Analysis of any missed or outstanding care

**Table SI.** Differences between the Intensive Care Syndrome: Promoting Independence and Return to Employment (InS:PIRE) model and traditional cardiac rehabilitation.

InS:PIRE	Standards and Core components for cardiovascular disease and prevention rehabilitation which are audited in Scotland (Scottish Intercollegiate Guidelines Network 2017)(Ref. S1).
Pharmacy consultation to undertake education, medicines reconciliation and check for any patient-specific problems Physiotherapy plan, looking not only at exercise activities, but also chronic pain issues Appointment with medical and nursing staff who offer a lay summery of the critical care stay. Patients can re-visit the ICU and ask any questions they have about their time in critical care	Smoking cessation interventions and advice Dietary advice and plan Individualized exercise assessment
Active peer support Individual appointment with social care services to explore issues, such as welfare benefits, housing, and other social issues Psychological session focussed on coping strategies A session specifically about sleep issues Vocational rehabilitation	
Onward referral to addictions, speech and language; dietetics and urology (sexual dysfunction) if needed  All services extended to family members (out with physiotherapy and pharmacy).	

Table SII. Classification of Intervention Severity (Pharmacy). Medication-related problem severity scale. Adapted from Blix et al. (Ref. S2)

Significance	1	2	3	4
Domains	Minor	Moderate	Major	Catastrophic
Clinical impact	Low risk to patient	Increased therapeutic benefit/avoidance of significant adverse effects	Prevent serious therapeutic failure/ avoidance of serious adverse effects	Life- or organ-threatening event

## SUPPLEMENTARY REFERENCES

- S1. Scottish Intercollegiate Guidelines Network (SIGN). Cardiac rehabilitation. Edinburgh: SIGN; 2017. (SIGN publication no. 150). [Accessed 2020 Jun 1]. Available from: http://www.sign.ac.uk.
- S2. Blix HS, Viktil KK, Moger TA, Reikvam A. Characteristics of drug-related problems discussed by hospital pharmacists in multidisciplinary teams. Pharm World Sci 2006; 28: 152–158.