

# **Protocol 2. Section Meeting PICS&Rehab**

## **(27.03.2026)**

**Chair & Protocol:** Prof. Dr. Stefan Schaller (SJS)

### **Congress Program and Section Board**

The meeting began with an overview of the PICS and Rehab section's (extended) board members.

SJS detailed the program for the upcoming LIVES 2026 including the sessions by the Section and the joint sessions.

### **Research Committee and Publications**

The research committee's award program is currently open, with the deadline for short grant proposals extended to Sunday, April 12th. The society has reduced the number of grants but increased the individual grant amount to 50,000 euros, with promises of further research support since the total amount is reduced.

ESICM's official seat is moving from Geneva, Switzerland, to Brussels, Belgium, to address issues such as participation in EU grant proposals like the INDICATE consortium.

In terms of publications, the paper "PICS framework A to Z," a collaboration with the HSRO, FRAME, and NAHP sections, has been finalised and submitted. The ESICM Position paper on PICS & Rehab is in preparation.

Future plans include an editorial on the position paper, focusing on low- and middle-income countries, and potentially developing a research agenda similar to a recently published ICUAW research agenda by Eggmann et al.

### **ERUPT Study**

The Section's first research project is ERUPT, a multinational observational study on early rehabilitation of ICU patients, focusing on dose and outcome. The study plans to include at least 6,000 critically ill patients from at least 200 ICUs globally, with each ICU recruiting at least 30 consecutive patients. All members are encouraged to participate.

The ERUPT study has received endorsement from ESICM and 14 other societies or critical trial groups, including the Canadian critical trial group, which has applied for a grant to support data collection in a large Canadian centre.

Further information is provided at [www.erupt-study.eu](http://www.erupt-study.eu) or by emailing the study coordinator, Vera Karner, at [erupt@muw.ac.at](mailto:erupt@muw.ac.at).

### **Educational Committee and Delphi Project**

David McWilliams, the representative for the educational committee, was unable to attend. The Society's educational arm has been restructured to professionalise the creation and revision of educational content. The PICS & Rehab section is adopting this new concept.

Margo has initiated a Delphi project to assess educational needs, starting with a two-step Delphi round. The first round collected important topics, which were then weighted by respondents. The second round included new ideas and further weighted the topics, identifying 11 prioritised topics. A consensus meeting will be held to finalise these topics and develop learning goals for a potential curriculum. The aim is to have a draft manuscript by May or June and then discuss next steps and support with the EC. Ideas for educational delivery include online modules and in-person meetings, potentially modelled after the successful ICF course, which uses a "train the trainer" approach and offers localised training in various countries. The ICF course also has a strong business model that generates revenue for ESCIM. The Delphi process, while time-consuming, ensures the educational content is evidence-based and reflects participant needs.

### **Social and Communication Committee**

Cheryl presented on the Social and Communication Committee's initiatives. The "Visual Abstracts" project aims to create visual summaries of relevant, high-quality articles using structured prompts for AI image generation to enhance visibility on social media. Anyone is invited to help create such abstracts. Please contact Cheryl if you are interested. We use LLM support for creating the visuals.

Another format for promoting articles is the "Point of View," an official ESICM format that requires more time to prepare but is published on the official website.

The section webinar is scheduled for April 16th.

The committee is also working on a section podcast focused on a family approach and potential conversations with Simone. This initiative is under construction and awaiting further organisational details.

A survey is planned to map associations or organisations of patients and families affected by critical illness across Europe and globally. The goal is to create a public model for the website to increase the visibility of these associations and provide support for patients and families seeking information and community. This initiative is also seen as important

for research grant applications, which increasingly require patient and family involvement. The survey proposal will be reviewed by the executive committee.

## **Elections**

The meeting addressed upcoming elections for the Society, including the president-elect election and the election of the future chair-elect of the PICS&Rehab Section. Bjorn Weiss has expressed interest in standing for chairperson elect and has asked for feedback.

