

## Service Framework for Cardiovascular Health and Wellbeing

### Summary of Standards

#### Communication with Patients, Clients and Carers

|  | <b>Key Performance Indicators</b>  | <b>Anticipated Performance Level</b>                                    |
|--|--|---|
| <p><b>Standard 1</b></p> <p>All patients and carers should expect effective communication with them by health and social care organisations as an essential and universal component of the planning and delivery of health and social care</p> | <p>HSC organisational communication strategies should show evidence of direct patient / client feedback as part of regular audit of their effectiveness.</p> <p>HSC organisational complaints reports should show evidence of action where communication is the primary factor</p> <p>HSC organisational strategies for clinical and social care governance should show evidence that direct patient feedback is included in relevant audit and monitoring</p> | <p>March 2010 – 90%</p> <p>March 2010 – 90%</p> <p>March 2010 – 90%</p> |

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|   |   |                         |
|---|---|-------------------------|
| <p><b>Standard 2</b></p> <p>All patients, carers and the public should have opportunities to engage actively and meaningfully with health and social care organisations at all levels</p> | <p>HSC organisational strategies for Patient and Public Involvement</p> | <p>March 2010 – 90%</p> |
|---|---|-------------------------|

### Prevention

|  | Key Performance Indicators   | Anticipated Performance Level   |
|--|--|---|
| <p><b>Standard 3</b></p> <p>Health and social care should work in cooperation with voluntary, education, youth and community organisations to prevent the recruitment of young people to smoking</p> | <p>Percentage of 12, 14 and 16 year old boys and girls who smoke</p> | <p>March 2012 - 5% decrease on 2007 baseline for boys (rate has been constant)<br/>           March 2012 - maintain at 2007 baseline for girls (rate has been increasing therefore initial target to halt rise)</p> |

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|  |  |  |
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| <p><b>Standard 4</b></p> <p>All health and social care professionals should identify people who smoke, make them aware of the dangers of smoking, advise them to stop and provide information and then to signpost to the well developed specialist cessation services available</p> | <p>Number of people attending specialist smoking cessation services</p><br><p>Number of clients quitting at 4 and 52 weeks</p> | <p>March 2010 - maintain 2007/08 baseline levels<br/>           March 2011 - 4% increase in uptake<br/>           March 2012 - 4% increase in uptake</p> <p>March 2010 - maintain 2007/08 levels<br/>           March 2011 - 2% increase in number of quitters (4% increase in uptake of services)<br/>           March 2012 - 2% increase in number of quitters (4% increase in uptake of services)</p> |
|--|--|--|

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| <p><b>Standard 5</b></p> <p>Health and social care professionals should identify inactive* individuals and, where appropriate, provide them with advice and support to accumulate a minimum of 30 minutes of moderate activity** on 5 days of the week or more</p> <p>*inactive refers to all people who do not meet the recommended level of physical activity</p> <p>**walking briskly, walking downstairs, dancing, biking, swimming, gardening, housework eg washing floors</p> <p>(<a href="http://www.paho.org/English/HPP/HPN/whd2002-factsheet2.pdf">http://www.paho.org/English/HPP/HPN/whd2002-factsheet2.pdf</a>)</p> | <p>Percentage of people being asked and advised about their physical activity</p> <p>Percentage of people advised who achieve the recommended level of physical activity</p> | <p>March 2010 - Establish baseline Performance level to be determined once baseline established</p> <p>March 2010 - Establish baseline Performance level to be determined once baseline established</p> |
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| <p><b>Standard 6</b></p> <p>All people should be provided with healthy eating support and advice, appropriate to their needs, in a range of settings</p>   | <p>Percentage of nutrition advisers using the Eat Well Plate model</p> <p>Percentage of people eating the recommended 5 pieces of fruit or vegetables a day</p> | <p>March 2010 - Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 - 10% increase on 2005/06 baseline</p> |
| <p><b>Standard 7</b></p> <p>Health and social care professionals should work with early years settings, schools, workplaces and communities in the promotion and support of breastfeeding, healthy eating and physical activity to prevent obesity</p> | <p>Percentage of people who have a BMI of above 25</p> <p>Percentage of Primary 1 children who have a BMI of above 25</p>                                       | <p>March 2011 - 2% decrease on 2005/06 baseline</p> <p>March 2010 - Establish baseline Performance level to be determined once baseline established</p>  |

