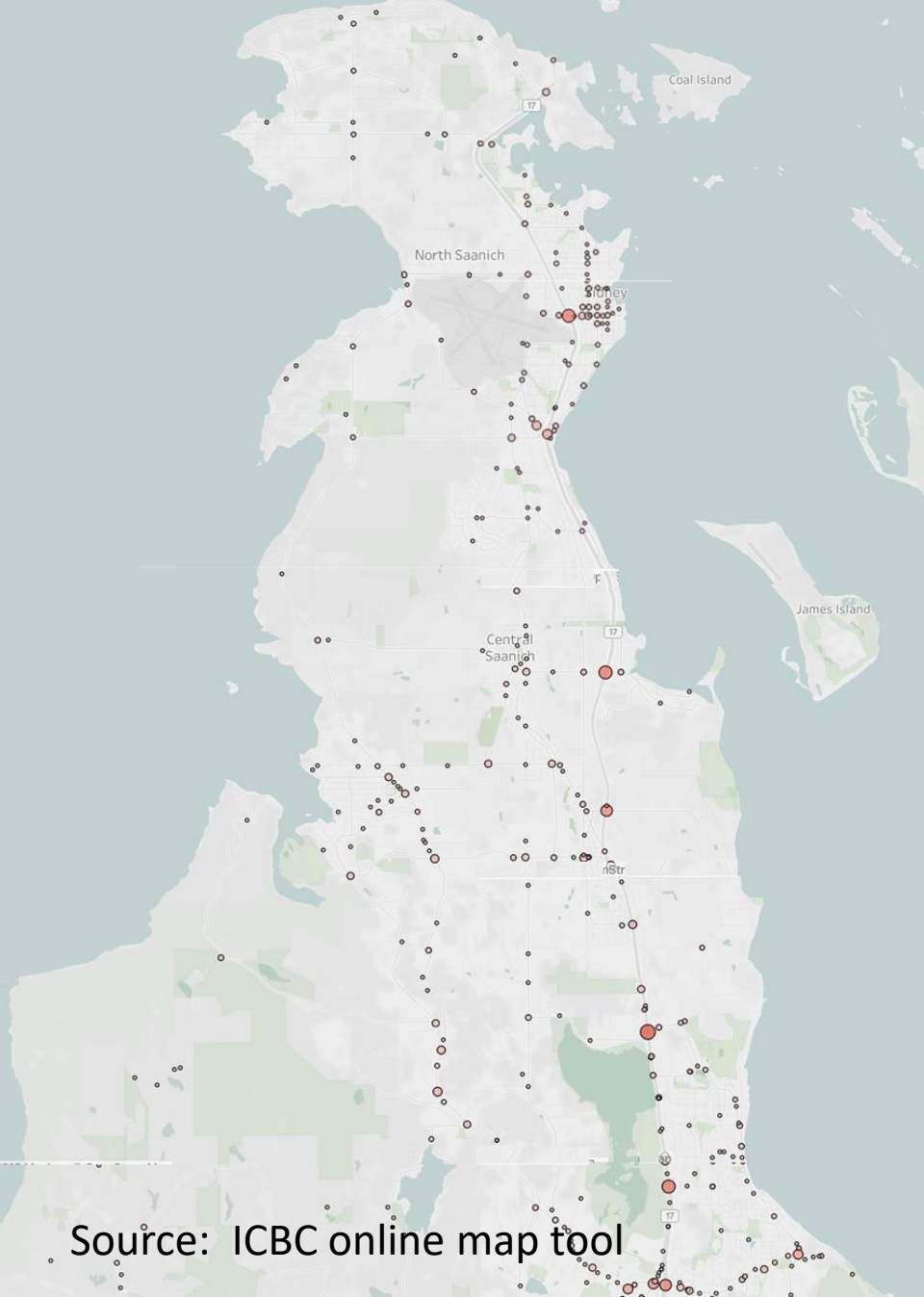
- Assess: past falls, medications, vision, health, balance, fitness
- Recommend “interventions” to reduce fall risk



# Hospitalizations for Traffic Injuries 2009-2018







Source: ICBC online map tool







- **Safe road designs**
- **Safe vehicles**
- **Safe speeds**
- **Educated road users**



A scenic view of a harbor with many sailboats on the water and forested hills in the background. The text "Thank You" is overlaid in the center in a blue, sans-serif font.

