

**NOCA** National Office of  
Clinical Audit

**IHAA** Irish Heart  
Attack Audit

# Irish Heart Attack Audit National Report 2024

NOCA Annual Conference,  
RSCI Charter Day 2026

February 10<sup>th</sup> 2026



[www.noca.ie](http://www.noca.ie)



**#NOCA2026**



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# **hello** my name is...  

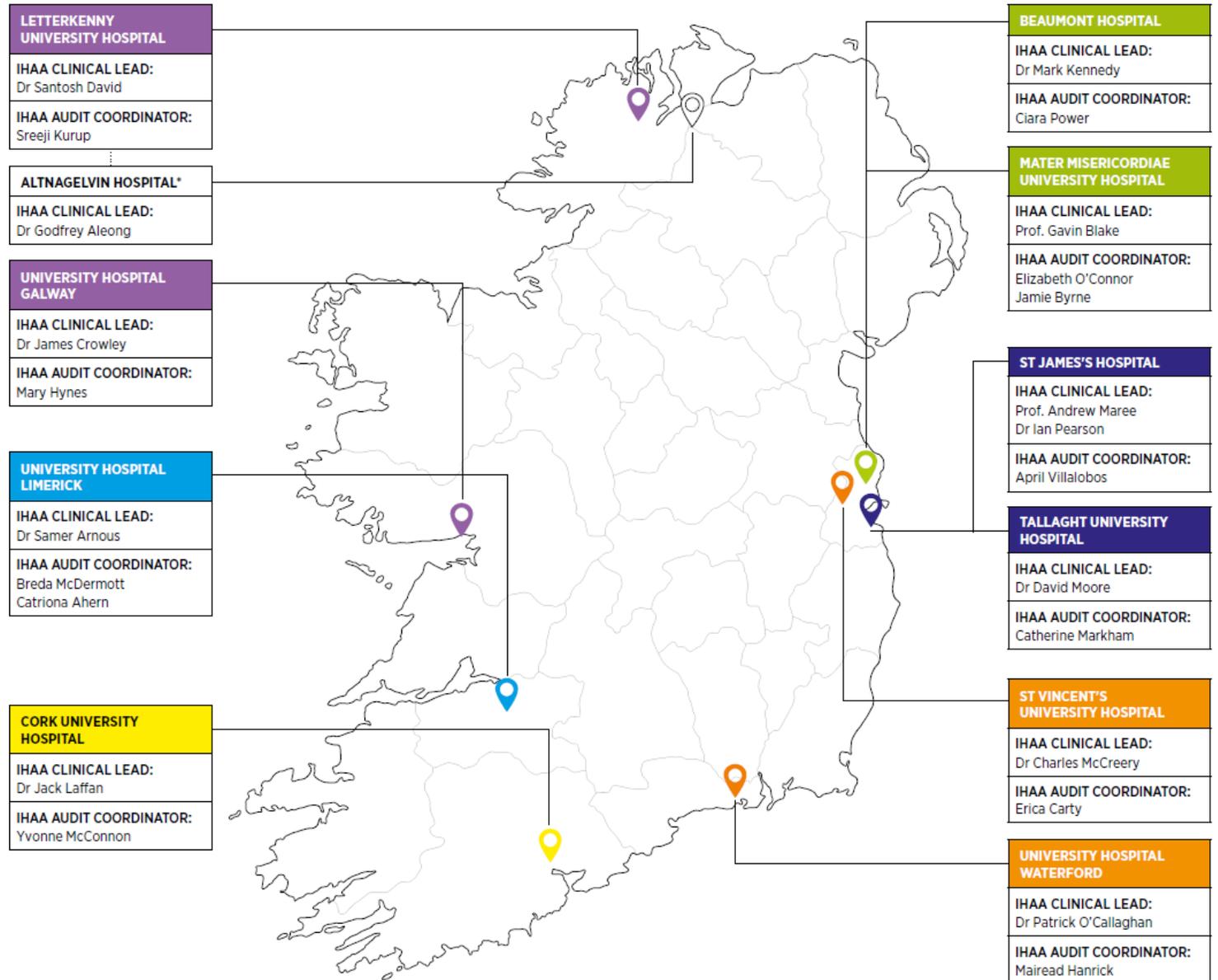

## **Prof. Ronan Margey**

**Consultant Cardiologist, Mater Misericordiae University Hospital**

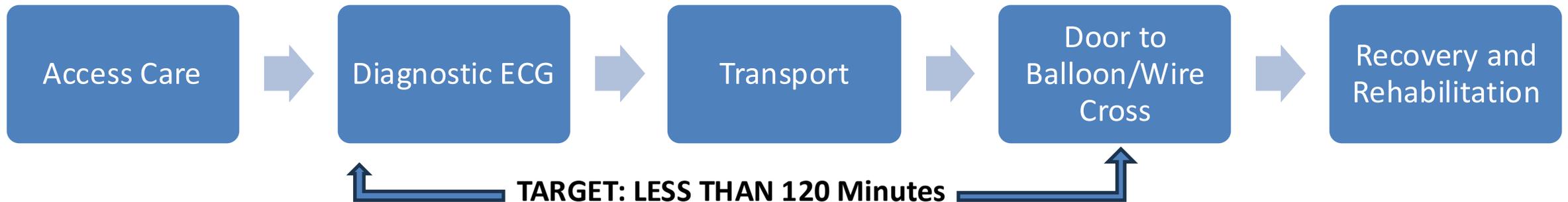
