Example of a Table of Evidence (TOE) Enhanced*

Study Citation (Authors & Date)	Study Aim/Purpose/ Clinical Question	Sample Characteristics, Size & Setting/ Method of Sample Selection)	Design Level of Evidence (LOE) and Intervention or Program	Tools Used to Measure Outcome Variables (include validity and reliability)	Findings (include descriptive or analytical statistics used)	Reviewer's Comments (Major Strengths & Limitations)
Giordano, A., Scalvini, S., Zanelli, E., Corra, U., Longobardi, G., Ricci, V., Baiardi, P., & Glisenti, F. (2009)		Non-probability purposive sample of 460 heart failure patients	RCT; LOE II Portable device that transmits data to remote nurse available for live consultation		Significant decrease in heart-failure related hospital readmissions for intervention group (95% confidence interval 0.31, 0.76; p = 0.0001)	Strength: Appropriate sample size supported by power analysis Weakness: Selection bias due to predominantly male sample
Woodend, K., Sherrard, H., Fraser, M., Stuewe, L., Cheung, T., & Struthers, C. (2008)		Non-probability purposive sample of 121 heart failure patients	RCT; LOE II Three months of video conferencing with nurse, daily phone report, and periodic electrocardiogram to healthcare providers		No significant difference in hospital readmissions between intervention and control groups (p > 0.05)	Strength: Homogeneity of sample characteristics between intervention and control groups Weakness: Recorded data relied on patient recall
Wakefield, B., Ward, M., Holman, J., Ray, A., Scherubel, M., Burns, T., Kienzle, M., & Rosenthal, G. (2008)		Non-probability purposive sample of 148 patients admitted to hospital for heart failure exacerbation	RCT; LOE II Weekly telephone or video conferences with nurse and transmission of symptoms to healthcare providers for 3 months		Combined intervention groups had significantly lower risk of readmission compared to control (p=0.02)	Strength: Utilized appropriate sample size based on power analysis Weakness: Participants and researchers were not blinded
Klersy, C., De Silvestri, A., Gabutti, G., Regoli, F., & Auricchio, A. (2009)		20 RCTs (n=6,258 heart failure patients) and 12 Cohort Studies (n=2,354 heart failure patients)	Meta-Analysis: LOE I Remote patient monitoring via structured telephone contact or through various electronic devices		Remote patient monitoring as compared to usual care showed significant benefits in patients with chronic heart failure	Strength: Heterogeneity testing and random effects models were completed to account for study variations Weakness: Comparison of usual care was not defined in all studies
Clark, R., Inglis, S., McAlister, F., Cleland, J., & Stewart, S. (2007)		14 RCTs (n=4,264 chronic heart failure patients)	Meta-Analysis: LOE I Remote monitoring via structured telephone support or tele-monitoring		Remote monitoring reduced hospital readmission in patients with chronic heart failure	Strength: Every effort was made to identify all relevant studies Weakness: Small number of participants as well as short length of trials in studies utilized

Cherofsky, N., Onua, E., Sawo, D., Slavin, E., & Levin, R. (2011). Telehealth in patients with congestive heart failure in long term home health care. *Joanna Briggs Library of Systemic Reviews*, *9*(30), 1271-1296.