Thank You

# **W'SANEC Nation Partnership Projects with Island Health**

Lucia Bartleman & Jane Fox





# W'SANEC Nation Partnership Projects with Island Health





*Shoreline Medical Society  
operating as:*









**Sidney Clinic**  
2A - 2379 Bevan Ave  
Sidney, BC  
250-656-4143

**Brentwood Clinic**  
102 - 7143 W Saanich Rd  
Brentwood Bay, BC  
250-652-9191

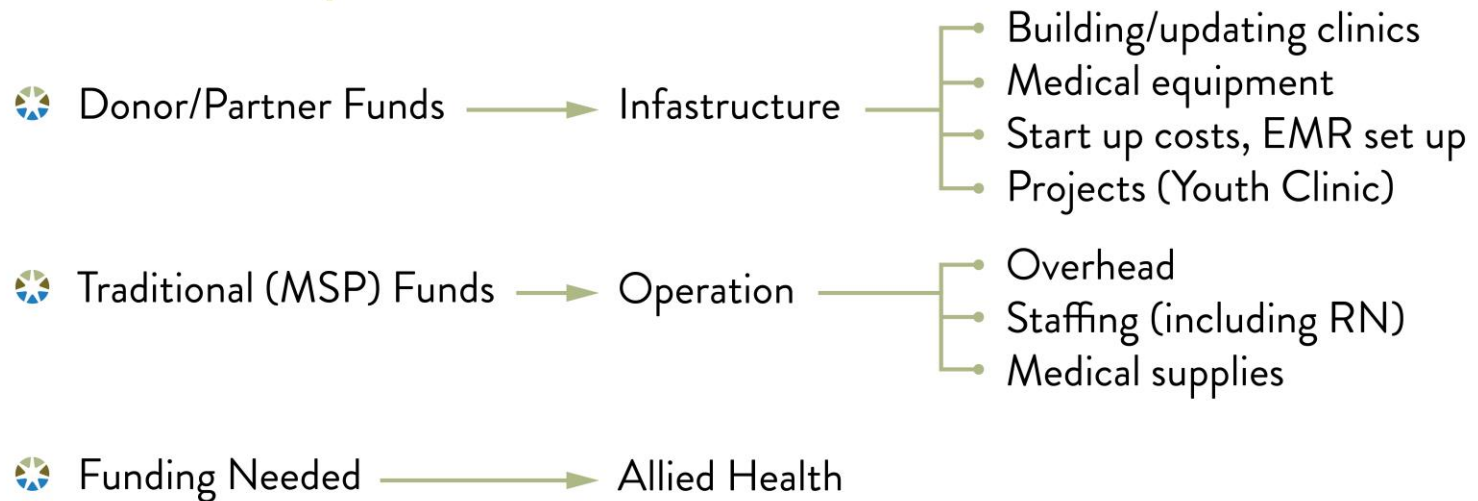


## Open a network of Primary Care clinics to:

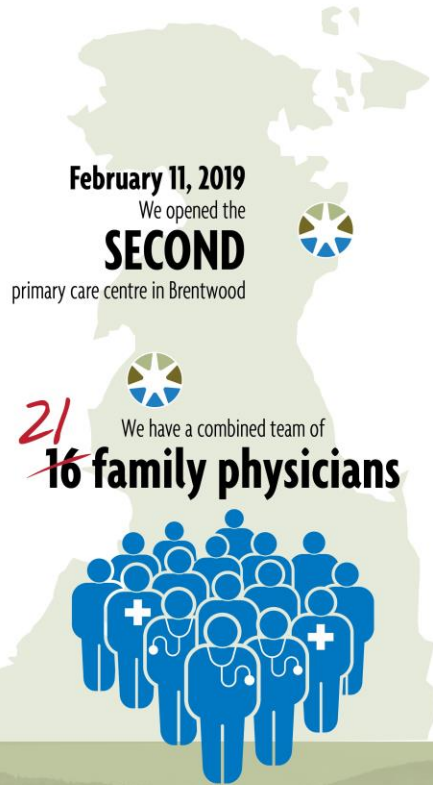
-  Attract new family physicians to a new model of care 
-  Serve as a UBC academic centre for training medical residents 
-  Ensure replacement of retiring physicians to prevent detachment 
-  Strengthen the sustainability of the Saanich Peninsula Hospital with physicians committed to supporting the hospital 
-  Enhance patient experience with improved access to physicians and other Allied Health Care Professionals 

*The Vision*


## How we are funded:




*Funding*



**February 11, 2019**  
We opened the  
**SECOND**  
primary care centre in Brentwood



**21** We have a combined team of  
**16 family physicians**



Participated with SPH with a **resident elective program** that has provided us with a roster of young **locums** assisting in area medical centres and at the hospital

Partnership with



**island health**  
**Community services**  
is continuing and has expanded to include Brentwood

Operating

**youth Clinic** one day a week in Sidney



**RN** Integrating an RN into our practice



Since opening in 2016 we have attached **4,000** Peninsula residents



working with **local pharmacies** in Brentwood and Sidney

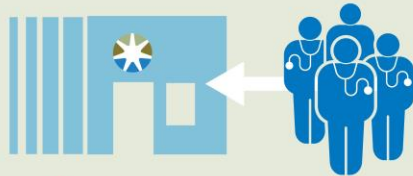


**Walk-In clinics provide** ~~17,500~~ **27,500** patient visits/year

# Accomplishments



**Expansion of Sidney Clinic**  
with recruitment of **new doctors**



**+ 3500**  
patient attachments



**Retirement Track**

Replacement of two retiring doctors maintains attachment of

**2000**  
patients

**Development** of a third Centre  in proximity to the hospital

**Continued Expansion**  
of Walk In Clinic services

until attachment needs have been met



**Working with**



Ministry of Health

to establish other **allied health professionals**



*Future Goals*



*Community Support*

Gordon & Audrey Waugh

Dwight & Tracey Davies

Anna & Joe Brown

Ministry of Child & Youth  
Development

Victoria Family Court  
& Youth Justice Committee

School District 63

Rotary Club of Sidney

Kiwanis Club of Sidney

Thrifty Foods

Sidfest

Sidney Street Market

Coast Capital Savings

Emily Olsen's  
Connection Project

Family & friends of Bruce  
Corbet (*in memory of*)

Don Bateman

Anonymous donors



*Other Community Supporters*





**Brentwood & Sidney Doctors**

*2019 Bed Races on Beacon*

# TOWARDS A WORLD LEADING SPASTICITY AND PERIPHERAL NERVE CLINIC ON VANCOUVER ISLAND.

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The Victoria Combined Peripheral Nerve  
and Spasticity Clinic

Paul Winston, Emily Krauss, Dan Vincent  
And Dr. Mike Berger

# Do you like tales of Serendipity?

- Kismet?
- What is for you won't go by you?





# Spasticity ABC's A = All together





# B=Break Free. Clench your arms tight.

- Don't stop gripping



# We do a fantastic job on early intervention

- Go team Victoria.

# Post-Stroke Spasticity (PSS) Risk Classification System



This tool is recommended by experts in the field of stroke rehabilitation and neurorehabilitation to be used when evaluating patients who have had a stroke, ideally within the first 12 weeks post stroke. However, it can still be used at other timepoints. It is recommended that this screening tool is used during regular follow-up visits following a stroke, to identify and manage symptoms of PSS.

