

IRISH HEART ATTACK AUDIT SUMMARY REPORT 2025

The Irish Heart Attack Audit (IHAA) measures the care of patients who suffered a major heart attack in 2025 and were treated in one of 10 specialist cardiac hospitals, known as PCI centres. This type of heart attack is known as an ST elevation myocardial infarction (STEMI). A STEMI happens when the supply of blood to the heart is suddenly cut off, usually by a blood clot (thrombosis). The most effective and safest treatment for STEMI heart attack is primary PCI performed within two hours of the patient seeking medical attention – a procedure performed through the wrist to open the blocked artery causing the heart attack.

What should I do if I or someone else has symptoms of a heart attack?

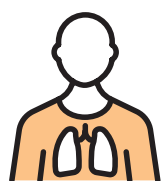
**DON'T DELAY! IF YOU EXPERIENCE CHEST PAIN OR
ANY OF THE SYMPTOMS MENTIONED ABOVE**

CALL 999 OR 112 IMMEDIATELY

Why? Patients who call 999 or 112 are more likely to receive a quick diagnosis and treatment, and are more likely to survive the heart attack.

SYMPTOMS OF A HEART ATTACK

INCLUDE PAIN, DISCOMFORT, PRESSURE, TIGHTNESS OR HEAVINESS IN ANY OF THESE AREAS



**NEW
SHORTNESS
OF BREATH**

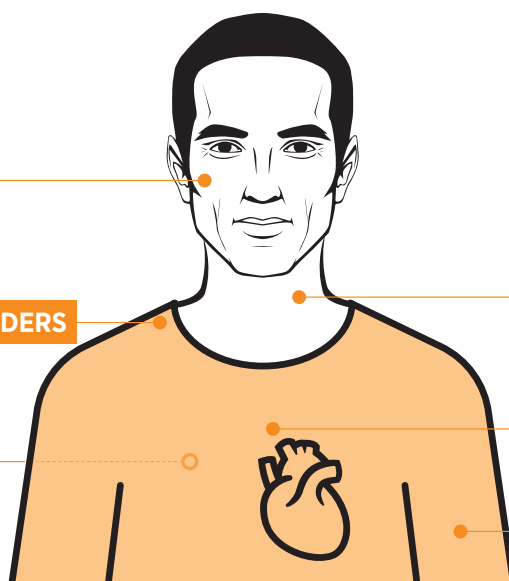


SWEATINESS

JAW

SHOULDERS

BACK



NECK

CHEST

ARMS



**UNUSUAL
STOMACH
PAIN**



CONFUSION



IN FEMALE PATIENTS, SYMPTOMS MAY BE DIFFERENT AND CAN INCLUDE:
ABDOMINAL PAIN, CONFUSION OR SWEATINESS.



KEY FINDINGS 2025



1,642
confirmed
STEMIs
in 2025



78%
Male with
median
age **62** years.



22%
Female
with median
age **69** years.



ARE YOU AT RISK OF A HEART ATTACK?

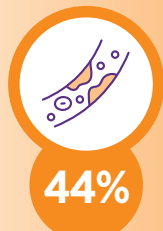


Smoking damages the heart and blood vessels. 37% of patients were smokers at the time of their heart attack, more than double the rate of smoking nationally (17%). Current smokers present with heart attack on average 10 years younger than those who have never smoked.



37%

Too much cholesterol in your blood, known as hypercholesterolaemia, increases your risk. 44% of patients had a previous history of hypercholesterolaemia.



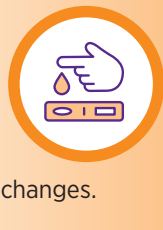
44%

High blood pressure, known as hypertension, increases your risk. 50% of patients had a previous history of hypertension.



50%

A large proportion of patients with heart attack had more than three risk factors for heart disease – treating cholesterol, lowering blood pressure, treating diabetes and stopping smoking help to reduce your risk of heart attack. It is never too early or too late to start to make changes.

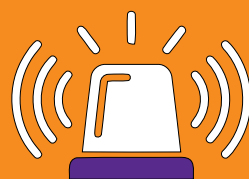


GETTING TO THE RIGHT HOSPITAL AT THE RIGHT TIME

**IF YOU THINK SOMEONE
IS HAVING A HEART
ATTACK, CALL 112 OR 999
STRAIGHT AWAY.**



Paramedics can do an ECG on the spot. If it shows a STEMI, they will take the person directly to a specialist hospital (PCI centre) for urgent treatment. Patients diagnosed before hospital are brought directly for treatment, bypassing any delays and improving their chance of survival.



If the person goes to a non-specialist hospital themselves, it can cause delays as they need to be transferred to the specialist hospital. That's why calling an ambulance is the fastest and safest option.



Only **48%** of patients who arrived at a PCI centre directly by ambulance called for help within 60 minutes of onset of symptoms.

48%



55% of patients were brought directly by ambulance to the PCI centre.

55%



33% of patients were transferred by ambulance from a non-specialist hospital to the PCI centre.

33%



38% of patients who were transferred from a non-specialist hospital to the PCI centre had the ECG completed within 10 minutes.

38%



4% of patients with a STEMI achieved the 30-minute 'door in door out' (DIDO) target.

