Using the evaluation table on page 540 of the Melnyk & Fineout-Overholt (3rd edition) the textbook, complete the table for the four (4) studies. Note: The prompts in the text are examples only.

2.Using the rating system in the Melnyk & Fineout-Overholt (3rd edition) text, determine the strength of each of the four (4) studies. Add this information under the Citation column in the evaluation table template.

3.Information should be in bulleted format, not narrative paragraphs.

4.Include a title page and reference page.

5.APA 6th edition format is required

Four articles:

Four evidence-based interventions on the treatment of hypertension in adults were reviewed. The first article titled “Home Blood Pressure Tele monitoring: Rationale for Use, Required Elements, and Barriers to Implementation in Canada” by Wood, Boulanger, & Padwal (2017) asserts that the use of home blood pressure monitoring for hypertension diagnosis and management is highly recommended. To help patients adhere to the recommended home protocol, they recommended the use of tele-monitoring because its use, combined with protocol zed case management leads to statistically significant and clinically important blood pressure reductions (Wood, Boulanger& Padwal, 2017).

Roesler, Binotto, Iochpe, Palomba & Tizatto, (2015) also noted that chronic diseases, including hypertension and diabetes, should be addressed given an increase in healthcare risk factors such as population aging. They conducted a study to “Improve Preventive Healthcare with a User-centric Mobile Tele-monitoring Model” and found that by following a steady monitoring strategy over an elderly population, and then numerous deaths could be avoided. The article suggests a mobile health promotion designed to monitor remotely a patient's vital signs in real time (Roesler et al., 2015)

Chen, et al., (2013) also evaluated the effectiveness of a home telehealth service in hypertension control. The study used two groups based on the frequency that they measured blood pressure i.e. one group measured its BP more than 3 times a week while the other made less than or equal to 20 measurements a month. It is important to note that some patients were provided with the Citizen Tele-medical Care Service System, (CTCS) home monitoring equipment, while others used regular BP measurement. According to their results, patients who used CTCS tele-monitoring achieved better BP control than those who self-measured BP at home only.

Finally, Franssen et al., (2017) asserted that tele-monitoring in the management of hypertension is efficient. They however note that its advantages over self-monitoring are not clear. The study aimed at evaluating whether using self-monitoring results in lower BP compared to tele-monitoring. After randomizing participants to usual care, self-monitoring alone, or self-monitoring with tele-monitoring for 12 months, the study revealed that those who used self-monitoring with tele-monitoring had better control of their BP Franssen et al., (2017).

SEE BELOW FOR TEMPLATE-