Urgent referral

## Refer to a spasticity specialist

If both of the following criteria are met:

1. Moderately, markedly or severely increased muscle stiffness across two or more joints<sup>a,1,2</sup>
2. Severe loss of sensorimotor function (e.g., severe decrease in surface

sensation, impaired proprioception and severe motor dysfunction)<sup>b,3,4</sup>

- Urgently initiate physiotherapy (evaluation and treatment)
- Immediately refer the patient to a physician or other healthcare professional who is a spasticity specialist<sup>8,9</sup>

Routine referral

## Consult with the multidisciplinary team (MDT)

In the presence of mildly<sup>a</sup> increased muscle tone across one joint and involuntary muscle contractions in the affected limb<sup>\*c,1</sup> plus one or more of the following:

1. Reduced sensitivity on one side of the body and / or visual inattention<sup>d,1,5</sup>
2. Weakness of the limbs and problems with function that cause difficulties with active range of motion and / or daily living<sup>e,1,2,6,7</sup>

3. Lesion load in the corticospinal tract<sup>\*</sup>, as seen on CT and / or MRI scan<sup>1</sup>

- Initiate physiotherapy and consult with the MDT for advice<sup>9,10</sup>
- If the patient is still under your care and symptoms do not resolve, refer them to a spasticity specialist and request that they assess the patient and decide if additional intervention is needed<sup>8</sup>

Periodic monitoring

## Monitor periodically

Monitor periodically (re-evaluate in three to six months) if the patient has persistent dexterity problems in the absence of increased tone<sup>\*</sup>

- Refer to a general physiotherapist or occupational therapist for treatment and / or a self-stretching programme<sup>8</sup>
- Patient should be evaluated within three months, and monitored by a physiotherapist or occupational therapist with experience in stroke management<sup>\*</sup>

### Possible additional risk factors for the development of PSS include:

Smoking (defined as current and past smokers)<sup>1,11</sup> | Left-sided stroke<sup>1</sup> | Enhanced manual activities prior to the stroke<sup>1</sup>

\*Based on the clinical expertise of Dr Rhoda Allison, Dr Ganesh Bavikatte, Professor Philippe Marque, Associate Professor Barry Rawicki, Dr Maria Matilde de Mello Sposito, Dr Paul Winston & Professor Jörg Wissel.



How we got  
from here







Before intervention

10 days after toxin







# Ongoing Reaction





# DOH







# ATLAS DES TECHNIQUES CHIRURGICALES DANS LA SPASTICITÉ INTERVENTIONS NEUROCHIRURGICALES ET ORTHOPÉDIQUES

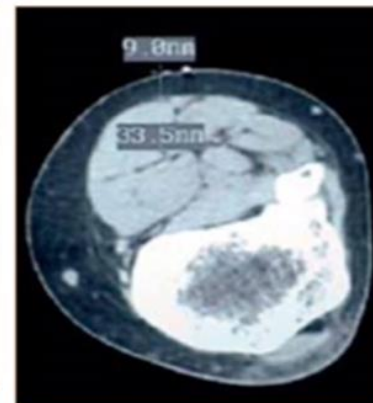
SOUS LA DIRECTION  
DE **PHILIPPE DENORMANDIE**  
**PHILIPPE DECQ** ET **DANIEL LEPAGE**

2<sup>e</sup> édition  
actualisée  
et enrichie



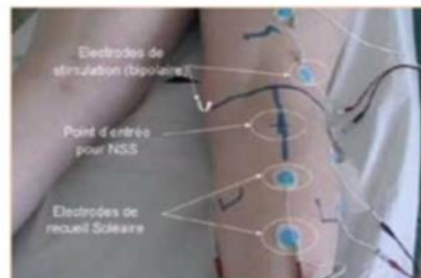
**Figure 1** - Points d'entrée cutanés pour les différents blocs moteurs des muscles du triceps sural.

SOL : nerf supérieur du soléaire ;  
GL : nerf du gastrocnémien latéral ;  
GM : nerf du gastrocnémien médian ;  
Head of the fibula : tête du fibula ;  
cutaneous groove of the knee : pli cutané du genou ;  
popliteal fossa : creux poplité.



**Figure 2** - Repérage tomodensitométrique du nerf du gastrocnémien médian.

Coupe axiale passant par la tête de la fibula. Le nerf se situe à 9 mm en dehors du repère métallique (hyperdensité à la partie postérieure du mollet et au contact de la peau) et à une profondeur de 33,5 mm par rapport à la surface cutanée.



**Figure 3** - Position de réalisation du bloc moteur.

Les électrodes de stimulation et de recueil des réponses H et M sont laissées en place pendant le bloc moteur et sont ainsi visualisées ici. Le point d'entrée du nerf supérieur du soléaire (NSS) est défini dans cette étude par les coordonnées de repérage tomodensitométriques.

# RE - A Crash of Versailles Light Francois Genet





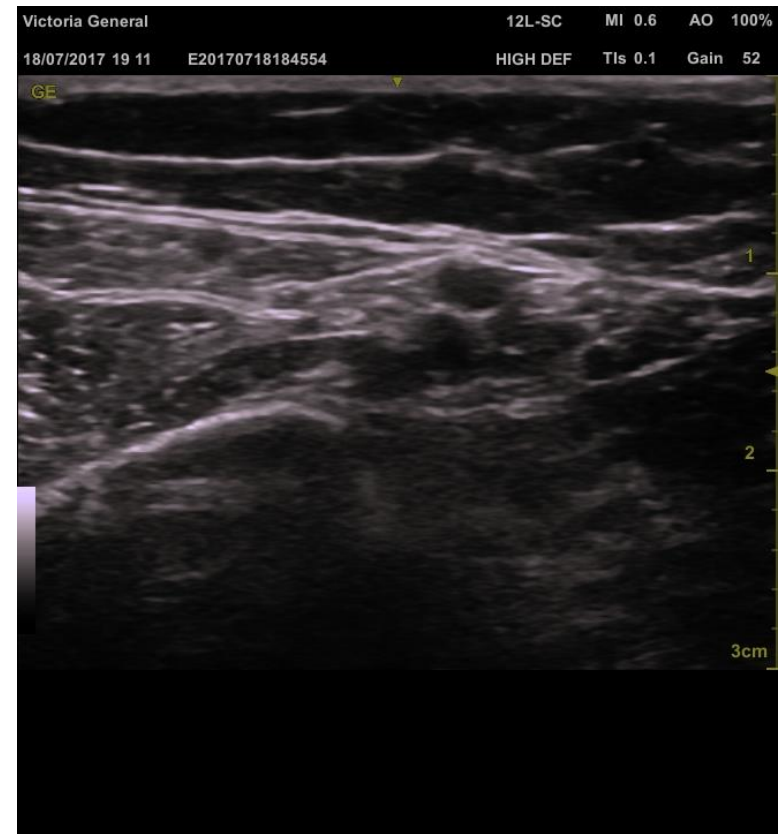
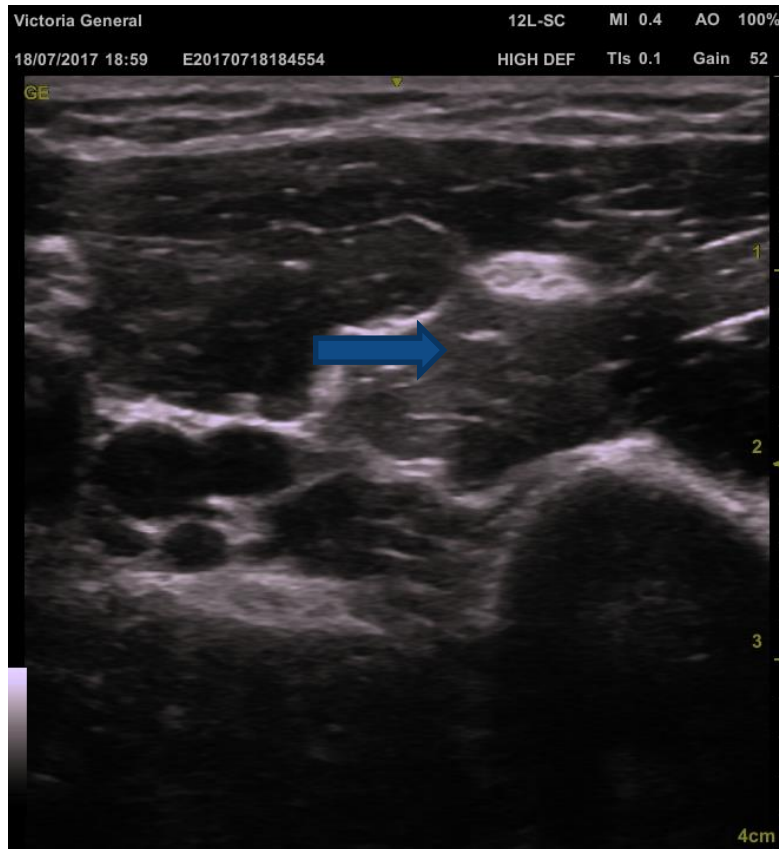
# Mi – Me, I, We can do this