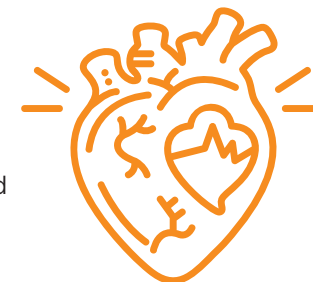
4%

DIDO time is the total time a heart attack patient spends at the first hospital, from arrival to departure to a PCI centre. The goal is to minimise this time to ensure patients receive life-saving treatment as quickly as possible.

HOW IS A HEART ATTACK TREATED?

PRIMARY PCI

Primary PCI is an emergency procedure performed in specialist hospitals to quickly open a blocked heart artery during a heart attack. To be most effective, this procedure needs to be done within 2 hours after a heart attack is diagnosed. Doing it within this time is called timely primary PCI.



PROPORTION WHO RECEIVED TIMELY PRIMARY PCI



ARRIVED DIRECTLY
TO A PCI CENTRE

77%

PRESENT TO A
NON-PCI CENTRE AND
THEN TRANSFER BY
AMBULANCE TO A PCI
CENTRE

37%

SELF-PRESENT TO
A PCI CENTRE

28%

Patients who receive timely primary PCI have lower mortality rates compared with those who do not:

TIMELY PRIMARY PCI
4.2% mortality rate



NOT TIMELY PRIMARY PCI
9.2% mortality rate

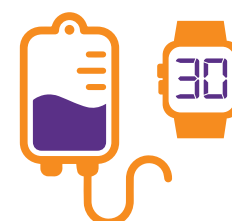


THROMBOLYSIS

If a patient is unable to get to a specialist centre within 90 minutes, treatment with thrombolysis, a medication that dissolves blood clots, can be given. To be effective, this medication needs to be given within 30 minutes of diagnosis; this is called timely thrombolysis.

In 2025, 6% of patients with a STEMI received treatment with thrombolysis; 27% of these patients received timely thrombolysis.

27%



PREVENTING ANOTHER HEART ATTACK



92%

92% of patients with a STEMI had an appropriate secondary prevention medication prescribed: an increase from 91% in 2024 and achieving the target of 90%.



98%

98% of patients were referred to cardiac rehabilitation, which provides an exercise programme and educational classes: an increase from 97% in 2024 and achieving the target of 90%.

RECOMMENDATIONS

1.	Increase the proportion of patients with a STEMI receiving primary PCI by implementing a national, targeted public awareness campaign that encourages individuals to seek immediate medical attention when experiencing symptoms of a heart attack.	
2.	Improve the timeliness of primary PCI in patients with a STEMI where primary PCI is identified as the optimal reperfusion therapy.	
3.	Improve the timeliness of thrombolysis in patients with a STEMI where thrombolysis is identified as the optimal reperfusion therapy.	
4.	NOCA should collaborate with the National Ambulance Service (NAS) and Dublin Fire Brigade (DFB) to develop and implement a standardised national reporting framework for pre-hospital STEMI care.	

A MESSAGE FROM OUR PATIENT AND PUBLIC INTEREST REPRESENTATIVES

As a heart attack survivor, I welcome the Irish Heart Attack Audit's recommendations to improve care for STEMI patients. I am very pleased to see that the previous recommendation calling for the establishment of Regional PCI Networks is being implemented. These Regional PCI Networks, which include the role of a Regional Cardiology Lead, mean that there will be enhanced communication between hospitals and I hope that the IHAA data will be used to drive quality improvement, especially for those who require transfer from a non-PCI hospital to the PCI centre. I look forward to seeing how this develops. The report highlights the importance of timely primary PCI and cardiac rehabilitation in reducing mortality and improving outcomes. I'm heartened to see that 92% of patients received appropriate secondary prevention medication and 98% were referred to cardiac rehabilitation. However, there's still room for improvement, particularly in reducing treatment delays. I urge healthcare professionals and policymakers to implement these recommendations, ensuring that all patients receive the best possible care. By working together, we can reduce the impact of heart disease on individuals and communities

Michael Madigan, Patient and Public Interest Representative, Irish Heart Attack Audit Committee

I know first-hand how terrifying it is to experience a STEMI and have no idea what is happening. Like many others, I didn't know the symptoms and delayed getting help. The 2025 audit shows this is far too common: only 48% of people call 999 or 112 within the first crucial hour.

Delaying is incredibly dangerous. Report data reveal that timely treatment cuts the risk of death in half, from 9.2% down to 4.2%. We have world-class cardiac care in Ireland, but it only works if patients reach it in time.

As a heart attack survivor and PPI representative, I urge policymakers and the HSE to fully implement the main recommendation: a national public awareness campaign. We must educate people on the symptoms so they act immediately.

Paula Connor, Patient and Public Interest Representative, Irish Heart Attack Audit Committee



A PATIENT'S PERSPECTIVE: PETER'S STORY

Peter Byrne, a 57-year-old father of four from Donegal, suffered a heart attack in February 2024 despite having no significant cardiac history and initially dismissing his symptoms as muscular pain. Thanks to his quick decision to call an ambulance and rapid access to specialist cardiac care, he received emergency stent treatment and made a successful recovery. The experience highlighted the importance of recognising symptoms early, listening to your body, and allowing time for recovery, with cardiac rehabilitation helping him adopt a healthier lifestyle. Peter now shares his story to encourage others not to ignore warning signs, as it also prompted his brother to seek medical advice, leading to the discovery and treatment of serious heart disease.



LEARN MORE ABOUT PETER'S JOURNEY AND INSIGHTS BY SCANNING THE QR CODE TO READ HIS STORY ON PAGE 19 OF THE REPORT.



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