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|---|---|---|
| <p><b>Standard 8</b></p> <p>Primary care professionals should identify people who consume hazardous / harmful amounts of alcohol, make them aware of the dangers, advise them to reduce or stop and provide information and signposting to specialist services if appropriate</p> | <p>Percentage of people who receive Brief Intervention in Primary Care to reduce alcohol related risk</p>               | <p>March 2010 - Establish baseline Performance level to be determined once baseline established</p>   |
| <p><b>Standard 9</b></p> <p>Health and social care professionals should work with schools, workplaces and communities to raise awareness of and access to emergency life support (ELS) skills</p>   | <p>Percentage of people trained in ELS skills</p> <p>Percentage of people surviving out of hospital cardiac arrests</p> | <p>March 2010 - Baseline established<br/>March 2012 - Performance level to be determined</p> <p>March 2010 - Baseline established<br/>March 2012 - Performance level to be determined</p> |

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#### Hypertension

|  | Key Performance Indicators   | Anticipated Performance Level   |
|--|--|---|
| <p><b>Standard 10</b></p> <p>All adults should be offered lifestyle advice as to the prevention of hypertension and have their blood pressure measured and recorded using standardised techniques every five years from age 45 years</p>   | <p>Percentage of patients aged over 45 who have had a recorded blood pressure on their GP record within the past 5 years</p> | <p>March 2010 – 70%</p> <p>March 2011 – 80%</p> <p>March 2012 – 90%</p> |
| <p><b>Standard 11</b></p> <p>All patients should be offered drug therapy if they have (a) persistent blood pressure of 160/100 mmHg or more and/or (b) raised cardiovascular risk (10 year risk of cardiovascular disease of 20% or existing cardiovascular disease / target organ damage) with persistent blood pressure of <math>\geq</math>140/90 mm/Hg</p> | <p>Percentage of patients with a target blood pressure of &lt;140/90 mmHg</p>  | <p>March 2010 – 70%</p> <p>March 2011 – 80%</p> <p>March 2012 – 90%</p> |

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#### Hyperlipidaemia

|  | <b>Key Performance Indicators</b>   | <b>Anticipated Performance Level</b>   |
|--|---|--|
| <p><b>Standard 12</b></p> <p>All people with genetically linked high cholesterol (familial hypercholesterolaemia) should be identified and treated and their names entered on a regional register so that other family members can be identified in order that measures can be introduced to prevent the development of cardiovascular disease</p> | <p>Percentage of the putative N Ireland FH population identified</p><br><p>Percentage of adult FH patients achieving a reduction in LDL cholesterol concentration of greater than 50%</p> | <p>March 2011 - Establish regional register</p> <p>March 2012 - Establish baseline Performance level to be determined once baseline established</p><br><p>March 2011 - Establish baseline Performance level to be determined once baseline established</p> |

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#### Diabetes

|  | Key Performance Level  | Anticipated Performance Level  |
|--|--|--|
| <p><b>Standard 13</b></p> <p>All people with diabetes should have an accurate diagnosis made</p>   | <p>Percentage of people with a new diagnosis of diabetes confirmed by fasting blood sugar estimations or standardised Oral Glucose Tolerance Tests</p>   | <p>March 2010 – 80%</p> <p>March 2011 – 90%</p> <p>March 2012 – 95%</p>  |
| <p><b>Standard 14</b></p> <p>All patients with diabetes should have access to structured education programmes and emotional and psychological support. Services incorporating these elements will encourage partnership in decision making, support individuals in managing their diabetes and help them to adopt and maintain a healthy lifestyle</p> | <p>Percentage of newly diagnosed patients in past year who have been provided with a structured patient education programme</p> <p>Percentage of diabetes teams who have access to specialist psychology support</p> | <p>March 2010 – 40%</p> <p>March 2011 – 50%</p> <p>March 2012 – 60%</p><br><p>March 2010 – 50%</p> <p>March 2011 – 60%</p> <p>March 2012 – 70%</p> |

