

## Service Framework for Cardiovascular Health and Wellbeing

### Summary of Standards

#### Communication with Patients, Clients and Carers

	Key Performance Indicators	Anticipated Performance Level
<b>Standard 1</b>  All patients and carers should expect effective communication throughout their care journey	<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>	March 2009 - 90%

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<b>Standard 2</b>  All patients, carers and the public should have opportunities to engage actively and meaningfully with Health and Social Care organisations at all levels.	HSC organisational strategies for Patient and Public Involvement	March 2009 - 90%
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### Prevention

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 3</b>  Health and social care should work in cooperation with voluntary, education, youth and community organisations to prevent the recruitment of young people to smoking.	Percentage of 12, 14 and 16 year old boys and girls who smoke	2008 - establish baseline 2011/12 - 5% decrease on baseline for boys 2011/12 - maintain at baseline for girls

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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 signposting to specialist cessation services.</p>	<p>Number of people attending specialist smoking cessation services</p> <p>Number of clients quitting at 4 and 52 weeks</p>	<p>2007/08 – Baseline data – Number of people attending 2008/09 - maintain 2007/08 baseline levels 2009/10 - 4% increase in uptake 2010/11 - 4% increase in uptake</p> <p>2007/08 – Baseline data 2008/09 - maintain 2007/08 levels 2009/10 - 2% increase in number of quitters (4% increase in uptake of services) 2010/11 - 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/whd/2002-factsheet2.pdf">http://www.paho.org/English/HPP/HPN/whd/2002-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>2009/10 - Establish baseline Performance level to be determined once baseline established</p> <p>2009/10 - Establish baseline Performance level to be determined once baseline established</p>
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<p><b>Standard 6</b></p> <p>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 / Getting the Balance Right Plate model.</p> <p>Percentage of people eating the recommended 5 pieces of fruit or vegetables a day.</p>	<p>2009/10 - Establish baseline Performance level to be determined once baseline established</p> <p>2010/11 - 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>2010/11 - 2% decrease on 2005/06 baseline</p> <p>2009/10 - Establish baseline Performance level to be determined once baseline established</p>

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<b>Standard 8</b>  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	Percentage of people who receive Brief Intervention in Primary Care to reduce alcohol related risk	2009/10 - Establish baseline Performance level to be determined once baseline established
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### Hypertension

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 9</b>  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	Percentage of patients aged 45 and over who have had a recorded blood pressure on their GP record within the past 5 years	2008/09 - 70% 2009/10 - 80% 2010/11 - 90%

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<b>Standard 10</b>  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 $\geq 140/90$ mm/Hg	Percentage of patients with a target blood pressure of $< 140/90$ mmHg.	2008/09 - 70% 2009/10 - 80% 2010/11 - 90%
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#### Hyperlipidaemia

	Key Performance Indicators	Anticipated Performance Level
<b>Standard 11</b>  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.	 Percentage of the putative N Ireland FH population identified      Percentage of adult FH patients attaining lipid targets of cholesterol <5mmol/L and LDL<3mmol/L	 2009/10 - Establish Regional Register 2010/11 - Establish baseline Performance level to be determined once baseline established   2009/10 - Establish baseline Performance level to be determined once baseline established

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#### Diabetes

	Key Performance Level	Anticipated Performance Level
<b>Standard 12</b>  All people with diabetes should have an accurate diagnosis made.	Percentage of people with a new diagnosis of diabetes confirmed by fasting blood sugar estimations or standardised Oral Glucose Tolerance Tests	2008/09 - 80% 2009/10 - 90% 2010/11 - 95%
<b>Standard 13</b>  All patients with diabetes should have access to structured education programmes and emotional and psychological support.	Percentage of newly diagnosed diabetic patients in past year who have been provided with a structured patient education programme.  Percentage of diabetes teams who have access to specialist psychology support	2008/09 - 40% 2009/10 - 50% 2010/11 - 60%  2009/10 - 50% 2010/11 - 60% 2011/12 - 70%

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<b>Standard 14</b>		
All patients with diabetes should have access to, at a minimum, an annual review to a defined standard by an appropriately trained multidisciplinary team.	Percentage of people with diabetes who receive annual review to the defined standard	2008/09 - 40% 2009/10 - 60% 2010/11 - 80%