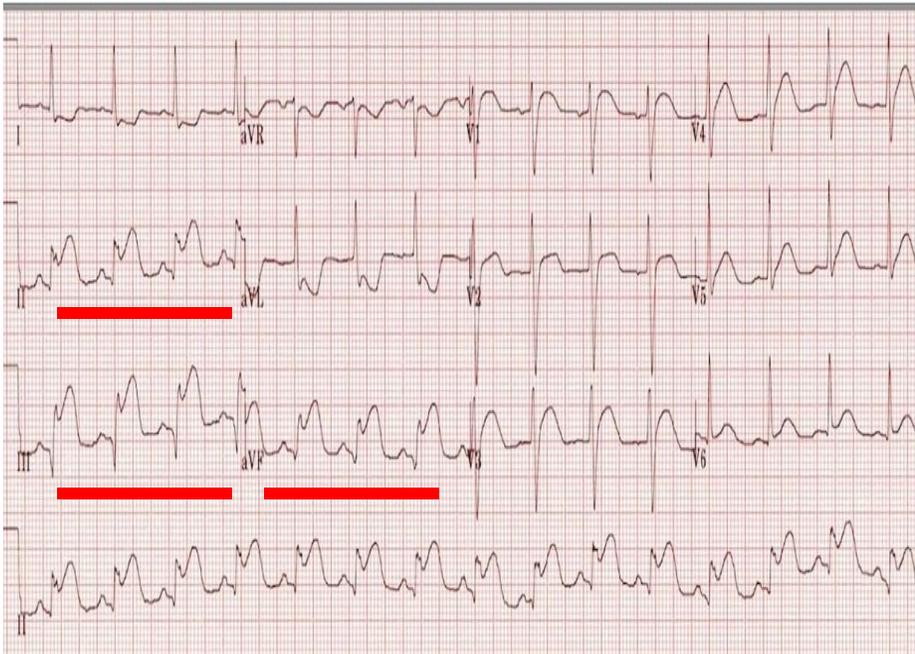
**National Clinical Lead, Irish Heart Attack Audit**

**National Office of Clinical Audit**

## IRISH HEART ATTACK AUDIT NATIONAL REPORT 2024



## When STEMI Occurs... Ideally timely PPCI



## KEY FINDINGS 2024



### RISK FACTOR PROFILES



**90% (n=1460) of patients with a STEMI had at least one cardiovascular risk factor.**



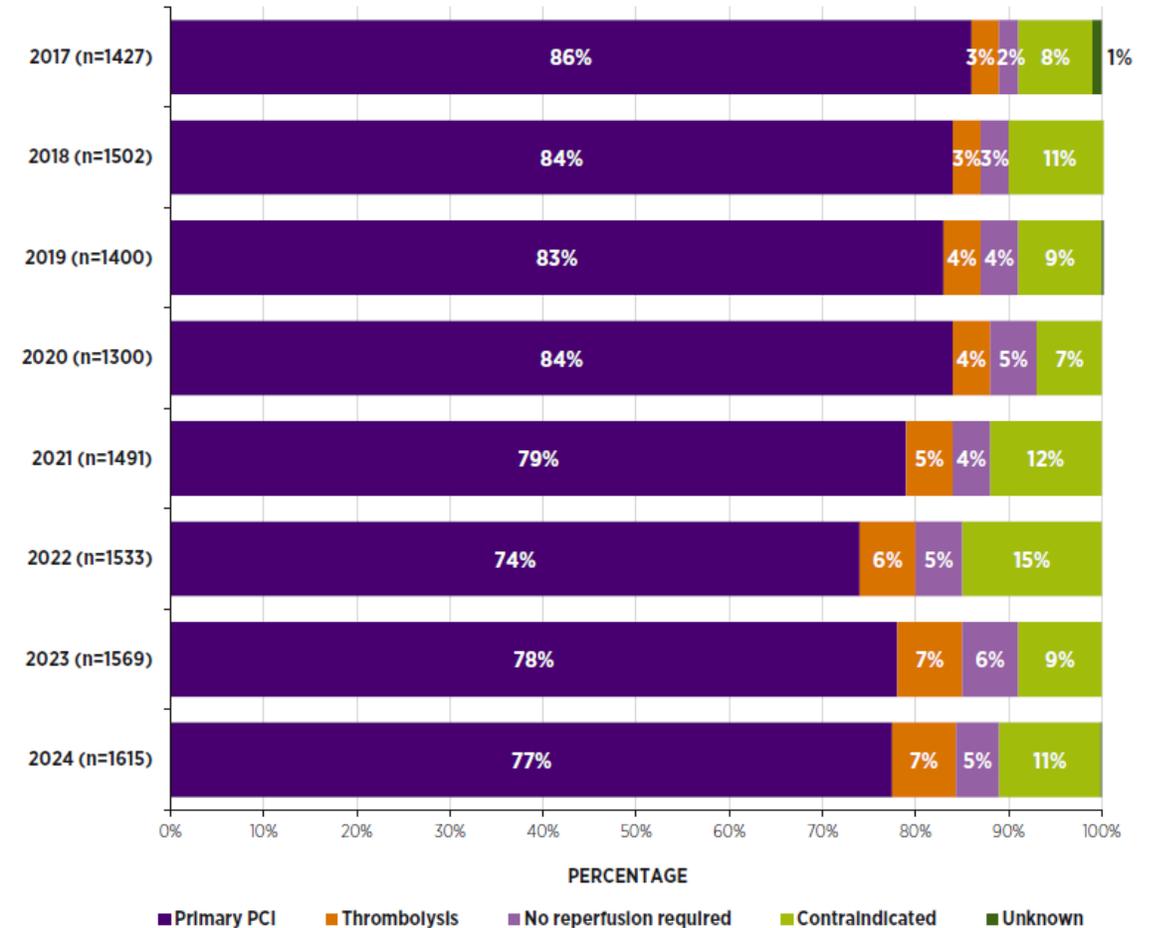
**Thirty-six percent of patients with a STEMI in 2024 were smokers at the time of their heart attack, double the rate of smoking nationally (17%).**

