

Supplemental file 1

MONITOR-IC post ICU care study | MiCare study

Intervention protocol (summarised)

The program is composed of the following phases:

1. Clinical phase
 - A. ICU phase
 - B. Post-ICU clinical phase (general ward)
2. Post clinical phase
 - A. Short-term recovery phase
 - B. Long-term recovery phase

	MiCare protocol	Usual care in the Netherlands
1. CLINICAL PHASE		
A. ICU phase	<p>During ICU period</p> <ul style="list-style-type: none"> - All patients receive early physiotherapy . - A psychiatrist or psychologist will be consulted for patients at risk or suspected for mental or cognitive problems. - A clinical dietician will be consulted for included patients if needed. <p>At ICU discharge</p> <ul style="list-style-type: none"> - Physiotherapy continues on general ward. - ICU physician sets up a short-term recovery plan according to a structured format of physical, mental and cognitive components. This will be transferred to the patient's general practitioner (GP) as a structured handover (and if needed transfer to other paramedics). - GPs and physiotherapists will be trained in identifying and treating post ICU problems in advance. - Patients receive an information folder concerning post ICU problems, information about the patient association (FCIC/IC Connect) and relevant websites for further information. 	<ul style="list-style-type: none"> - Early mobilisation on indication of ICU health care providers. - Consultation of other (para)medics on the initiative of ICU physician or nurse. - Physiotherapy does not always continue after ICU discharge. - Presence of a general ICU discharge letter to the GP depends on the specific hospitals policy. - Neither GPs nor patients are informed about the presence of post ICU problems and further guidelines or patient associations.
B. Post ICU clinical phase (general ward)	<ul style="list-style-type: none"> - Physiotherapist updates the short-term physical recovery plan and sends it to a physiotherapist in primary care. - ICU follow-up nurse visits patient for further information/evaluation ICU period. 	<ul style="list-style-type: none"> - Physiotherapy only continues in primary care on the initiative of ICU physiotherapist.
2. POST CLINICAL PHASE		
A. Short-term recovery phase	<ul style="list-style-type: none"> - Continuation recovery plan by primary care paramedics. - Patient visits post-ICU clinic 3 months after ICU discharge. ICU follow-up team comprising ICU physician and ICU follow-up nurse (and paramedic) prepare this visit using the patient's prefilled questionnaires. A personalised long-term recovery plan is set up, based on patients' reported outcome measures (PROMs) and 	<ul style="list-style-type: none"> - Presence of follow-up care depends on the specific hospitals policy and is always on the initiative of the ICU physician or nurse.

	<p>patients' needs and preferences. If needed, (advises for) referrals to other (para)medics will be included. A structured, multidisciplinary and personalised long-term recovery plan will be hand over to the patient's GP.</p> <ul style="list-style-type: none">- During post-ICU clinic visit, the mental wellbeing of the patient's relative will be discussed and the ICU will be visited (on patient's request).	
B. Long-term recovery phase	<ul style="list-style-type: none">- 6 weeks after post-ICU clinic, the patient visits the GP.- GP can support patient's further recovery using his/her long-term recovery plan.- GP can support patient's relative in case of post-intensive care syndrome-family (PICS-F) symptoms.	