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| <p><b>Standard 15</b></p> <p>All patients with diabetes should have access to, at a minimum, an annual review to a defined standard by an appropriately trained multidisciplinary team</p> | <p>Percentage of people who receive annual review to the defined standard</p> | <p>March 2010 – 40%</p> <p>March 2011 – 60%</p> <p>March 2012 – 80%</p> |
|--|---|---|

### Heart Disease

|  | Key Performance Indicators  | Anticipated Performance Level   |
|--|---|---|
| <p><b>Standard 16</b></p> <p>All pregnant women should have appropriate antenatal screening for congenital heart disease (CoHD), with specialist services available to those in whom a diagnosis of CoHD is made</p> | <p>Percentage of patients with major congenital heart disease diagnosed antenatally</p> | <p>March 2010 – 40%</p> <p>March 2011 – 50%</p> <p>March 2012 – 55%</p> |

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| <p><b>Standard 17</b></p> <p>All children with suspected major congenital and acquired heart disease should have access to prompt diagnosis and appropriate management in line with Ministerial targets</p> | <p>Percentage of new born babies with suspected major congenital heart disease seen by a consultant paediatric cardiologist within 5 working days.<br/>(All other children should be seen within current Ministerial targets)</p> | <p>March 2010 – 80%<br/>March 2011 – 90%<br/>March 2012 – 95%</p>  |
| <p><b>Standard 18</b></p> <p>All patients with suspected inherited cardiac disease should have access to a consultant led service specifically designed to meet their needs</p>                             | <p>Percentage of first degree relatives of patients with suspected inherited cardiac disease who are offered access to genetic testing and subsequent specialist follow up, as appropriate</p>                                    | <p>March 2011 – Establish baseline<br/>Performance levels to be determined once baseline established</p> |
| <p><b>Standard 19</b></p> <p>All adults with major congenital heart disease should have access to a specialist consultant led service specifically designed to meet their needs</p>                         | <p>Percentage of patients with congenital heart disease who have accessed a specialist consultant led service</p>   | <p>March 2011 – 90%<br/>March 2012 – 95%</p>   |

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| <p><b>Standard 20</b></p> <p>All patients with a diagnosis of non atrial fibrillation arrhythmia should receive timely assessment, treatment and support based on individual need</p> | <p>Percentage of patients with a potentially life threatening non atrial fibrillation arrhythmia who have a preliminary diagnosis made and definitive treatment plan commenced within a maximum of 9 weeks following initial presentation</p> | <p>March 2010 – 80%<br/>           March 2011 – 85%<br/>           March 2012 – 95%</p>             |
| <p><b>Standard 21</b></p> <p>All patients with a diagnosis of atrial fibrillation should receive timely assessment, treatment and support based on individual need</p>                | <p>Percentage of patients with AF who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy</p>  | <p>March 2010 – 90%<br/>           March 2011 – 95%<br/>           March 2012 – 98%</p>             |
| <p><b>Standard 22</b></p> <p>All patients with a clinical suspicion of heart failure should have access to ECG and BNP for first level rule out in a primary care setting</p>         | <p>Percentage of patients referred to a specialist heart failure service who have an ECG and BNP requested, carried out and interpreted prior to referral</p>   | <p>March 2011 - Establish baseline Performance level to be determined once baseline established</p> |