### Coronary Heart Disease

	Key Performance Indicators	Anticipated Performance Level
<b>Standard 15</b>		
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	Percentage of patients with major congenital heart disease diagnosed antenatally	March 2009 - 50% March 2010 - 60% March 2011 - 75%

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<p><b>Standard 16</b></p> <p>Children with congenital and acquired heart disease should have access to prompt diagnosis and appropriate management in line with national standards.</p>	<p>Percentage of children with congenital and acquired heart disease who have access to prompt diagnosis and appropriate management in line with national standards.</p>	<p>March 2009 - 80% March 2010 - 90% March 2011 - 95%</p>
<p><b>Standard 17</b></p> <p>To improve the quality of life / life expectancy for patients and their families affected by inherited cardiac diseases</p>	<p>Percentage of first degree relatives, affected by a proband's sudden cardiac death (&lt;40 years), who receive referral to specialist service with genetic testing and follow-up, as appropriate.</p> <p>Percentage of families with a genetic condition, who are offered access to genetic testing and subsequent specialist follow-up, as appropriate.</p>	<p>March 2009 - Establish baseline Performance level to be determined once baseline established</p> <p>March 2009 - Establish baseline Performance level to be determined once baseline established</p>

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<b>Standard 18</b>  All adults with congenital heart disease should have access to a specialist consultant led service specifically designed to meet their needs.	Percentage of patients with congenital heart disease who have accessed a specialist consultant led service.	March 2009 - 80% March 2010 - 90% March 2011 - 95%
<b>Standard 19</b>  All patients with a diagnosis of non Atrial Fibrillation arrhythmias should receive timely assessment, treatment and support based on individual need.	Percentage of patients with a clinically significant non atrial fibrillation arrhythmia who have a preliminary diagnosis made and definitive treatment plan commenced within a maximum of 6 weeks following initial presentation.	March 2009 - 80% March 2010 - 85% March 2011 - 95%
<b>Standard 20</b>  All patients with a diagnosis of Atrial Fibrillation should receive timely assessment, treatment and support based on individual need.	Percentage of high risk patients, as detailed in NICE Clinical Guideline 36, who have commenced Warfarin treatments, unless contraindicated	March 2009 - 80% March 2010 - 90% March 2011 - 95%

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<b>Standard 21</b>  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.	Percentage of patients who, on presentation to primary care with a considered diagnosis of systolic heart failure, have an ECG and BNP requested, carried out and interpreted	March 2009 - 80% March 2010 - 85% March 2011 - 90%
<b>Standard 22</b>  All patients with diagnosis of heart failure should be prescribed evidence based medication as appropriate, under the guidance of the multidisciplinary specialist team.	Percentage of clinically appropriate patients on optimal evidence based medication for systolic heart failure. (Excluding those currently undergoing uptitration)	March 2009 - 70% March 2010 - 80% March 2011 - 90%

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<b>Standard 23</b>  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).	Percentage of eligible patients with AMI (STEMI or new LBBB) that receive thrombolysis within 60 minutes of calling for professional help.	March 2009 - 60% March 2010 - 65% March 2011 - 70%
<b>Standard 24</b>  All patients identified as requiring cardiac rehabilitation, in line with the British Association for Cardiac Rehabilitation guidelines, should be offered this service.	Percentage of patients eligible for cardiac rehabilitation who receive the components of the service based on an assessment of their need.	March 2009 - 60% March 2010 - 70% March 2011 - 85%
<b>Standard 25</b>  All patients who develop new onset chest pain, suggestive of angina should be reviewed at a rapid access chest pain clinic (RACPC) within 2 weeks of referral by the GP/appropriate clinician.	Percentage of patients who are seen at RACPC within the target time period from referral (excluding refusal of first offer).	March 2009 - 90% within 2 weeks March 2010 - 95% within 2 weeks March 2011 - 95% within 1 week

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<p><b>Standard 26</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 2009 - 75% March 2010 - 85% March 2011 - 95%</p> <p>March 2009 - 50% March 2010 - 60% March 2011 - 80%</p>
<p><b>Standard 27</b></p> <p>All patients with suspected Pulmonary Arterial Hypertension should be managed in a timely fashion by a specialist multidisciplinary team.</p>	<p>Percentage of patients seen within a maximum of 6 weeks from initial referral to completion of investigations and initiation of appropriate treatment.</p>	<p>March 2009 - 85% March 2010 - 90% March 2011 - 95%</p>

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#### Cerebrovascular Disease