The election of 11 NEXT committee members is also important, with new eligibility criteria: members aged 37 or below. SJS encouraged young members interested in the section to consider standing for the NEXT committee, highlighting the valuable experience he and others like Björn Weiss have gained.

## **Upcoming Meeting Dates and In-Person Event**

Friday evening meeting is not ideal, but SJS explained it was due to Easter and other scheduling conflicts. The next meeting will be on a Wednesday. SJS also noted that August is not an optimal month for a meeting, but has included the date in case something comes up in preparation for LIVES, etc.

There will be an in-person meeting at LIVES 26; however, the Sections can not yet book slots.

## **Additional points**

SJS opened the floor for any other business or topics that attendees might want to discuss. SJS emphasised that as a new Section, we are open to suggestions and attendees were encouraged to share any ideas they might have.

# 2<sup>nd</sup> PICS & Rehab Section Meeting ESICM

27.03.2026

Univ. Prof. Dr. Stefan Schaller

Department of Anesthesia, Intensive Care Medicine and Pain Medicine



# Presentation of the extended section board

**Chair**

**Research**

**Education**

**Social Media**

**EC Contact**

**Section Board**



Stefan Schaller



Björn Weiß



David  
McWilliams



Cheryl  
Hickman

**Extended Section Board**



Simone Piva



Teresa  
Cardoso



Akos Tiboldi



Margo von Mol

# Congress Committee

# Congress Committee

 <p><b>JULIA WENDON</b> Chair of the Congress Committee United Kingdom</p>	 <p><b>THOMAS RIMMELE</b> AKI France</p>	 <p><b>ALEXANDER VLAAR</b> APM The Netherlands</p>	 <p><b>LEO HEUNKS</b> ARF The Netherlands</p>	 <p><b>ANTONIO MESSINA</b> CD Italy</p>	 <p><b>MASSIMILIANO GRECO</b> DS Italy</p>	 <p><b>VICTORIA METAXA</b> ETH United Kingdom</p>
 <p><b>CHRISTIAN STOPPE</b> FREM Germany</p>	 <p><b>MICHAEL BEIL</b> HSRO United Kingdom</p>	 <p><b>GENNARO DE PASCALE</b> INF Italy</p>	 <p><b>ROMAIN SONNEVILLE</b> NIC France</p>	 <p><b>CATHRINE MCKENZIE</b> PHARMA United Kingdom</p>	 <p><b>STEFAN SCHALLER</b> REHAB &amp; PICS Austria</p>	 <p><b>LENE RUSSELL</b> SIS Denmark</p>
 <p><b>KEVIN ROEDL</b> TEM Germany</p>	 <p><b>MIKLOS LIPCSEY</b> TRANSBIO Sweden</p>	 <p><b>SABRINA EGGMANN</b> N&amp;AHP Representative Switzerland</p>	 <p><b>JOHN LAFFEY</b> Chair of the Research Committee Ireland</p>	 <p><b>PEDRO POVOA</b> Chair of the Education &amp; Training Committee Portugal</p>	 <p><b>EMILIO RODRIGUEZ- RUIZ</b> Chair of the NEXT Committee Spain</p>	 <p><b>IRENE STEINBERG</b> NEXT Representative Italy</p>

# Congress Committee – PICS&Rehab – Session (1)

📅 Wednesday 14 October

Wed 14 Oct  
09:40 - 11:00

**Post-Intensive Care Syndrome (PICS): from definitions to recovery pathways**  
Thematic Session

Auditorium 6

Moderators : Katrine Astrup (Aarhus, Denmark), Margaret Herridge (Toronto, Canada)

This session provides a comprehensive overview of Post-Intensive Care Syndrome (PICS), spanning definitions, measurement, prevention, and recovery pathways.  
It highlights current evidence, gaps in care, and strategies to improve long-term outcomes for ICU survivors and their families.  
This talk reviews current definitions and assessment tools for PICS across physical, cognitive, and mental health domains. It identifies methodological limitations and gaps that hinder comparability, implementation, and research progress.  
This presentation critically appraises the evidence for ICU-based interventions aimed at preventing PICS. It distinguishes proven strategies from promising but uncertain approaches and discusses implications for clinical practice.  
This talk examines post-ICU rehabilitation strategies targeting PICS on the ward and after hospital discharge.  
To explore the long-term impact on families and discusses strategies to support caregivers during and after critical illness.