**Current smokers present with heart attack on average 11 years earlier than those who have never smoked.**

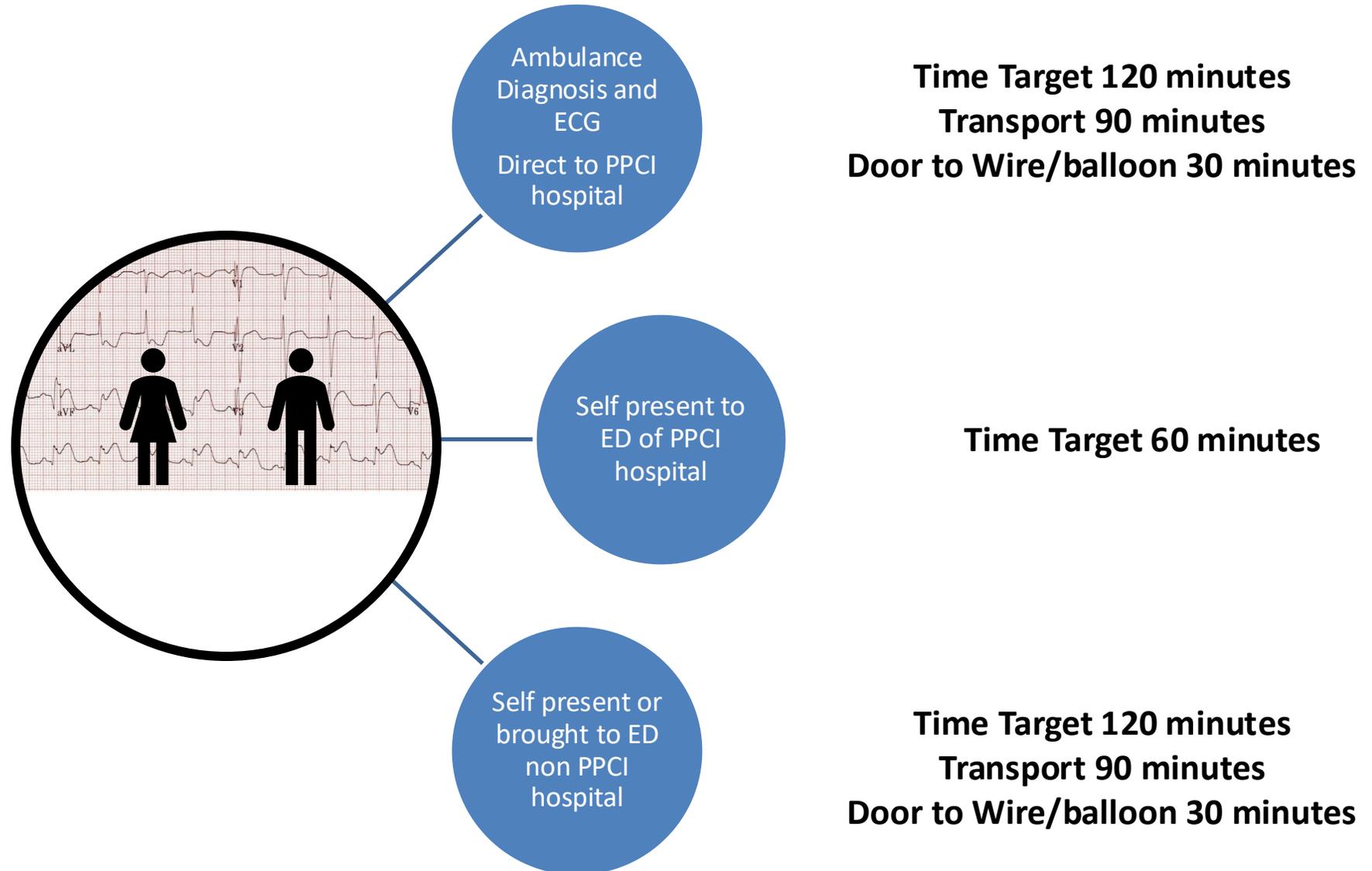
## DECLINING RATES OF PRIMARY PCI



77% received primary PCI in 2024  
compared to 86% in 2017



**FIGURE 5.4:** FIRST REPERFUSION THERAPY TYPE FOR PATIENTS ADMITTED TO A PCI CENTRE WITH A CONFIRMED STEMI, BY YEAR, 2017-2024 (N=11837)



## DELAYS IN SYMPTOM RECOGNITION AND FIRST MEDICAL CONTACT



Only 55% of patients were brought directly by ambulance to a PCI centre in 2024.



