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LAMPIRAN

Lampiran 1 Tabel 4.4. Efek telerehabilitasi terhadap peningkatan QoL

Instrumen	Penulis	Domain Instrumen	IG (Mean (±SD))		CG (Mean (±SD))		Nilai p Pre dan Post		Nilai p antar kelompok
			Baseline	≤ 3 bulan	Baseline	≤ 3 bulan	IG	CG	
SF 36	(Batalik, Dosbaba, et al., 2020)	Vitality	47.0±14.3	59.8±14.2	50.6±16.6	63.3±17.3	**0.01**	**0.01**	0.34
		Physical Function	54.3±18.0	61.1±13.5	50.6±22.1	59.6±15.6	0.14	0.08	0.58
		Bodily Pain	51.9±19.0	69.1±19.6	49.8±16.6	64.0±17.5	**0.01**	**0.01**	0.37
		General health	50.2±11.8	60.8±12.1	55.8±14.1	57.5±11.0	**0.01**	**0.01**	0.13
		Physical role	43.3±28.8	51.0±19.3	46.2±29.7	59.6±20.1	0.32	0.08	0.24
		Emotional role	53.6±29.1	59.4±24.6	51.2±32.8	55.5±26.5	0.45	0.67	0.78
		Social functioning	61.2±20.7	68.2±18.1	57.1±21.5	68.8±17.3	0.21	0.05	0.66
		Mental health	62.4±21.2	65.8±22.1	56.7±19.4	63.6±19.7	0.58	0.21	0.40
Instrumen	Penulis	Domain Instrumen	IG Median (Interquartile Range)		IG Median (Interquartile Range)		Nilai *p*		ES Cohen's d
			Baseline	≤ 3 bulan	Baseline	≤ 3 bulan	IG	CG	
SF 36	García-Bravo et al. (2020)	Physical Function	90.00(17.50)	100.00(15.00)	85.00(22.50)	95.00(5.00)	0.104	**0.026**	
		Physical role	100.00(62.50)	100.00(50.00)	100.00(100.00)	100.00(25.00)	0.157	0.066	
		Body ache	72.00(17.00)	84.00(54.00)	80.00(28.00)	100.00(27.00)	0.157	**0.036**	
		General health	72.00(20.00)	77.00(21.50)	62.00(33.50)	77.00(40.00)	0.498	0.259	
		Vitality	65.00(32.50)	80.00(37.50)	70.00(50.00)	75.00(27.50)	**0.049**	0.106	
		Social function	63.00(50.50)	100.00(18.75)	100.00(43.50)	100.00(12.25)	**0.011**	0.115	
		Emotional role	67.00(83.50)	100.00(66.70)	100.00(50.00)	100.00(50.00)	**0.010**	1.000	
		Mental health	56.00(44.00)	84.00(46.00)	72.00(42.00)	88.00(18.00)	0.196		
		Declared	4.00 (2.00)						

		evolution of health						
Instrumen	Penulis	Domain Instrumen	IG (Mean (±SD))		CG (Mean (±SD))		95 %CI	*p value*
			Baseline	6 bulan	Baseline	6 bulan		
SF 36	Maddison et al. (2015)	Physical functioning		52.9		51.9	1.0(-0.6-2.7)	0.2
		Role physical		52.6		50.8	1.8(-0.3-3.9)	0.08
		Bodily pain		52.4		51.9	0.5(-2.1-3.1)	0.71
		General health		55.3		53.2	2.1(0.1-4.1)	**0.03**
		Vitality		55.7		55.9	-0.3(-2.2-1.7)	0.79
		Social functioning		53.3		52.4	0.9(-1.3-3.1)	0.42
		Role emotional		51.4		51.6	-0.2(-2.5-1.9)	0.81
		Mental health		54.6		54.0	0.5(-1.5-2.6)	0.61

Insstrumen	Penulis	Domain instrumen	IG (Mean (±SD))		CG (Mean (±SD))		*p value*	ES	95%CI
			Baseline	≤ 3 bulan	Baseline	≤ 3 bulan			
the 27-item MacNew	(Devi et al., 2014)	Emotional subscale	5.89(1.21)	6.25(1.04)	5.96(1.45)	6.32 (1.21)	**.04**	0.48	0.01,0.54
		Social subscale	6.54(0.85)	6.73(0.50)	6.54(1.17)	6.62 (1.19)	.34	0.23	-0.15,0.42
		Physical subscale	6.50(0.71)	6.50(0.92)	6.50(1.42)	6.58(1.33)	.62	0.11	-0.37,0.22
The SAQ	(Devi et al., 2014)	Physical Limitation	64.19(21.55)	62.16 (25.43)	63.49 (25.40)	63.69 (27.03)	0.57		
		Angina Stability	42.86(57.14)	33.33 (66.67)	42.86 (57.14)	33.33 (66.67)	0.98		
		Angina Frequency	43.56(31.58)	53.79 (30.70)	44.51 (32.36)	32.93 (28.74)	**.002**		
		Treatment Satisfaction	100.00 (0.00)	100.00 (0.00)	100.00 (28.57)	100.00 (22.22)	.36		
		Disease Perception	83.33 (33.33)	80.00 (40.00)	83.33 (39.58)	80.00 (40.00)	.48		

