**Supplement 1**. Information about Swedish quality registries.

From:

<https://www.kvalitetsregister.se/en/kvalitetsregister/omnationellakvalitetsregister.52218.html>

Quality registries

A system of more than a hundred National Quality Registries provide the Swedish health care system with a unique opportunity to monitor quality and results.

The registries contain individualized data about medical interventions, procedures and outcomes. They are integrated into clinical workflows and have the capacity to generate data in real time.

Each registry is supported by an organisation of health care professionals and patient representatives. They are jointly responsible for developing the registry.

National Quality Registries contribute to Sweden's strong position on health care results. Sweden has among the best survival rates after heart attack, stroke, breast- and colorectal cancer. Sweden is also a leader in the areas of acute cardiac care, diabetes care and hip replacement surgery.

The registries also contribute to innovative eHealth services, patient-centred approaches and decision support functionalities, as well as IT development and integration.

Definition of National Quality Registries in Sweden

A National Quality Registry contains individualised data concerning patient problems, medical interventions, and outcomes after treatment; within all healthcare production. It is annually monitored and approved for financial support by an Executive Committee.

Vision

National Quality Registries are used in an integrated and active way for continuous learning, improvement, research and management to create the best possible health and care together with the individual.

Competence Centers

Six competence centers for the National Quality Registries have been established.   
In a competence center, several registries share the costs for staff and systems that a single registry could not bear, eg, in technical operations, analytical work, and use of registry data to support clinical quality improvement, and helping to make registry data beneficial for different users.

Further information can be found at:

[https://skr.se/skr/halsasjukvard/utvecklingavverksamhet/systemforkunskapsstyrning/kvalitetsregisternationella register.1431.html](https://skr.se/skr/halsasjukvard/utvecklingavverksamhet/systemforkunskapsstyrning/kvalitetsregisternationella%20register.1431.html)

From this site we copied the following:

National Quality Registers contain personal data on diagnosis, treatment, and results. All care providers are obliged to inform their patients / users if their information is entered in a quality register.

National Quality Registers are built up and maintained by the health and care profession. Each register has a responsible register holder and a steering group that is responsible for the development and management of the quality register. These people have a good foundation in their profession. Often there are also patient representatives in the quality register's steering group.

All National Quality Registers are quality audited and are certified by the national Management function for quality registers.

A National Quality Register contains individual-based patient information on problems, diagnosis, treatment and results for various diseases or conditions in the general health care and the municipal health care.

Another source is:

<https://vardgivarguiden.se/utveckling/vardutveckling/kvalitetregister/>

From this site we copied the following:

At present, there are just over 100 National Quality Registers in operation with joint financial support from the health care authorities and the state. Today, Sweden is without a doubt a pioneering country in terms of monitoring the quality of patients, and similar systems are being built up in many places.

The National Quality Registers contain information on patients' diagnoses, treatments and health results. You can see results for different patient groups.

Quality registers are started by care providers to:

follow a patient group over time

make comparisons within and between entities

evaluate different treatment methods

be a support in improving the content and quality of care

disseminate new knowledge, for example through research.