

IRISH HEART ATTACK AUDIT SUMMARY REPORT 2017-2020

The Irish Heart Attack Audit (IHAA) focuses on the care of patients who have suffered a major heart attack in Ireland. This type of heart attack is known as an ST elevation myocardial infarction (STEMI). A STEMI is a very serious type of heart attack in which the supply of blood to the heart is suddenly cut off. This can cause significant damage to the heart and urgent treatment is necessary.

All patients with STEMI should have specialist treatment to unblock clogged arteries. There are two types of treatment - thrombolysis, which is a clot-dissolving drug and primary percutaneous coronary intervention (primary PCI) which involves inserting a wire into the blocked artery in order to open it with a balloon and stent. There are 10 hospitals in Ireland, known as PCI centres, who carry out primary PCI.

SYMPTOMS OF A HEART ATTACK



CHEST PAIN



SHORTNESS OF BREATH



BODY PAIN



FEELING LIGHTHEADED



SWEATING



NAUSEA OR VOMITTING



SENSE OF ANXIETY



COUGHING OR WHEEZING

RISK FACTORS OF A HEART ATTACK



CURRENT OR FORMER SMOKING



ELEVATED CHOLESTEROL LEVELS



DIABETES



FAMILY HISTORY OF PREMATURE CORONARY HEART DISEASE



HIGH BLOOD PRESSURE



BEING OVERWEIGHT OR OBESE

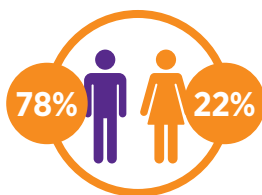
DON'T DELAY! IF YOU EXPERIENCE CHEST PAIN OR ANY OF THE SYMPTOMS MENTIONED ABOVE, CALL 999 OR 112 NOW



A heart attack is a serious medical emergency. Calling 999 or 112 as soon as you experience any symptoms of a heart attack will mean an ambulance is sent to you as soon as possible. Ambulance staff will perform a test (called an electrocardiogram (ECG)) to monitor your heart rhythm. This will ensure you are brought to the right hospital at the right time for treatment and will result in better outcomes for you.



5629 cases



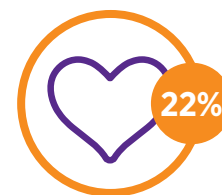
78% male
22% female



69 years female median* age / 61 years male median age



56% of males were between the age of 41 and 64 years



22% of females were aged 80 years or more. Women present at an older age with heart attack

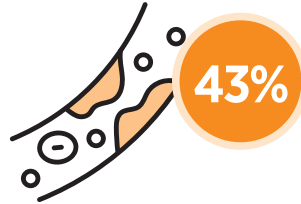
* The **median** is the middle number in list of numbers

KEY FINDINGS 2017-2020

RISK FACTORS



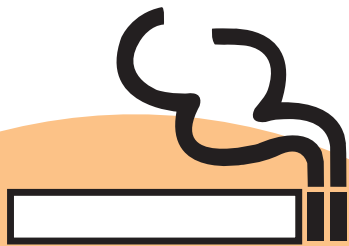
43% of patients had a previous history of high blood pressure (known as hypertension)



43% of patients had a previous history of high cholesterol (known as hypercholesterolemia)



14% of patients had a diagnosis of diabetes



26% of patients with a previous heart attack presenting with a new heart attack continue to smoke

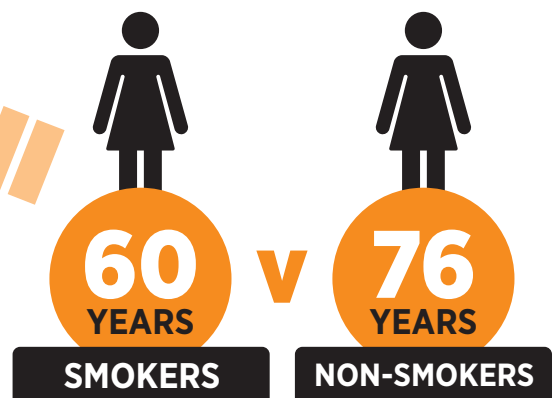
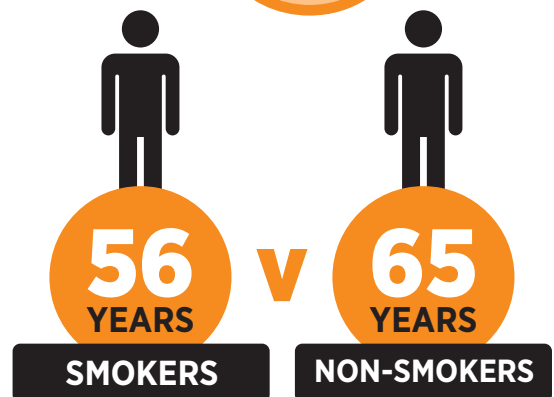