Instrumen	Penulis	Domain Instrumen	IG (Mean (±SD))		CG (Mean (±SD))		F 1,79	N2	p value
			Baseline	6 bulan	Baseline	6 bulan			
WHOQOL (Brief version)	Duan et al. (2018)		3.634	3.869	3.392	3.291	16.36	0.17	< **0.01**

Instrumen	Penulis	Domain Instrumen	IG (Mean (±SD))			CG (Mean (±SD))			*p value*	
			Baseline	≤ 3 bulan	6 bulan	*Baseline*	≤ 3 bulan	6 bulan	≤ 3 bulan	6 bulan
SF 12	(Dorje et al., 2019)	SF-12 (MCS)	49·9(9·9)	51·2 (8·3)	51·5(9·3)	48·1 (10·0)	49.8 (8·5)	50·0 (8·6)	0.45	0.28
		SF-12 (PCS)	43·3(7·4)	45·2 (6·8)	46·8(6·9)	42·9 (6·9)	44·9 (7·2)	45·2 (6·5)	0·52	0·22

Instumen	Penulis	Domain Instrumen	IG (Mean (±SD))			CG (Mean (±SD))			95 %*CI*	
			Baseline	≤ 3 bulan	6 bulan	*Baseline*	≤ 3 bulan	6 bulan	IG	CG
EQ 5D	Maddison et al. (2019)		0.91±0.10	0.90±0.13	0.89±0.13	0.91±0.10	0.93±0.09	0.92±0.09	*-0.03 (-0.06-0.01)*	*-0.03(-0.06-0.01)*

Instrumen	Penulis	Domain Instrumen	*IG (median)*		*p value*	*CG (median*)		*p value*	*95%CI*	*p value*
			Baseline	≤ 3 bulan		*Baseline*	≤ 3 bulan			
EQ 5D	Varnfield et al. (2014)		0.84 (0.8-0.9)	0.92 (0.9-1.0)	<0.001	0.83 (0.8-0.9)	*0.82 (0.7-0.9)*	*0.7*	*−0.08 (−0.14 to −0.02)* *0.4*	***0.01***

Instrumen	Penulis	Domain Instrumen	IG			CG			*p value*	
			Baseline	6 minggu	12 minggu	*Baseline*	6 minggu	12 minggu	6 minggu	12 minggu
Mac New	Su & Yu (2021)	Global	5.44(0.70)	6.14 (0.48)	5.90(0.58)	5.3(0.68)	5.98(0.62)	5.58(0.76)	*0.743*	*0.057*
		Physical	5.29 (0.79)	6.32(0.57)	5.95(0.62)	5.16(0.70)	6.27(0.53)	5.64(0.89)	*0.562*	***0.049***
		Emotional	5.48(0.73)	5.95(0.50)	5.83(0.57)	5.29(0.77)	5.68(0.61)	5.48 (0.74)	0.913	0.133
		Social	5.48(0.81)	6.27(0.59)	5.93(0.68)	5.39(0.74)	6.26(0.58)	5.61(0.92)	0.397	**0.025**

Instrumen	Penulis	Domain Instrumen	IG			CG			***P value***		
			Baseline	≤ 6 bulan	> 6 bulan	Baseline	≤ 6 bulan	> 6 bulan	Time	*Group*	Interaksi
MacNew	(Snoek et al. (2021)		5.8±0.7	5.9±0.8	5.9±0.8	5.8±0.9	5.8±0.8	5.9±0.8	0.14	0.36	0.31
	Reid et al.	Global		5.8±0.6	5.8±0.6		5.7±0.8	5.6±0.7	0.652	*0.112*	*0.071*

	(2012)											
		Emosi		5.5±0.7	5.6±0.6		5.4±0.8	5.4±0.7	*0.537*	***0.038***	*0.487*	
		Sosial		6.2±0.8	6.3±0.8		6.1±1.0	6.0±1.0	*0.898*	*0.162*	*0.065*	
		Fisik		5.9±0.9	6.0±0.8		5.7±1.1	5.8±1.0	*0.781*	***0.031***	*0.952*	