09:40 **Defining and measuring PICS: where are we and where are the gaps?**  
Björn Weiss (Berlin, Germany)

10:00 **Preventing PICS in the ICU: from early mobilisation to ICU diaries - What does the evidence really say?**  
Chris Hughes (Nashville, United States of America)


10:20 **Treating PICS after ICU discharge: rehabilitation strategies, outcomes and unmet needs**  
Dale Needham (Baltimore, United States of America)

10:40 **PICS-F: the forgotten burden - Supporting families during and after critical illness**  
Rahel Naef (Zurich, Switzerland)

Section(s)  
Rehabilitation & PICS

Key-Words  
caregiver phenotypes post-ICU care


# Congress Committee – PICS&Rehab – Debate (1)

 Tuesday 13 October

Tue 13 Oct  
10:30 - 11:10

## How to achieve integrated care in survivors of critical illness?

Debate

 Auditorium 7

Moderators : Vera Karner (Vienna, Austria), Björn Weiss (Berlin, Germany)

The objective of the debate is to discuss how care pathways from the in-hospital to the out-of-hospital setting can be established, which can be expected by affected patients. Possible questions are:

- What should become standard of care for critically ill survivors?
- What patient populations need specific pathways?
- How can telemedicine support?
- What is the impact of different health care systems?

### How to achieve integrated care in survivors of critical illness?

Joanne McPaeke (Glasgow, United Kingdom), Margaret Herridge (Toronto, Canada), Kimberley Haines (Melbourne, Australia), Dale Needham (Baltimore, United States of America)

#### Section(s)

Rehabilitation & PICS

#### Key-Words

health care system

patient population

telemedicine

# Congress Committee – Joint Sessions (8)

Tue 13 Oct  
17:10 - 18:30

## Post-intensive care syndrome as a multi-system disease

Joint Thematic

Auditorium 1

Moderators : Stefan Schaller (Vienna, Austria), Nicole Juffermans (Amsterdam, Netherlands)

This session reframes PICS as a multisystem condition driven by persistent biological dysregulation after critical illness. It integrates recovery trajectories with immune, endocrine, metabolic, and ageing mechanisms to inform future prevention and personalised care strategies.

17:10 **Trajectories after critical illness: recovery adaptation or chronic disease?**  
Peter E. Morris (Birmingham, United States of America)

17:30 **Immune dysfunction and persistent inflammation after ICU**  
Sascha David (Zurich, Switzerland)

17:50 **Endocrine and metabolic disturbances in ICU survivors**  
Eloisa Garcia (Guayaquil, Ecuador)

18:10 **PICS as a syndrome of accelerated biological ageing**  
Johanna Hästbacka (Tampere, Finland)

### Section(s)

Feeding, Rehabilitation, Endocrinology & Metabolism

Rehabilitation & PICS

Systemic Inflammation and Sepsis

Translational Biology

### Key-Words

Chronic critical illness

Long-term recovery

Multisystem dysfunction

# Congress Committee – Joint Debates (8)

Mon 12 Oct  
14:50 - 15:30

## My patient has survived ICU: now what?

Joint Debate

Room 5 AB

**Moderators :** Stefan Schaller (Vienna, Austria), Natalie Pattison (London, United Kingdom)

Understand the complex rehab needs post ICU

Discuss the the difficult balance between survival and quality of life analyse the cost-effectiveness of ICU

32y/o female polytrauma patient, multiple surgeries, 2-month admission in ICU. Then, neuro-rehab is warranted but not available, she can't get to work or look after her children.