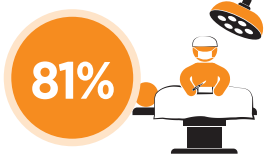
64% of patients under 40 were current smokers



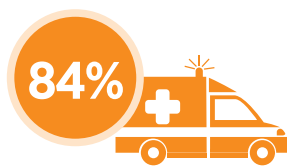
34% of patients smoked at the time of admission

Current smokers present with heart attack at a much younger age





81% of patients who were brought by ambulance to the PCI centre bypassed the Emergency Department and were brought directly for primary PCI treatment



84% of patients brought directly by ambulance to a PCI centre arrived within the 90 minutes or less goal



22% of patients transferred from another hospital to a PCI centre arrived within the 90 minutes or less goal



67% of patients received timely treatment to restore blood flow (known as reperfusion)



In patients brought directly to PCI centres by ambulance, the median time between diagnosis of a heart attack and treatment with primary PCI was **84 minutes** compared to **155 minutes** for patients transferred from another hospital



71% of patients were referred to cardiac rehabilitation (90% is the national target)



85% of patients who were smokers received advice on how to quit smoking (90% is the national target)



76% of patients were prescribed all five recommended medications to reduce their risk of future heart attacks (90% is the national target)




Patients who received timely primary PCI had a **2.8%** mortality rate compared to **5.2%** for patients who did not receive timely primary PCI




2017-2020 KEY RECOMMENDATIONS

RECOMMENDATIONS FOR NOCA

	Implement a national heart attack (STEMI) transfer form for use when transferring from another hospital to a PCI centre.
	Improve the follow-up data quality within Heartbeat.
	Develop a process to access accurate 30-day mortality in patients with STEMI using the death register in the Central Statistics Office (CSO).

RECOMMENDATIONS FOR THE HEALTH SERVICE EXECUTIVE

	Introduce a key performance indicator that measures the 'door-in door-out' time with the aim of achieving the 30-minute or less target.
	Improve timeliness of restoring blood flow (reperfusion) for patients presenting to non-PCI hospitals.
	Improve public awareness on the impact of smoking on heart attack risk.
	Improve the identification and control of cardiovascular risks.
	Develop a public awareness campaign to encourage people with symptoms of heart attack to ring 112/999 immediately for emergency help.

PUBLIC AND PATIENT INTEREST

My name is Michael J. Ryan. I had no health issues until 2012 when (without warning) I suffered a serious heart attack and very shortly afterwards I suffered a cardiac arrest at the Emergency Department at University Hospital Limerick. I was successfully resuscitated and immediately transferred by ambulance to Cork University Hospital where I had four stents fitted. I was transferred back to UHL by ambulance on the following day. I was released from UHL five days later. Since then I have enjoyed excellent health. I was requested by the Irish Heart Foundation to be a Public & Patient Interest (PPI) representative on the IHAA. I was glad to accede to this request (even though I often feel a bit of a fraud as I feel so well and have had no ill effects). My involvement in this report might emphasise that there is life after a cardiac event. A positive outlook is absolutely essential to a full recovery.

Michael J Ryan, Public and Patient Interest Representative, Irish Heart Attack Audit Governance Committee

My name is Lucinda McNerney, and I am a cardiac arrest survivor and a person living with an inherited cardiac condition called Long QT Syndrome. I was diagnosed at the age of 18 which is over 30 years ago, I am on my fourth pacemaker and take betablocker medication. I approached the Irish Heart Foundation in 2005 to set up an information and support group for those with my condition. I now work as the patient services development manager with the Irish Heart Foundation where I work with those who have had heart attacks, SCADs, and other cardiac conditions. It was this journey that my family is on that has me writing this piece and how I am now on the IHAA Governance Committee as a public and patient representative. Behind the collection and interpretation of data in this audit are real people, the public and the healthcare professionals - the information that will help to not only develop a service but to save lives. I believe in the patient being at the centre in our way forward for the development of our healthcare service. There is an expertise in this voice, there is an authenticity and value in having this experience at the table.

Lucinda McNerney, Public and Patient Interest Representative, Irish Heart Attack Audit Governance Committee



NOCA National Office of
Clinical Audit

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