Instrumen	Penulis	Domain Instrumen	IG			CG			*Selisih mean*			
									≤ 3 bulan		6 bulan	
			Baseline	≤ 3 bulan	6 bulan	*Baseline*	≤ 3 bulan	6 bulan	IG	CG	IG	CG
MacNew	Houchen-Wolloff et al. (2018)		5.9(1.0)	6.2(0.7)	6.5(0.5)	6.0(0.8)	6.2(0.6)	6.2(0.6)	0.3 (1.0)	0.2 (0.8)	0.5 (1.1)	0.2 (0.7)

Lampiran 2 Registrasi Prospero

Dear Mrs Arni,

We apologise for the delay in dealing with your registration, an ever-increasing number of applications has led to a backlog and substantial delays for some users.

PROSPERO is currently prioritising submissions related to COVID-19. To enable us to focus on these submissions, and to avoid additional delay, during the pandemic we will automatically publish submissions that have been waiting more than 30 days for registration.

This applies to your systematic review "The Effect of Telerehabilitation on Improving the Quality of Life of Coronary Heart Disease Patients" which was published on our website on Aug 16, 2021.

The records will be published exactly as submitted, without review by the PROSPERO team, so the public record will indicate:

"To enable PROSPERO to focus on COVID-19 registrations during the 2020 pandemic, this registration record was automatically published exactly as submitted. The PROSPERO team has not checked eligibility"

Review owners have always been responsible for the quality and content of PROSPERO records, and high-quality well-written records will continue to speak for themselves.

Your registration number is: CRD42021259331

You are free to update the record at any time, all submitted changes will be displayed as the latest version with previous versions available to public view. Please also give brief details of the key changes in the Revision notes facility and remember to update your record when your review is published. You can log in to PROSPERO and access your records at https://www.crd.york.ac.uk/PROSPERO

Best wishes for the successful completion of your review.

Lampiran 3 Protokol Etik Penelitian

KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 720/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 11 Nopember 2021

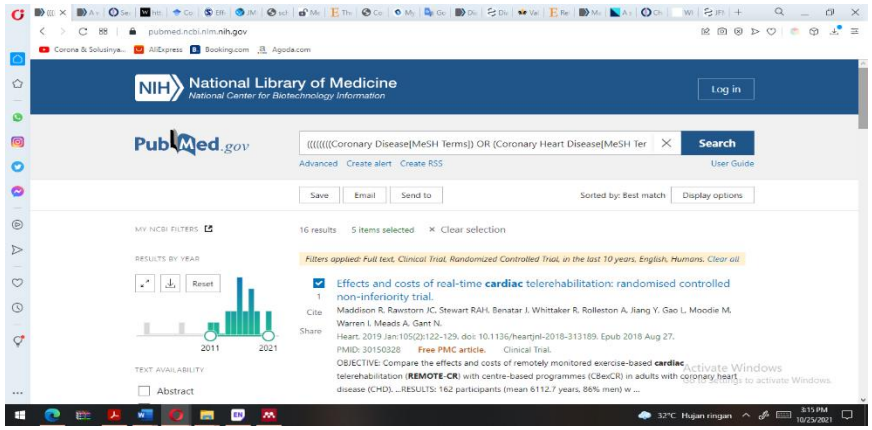
Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

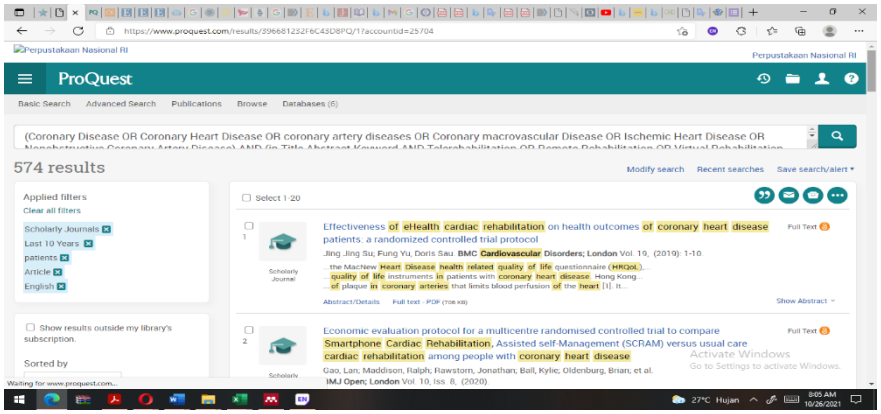
No Protokol	UH21110676	No Sponsor Protokol	
Peneliti Utama	**Wahyuni Arni,S.Kep,Ns**	Sponsor	
Judul Peneliti	Efek Telerehabilitasi Terhadap Peningkatan Quality Of Life Pasien Penyakit Jantung Koroner: A Systematic Review		
No Versi Protokol	**1**	Tanggal Versi	**3 Nopember 2021**
No Versi PSP		Tanggal Versi	
Tempat Penelitian	Fakultas Keperawatan Universitas Hasanuddin Makassar		
Jenis Review	[x] Exempted [ ] Expedited [ ] Fullboard Tanggal	Masa Berlaku **11 Nopember 2021** sampai **11 Nopember 2022**	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH RSUH dan RSWS	Nama **Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)**	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH RSUH dan RSWS	Nama **dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)**	Tanda tangan	

