# Supplementary files

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### Registration numbers at the five Danish regions

The database is registered as a research database at each of the five regions' internal registries of research projects with the following registration numbers:

Capital Region: P-2022-646

Region Zealand: REG-069-2022

Region Southern Denmark: 22/29882

Central Denmark Region: 1-16-02-220-22

The North Denmark Region: F2022-096.

**Table A: Schematic overview of all variables in DanAmp, presented as viewed in the REDCap database.**

| Consent | | Baseline | |
|---|---|---|---|
| **Screening*** | **Consent** | **Demography** | **Index-operation**** |
| Age | CPR | Comorbidity | Indication date |
| Sex | Name | Smoking status | OP side |
| Amp. level | Consent | Place of residence | OP type (primary/revision) |
| Reason non-inclusion | Consent PRO follow-up | EQ5D-5L, EQ-VAS 1 mo. Before amp. | OP level |
| OP-date | Sex | NMS 1 mo. before amp. | OP indication |
| | Age | | Previous amp same UE: level |
| | | | Previous amp opposite UE: level |
| | | | Previous OP dist. of amp. level (+type) |
| | | | Vascular surgical assessment (yes/no) |
| | | | OP date/time |
| | | | Surgeon educational level |
| | | | Ass/Sup. educational level |
| | | | Myodesis |
| | | | Tourniquet |
| | | | Blood loss |
| | | | Surgical Access |
| | | | Wound Closure |
| | | | Invasive post OP pain treatment |
| | | | Edema profyl. (admission) |
| | | | 1. mobilization to chair (date) |
| | | | BAMS 1.PT assessment (+date) |
| | | | BAMS last PT assessment (+date) |
| | | | Rehabilitation plan |
| | | | Date discharge |
| | | | Discharge destination |
| | | | Dead during hospitalization (date) |

**EQ-5D-5L**: EuroQol 5 dimensions, 5 level questionnaire. **EQ-VAS**: EuroQol Visual Analoque Scale. **NMS**: New Mobility Score. **BAMS**: Basic Amputee Mobility Score

*Screening sheet are filled in ONLY for patients not being included.

**Index-operation: The operation that is the basis for inclusion. According to inclusion criteria, this can be a primary amputation or a re-amputation.

*Table A - continued*

| **Possible subsequent events** | | |
|---|---|---|
| **Primary amputation – leg 2*** | **Re-amputation**** | **Revision***** |
| Indication date | Indication date | |
| OP date/time | OP date/time | Revision date/time |
| Bilat in same procedure (yes/no) | Bilat in same procedure (yes/no) | Bilat in same procedure (yes/no) |
| OP side | OP side | OP side |
| OP level | OP level | OP level |
| OP indication | OP indication | OP indication |
| | | |
| Previous OP dist. of amp. level (+type) | | |
| Vascular surgical assessment (yes/no) | | |
| | | |
| Surgeon educational level | Surgeon educational level | Surgeon educational level |
| Ass/Sup. educational level | Ass/Sup. educational level | Ass/Sup. educational level |
| Myodesis | Myodesis | |
| Tourniquet | Tourniquet | |
| Blood loss | Blood loss | |
| Surgical Access | Surgical Access | |
| Wound Closure | Wound Closure | |
| Invasive post OP pain treatment | Invasive post OP pain treatment | Invasive post OP pain treatment |
| Edema profyl. (admission) | Edema profyl. (admission) | Edema profyl. (admission) |
| 1. mobilization to chair (date) | | |
| BAMS 1.PT assessment (+date) | | |
| BAMS last PT assessment (+date) | | |
| Rehabilitation plan | | |
| Date discharge | | |
| Discharge destination | | |
| Dead during hospitalization (date) | | |

*Primary amputation – leg 2: The sheet is only completed if the patient is amputated on the opposite leg after the index operation.

**Re-amputation: Higher classification level (e.g. tibia -> femur), same side.

***Revision: Same classification level, same page

*Table A - continued*

| **PRO - questionnaire**<br>Sent via e-boks (or letter) at 3, 6, 12, 24, 36 mo. |
|---|
| Date |
| Supplied with prosthesis |
| Prosthesis use: days per week and hours per day |
| Exercise/training with physiotherapist |
| New Mobility Score (NMS), 0-9 point |
| Wheelchair Mobility score (WMS), 0-9 point |
| EQ5D-5L, EQ-VAS (0-100 point) |
| Phantom limb pain (last 4 weeks) |
| Activity limitation related to phantom limb pain. |
| Stump pain (last 4 weeks) |
| Activity limitation related to stump pain |
| Satisfaction with current level of functioning |

PRO: Patient reported outcome, EQ-5D-5L: EuroQol 5 dimensions, 5 level questionnaire. EQ-VAS: EuroQol Visual Analoque Scale.

**Tabel B: Facilitators and barriers for implementation of DanAmp.**

| Facilitators | Barriers |
|---|---|
| **Leadership/management** | |
| Support and engagement from leaders | Lacking support and engagement from department leaders |
| Adequate resources – human and sufficient time | Insufficient or no allocated resources (e.g. vacant positions and lack of personnel) |
| Local 'champions' take a leading role and drive data collection | High workload - 'primary tasks' require all available time |
| | Colleagues with no interest in data collection/research |
| **Database characteristics** | |
| Perceived as a relevant initiative | Lack of integration with e-journals (automatic data capturing) |
| No costs/fees for using the database | No external pressure (as with RKKP databases) |
| Research opportunities | Lack of incentives |
| Easy access to own real-time data | Learning a new system, new procedures |
| Useful for local quality improvements | Too many variables - or disagreement about variables |
| Possibility of improving treatment and enhancing patient outcome | |
| Relevant variables in the database | |
| User-friendly and intuitive data entry | |
| **Workflow (recruitment and data collection)** | |
| More colleagues involved in inclusion/data collection | Only one person in the department performing inclusion/data collection |
| Involvement of multidisciplinary team | Concurrent projects on amputees, increase the burden on patients (to understand and deal with different information and consents). |
| Drawing SKS list of amputees with regular intervals - ensuring consecutive data collection. | Short hospitalizations (short inclusion window) |
| Simple and considerate information to pt. | Patients in a state of crisis make information and consent delicate. |
| Have all material printed and available at the ward | PROs at hospital admission are time-consuming and sometimes difficult to collect. |
| Use a laptop when including patients and enter data simultaneously | Ambiguity of variables |
| Inclusion at the ambulatory before operation (more calm environment) | Time consuming in start up |
| Variables are well documented and easy to find in the e-journal (involve multidisciplinary team). | |
| Support from DanAmp project coordinator | |
| Adaptability (departments organize data collection/ entry as relevant in their setting) | |
| The more experience with inclusion/data collection the more efficient (less time consuming). | |