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|---|--|---|
| <p><b>Standard 23</b></p> <p>All patients with diagnosis of heart failure should be prescribed evidence based medication as appropriate, under the guidance of the multidisciplinary specialist team</p>  | <p>Percentage of clinically appropriate patients on optimal evidence based medication for systolic heart failure. (Excluding co-morbidities and / or those currently undergoing uptitration)</p> | <p>March 2010 – 70%<br/>         March 2011 – 80%<br/>         March 2012 – 90%</p> |
| <p><b>Standard 24</b></p> <p>All eligible patients* suffering an acute myocardial infarction with ST-segment elevation heart attack should receive thrombolysis within one hour of calling for professional help. (*Excluding those with contraindications to thrombolysis or those undergoing primary PCI)</p> | <p>Percentage of eligible patients with AMI (STEMI or new LBBB) that receive thrombolysis within 60 minutes of calling for professional help</p>   | <p>March 2010 – 60%<br/>         March 2011 – 65%<br/>         March 2012 – 70%</p> |

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|---|---|---|
| <p><b>Standard 25</b></p> <p>All patients identified as requiring cardiac rehabilitation, in line with the regional guidelines, should be offered this service</p>  | <p>Percentage of patients eligible for cardiac rehabilitation who receive the Phase 1, Phase 2 and Phase 3 components of the service based on an assessment of their need</p> | <p>March 2012 - Establish baseline Performance level to be determined once baseline established</p> |
| <p><b>Standard 26</b></p> <p>All patients who develop new onset chest pain, suggestive of angina should be reviewed at a rapid access chest pain clinic (RACPC) within 2 calendar weeks of referral by the GP/appropriate clinician</p> | <p>Percentage of patients who are seen at RACPC within the target time period from referral made to patient seen (excluding refusal of first offer)</p>                       | <p>March 2010 - 90% within 2 calendar weeks<br/>March 2011 - 95% within 2 calendar weeks</p>        |

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|--|--|---|
| <p><b>Standard 27</b></p> <p>All high risk patients presenting with non ST elevation acute coronary syndromes should undergo angiography / revascularisation within 72 hours of diagnosis in accordance with clinical need</p> | <p>Percentage of patients with acute coronary syndrome who undergo angiography (+/- PCI) within 72 hours of diagnosis</p> <p>Percentage of patients requiring urgent surgical revascularisation who receive this intervention within 7 days of being clinically suitable</p> | <p>March 2010 - 75%<br/>           March 2011 - 85%<br/>           March 2012 - 95%</p> <p>March 2010 - 50%<br/>           March 2011 - 60%<br/>           March 2012 - 80%</p> |
| <p><b>Standard 28</b></p> <p>All patients with suspected pulmonary arterial hypertension should be managed in a timely fashion by a specialist multidisciplinary team in line with NSCAG centres</p>                           | <p>Percentage of people assessed and appropriately managed in line with agreed care pathway</p>  | <p>March 2011 - 95%</p>   |

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#### Cerebrovascular Disease

|  | Key Performance Indicators   | Anticipated Performance Level  |
|--|--|--|
| <p><b>Standard 29</b></p> <p>All patients with suspected transient ischaemic attack should have rapid specialist assessment and investigation to confirm the diagnosis and should have a management plan urgently put in place to reduce short term and long term cardiovascular complications. (See also Standard 35)</p> | <p>Percentage of confirmed TIA patients at high risk of early stroke (ABCD2 score 4 or above) who undergo specialist assessment <b>AND</b>, where clinically indicated, urgent brain imaging (preferably MRI DWI) within 24 hours</p> <p>MRI DWI, where clinically indicated, should be available as first choice brain imaging for all TIA patients within 24 hours, 7 days a week, for high risk patients and within 7 days for lower risk patients</p> <p>Percentage of TIA patients requiring carotid endarterectomy who undergo surgery within 2 weeks of index event</p> | <p>March 2012 – 70%<br/>March 2013 – 90%</p> <p>March 2012 – All Trusts to provide or ensure access by another provider</p> <p>March 2011 – 25%<br/>March 2012 – 40%</p> |