- 6 PMR doctors from three cities.
- 2 anesthesiologists with experience in nerve blocks.
- Two neurophysiotherapists.
- One orthotist with expertise in measurement and analysis.
- 4 patients 2 hours. A light flight from Vancouver
- 1 US machine –

# Musculocutaneous to increase elbow extension active and passively.

Non spastic limb

Spastic limb, poor localization



# Tib Post with US and E-stim



# Adult with Cerebral Palsy, painful hand.

At baseline



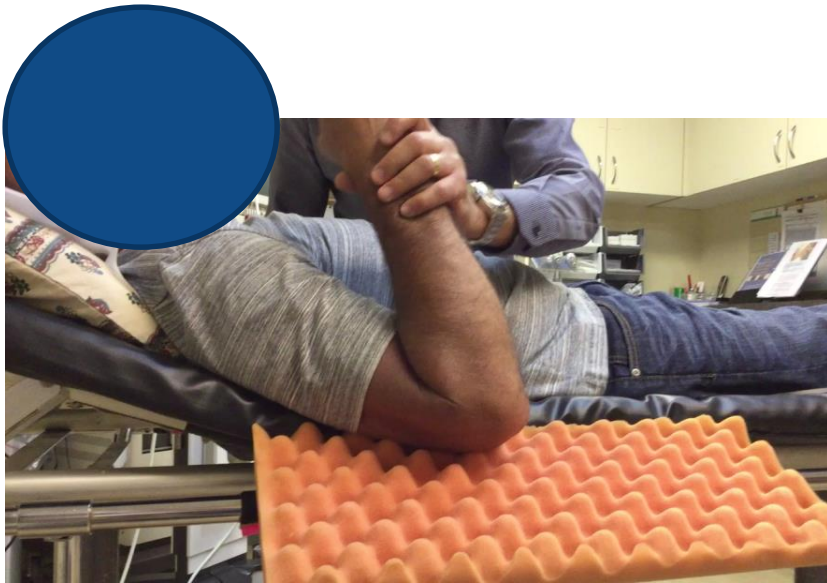
After median nerve block.