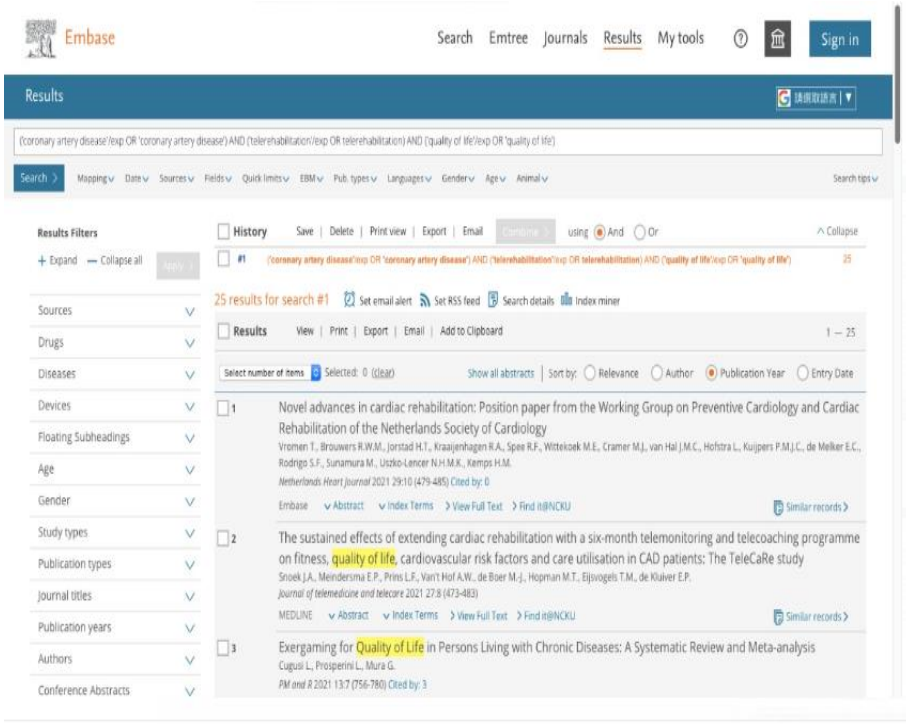
Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