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|   |  |   |
|---|--|---|
|   | <p>Percentage of confirmed TIA patients seeking medical attention who receive appropriate antiplatelet and statin therapy within 24 hours of the index event</p>   | <p>March 2012 – 70%<br/>March 2013 – 95%</p>  |
| <p><b>Standard 30</b><br/>All patients with suspected acute stroke should have rapid access to specialist assessment, appropriate brain imaging and emergency treatment, including thrombolysis</p> | <p>Percentage of eligible acute stroke patients who, following an appropriate assessment, receive thrombolysis within 3 hours of onset of symptoms of stroke</p> <p>Percentage of acute stroke patients who have brain imaging within 24 hours of the stroke event</p> | <p>March 2011 – 50%<br/>March 2012 – 75%</p> <p>March 2011 – 85%<br/>March 2012 – 95%</p> |

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#### Standard 31

All patients who have had a stroke should have their rehabilitation delivered by a Specialist Stroke Rehabilitation Team in a Stroke Unit, starting immediately after admission to hospital. Specialist stroke rehabilitation focuses on assessing the individual needs of patients and, in consultation with the patient and their family/carer(s), addressing them in the most effective way. Ongoing specialist rehabilitation needs, as defined by the Team, should continue to be delivered by a Specialist Stroke Rehabilitation Team

Percentage of stroke patients admitted directly to a specialist stroke unit AND who spend > 90% of their stay in a stroke unit

Percentage of stroke patients admitted to a recognised stroke rehabilitation unit capable of providing the professional therapy hours defined in the NI Stroke Strategy, and with specialist assessment completed within the timescales specified in this Strategy document

Percentage of stroke patients, discharged from hospital, who continue to receive rehabilitation after discharge by a stroke specialist Early Supported Discharge Team

March 2010 – 70%  
March 2011 – 80%

March 2010 – 85%  
March 2011 – 95%  
March 2012 – 98%

March 2011 – 30%

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#### Standard 32

All patients who have had a stroke or TIA are reviewed post discharge by primary care services at 6 weeks, 6 months, and annually. Stroke patients with persisting disability at 6 months should be reviewed by a member of a specialist team to determine the need for a further targeted period of rehabilitation. As part of ongoing review referral to neuropsychology services should be considered where appropriate

Percentage of survivors of stroke or TIA who have an appropriate up to date primary care and, where appropriate, specialist review

Specialist psychological support should be accessible to all stroke rehabilitation teams to support patients and carers whose team feel require this

March 2010 – Establish common stroke dataset across region and establish baseline  
March 2012 – 75%

March 2012 – All stroke rehabilitation teams

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#### Peripheral Vascular Disease

|   | Key Performance Indicators   | Anticipated Performance Level   |
|---|--|---|
| <p><b>Standard 33</b></p> <p>All people with a high risk of developing PVD such as patients with diabetes, chronic kidney disease, smokers and the elderly should have accessible and timely care delivered by the appropriate members of the multi-disciplinary foot care team</p> | <p>Percentage of appropriate patients who have had a risk assessment for PVD within the last 12 months</p> | <p>March 2010 - 50%</p> <p>March 2011 - 75%</p> <p>March 2012 - 95%</p> |



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|   |  |   |
|---|--|---|
| <p><b>Standard 35</b></p> <p>All patients who experience an anterior circulation TIA and carotid artery stenosis of 70-99% should be referred to a vascular surgeon, investigated and have their carotid surgery within 2 weeks of the event. The long term goal should include carotid intervention within 48 hours (See also Standard 29)</p> | <p>Percentage of patients with symptomatic carotid stenosis 70-99% who have undergone carotid intervention within 2 weeks of the index event</p>                       | <p>March 2011 – 25%<br/>March 2012 – 40%</p>  |
| <p><b>Standard 36</b></p> <p>Patients with leg pain on exertion, suggestive of peripheral arterial disease should have an ankle-brachial pressure index (ABPI) test performed in primary care</p>   | <p>Percentage of practice populations who have access to a symptomatic peripheral vascular disease register and ABPI measurement as part of the cardiovascular DES</p> | <p>March 2011 - Establish baseline<br/>Performance level to be determined once baseline established</p> |