Wanted the focus to be on: was it worth it? To spend so much money in ICU but have nothing to offer afterwards? What if there was rehab available? What kind?

### My patient has survived ICU: now what?

Claudia Ebm (Milan, Italy), Karen Burns (Toronto, Canada), Mohamed Boussarsar (Sousse, Tunisia), Helene Vallet (Paris, France)

#### Section(s)

Ethics

Health Services Research & Outcome

Rehabilitation & PICS

#### Key-Words

cost-effectiveness

quality of life

rehabilitation

# Congress Committee – Joint Debates (8)

Wed 14 Oct  
11:30 - 12:10

## Can technology build capacity when ICU resources are scarce?

Joint Debate

Auditorium 6

Moderators : Mohamed Boussarsar (Sousse, Tunisia), Emilio Rodriguez-Ruiz (Santiago de Compostela, Spain)

- 1) Critically examine ethical frameworks and principles guiding decision-making,
- 2) Identify evidence-based interventions and adaptive practices that maximise quality of care
- 3) Explore strategies to optimise patient recovery outcomes despite constraints

### Can technology build capacity when ICU resources are scarce?

Elsa Afonso (London, United Kingdom), Helena Van Aswegen (Johannesburg, South Africa), Björn Weiss (Berlin, Germany), Adriano José Pereira (São Paulo, Brazil)

#### Section(s)

Data Science

Ethics

NEXT

Nurses and Allied Healthcare Professionals

Rehabilitation & PICS

#### Key-Words

Ethical Decision-Making

Quality of Care

Resource Allocation

# Research Committee

# Research Committee – Awards

## ESICM 2026 Research Grants

### How to apply

For information relating to the application process and conditions, please read the [ESICM 2026 Grants Programme Overview](#). Candidates are advised to read this document carefully before submitting their application. Any application that does not comply with the guidelines will, unfortunately, be rejected. Except for the ESICM Research Committee and Executive Committee members who do not qualify, **the Society accepts applications from anyone who is a member.**

The submission platform is now open. **Deadline Extension: Sunday, April 12th, 23:59 CET**

Please be advised that the submission deadline for the **ESICM Research Grants** has been extended to **Sunday, April 12th, at 23:59 CET**. We encourage all applicants with draft versions to finalize and submit their projects by this new date.

# Research

# Publications

1. PICS framework A to Z (PICS&Rehab + HSRO + FREM + NAHP) - submitted
2. ESICM Position Paper – preparation phase
3. Editorial on Position Paper LMIC view – conception phase
4. Research agenda - waiting

# ERUPT

# ERUPT

Early rehabilitation of intensive care unit patients – a  
multinational prospective observational study on  
dosage and outcome (ERUPT Study)

# Background

## DOSE MATTERS.

- ICU patients → delayed and compromised functional recovery
- Recommended intervention = early mobilization
- Mobilization dosage has an essential effect on the patient outcomes
- Open questions
  - (1) Functional status
  - (2) Optimal mobilization dosage

## The Question

What is the association between mobilization dosage (frequency, duration and level of mobilization) and outcomes of critically ill patients?

## Aims and Objectives

- (1) Describe the variety of mobilization practices worldwide
- (2) Analyze the association of mobilization dosage on patient outcomes
- (3) Evaluate the association of the prehospital functional status or invasive mechanical ventilation on patient outcomes
- (4) Develop a model for decision support using reinforcement learning

# Methods

## THE PROSPECTIVE, MULTICENTER, MULTINATIONAL OBSERVATIONAL ERUPT STUDY.

- At least 6,000 critically ill patients worldwide from a minimum of 200 ICUs
- Each ICU shall recruit at least 30 consecutive patients (max. 90 patients)

No	Strata
1	IMV+, functionally independent before hospital admission
2	IMV+, functionally dependent before hospital admission
3	IMV-, independent of functional status at study inclusion