Lampiran 4 Pencarian Database






Embase
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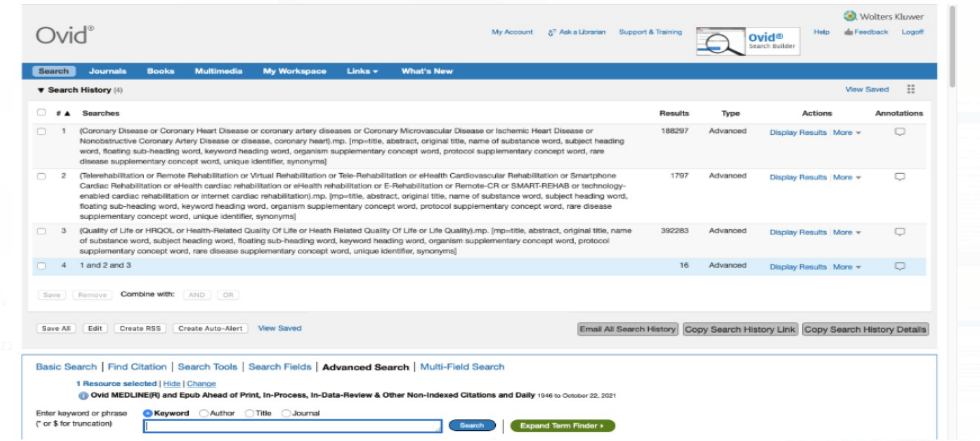
Drugs
Diseases
Devices
Floating Subheadings
Age
Gender
Study types
Publication types
Journal titles
Publication years
Authors
Conference Abstracts
25 results for search #1
Novel advances in cardiac rehabilitation: Position paper from the Working Group on Preventive Cardiology and Cardiac Rehabilitation of the Netherlands Society of Cardiology
The sustained effects of extending cardiac rehabilitation with a six-month telemonitoring and telecoaching programme on fitness, quality of life, cardiovascular risk factors and care utilisation in CAD patients: The TeleCaRe study
Exergaming for Quality of Life in Persons Living with Chronic Diseases: A Systematic Review and Meta-analysis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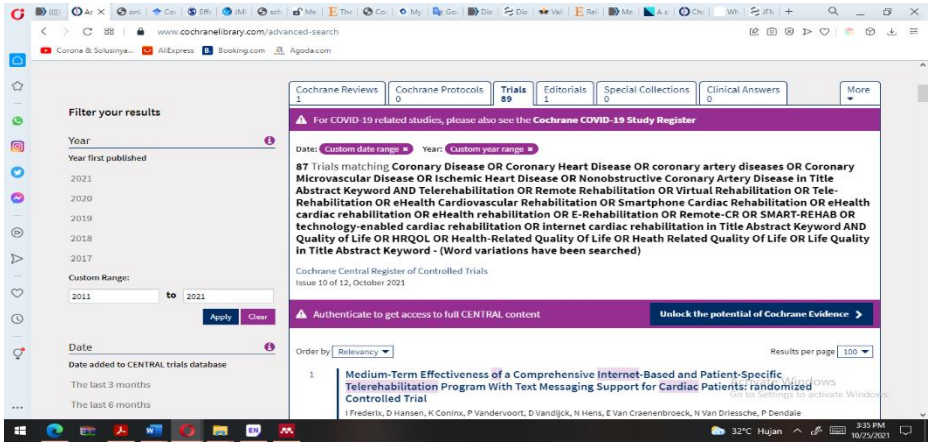
Expand Term Finder


www.cochranelibrary.com/advanced-search
Cochrane Reviews
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Year first published
2021
2020
2019
2018
2017
Custom Range:
Apply
Clear
Date
Date added to CENTRAL trials database
The last 3 months
The last 6 months
For COVID-19 related studies, please also see the Cochrane COVID-19 Study Register
87 Trials matching Coronary Disease OR Coronary Heart Disease OR coronary artery diseases OR Coronary Microvascular Disease OR Ischemic Heart Disease OR Nonobstructive Coronary Artery Disease in Title Abstract Keyword AND Telerehabilitation OR Remote Rehabilitation OR Virtual Rehabilitation OR Tele-Rehabilitation OR eHealth Cardiovascular Rehabilitation OR Smartphone Cardiac Rehabilitation OR eHealth cardiac rehabilitation OR eHealth rehabilitation OR E-Rehabilitation OR Remote-CR OR SMART-REHAB OR technology-enabled cardiac rehabilitation OR internet cardiac rehabilitation in Title Abstract Keyword AND Quality of Life OR HRQOL OR Health-Related Quality Of Life OR Heath Related Quality Of Life OR Life Quality in Title Abstract Keyword - (Word variations have been searched)
Cochrane Central Register of Controlled Trials
Issue 10 of 12, October 2021
Authenticate to get access to full CENTRAL content
Unlock the potential of Cochrane Evidence
Medium-Term Effectiveness of a Comprehensive Internet-Based and Patient-Specific Telerehabilitation Program With Text Messaging Support for Cardiac Patients: randomized Controlled Trial

Lampiran 5 Prisma ceklist

PRISMA 2009 Cheklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	i
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	6
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	6
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	58
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	58-60
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	60-65

Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	60-65
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	71-72
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	72
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	71-72
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	68-69
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	69
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	-

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	-15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	68-69
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	-
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	72

Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	112-122
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	108-109
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	73-104
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	-
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	110
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	-
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	123-136
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	136-1377
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	135
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	139

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: **www.prisma-statement.org**.

Lampiran 6 Tools Penilaian Kualitas Artikel CASP RCT

CASP
Critical Appraisal Skills Programme

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 11 questions to help you make sense of a **Randomised Controlled Trial**

How to use this appraisal tool: Three broad issues need to be considered when appraising a trial:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 11 questions on the following pages are designed to help you think about these issues systematically. The first three questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Randomised Controlled Trial) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference:

Section A: Are the results of the trial valid?