# Baseline 16 months post stroke

Fast Catch



Slow Maximum

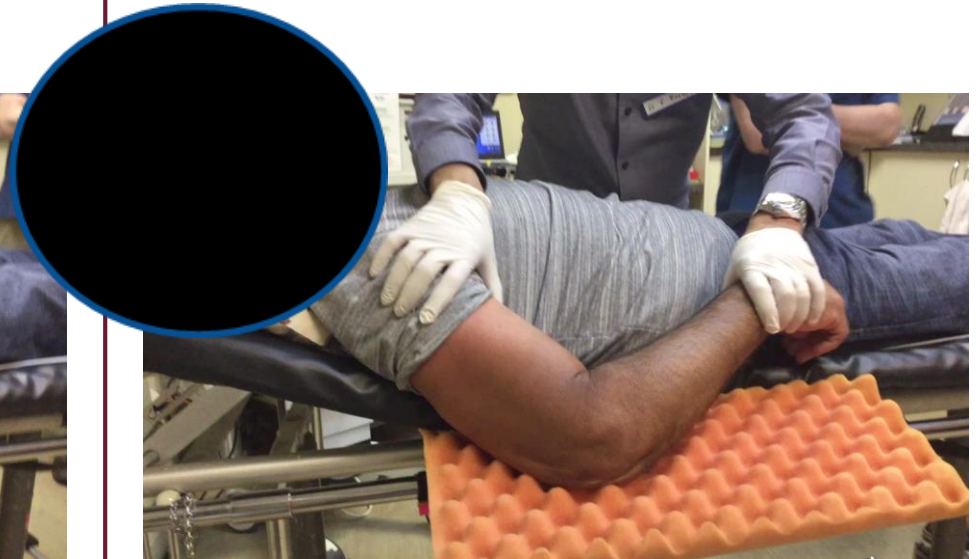


# Post Nerve Block

Fast



Slow

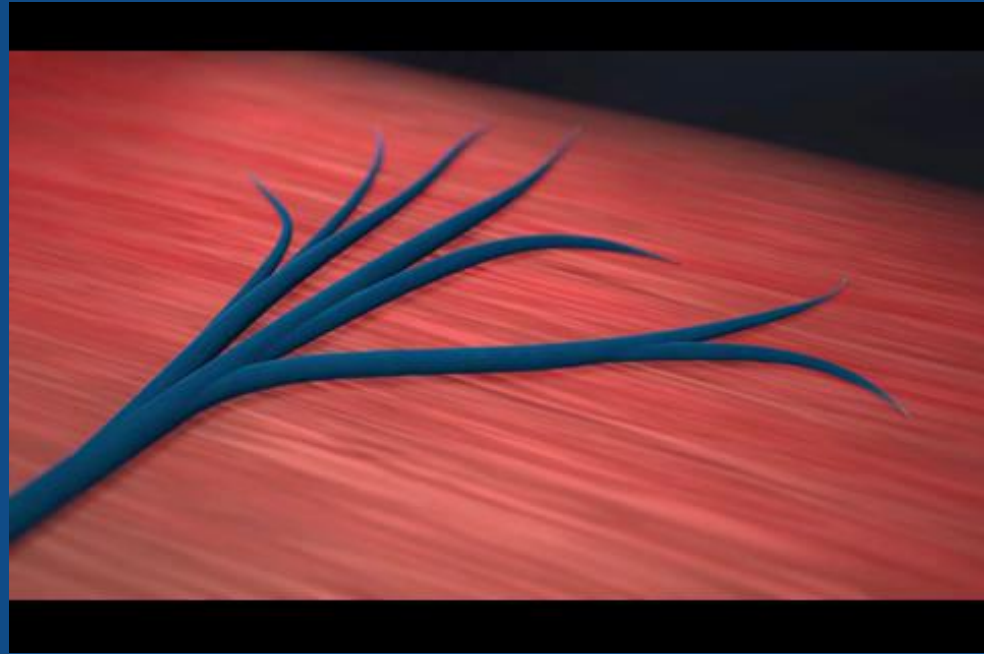


# Cryoneurotomy longer duration effect on the spastic elbow

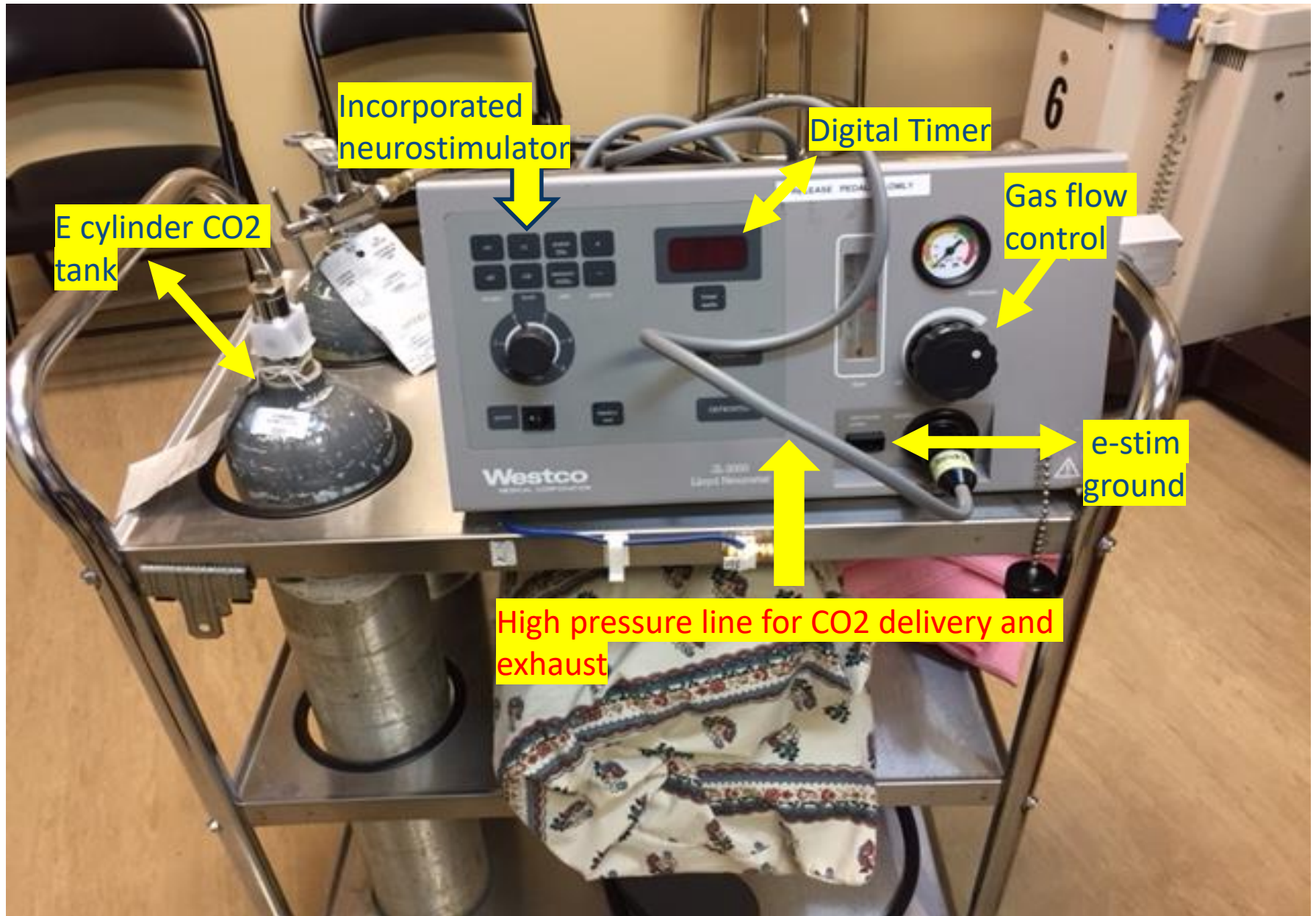
- Ice ball at  $-60^{\circ}\text{C}$  through a cryoprobe to cause a myelin disruption and Wallerian degeneration.

With potential to regrow

- The “tube” serves as  
A track to guide nerve  
generation.