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|  |  |  |
|--|--|--|
| <p><b>Standard 37</b></p> <p>All patients presenting with features of thoracic aortic dissection should be assessed and referred immediately to an appropriate management centre</p>   | <p>Percentage of patients with thoracic aortic dissection who are referred for treatment to the regional centre within 24 hours of the symptoms developing</p>   | <p>March 2010 - 15% increase in referred cases from baseline<br/>         March 2011 - 25% increase<br/>         March 2012 - 35% increase</p> |
| <p><b>Standard 38</b></p> <p>All patients who are at risk of, or who have developed lymphoedema, should have access to timely information, diagnosis and treatment within the Northern Ireland Lymphoedema Network in accordance with the CREST Lymphoedema Guidelines</p> | <p>Percentage of patients diagnosed with lymphoedema being offered CDT or modified CDT (intensive phase) and maintenance treatment. (Reasoning behind treatment choice recorded if CDT is modified)<br/><br/>         (CDT = complex decongestive therapy)</p> | <p>March 2011 - Establish baseline<br/>         Performance level to be determined once baseline established</p>                               |

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#### Renal Disease

|  | Key Performance Indicator  | Anticipated Performance Level  |
|--|--|--|
| <p><b>Standard 39</b></p> <p>All patients with a diagnosis of chronic kidney disease (CKD) should receive timely, appropriate and effective investigation, treatment and follow-up to reduce the risk of progression and complications</p> | <p>Percentage of CKD patients with a record of blood pressure in the previous 15 months and whose blood pressure is 140/85 mmHg or less</p> <p>Percentage of hypertensive and proteinuric CKD patients treated with an angiotensin converting enzyme inhibitor (ACE-I) or, if a patient is truly intolerant to an ACE inhibitor, angiotensin receptor blocker (ARB) (unless a contraindication or side effects are recorded)</p> | <p><u>BP Recorded</u></p> <p>March 2010 - 80%</p> <p>March 2011 - 85%</p> <p>March 2012 - 90%</p> <p><u>BP at Target</u></p> <p>March 2010 - 60%</p> <p>March 2011 - 65%</p> <p>March 2012 - 70%</p> <p>March 2010 - 60%</p> <p>March 2011 - 65%</p> <p>March 2012 - 70%</p> |

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|  |  |   |
|--|--|---|
|  | <p>Percentage of patients with CKD who have a quantitative record of a proteinuria test in the previous 15 months</p>  | <p>March 2011 - 80%<br/>March 2012 - 85%</p>  |
| <p><b>Standard 40</b></p> <p>Renal services are to ensure the delivery of high quality, safe and effective dialysis care which is designed around the individual's needs and preferences and are available to all patients of all ages. This should be delivered by a highly skilled multiprofessional workforce to maximise dialysis capacity, improve quality of life and reduce complications</p> | <p>Number of new haemodialysis patients offered a regular outpatient haemodialysis slot without delayed discharge</p> <p>Percentage of patients who receive dialysis via permanent vascular access</p> | <p>March 2011 - Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – 60%<br/>March 2012 – 65%<br/>by Trust</p> |

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#### Standard 41

All children, young people and adults likely to benefit from a kidney transplant should receive a high quality service which supports them in managing their transplant and enables them to achieve the best possible quality of life

Percentage of dialysis and CKD Stage 5 patients who are medically suitable and have evidence of transplant discussion and education

Number of living donation kidney transplants that renal transplant teams should achieve annually

March 2010 - 60%  
 March 2011 - 65%  
 March 2012 - 70%

March 2010 - 6 living donors pmp  
 March 2011 - 8 living donors pmp  
 March 2012 - 10 living donors pmp.

