

Statement of Information Practices:

Irish Heart Attack Audit

Document Name:	Statement of Information Practices for Irish Heart Attack Audit (IHAA)
Document No:	ST18
Version	V1
Active Date:	01/01/2026

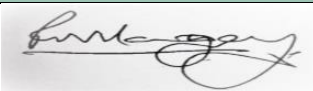
Irish Heart Attack Audit (IHAA)

Title	Irish Heart Attack Audit
Date valid from:	2026
What information is collected:	The Irish Heart Attack Audit reports on data from the Heartbeat portal which is a web-based system that uses the HIPE portal infrastructure. It audits against agreed standards and guidelines and reports on outcomes for patients with ST segment elevation myocardial infarction (STEMI). Data collected includes Demographics; Past Medical History/Risk Factors; Reperfusion timeliness e.g. Door to balloon, First Medical Contact to Balloon; Secondary Prevention and Outcomes
Link to Data Dictionary	IHAA Data Dictionary: https://www.noca.ie/audits/irish-heart-attack-audit/ See APPENDIX 4: METADATA FOR KEY QUALITY INDICATORS of the IHAA National Report. This report is available in the Publications section on the NOCA website at: https://d7g406zpx7bgk.cloudfront.net/x/d3bdc5fecd/irish-heart-attack-audit-national-report-2022-2023-final.pdf [Accessed 29 January 2026]. Full list of data set points is available from NOCA at auditinfo@noc.ie.
How the information is collected, recorded:	Data is taken from the medical record by audit coordinators (senior cardiology nursing staff) with permitted access and inputted into the HIPE Heartbeat portal (HIPE additional screen). Data can be entered while the patient is an in-patient and completed on discharge. Data entry is completed within the quarter following discharge from hospital. If a patient is transferred to a local hospital for on-going acute STEMI care audit coordinators contact colleagues in the local hospital to access additional outcome data e.g. discharge medications, discharge destination.
How the information stored:	IHAA data are stored securely within the HIPE system. Non-patient-identifiable data are securely transferred at regular intervals from the HPO to NOCA where the data are stored securely within the NOCA infrastructure hosted by RCSI. See dataflow diagram for this data collection.
Data users:	• Health Service Executive (HSE) • Department of Health • <u>Service Providers (e.g. HSE, hospitals, Regional Health Areas, and other healthcare delivery organisations)</u> • Service Users (patients / population groups represented in aggregated reporting) • Policy Makers • Researchers / Academia • Patient Advocacy Groups • Public (via national reporting) • Regulators / Oversight Bodies Data-collection specific:

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	National Heart Programme	
Who is information shared with and for what purpose	Information will be shared with 1. Participating hospitals via data validation reports and key quality indicator reports 2. Publicly via national reporting 3. National Heart Programme	Purpose of sharing the information 1. Feedback and to identify opportunities for quality improvement 2. National Clinical Audit 3. Monitoring the implementation of the ACS Model of Care
What is the lawful basis for the processing of the data	For IHAA, consent is not relied on but other conditions under GDPR such as Article 6(1)(c) GDPR “processing necessary for performance of contract” with the data subject, or Article 6(1)(e) – ‘processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller, or Article 6(1)(f) – processing is necessary for the purposes of legitimate interests. Article 9(2)(h) GDPR– ‘processing is necessary for the purpose of preventative...medicine...the provision of health or social care or treatment or the management of health or social care systems and services...’ or Article 9(2)(i) – ‘processing is necessary for reasons of public interest in the area of public health, such as...ensuring high standards of quality and safety of health care...’	
Overview of consent process, if applicable	National clinical audit does not use consent as the legal basis for collection of de-identified patient level data. National Clinical audit is considered part of health service management (Office of the Attorney General, 2014). Health Services management is exempted from consent as a legal basis for data collection.	
How the privacy of personal information is protected	IHAA records do not include personal identifiers for patients or consultants. NOCA devices encrypted to protect data; Folder DUB NOCA SharePoint Site secured through RCSI security protocols.	
If personal data are held; how can data subjects access personal data held about them	How to access data is described on the NOCA website at the links below https://www.noca.ie/about-noca/access-to-audit-data https://www.noca.ie/about-noca/gdpr https://www.noca.ie/about-noca/foi	
People's rights: how to have factual inaccuracies corrected	National Clinical Audit data are gathered from patient records held at service providers. Data Subjects are directed to the health service provider to correct the source patient record. Any such changes are not retrospectively applied to national clinical audit data.	
Further details on information handling practices	NOCA Information Governance Policy is available in the Publications section on the NOCA website at: https://s3-eu-west-1.amazonaws.com/noca-uploads/general/NOCA_Information_Governance_Policy_v2.pdf [Accessed 21 January 2026].	
To raise a concern or complaint on information handling practices:	Please contact NOCA at auditinfo@noc.ie or write to us at <i>National Office of Clinical Audit</i>, 4th Floor, 118 St Stephen's Green, Dublin 2, D02 X0N1	

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Approval of Statement of Information Practices		
Role	Name	Date
Statement of Information Practices prepared by:		
NOCA Audit Manager: Joan McCormack		
Statement of Information Practices reviewed by:		
NOCA Clinical Lead: Professor Ronan Margey		Not applicable
Statement of information Practices approved by:		
On behalf of the Executive Management Team		
NOCA Executive Director: Collette Tully		
NOCA Information Manager: Brid Moran		