1. Did the trial address a clearly focused issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: An issue can be 'focused' in terms of
- the population studied
- the intervention given
- the comparator given
- the outcomes considered

Comments:

2. Was the assignment of patients to treatments randomised?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- how this was carried out
- was the allocation sequence concealed from researchers and patients

Comments:

3. Were all of the patients who entered the trial properly accounted for at its conclusion?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- was the trial stopped early
- were patients analysed in the groups to which they were randomised

Comments:

Is it worth continuing?

4. Were patients, health workers and study personnel 'blind' to treatment?

Yes
Can't Tell
No

Comments:

5. Were the groups similar at the start of the trial

Yes
Can't Tell
No

HINT: Consider
+ other factors that might affect the outcome, such as; age, sex, social class

Comments:

6. Aside from the experimental intervention, were the groups treated equally?

Yes
Can't Tell
No

Comments:

Section B: What are the results?

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Critical Appraisal Skills Programme

7. How large was the treatment effect?

HINT: Consider
- what outcomes were measured
- Is the primary outcome clearly specified
- what results were found for each outcome

Comments:	

8. How precise was the estimate of the treatment effect?

HINT: Consider
- what are the confidence limits

Comments:	

Section C: Will the results help locally?

9. Can the results be applied to the local population, or in your context?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- the patients covered by the trial are similar enough to the patients to whom you will apply this
- how they differ

Comments:	

10. Were all clinically important outcomes considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- there is other information you would like to have seen
- if not, does this affect the decision

Comments:	

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Critical Appraisal Skills Programme

11. Are the benefits worth the harms and costs?	Yes Can't Tell No	HINT: Consider • even if this is not addressed by the trial, what do you think?

Comments:	

Lampiran 7 The Cochrane Collaboration's tool for assessing risk of bias

Tables

Table 1| **Cochrane Collaboration's tool for assessing risk of bias (adapted from Higgins and Altman13)**

Bias domain	Source of bias	Support for judgment	Review authors' judgment (assess as low, unclear or high risk of bias)
Selection bias	Random sequence generation	Describe the method used to generate the allocation sequence in sufficient detail to allow an assessment of whether it should produce comparable groups	Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence
	Allocation concealment	Describe the method used to conceal the allocation sequence in sufficient detail to determine whether intervention allocations could have been foreseen before or during enrolment	Selection bias (biased allocation to interventions) due to inadequate concealment of allocations before assignment
Performance bias	Blinding of participants and personnel*	Describe all measures used, if any, to blind trial participants and researchers from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Performance bias due to knowledge of the allocated interventions by participants and personnel during the study
Detection bias	Blinding of outcome assessment*	Describe all measures used, if any, to blind outcome assessment from knowledge of which intervention a participant received. Provide any information relating to whether the intended blinding was effective	Detection bias due to knowledge of the allocated interventions by outcome assessment
Attrition bias	Incomplete outcome data*	Describe the completeness of outcome data for each main outcome, including attrition and exclusions from the analysis. State whether attrition and exclusions were reported, the numbers in each intervention group (compared with total randomised participants), reasons for attrition or exclusions where reported, and any reinclusions in analyses for the review	Attrition bias due to amount, nature, or handling of incomplete outcome data
Reporting bias	Selective reporting	State how selective outcome reporting was examined and what was found	Reporting bias due to selective outcome reporting
Other bias	Anything else, ideally prespecified	State any important concerns about bias not covered in the other domains in the tool	Bias due to problems not covered elsewhere

*Assessments should be made for each main outcome or class of outcomes.

Lampiran 8 John Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool

Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool

Evidence Level and Quality:_____

Article Title:		Number:	
Author(s):		Publication Date:	
Journal:			
Setting:	Sample (Composition & size):		
Does this evidence address my EBP question?	☐Yes	☐No Do not proceed with appraisal of this evidence	

Level of Evidence (Study Design)

A. Is this a report of a single research study? ***If No, go to B.***		☐Yes	☐No
1. Was there manipulation of an independent variable?		☐Yes	☐No
2. Was there a control group?		☐Yes	☐No
3. Were study participants randomly assigned to the intervention and control groups?		☐Yes	☐No
If Yes to all three, this is a Randomized Controlled Trial (RCT) or Experimental Study →	☐ LEVEL I		
If Yes to #1 and #2 and No to #3, OR Yes to #1 and No to #2 and #3, this is Quasi Experimental (some degree of investigator control, some manipulation of an independent variable, lacks random assignment to groups, may have a control group) →	☐ LEVEL II		
If No to #1, #2, and #3, this is Non-Experimental (no manipulation of independent variable, can be descriptive, comparative, or correlational, often uses secondary data) **or Qualitative** (exploratory in nature such as interviews or focus groups, a starting point for studies for which little research currently exists, has small sample sizes, may use results to design empirical studies) →	☐ LEVEL III		
NEXT, COMPLETE THE BOTTOM SECTION ON THE FOLLOWING PAGE, "STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION"			