# Westco Lloyd SL 2000 Neurostat Console using CO2

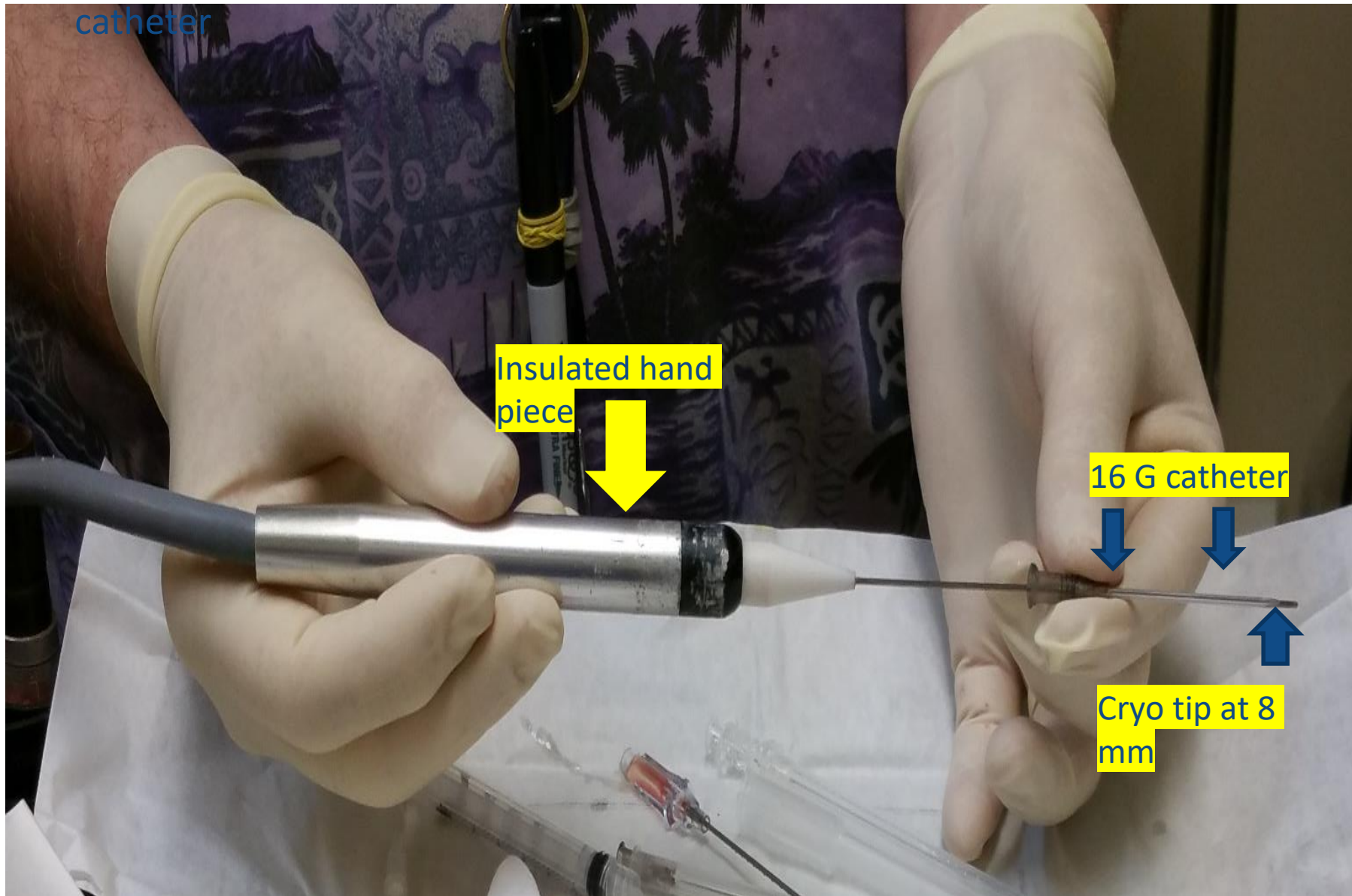




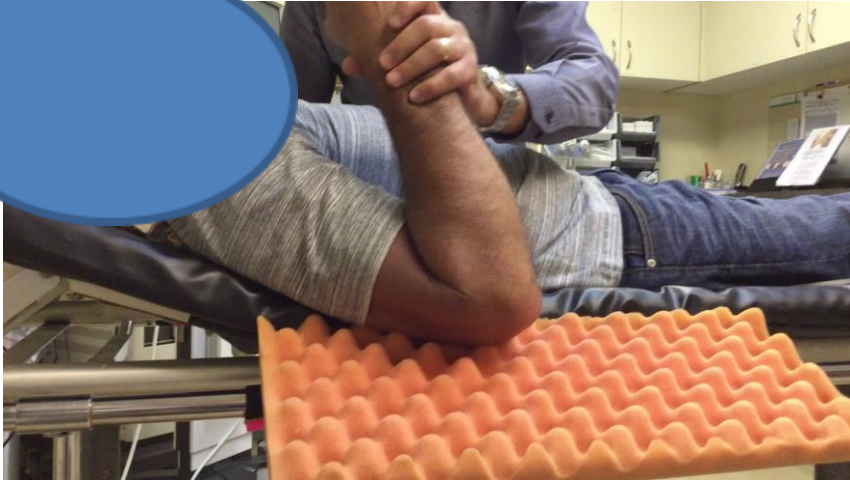
CRYONEUROTOMY ICE BALL: 4  
minutes at -60 C = 8 mm L X 6 mm  
W



## 2.3 mm Cryoneurotomy needle passing through 16 G thermoinsulating catheter



# Our first nerve block



Pre-Fast



Post Fast

# Our first MSCN Cryoneurotomy





# 6 Months

6 months



# 1 year out –BoTNA q 3 months



# Lidocaine MSCN Block



Passive Before



Passive After

# 3 months post cryo

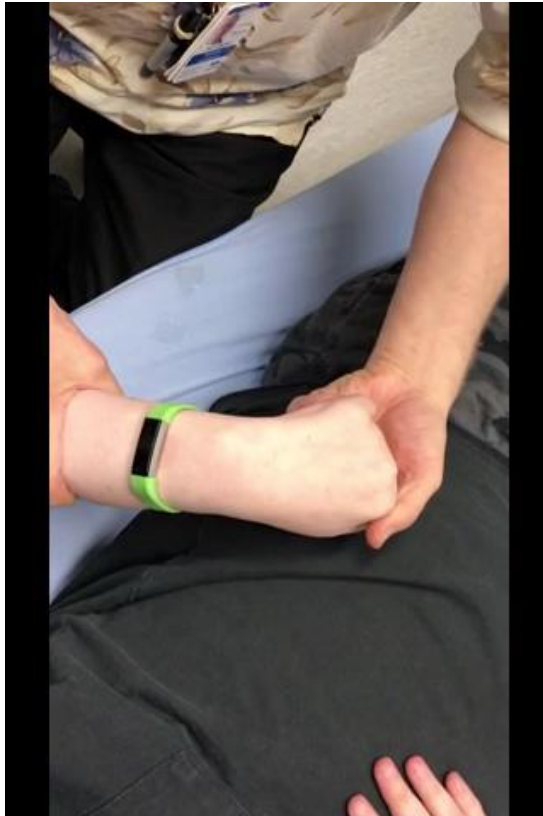
Clonus from what?





