# Information for patients who have been in contact with RAPID RESPONSE / MEDICAL EMERGENCY TEAMS

Even if you are not admitted to the intensive care unit, you can get in touch with staff from the intensive care unit at the regular ward. Rapid response team (RRT) may consist of any of the following staff positions:

* Physician – senior intensivist
* Physician’s assistant
* Clinical nurse specialist

The staff on the ward have contacted RRT team because of declining values in respiration, pulse, blood pressure, renal function, consciousness or incipient failure of any organ. The RRT teams have the ability to recognize early signs and symptoms of deterioration in a patient's condition. These details about the failure in vital functions have been recorded in the patient's record and registered by the ICU. To develop and ensure the quality of care the intensive care unit (ICU) has chosen to report information about your care to the Swedish Intensive Care Registry (SIR), one of the country's National Quality Registries.

## You contribute to a better health!

By participating in the National Quality Registry you will help to improve care. The more who participate, the more statistically reliable the results will be. The results will be used in our work for improvement of care.

## The registries contributes to better quality

The Quality Registries contribute to new knowledge about the best treatment and care in many areas. In the quality registries the data on treatment and outcomes for patients across the country will be collected. Therefore they can be used to compare values ​​between different regions, counties, hospitals, and individual intensive care units.

## You are protected by confidentiality

Your data in the Swedish Intensive Care Registry are confidential and are treated in the same manner as medical records. The data are deleted when no longer needed.

## Your rights as a patient

Data from the registration are compiled presented for the various departments in Sweden without the ability to identify the individual patient. All data that are reported openly on the internet is anonymous in the IT solution as well. In some cases, targeted research can be done based on this quality registry data. In these cases, each study is pre-reviewed and approved by a research ethics committee. The research ethics committee will consider what information should be given about the study, as well as the manner in which any personal data may be processed. This also applies to, if it would be appropriate, to link the information in SIR with other quality registries or data registries.

Your data in the Swedish Intensive Care Registry is taken from the care documentation at the time of intensive care and from the population registry.

* Your participation in the registry is voluntary and will not affect the care you receive. If you do not wish your data to be recorded, inform caregiver you visited.
* You are entitled at any time to have your information deleted from the registry.
* You can receive information about from which care unit and at what time someone has accessed any of your data.
* You are entitled to damages if your data are handled in violation
of the Personal Data Act
* You can request correction if your information is not managed according to the Personal Data Act
* You have the right to know once a year, free of charge, what information has been recorded about you (records). The application should be in writing, signed and mailed to the contact person for the national quality register below.

If you want more information, contact:

About the ICU where you are: xxxxxxx

About the Swedish Intensive Care Registry:

Göran Karlström

Snårstadtorp 511

655 93 Karlstad

054–191497, 054–619055

ceo@icuregswe.org

About quality registry in general:

[www.kvalitetsregister.se](http://www.kvalitetsregister.se)

To get an excerpt of the information recorded in the Swedish Intensive Care Registry, contact:

Responsible for Personal Data in the County Council where Göran Karlström is personal data assistant and provides excerpts according to § 26 PuL.