Johns Hopkins Nursing Evidence-Based Practice
Research Evidence Appraisal Tool

B. Is this a summary of multiple research studies? ***If No, go to Non-Research Evidence Appraisal Form.***		☐Yes	☐No
1. Does it employ a comprehensive search strategy and rigorous appraisal method (**Systematic Review**)? ***If No, use Non-Research Evidence Appraisal Tool; if Yes:***		☐Yes	☐No
a. Does it combine and analyze results from the studies to generate a new statistic (effect size)? (**Systematic review with meta-analysis**)		☐Yes	☐No
b. Does it analyze and synthesize concepts from qualitative studies? (**Systematic review with meta-synthesis**)		☐Yes	☐No
If Yes to either a or b, go to #2B below.			
2. For Systematic Reviews and Systematic Reviews with meta-analysis or meta-synthesis:			
a. Are all studies included RCTs? →	☐ LEVEL I		
b. Are the studies a combination of RCTs and quasi-experimental or quasi-experimental only? →	☐ LEVEL II		
c. Are the studies a combination of RCTs, quasi-experimental and non-experimental or non-experimental only? →	☐ LEVEL III		
d. Are any or all of the included studies qualitative? →	☐ LEVEL III		
COMPLETE THE NEXT SECTION, "STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION"			

STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION:

NOW COMPLETE THE FOLLOWING PAGE, "QUALITY APPRAISAL OF RESEARCH STUDIES", AND ASSIGN A QUALITY SCORE TO YOUR ARTICLE

Johns Hopkins Nursing Evidence-Based Practice
Research Evidence Appraisal Tool

Quality Appraisal of Research Studies			
• Does the researcher identify what is known and not known about the problem and how the study will address any gaps in knowledge?	☐Yes	☐No	
• Was the purpose of the study clearly presented?	☐Yes	☐No	
• Was the literature review current (most sources within last 5 years or classic)?	☐Yes	☐No	
• Was sample size sufficient based on study design and rationale?	☐Yes	☐No	
• If there is a control group:			
○ Were the characteristics and/or demographics similar in both the control and intervention groups?	☐Yes	☐No	☐NA
○ If multiple settings were used, were the settings similar?	☐Yes	☐No	☐NA
○ Were all groups equally treated except for the intervention group(s)?	☐Yes	☐No	☐NA
• Are data collection methods described clearly?	☐Yes	☐No	
• Were the instruments reliable (Cronbach's α [alpha] ≥ 0.70)?	☐Yes	☐No	☐NA
• Was instrument validity discussed?	☐Yes	☐No	☐NA
• If surveys/questionnaires were used, was the response rate ≥ 25%?	☐Yes	☐No	☐NA
• Were the results presented clearly?	☐Yes	☐No	
• If tables were presented, was the narrative consistent with the table content?	☐Yes	☐No	☐NA
• Were study limitations identified and addressed?	☐Yes	☐No	
• Were conclusions based on results?	☐Yes	☐No	

Quality Appraisal of Systematic Review with or without Meta-Analysis or Meta-Synthesis		
• Was the purpose of the systematic review clearly stated?	☐Yes	☐No
• Were reports comprehensive, with reproducible search strategy?	☐Yes	☐No
○ Key search terms stated	☐Yes	☐No
○ Multiple databases searched and identified	☐Yes	☐No
○ Inclusion and exclusion criteria stated	☐Yes	☐No
• Was there a flow diagram showing the number of studies eliminated at each level of review?	☐Yes	☐No
• Were details of included studies presented (design, sample, methods, results, outcomes, strengths and limitations)?	☐Yes	☐No
• Were methods for appraising the strength of evidence (level and quality) described?	☐Yes	☐No
• Were conclusions based on results?	☐Yes	☐No
○ Results were interpreted	☐Yes	☐No
○ Conclusions flowed logically from the interpretation and systematic review question	☐Yes	☐No
• Did the systematic review include both a section addressing limitations and how they were addressed?	☐Yes	☐No

