6.4 Data collection

6.4.1 Patient data

The functional baseline will be obtained retrospectively by interviewing the responsive and oriented patient or a proxy/relatives regarding the status before the onset of illness that led to hospital admission: (1) The FSS-ICU, as described earlier, will be used to assess patients' prehospital physical function. (2) The Barthel Score measures 10 activities of daily living.[37] (3) The maximal ICU Mobility Scale (IMS[14]) will provide the patient's general characterisation and prehospital mobility level, and will be used to classify patients as prior independent and dependent. (4) The Clinical Frailty Scale (CFS)[35] will be used to screen for frailty and determine its level. (5) The patients' driving capability will be assessed.

Table 2. Overview of collected obligatory variables.

	Baseline ICU admission	Daily in ICU	ICU discharge	Hospital discharge	90 Day Follow up
ICU Mobility Scale	X[a]	X	X		X
FSS-ICU	X[a]		X		X
Barthel Score	X[a]		X		X
CFS	X[a]		X		X
Driving capability I	X[a]				X
SOFA Score	X	X	X		
Patient characteristics[b]	X				
Basic nutritional information	X	X			
Organ support[c]		X			
Interventions and sedation[d]		X			
Mobilisation Dose[e]		X			
ICU Length of stay			X		
Hospital Length of stay				X	
Mortality			X	X	X
WHODAS 2.0					X

a) Pre-ICU Status: Status before the onset of illness that led to hospital admission reported by responsive and oriented patient or proxy/relatives
b) These include, e.g. age, sex, comorbidities, and admission category
c) This includes the requirement of e.g. vasopressors, mechanical ventilation
d) Interventions each day which might limit mobilisation, like surgery
e) Levels, frequency, timing and duration of mobilisation

The admission category will be classified using the APACHE III ICU Diagnoses Code.[41] The severity of the disease will be documented by the daily SOFA score.[42]

Focus is the mobilisation dosage provided during the ICU stay, including documentation of (1) time, (2) duration, (3) level using an extended version of the IMS,[14] which documents not only active but also passive forms of mobilisation, and (4) provider(s) (e.g. nurse, physical therapist) of each mobilisation the patient receives. To standardise the documentation of mobilisation, the participating ICUs will be provided with a corresponding documentation form, a manual explaining its use, and FAQs.

Organ support documentation will include a daily assessment of mechanical ventilation (including airway type, e.g., endotracheal tube), haemodialysis (including localisation neck vs. groin), ECMO, and simple information about vasopressors.

Interventions or sedation which might limit mobilisation will be documented. This will include the type and duration of intervention or sedation. Basic nutritional information will also be captured, with the option for detailed documentation facultatively.

Baseline data will be collected after study inclusion. Mobilisation data, together with the SOFA score, organ support, interventions, sedation and basic nutritional information, will be recorded daily until ICU discharge, day 28 or death. Performance-based standardised tests and questionnaires will be conducted to measure physical function and quality of life. Patients' participation in the study will conclude with the follow-up examination (telephone interview) scheduled at 90 days after enrolment.

Study centres can also collect optional data on mobilisation, physical function, quality of life, nutrition and the patient's driving capability. A distinction is made here between the first and second stages of facultative assessments. Tables 2 and 3 provide an overview of obligatory and facultative study data.

Table 3. Overview of facultative assessments

		Baseline ICU admission	Daily in ICU	ICU discharge	Hospital discharge	90 Day Follow up
1st stage of facultative assessments	**WHODAS 2.0**	X[a]				
	Driving capability II	X[a]				X
	Delirium		X			
	Additional mobilisation information		X			
	CPAx[b]			X		
	MRC Score			X		
	PFIT-s			X		
	30s STS			X		
	EQ-5D-5L					X
2nd stage of facultative assessments	**Detailed nutritional information**		X			

a) Pre-ICU Status: Status before the onset of illness that led to hospital admission reported by responsive and oriented patient or proxy/relatives
b) In the CPAx all sub-elements shall be collected since not all centres can do hand grip strength tests.

6.4.2 Centre data

Eligible ICUs willing to participate will complete the Centre Data Characteristics Form once at the study's beginning, including, e.g., the number of beds, admissions, and the existence of mobilisation protocols.