# Hand

Before median nerve block



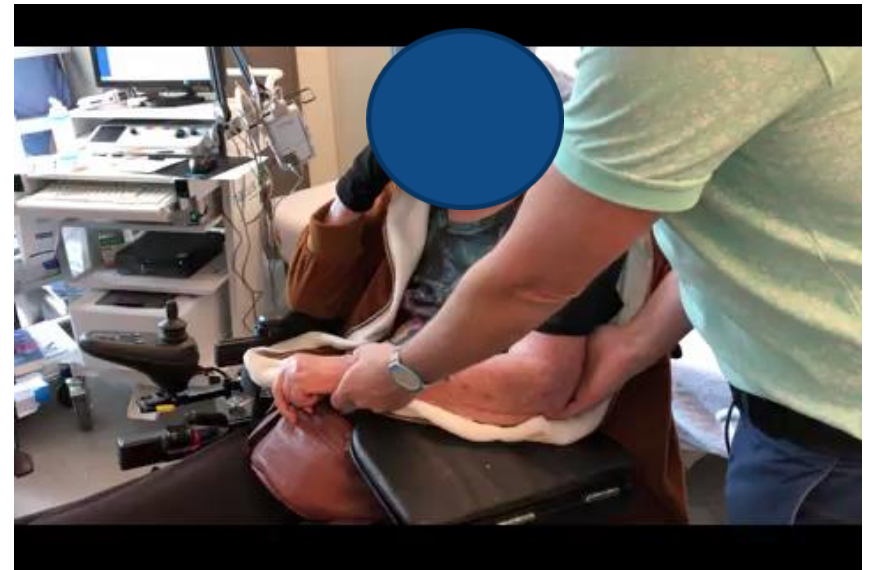
After



# Add Botulinum Toxin to fingers and wrist



# Fa – A long long way to gain Pectoral Nerve Block little capsulitis



30 year incomplete Para – was not sure if he wanted any procedures, thus we simulated effect.

Gait at baseline



Bilateral Obturator Lidocaine block at 5 minutes post block



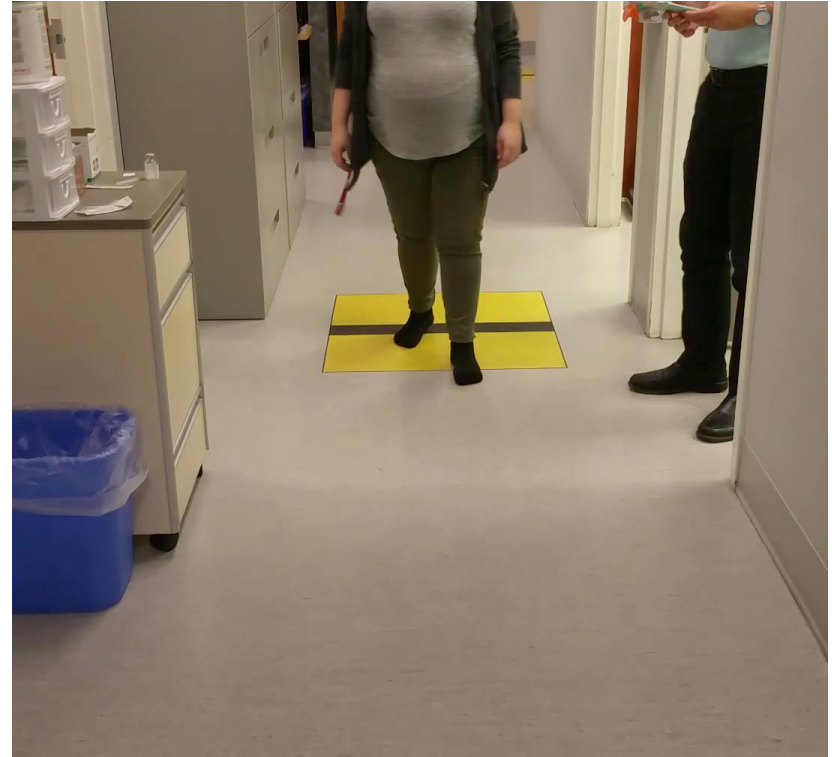


# Tib post Pregnant woman

Before



Four weeks post CryoN



# Still doing great after ten months

With brace.



Gait has improved.



# So - Dr. Vincent performs our novel Victoria pioneered cryoneurotomy

**CRYONEUROTOMY AS A PERCUTANEOUS MINI-  
INVASIVE THERAPY FOR THE TREATMENT OF THE  
SPASTIC Limb: case presentation, review of the  
literature and proposed approach for use**