# Patient Population

## Inclusion Criteria

1. Adult ( $\geq 18$  years old) within 48 hours of ICU admission
2. Expected to stay  $> 24$  hours in the ICU

## Exclusion Criteria

1. Patients with end-of-life care
2. If the treatment plans are still under discussion
3. Functional status is unlikely to be obtained
4. Patients with language barriers
5. Patient already enrolled

# Ethical Considerations - Consent Models

## Waiver

- Waiver of informed consent to minimise the workload of the research team
- Country examples: Czechia, UK, Canada (adapted - except follow-up data)

## Deferred consent with oral consent at follow-up

- Obtain informed consent verbally during the telephone follow-up
- Country example: Austria

## Deferred consent

- No legal representative → deferred consent model → once patient capable → asked to sign the consent form
- Country examples: Argentina, Belgium, Germany, Italy

# Data Collection – Obligatory Data

	Baseline ICU admission	Daily in ICU	ICU discharge	Hospital discharge	90 Day Follow-up
<b>Mobilization</b>					
Mobilization Dose (Mobilization Quantification Score)		X			
<b>Features</b>					
Retrospectively obtained physical function	X				
Patient characteristics	X				
SOFA Score	X	X	X		
Organ support, interventions, nutrition and sedation		X			
<b>Primary Endpoint</b>					
Functional Status Score for the ICU (FSS-ICU)			X		X
<b>Secondary Endpoints</b>					
ICU Mobility Scale (IMS)			X		X
Change in Barthel Score			X		X
Change in Clinical Frailty Scale (CFS)			X		X
Length of Stay			X	X	
Mortality			X	X	X
WHO Disability Assessment Schedule (WHODAS 2.0)					X
Driving capability					X

# Primary Endpoint

Physical function at ICU discharge, using the **Functional Status Score for the ICU (FSS-ICU)**

- (1) Rolling
- (2) Supine to sit transfer
- (3) Sit to stand transfer
- (4) Sitting edge of bed
- (5) Walking (or wheelchair mobility)

Total score ranges from 0 to 35 (best physical function)

Functional Status Score for the ICU	Score
No assistance or assistive device needed (Independent)	7
No assistance but requires use of a rail/assistive device (Modified Independent)	6
Requires cueing but with no physical assist, may use assistive device (Supervision)	5
Patient performs $\geq 75\%$ (Minimum Assist)	4
Patient performs between 26-74% (Moderate Assist)	3
Patient performs $\leq 25\%$ (Maximum Assist)	2
Task is performed but the patient is unable to assist (Dependent)	1
Unable to attempt or complete the task due to weakness	0
Task not performed for any other reason than weakness (e.g., patient declined)	Do not score

# Documentation of Mobilization

ICU ADMISSION UNTIL DAY 28/ICU DISCHARGE OR DEATH



ICU mobilization dosage



Frequency



Duration



Level (Active or passive mobilization activities)



Health care professions (e.g., physiotherapists, nurses, occupational therapists)