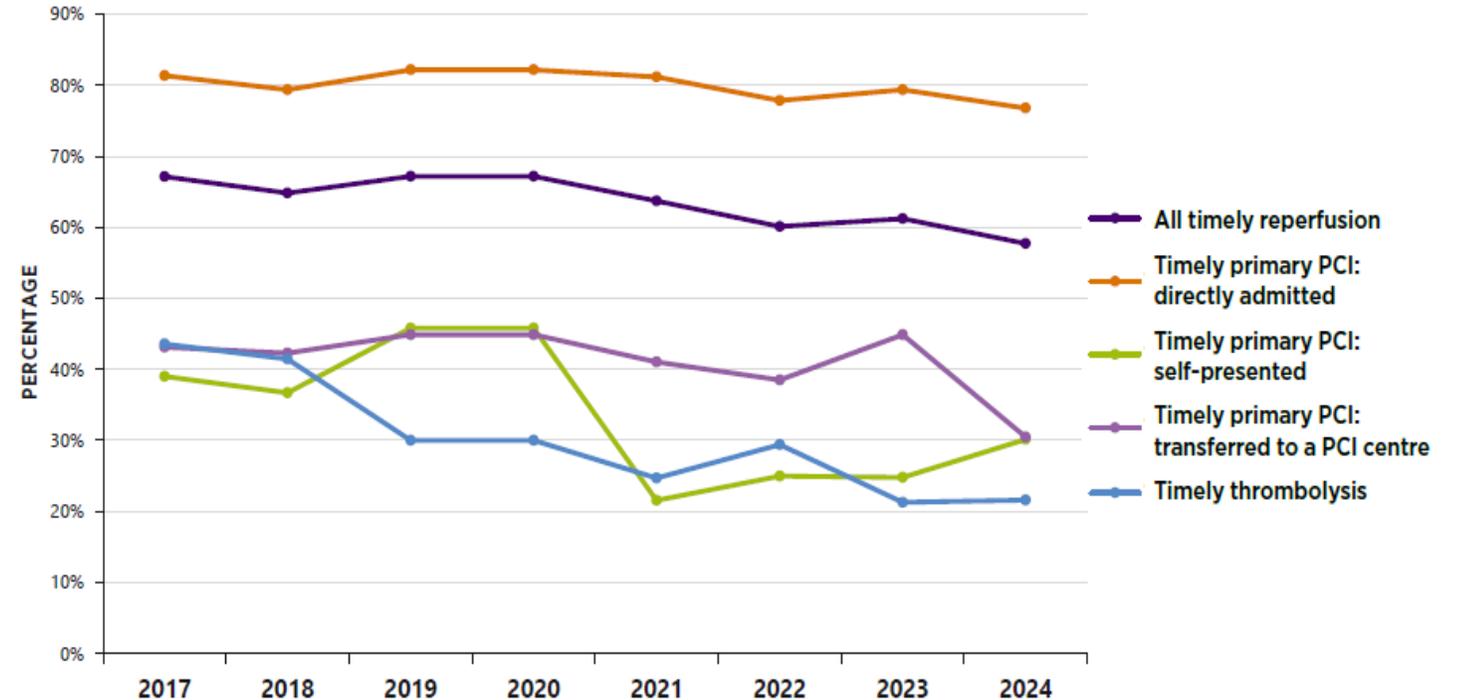
Only 45% of patients with a STEMI who arrived at a PCI centre directly by ambulance in 2024 called for help within 60 minutes of the onset of symptoms.

11% contraindicated due to late presentation i.e. 12 hours after symptom onset compared to 8% in 2017.

## DECLINING RATES OF TIMELY PRIMARY PCI



**In 2024, 61%  
of patients  
received timely  
primary PCI.**



**FIGURE 5.20:** PROPORTION OF TIMELY REPERFUSION, BY REPERFUSION TYPE, REFERRAL SOURCE AND YEAR, 2017-2024

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.

**PROPORTION  
WHO RECEIVED  
PRIMARY PCI**

Arrived directly to a PCI centre

**87%**

Presented to a non-PCI centre and  
then transferred by ambulance  
to a PCI centre

**57%**

**PROPORTION  
WHO RECEIVED  
TIMELY PRIMARY PCI**

Arrived directly to a PCI centre

**77%**

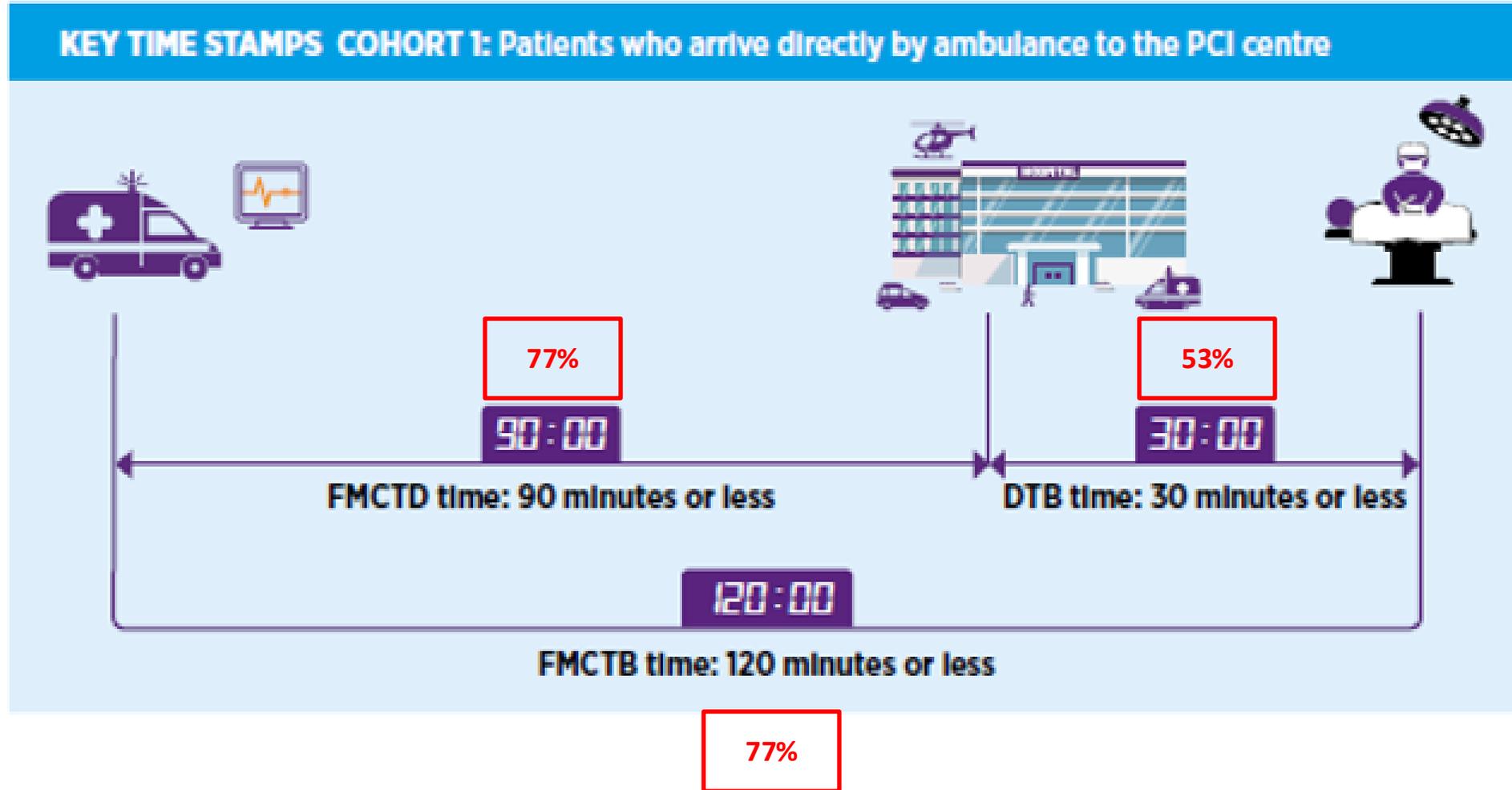
Presented to a non-PCI centre and  
then transferred by ambulance  
to a PCI centre