## AUTHORS

**Paul Winston, Patricia Branco Mills, Rajiv Reebye,  
Daniel Vincent**

PUBLISHED



# 9 Days post Bilateral Pectoral Cryo





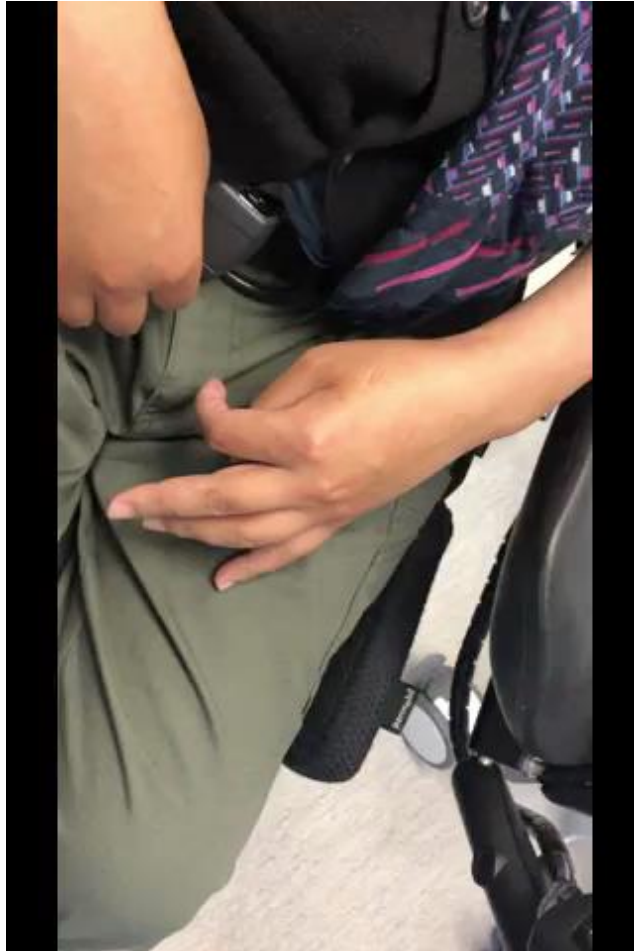
# La- Oh-La-La

Note one year ago had a nerve transfer to triceps by Dr. Krauss.



# Left hand before – Ulnar nerve block





- 5 Minutes of a \$37 TENS machine to extensors.

# Ti - is for TEAM

We can do it

- It takes a team



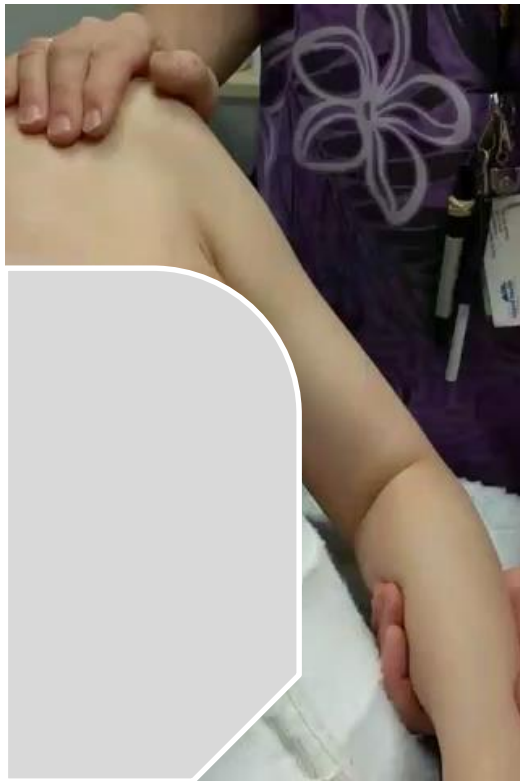
You can do it

- We can all learn together

**CANOSOC** Canadian Advances in  
Neuro-Orthopedics for  
Spasticity Congress



Left Pre DNB



Left Post DNB



# The fantastic Emily Krauss. Plastic and Nerve Surgeon.



# A Nerve Transfer for all qualifiers?





# Dr. Mike Berger MD/PHD





# Surgical Candidate? Dr. Krauss.



Pre Block



Post

# THE SURGERY – MSCN to brachialis neurectomy with upper arm selective dissection of median fascicles to FDS and FCR. Sparing FDP and AIN and sensory branches – Dr. Emily Krauss

Pre-op



Post



# Role of Plasticity?

Learning to plan



What about grip strength?



# Telehealth after 1<sup>st</sup> Toxin injection

## 3 X OT - more planned





# Cookies for firefighters



# Pectone Photo Consent

## Dr. Krauss performs surgical neurectomy

Before Treatment



One month Post neurectomy Much better, some capsulitis



# Should we go wearable?

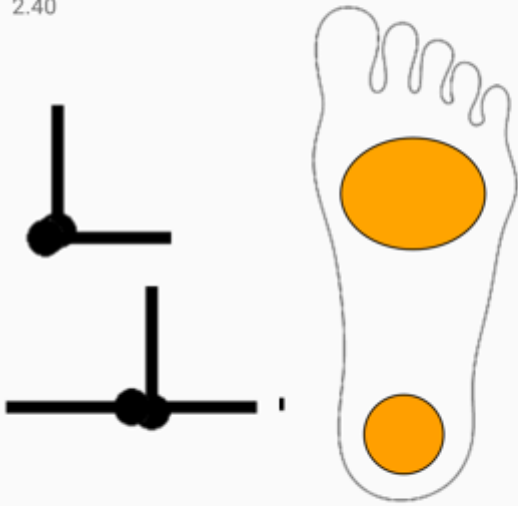
- Strong partnership with
- University of Victoria
- Department of Biomedical Engineering
- Strong partnership with Island Medical Program

Device Ready!

STOP

b,351.44

2.40

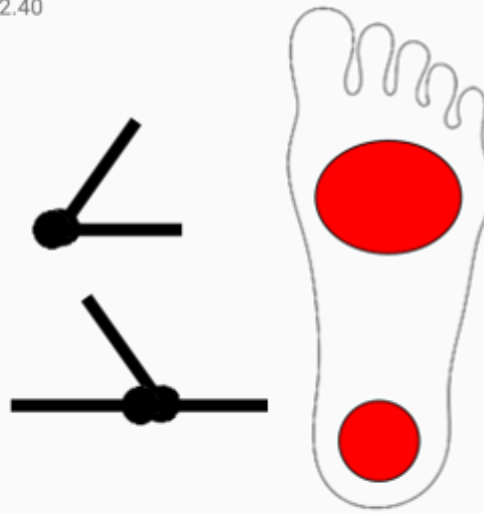


Device Ready!

STOP

m,2.40

2.40





# Better Together



# The fairy tale continues....

- The world has invited us in and we are ready
- But Do Re Mi Fa So La Ti Do
- We must go back to the beginning. Do.



# Three months after video

Ongoing PT, OT, Doctor, Botulinum Toxin, Orthotist + Hard working Patient





# THANK YOU

*Make this a reality*

*To date we have had no access for funding for equipment, patient therapy or relearning.*

*Join our dream to build the most innovating clinic in Canada.*



# Dr. Paul Winston

- Dreamers only please:
- 250-727-4221
- [paul.winston@viha.ca](mailto:paul.winston@viha.ca)

# Q & A's

For more information contact

[Louise.carlow@viha.ca](mailto:Louise.carlow@viha.ca)