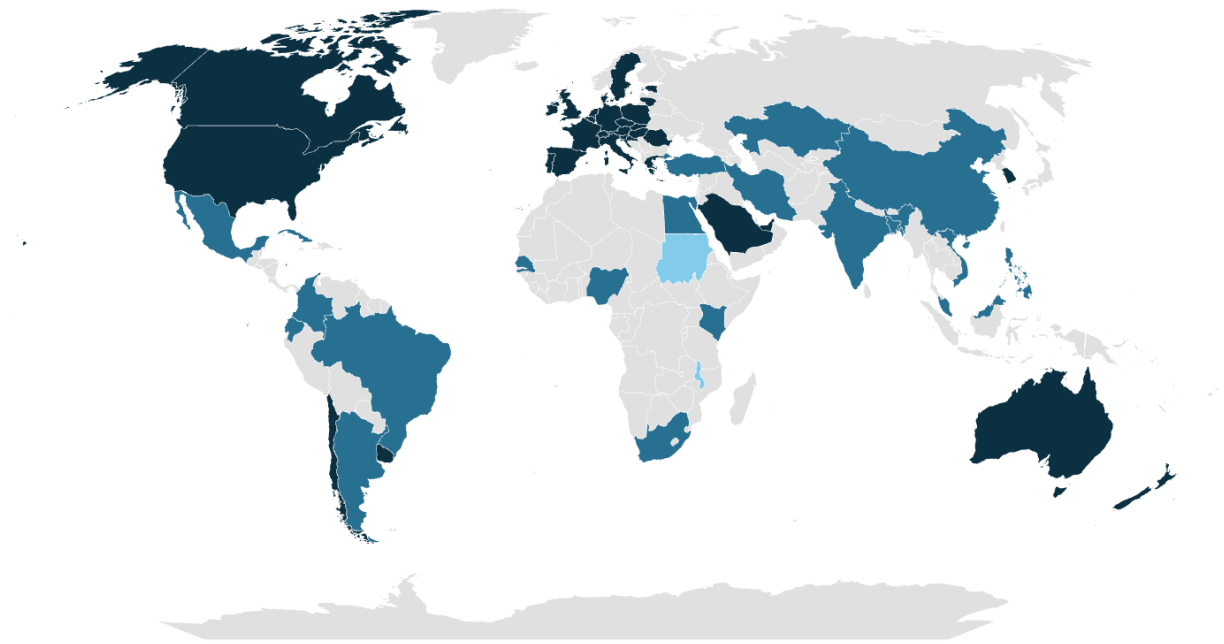
Mobility level <i>Please indicate all levels and times per level.</i>	Duration (mins)
<input type="checkbox"/> Passive mobilization	
<input type="checkbox"/> Sitting in bed, exercises in bed	
<input type="checkbox"/> Sitting over edge of bed	
<input type="checkbox"/> Passively sitting in chair	
<input type="checkbox"/> Transfer from bed to chair <input type="checkbox"/> Passively moved to chair (no standing)	
<input type="checkbox"/> Active stand-step/shuffle transfer to chair	
<input type="checkbox"/> Standing (weight bearing with or without assistance)	
<input type="checkbox"/> Walking  Distance: <input type="checkbox"/> Marching on spot (step in place $\geq 4$ times) <input type="checkbox"/> $< 5$ m/15 ft <input type="checkbox"/> $\geq 5$ m/15 ft	Assistance and aids: <input type="checkbox"/> 2 or more people <input type="checkbox"/> 1 person <input type="checkbox"/> Gait aid <input type="checkbox"/> None

# Worldwide Implementation of ERUPT

- Endorsement of 14 societies
- Registered centers from 55 countries
- 18 national coordinators and 1 ambassador