Percentage of patients waiting no longer than 6 months for a live donor transplant

March 2010 – Baseline established  
 March 2011 – Performance levels to be determined

Percentage of patients with a documented plan for post-transplant immunosuppression

March 2010 - 80%  
 March 2011 - 85%  
 March 2012 - 90%

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|---|---|----------------------|
| <p><b>Standard 42</b></p> <p>All people at risk of, or suffering from, acute kidney injury / acute renal failure should be identified promptly, with hospital services delivering high quality, clinically appropriate care in partnership with specialised renal teams. Prevention of AKI should be a priority for all clinicians in both primary and secondary care</p> | <p>Development of evidence based consensus guidance on the prevention and management of AKI</p> | <p>December 2010</p> |
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#### Supportive and Palliative Care

|  | <b>Key Performance Indicators</b>  | <b>Anticipated Performance Level</b>   |
|--|--|--|
| <p><b>Standard 43</b></p> <p>Health and social care professionals, in consultation with the patient, will identify, assess and communicate the unique supportive, palliative and end of life care needs of that person, their caregiver/s and family</p> | <p>Establish a Trust palliative care register/database</p> <p>Percentage of patients, with end stage cardiovascular disease, identified as requiring palliative care and who have been placed on the palliative care register/database</p> <p>Percentage of patients with a cardiovascular diagnosis on the palliative care register who have had a holistic assessment appropriate to needs and a care plan developed</p> <p>Percentage of staff (professional and non professional) with appropriate generalist and / or specialist palliative care training to prescribed level of competency (as per NICaN S&amp;PC Education)</p> | <p>March 2010 – All Trusts</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> |

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|   |  |  |
|---|--|--|
|   | <p>Percentage of cardiovascular team members who have had training in appropriate palliative care competencies</p>   | <p>March 2010 – 30%<br/>         March 2011 – 70%<br/>         March 2012 – 90%</p>  |
| <p><b>Standard 44</b><br/>         All patients, carers and families should have access to responsive, integrated services which are coordinated by an identified team member according to an agreed plan of care, based on their needs</p> | <p>Percentage of patients with an identified / named key worker responsible for ensuring the 24 hour plan of care is communicated to relevant professionals</p> <p>Establish a system to ensure that updated out of hours handover forms held manually are transferred to all relevant professionals for patients who are actively receiving palliative care</p> | <p>March 2010 - Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – All Trusts</p> |

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|  |  |  |
|--|--|--|
|  | <p>Establish a system to ensure that all patients on the Trust palliative care register/database with unresolved symptoms and complex psychosocial needs have been referred to specialist palliative care services for advice or management in accordance with the Regional Criteria for Specialist Palliative Care</p>    | <p>March 2011 - All Trusts</p>   |
| <p><b>Standard 45</b><br/>All people with advanced progressive conditions, their caregivers and families, will be informed about the choices available to them, by an identified team member, and have their dignity protected through the management of symptoms and provision of comfort in end of life care</p> | <p>Percentage of patients with cardiovascular disease who are enabled to die in their appropriate preferred place of care (identified as part of regular reviewed assessments)<br/><br/>Establish a common approach to care for people in the last days of life eg Care of the Dying Pathway in hospital and community</p> | <p>March 2010 - Establish baseline Performance level to be determined once baseline established<br/><br/>March 2010 – All Trusts<br/>March 2011 - Performance level to be determined once baseline established</p> |

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|  |  |  |
|--|--|--|
|  | Percentage of appropriate professionals trained in advance communication skills (particularly Breaking Bad News) | March 2010 - Establish baseline Performance level to be determined once baseline established |
|--|--|--|