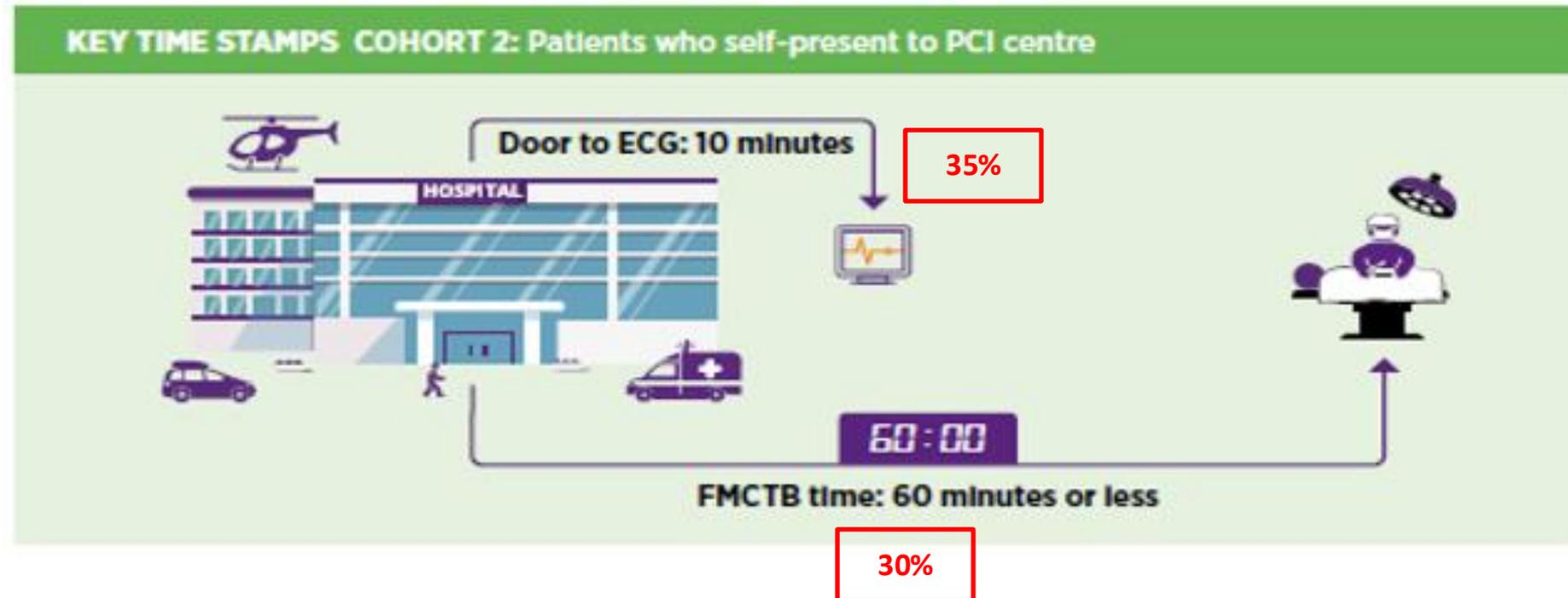
**30%**



71% of those brought  
directly by ambulance  
to the PCI centre  
bypassed the ED and  
went straight to the  
cath lab.