ERUPT countries

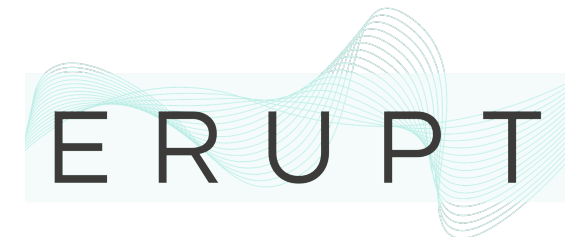
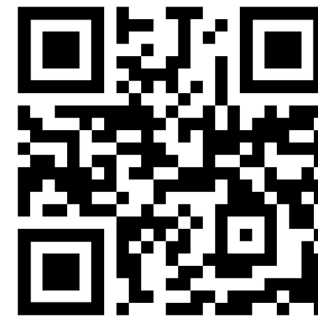
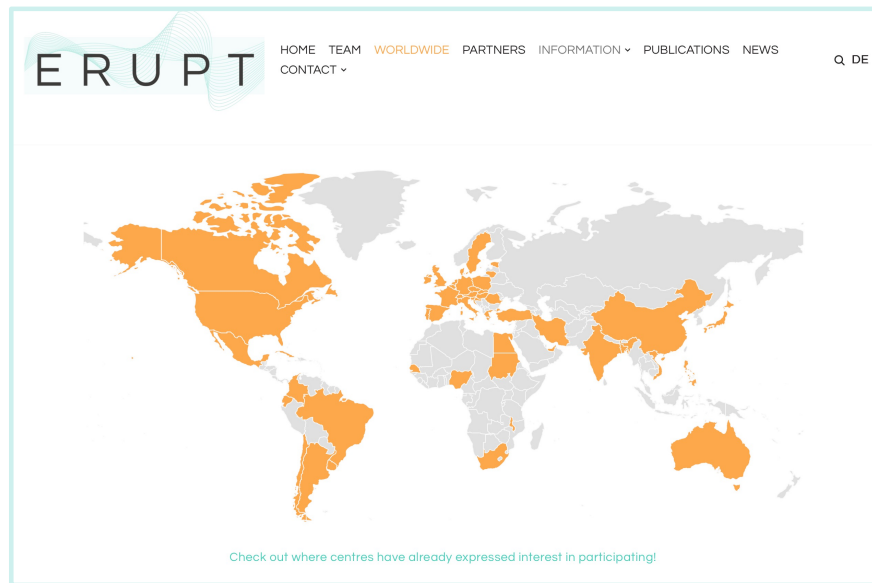
High-income
  Middle-income
  Low-income



# Participation in the ERUPT Study

WORKING TOGETHER TO SUSTAINABLY IMPROVE INTENSIVE CARE MEDICINE

[www.erupt-study.eu](http://www.erupt-study.eu)  
[erupt@muv.ac.at](mailto:erupt@muv.ac.at)



Let's get moving and take early rehabilitation to the next level.

# Educational Committee



David  
McWilliams

# Social & Communication Committee



Cheryl  
Hickman

# Elections

# Elections 2026



**2026 Elections**

**Call for Candidates**

from **Tuesday 21 April** (1.00 PM CEST)  
to **Tuesday 05 May** (11.00 AM CEST)

**VOTE**

from **Tuesday 12 May** (1.00 PM CEST)  
to **Tuesday 19 May** (10.00 AM CEST)

## Council country representatives

### National Representatives

- National Representative Croatia
- National Representative Czech Republic
- National Representative Denmark
- National Representative Estonia
- National Representative Finland
- National Representative Ireland
- National Representative Poland
- National Representative Romania
- National Representative Russian Federation
- National Representative Sweden
- National Representative Switzerland
- National Representative European countries with less than 25 ESICM Members

### Regional Representatives

- North America



Björn Weiß

## 2026 ELECTIONS – Positions Available

### Executive committee

- **President Elect**
- Secretary Elect
- Treasurer Elect
- Congress Committee – Chairperson Elect
- Research Committee – Chairperson Elect

### Congress committee

- Acute Kidney Injury (AKI) – Chairperson Elect
- Anaesthesia & Peri-operative Medicine (APM) – Chairperson Elect
- Acute Respiratory Failure (ARF) – Chairperson Elect
- Cardiovascular Dynamics (CD) – Chairperson Elect
- Data Science (DS) – Chairperson Elect
- Feeding, Rehabilitation, Endocrinology & Metabolism (FREM) – Chairperson Elect
- Health Services Research and Outcomes (HSRO) – Chairperson Elect
- **Infection (INF) – Chairperson Elect**
- **Rehabilitation & PICS – Chairperson Elect**
- Systemic Inflammation and Sepsis (SIS) – Chairperson Elect
- Translational Biology (TransBio) – Chairperson Elect

### NEXT committee

[11 Committee Members Elect](#)

# Meeting dates

# Future meeting dates – Save the dates

Wednesday, June 17 17:30-19:30

Wednesday, August 26 17:30-19:30

# Any other business

# ERUPT