	Key Performance Indicators	Anticipated Performance Level
<b>Standard 28</b>  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 34)	<p>Percentage of confirmed TIA patients at high risk of early stroke (ABCD2 score 4 or above) who undergo specialist assessment <b>AND</b> urgent brain imaging (preferably MRI DWI) within 24 hours of index event</p> <p>Percentage of TIA patients requiring carotid endarterectomy who undergo surgery within 2 weeks of index event</p> <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>2009/10 - Establish baseline Performance level to be determined once baseline established</p> <p>2009/10 - Establish baseline Performance level to be determined once baseline established</p> <p>2009/10 - Establish baseline Performance level to be determined once baseline established</p>

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<b>Standard 29</b>  All patients with suspected acute stroke should have rapid access to specialist assessment, appropriate brain imaging and emergency treatment, including thrombolysis.	Percentage of eligible acute stroke patients who, following an appropriate assessment, receive thrombolysis within 3 hours of onset of symptoms of stroke  Percentage of acute stroke patients who have brain imaging within 24 hours of the stroke event.	2008/09 – 10% 2009/10 – 30% 2010/11 – 50%  2008/09 - 75% 2009/10 - 85% 2010/11 - 95%
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<p><b>Standard 30</b></p> <p>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</p>	<p>Percentage of stroke patients admitted to a recognised stroke unit, which is 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.</p> <p>Percentage of stroke patients admitted to a stroke unit within 24 hours of hospital admission AND who spend &gt; 50% of their stay in the stroke unit.</p> <p>Percentage of stroke patients discharged from hospital who receive continued rehabilitation by a specialist community stroke team.</p>	<p>2008/09 - 85% 2009/10 - 95% 2010/11 - 98%</p> <p>2010/11 - 50%</p> <p>2010/11 - 15%</p>
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<b>Standard 31</b>  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 a persisting disability at 6 months should be reviewed by a member(s) of the 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.  Percentage of stroke survivors with access to assessment by a neuropsychologist with experience in stroke and physical disability	2008/09 - 75% 2009/10 - 85% 2010/11 - 95%  2009/10 – 25% 2010/11 – 40%
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#### Peripheral Vascular Disease

	Key Performance Indicators	Anticipated Performance Level
<b>Standard 32</b>  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.	Percentage of appropriate patients who have had a risk assessment within the last 12 months.	March 2009 - 50% March 2010 - 75% March 2011 - 95%
<b>Standard 33</b>  All patients with abdominal aortic aneurysm (AAA) should have their medical therapy optimised. Aneurysm repair should be considered in patients whose aneurysm exceeds 5.5cm in diameter. Patients should be offered open or endovascular repair if possible. All men aged 65 should be offered AAA screening in line with National Screening Committee recommendations.	Post operative mortality rate following elective AAA repair (stratified by POSSUM).	2008/09 - Elective EVAR mortality should be less than 2%.  2009/10 - Elective open repair should be within the Vascular Database guidelines.  2010/11 - Commence implementation of AAA Screening Programme

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<b>Standard 34</b>  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 28)	Percentage of patients with symptomatic carotid stenosis 70-99% who have undergone carotid intervention within 2 weeks of index event.	2008/09 - 25% 2009/10 - 50% 2010/11 - 75%
<b>Standard 35</b>  All patients with leg pain on exertion, suggestive of peripheral arterial disease should have an ankle-brachial pressure index (ABPI) test performed in primary care.	Percentage of patients in target groups with symptoms suggestive of peripheral arterial disease referred to vascular surgery with a documented ABPI measurement.	2008/09 - Establish baseline 2009/10 - 5% increase on baseline 2010/11 – 10% increase on previous year
<b>Standard 36</b>  All patients presenting with features of thoracic aortic dissection should be assessed and referred immediately to an appropriate management centre.	Percentage of patients with thoracic aortic dissection who are referred for treatment to the regional centre within 24 hours of the symptoms developing.	2008/09 - 15% increase in referred cases from baseline 2009/10 - 25% increase 2010/11 - 35% increase

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<p><b>Standard 37</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 deemed at risk of, or with a diagnosis of, lymphoedema being provided with information (verbal and written) on risk reduction and treatment.</p> <p>Percentage of patients having surgery which involves removal of regional lymph nodes who have limb measurement prior to surgery.</p>	<p>2009/10 - Establish baseline 2010/11 - 15% increase on baseline</p> <p>2009/10 - Establish baseline 2010/11 - 15% increase on baseline</p>
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#### Renal Disease