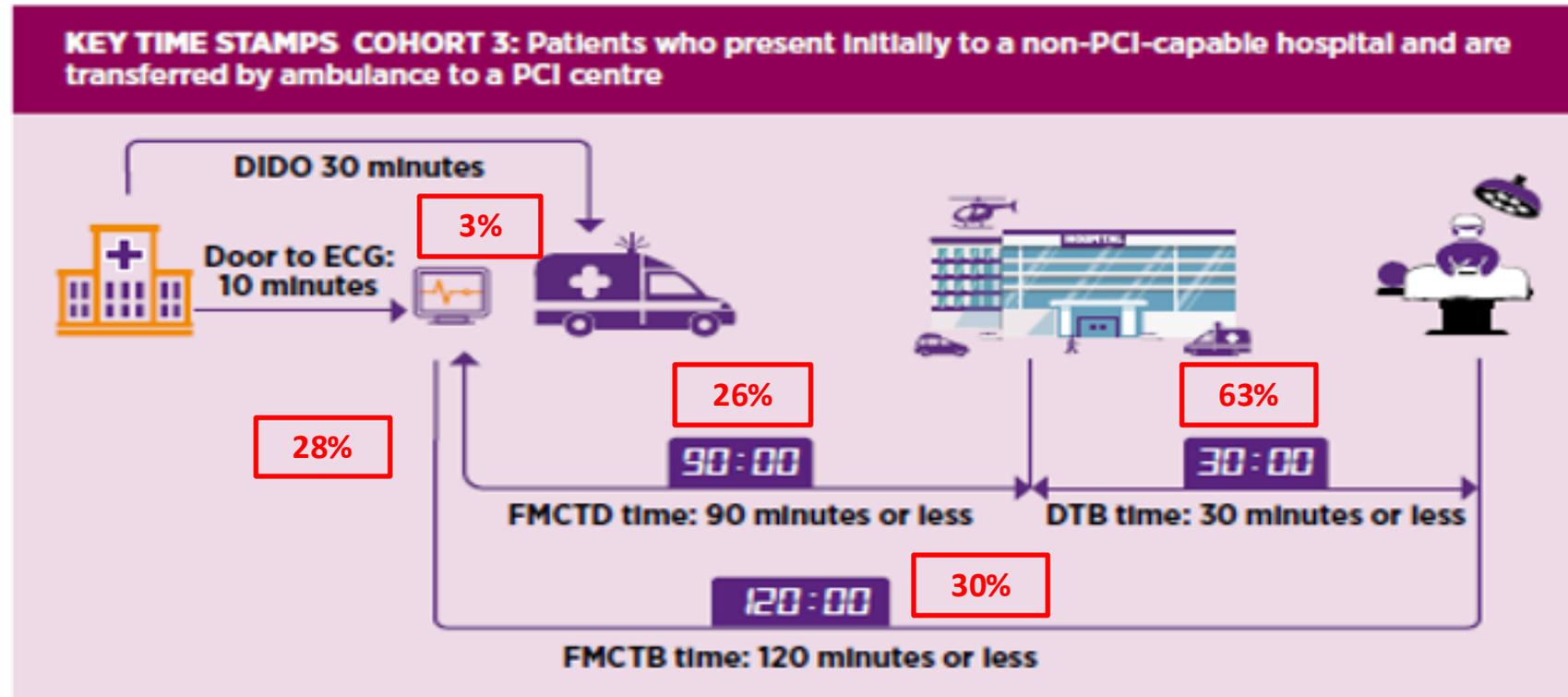
**KEY TIME STAMPS COHORT 1: Patients who arrive directly by ambulance to the PCI centre**





### DELAYS IN DIAGNOSTIC ECG

35% of patients with STEMI who self-present to a primary PCI centre achieve the 10 minute target.



### DELAYS IN DIAGNOSTIC ECG

28% of patients with STEMI who self-present to a non-PCI capable hospital

### POOR 'DOOR IN DOOR OUT' PERFORMANCE

3% of patients with STEMI who present to a to a non-PCI capable hospital achieve a DIDO of 30 minutes or less.

## OUTCOMES

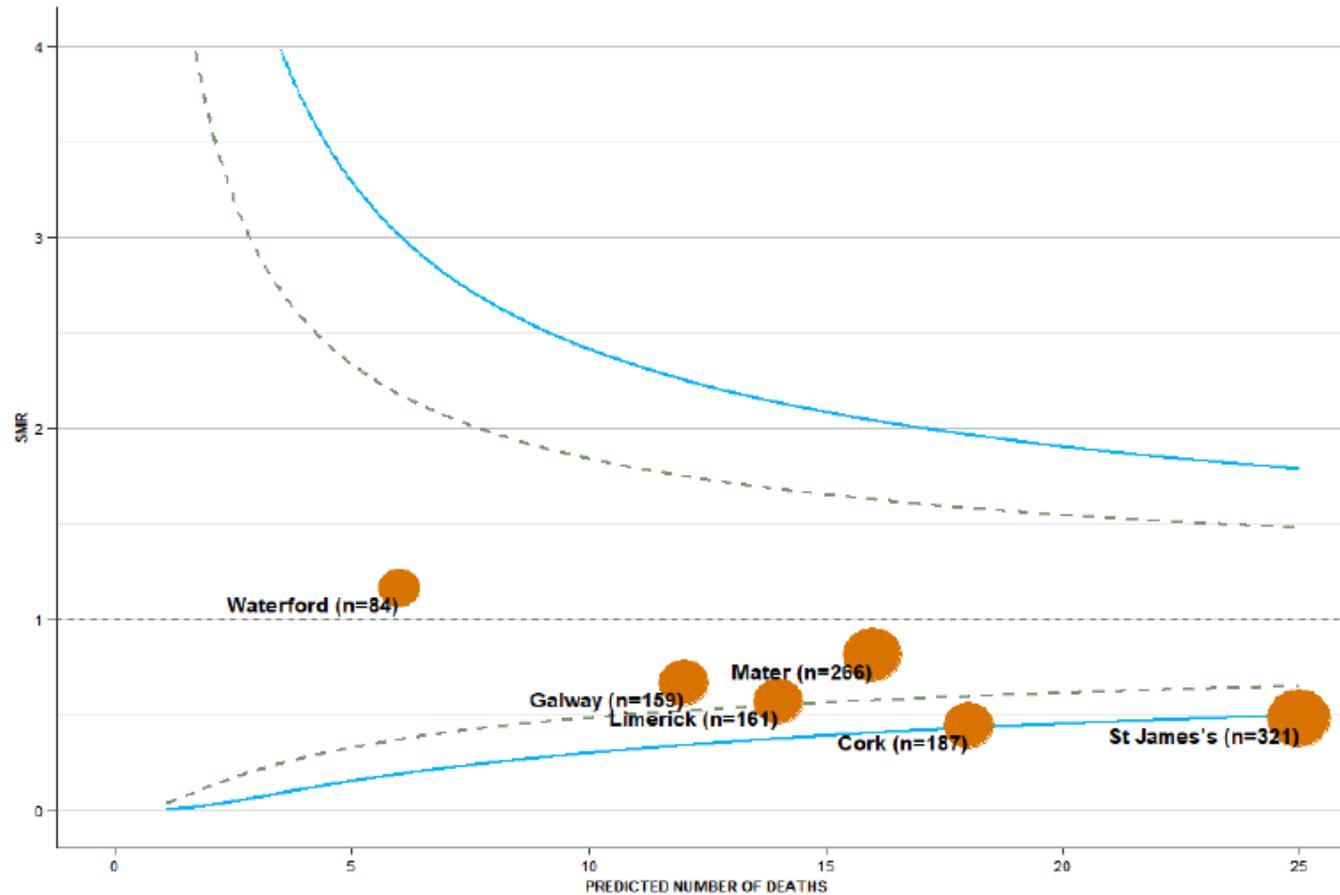


**Unadjusted  
30 day  
mortality  
was 7.7%**

**TABLE 6.1 UNADJUSTED MORTALITY RATE FOR PATIENTS WITH A STEMI WHO RECEIVED PRIMARY PCI, AND WHO RECEIVED TIMELY VERSUS NON-TIMELY PRIMARY PCI, BY SEX**

Year	Unadjusted In-hospital mortality rate in those who received primary PCI	Unadjusted In-hospital mortality rate in those who received timely primary PCI	Unadjusted In-hospital mortality rate in those who did not receive timely primary PCI
<b>Male</b>	4.4% (n=42)	3.5% (n=22)	5.9% (n=18)
<b>Female</b>	7.8% (n=24)	5.4% (n=10)	11.5% (n=13)
<b>Total</b>	5.3% (n=66)	4.1% (n=32)	7.4% (n=31)

# RISK ADJUSTED STANDARDISED MORTALITY



**FIGURE 6.4:** STANDARDISED IN-HOSPITAL MORTALITY RATIO<sup>43</sup>

## SECONDARY PREVENTION

**KQI 6: Percentage of patients with a STEMI who actively smoke who were offered smoking cessation advice**

**TARGET: 90% 2024 RESULT: 95%**



**KQI 5: Percentage of patients with a STEMI who were discharged with an appropriate secondary prevention medication discharge bundle**

**TARGET: 90% 2024 RESULT: 91%**



**KQI 7: Percentage of eligible patients with a STEMI who were referred for cardiac rehabilitation phase 3**

**TARGET: 90% 2024 RESULT: 97%**



## DATA QUALITY KQIs

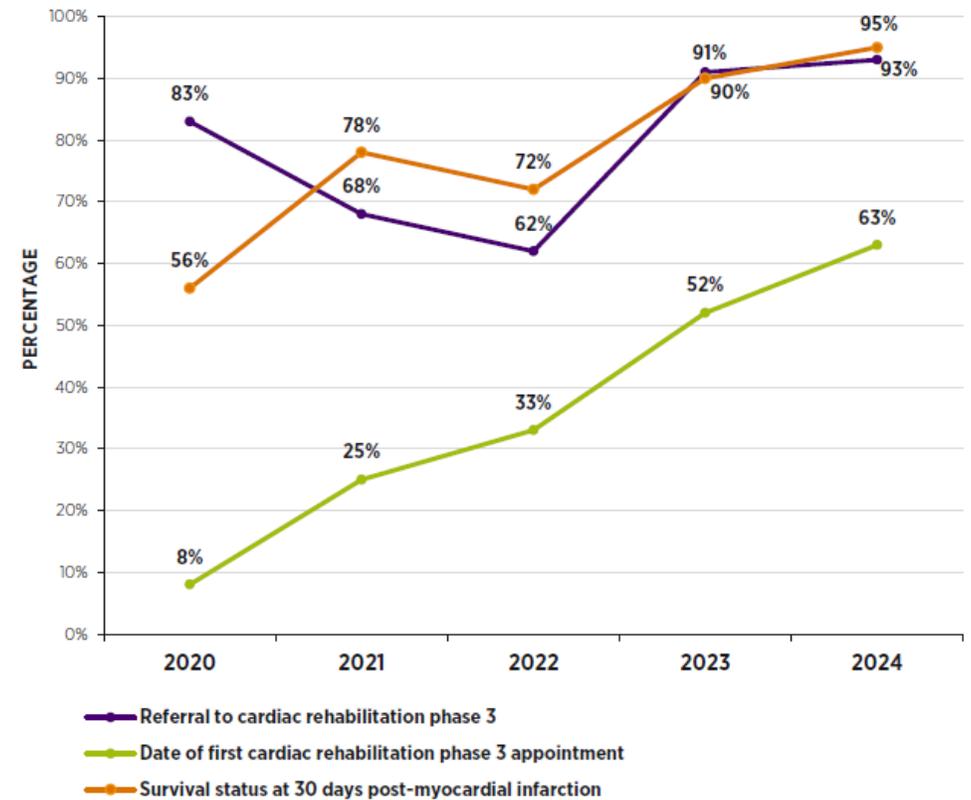
**KQI 8: Percentage completeness of the 'survival status at 30 days' data point recorded in Heartbeat**

**TARGET: 90% 2024 RESULT: 95%**



**KQI 9: Percentage of patients who have a cardiac rehabilitation phase 3 date recorded**

**TARGET: 90% 2024 RESULT: 63%**



## RECOMMENDATIONS

### RECOMMENDATION 1

Improve the rate of primary PCI for all patients with a STEMI.