	Key Performance Indicator	Anticipated Performance Level
<p><b>Standard 38</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 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>            2008/09 - 80%            2009/10 - 85%            2010/11 - 90%</p> <p><u>BP at Target</u>            2008/09 - 60%            2009/10 - 65%            2010/11 - 70%</p> <p>2008/09 - 60%            2009/10 - 65%            2010/11 - 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>Percentage of patients with CKD stage 4 and 5 assessed or discussed with nephrology services.</p>	<p>2008/09 - Establish baseline 2009/10 - 5% increase on baseline 2010/11 - 5% increase on previous year</p> <p>2008/09 - Establish baseline 2009/10 - 5% increase on baseline 2010/11 - 5% increase on previous year</p>
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<p><b>Standard 39</b></p> <p>Renal services should ensure the delivery of high quality, safe and effective dialysis care which is designed around the individuals' 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>Percentage of new haemodialysis patients offered a regular outpatient haemodialysis slot without delayed discharge.</p> <p>Percentage of prevalent dialysis patients meeting UK guidelines for permanent vascular access assessment and placement.</p>	<p>2008/09 - Establish baseline 2009/10 - 5% increase on baseline 2010/11 - 5% increase on previous year</p> <p>2008/09 - Establish baseline 2009/10 - 5% increase on baseline 2010/11 - 5% increase on previous year</p>
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<b>Standard 40</b>		
<p>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.</p>	<p>Percentage of dialysis and CKD Stage 5 patients aged less than 70 who have evidence of transplant discussion and education.</p>	<p>2008/09 - 60% 2009/10 - 70% 2010/11 - 80%</p>
	<p>Number of living donation kidney transplants that renal transplant teams should achieve annually</p>	<p>2008/09 - 13 deceased and 6 living donors pmp 2009/10 - 8 living donors/pmp 2010/11 - 10 living donors/pmp.</p>
	<p>Percentage of kidney transplantation operations where the cold ischaemia time is shorter than 24 hours</p>	<p>2008/09 - 50% 2009/10 - 55% 2010/11 - 60%</p>
	<p>Percentage of patients with a documented plan for post-transplant immunosuppression</p>	<p>2008/09 - 80% 2009/10 - 85% 2010/11 - 90%</p>

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<p><b>Standard 41</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 2009</p>
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#### Supportive and Palliative Care

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 42</b></p> <p>Health and social care professionals, in consultation with patients, should identify, assess and communicate the unique supportive, palliative and end of life care needs of that person, their caregiver/s and family.</p>	<p>Percentage of patients, with a cardiovascular diagnosis, identified as requiring palliative care and on the Supportive and Palliative Care Register.</p> <p>Percentage of patients with cardiovascular diagnosis on a Supportive and Palliative Care Register having had an holistic assessment appropriate to needs and 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>2009 - 30% 2010 - 50% 2011 - 90%</p> <p>2009 - 50% 2010 - 70% 2011 - 90%</p> <p>2009/10 - Establish baseline Performance level to be determined once baseline established</p>

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<p><b>Standard 43</b></p> <p>Patients, carers and families should have access to responsive, integrated services which are co-ordinated 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 for services responsible for ensuring that the 24 hour plan of care is integrated.</p> <p>Percentage of patients on the palliative care register with unresolved symptoms and complex psychosocial needs who have been referred to specialist palliative care services for advice or management in accordance with the Regional Criteria for Specialist Palliative Care</p>	<p>2010/11 - Establish baseline Performance level to be determined once baseline established</p> <p>2010/11 - Establish baseline Performance level to be determined once baseline established</p>
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<p><b>Standard 44</b></p> <p>People with advanced progressive conditions, their caregivers and families, should 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 who are enabled to die in their appropriate preferred place of care.</p> <p>Percentage of patients, with end stage disease, who have met the criteria of the Care of the Dying Pathway, and have been placed on it in hospital, community, hospices and care homes.</p> <p>Percentage of appropriate professionals trained in advance communication skills (Breaking Bad News)</p>	<p>2010/11 - Establish baseline Performance level to be determined once baseline established</p> <p>2010/11 - Establish baseline Performance level to be determined once baseline established</p> <p>2010/11 - Establish baseline Performance level to be determined once baseline established</p>
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