**Public awareness campaign – gap analysis.**

Owners - NHP and NAS

### RECOMMENDATION 2

Improve the timeliness of reperfusion for all patients with a STEMI.



**Improved PCI networks - QI projects**

Owners - REOs, Regional Cardiology Leads,  
Hospital Leads

### RECOMMENDATION 3

All PCI centres should implement targeted quality improvement initiatives to increase the proportion of patients with a STEMI who arrive at a PCI centre by ambulance who achieve the recommended 'door to balloon' time of 30 minutes or less.



**IHAA dashboard reporting of DTB**

Owners - QI projects in PCI centres

### RECOMMENDATION 4

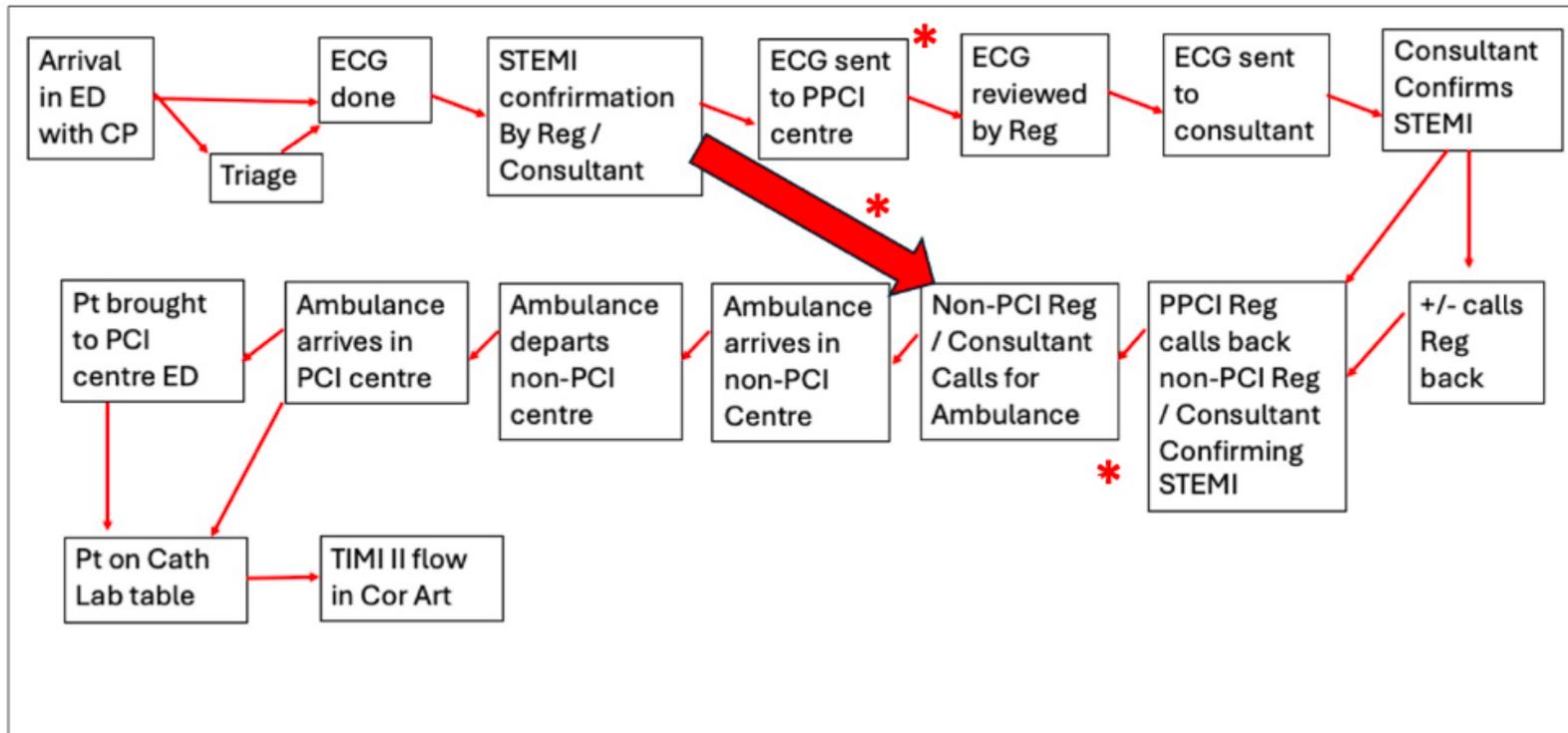
All PCI centres should implement targeted quality improvement initiatives to increase the proportion of patients with a STEMI who self-present to a PCI centre who achieve the recommended 'first medical contact to balloon' time of 60 minutes or less.



**PCI network QI projects**

Owners - National STEMI QI collaborative  
PCI centres

## Reducing delay



Regional PCI network and NAS focus on

- Time to ECG
- Expedited communication and ECG transfer
- DIDO
- Timely thrombolysis where transport <90 minutes just not achievable
- ED Bypass
- Reducing door to balloon delays

## ACKNOWLEDGEMENTS

**IHAA GOVERNANCE COMMITTEE**

**CARDIOLOGY TEAMS IN PCI CENTRES AND ALL  
REFERRING HOSPITALS**

**IHAA AUDIT COORDINATORS**

**NATIONAL HEART PROGRAMME**

**NATIONAL AMBULANCE SERVICE**

**NOCA: DATA ANALYTICS AND SUPPORTING TEAMS**

**HEALTHCARE PRICING OFFICE**



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**Citation for this report:**

National Office of Clinical Audit (2026) *Irish Heart Attack Audit National Report 2024*  
Dublin: National Office of Clinical Audit.

ISSN 2811-5554 Irish Heart Attack Audit  
(Electronic)

**Website details to access the report:**

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