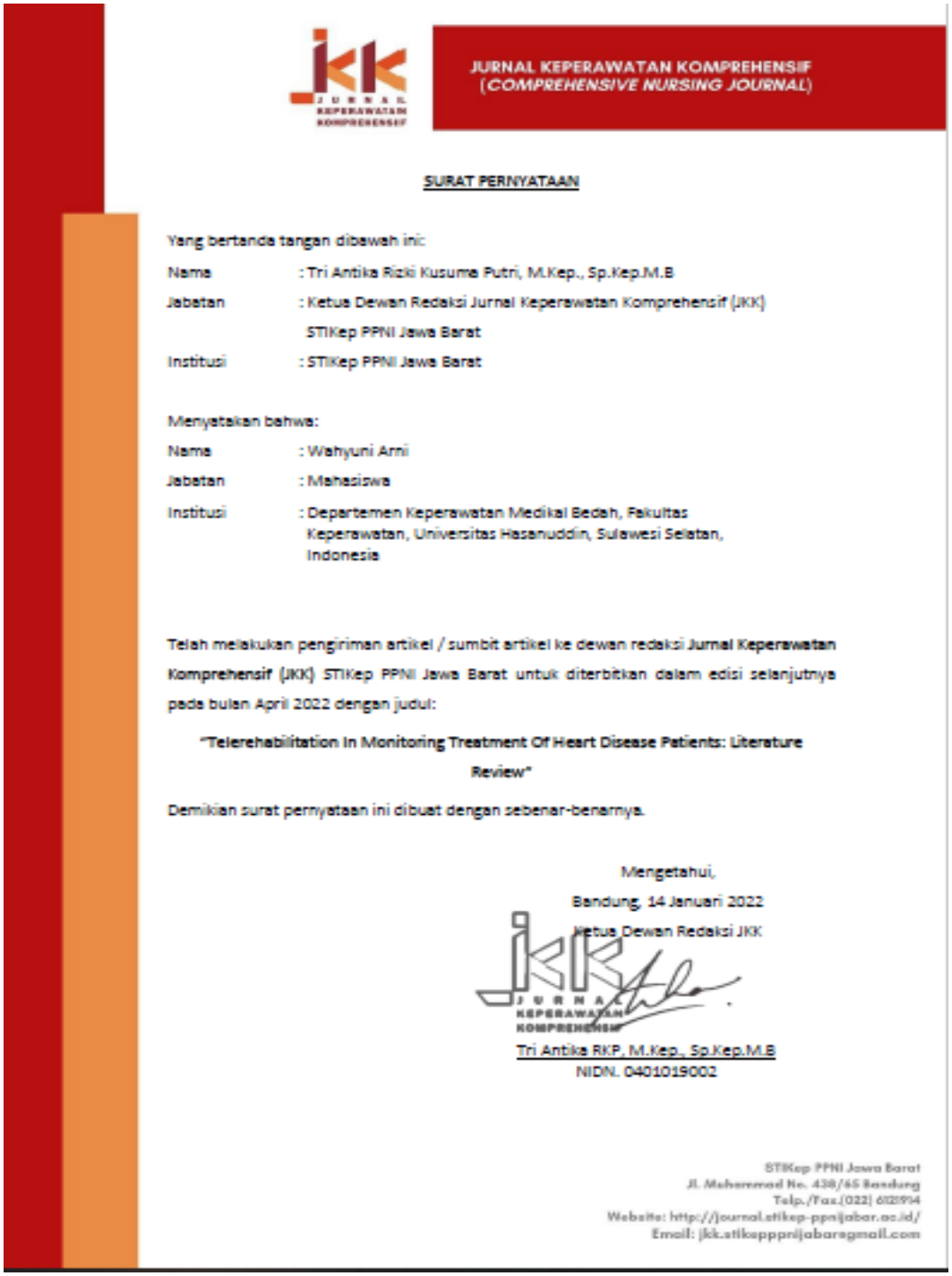
QUALITY RATING BASED ON QUALITY APPRAISAL

A **High quality:** consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence

B **Good quality:** reasonably consistent results; sufficient sample size for the study design; some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence

C **Low quality or major flaws:** little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn

Lampiran 9 Letter of Acceptance Literature Review



JURNAL KEPERAWATAN KOMPREHENSIF
(COMPREHENSIVE NURSING JOURNAL)

SURAT PERNYATAAN

Yang bertanda tangan dibawah ini:

Nama : Tri Antika Rizki Kusuma Putri, M.Kep., Sp.Kep.M.B
Jabatan : Ketua Dewan Redaksi Jurnal Keperawatan Komprehensif (JKK) STIKep PPNI Jawa Barat
Institusi : STIKep PPNI Jawa Barat

Menyatakan bahwa:

Nama : Wahyuni Arni
Jabatan : Mahasiswa
Institusi : Departemen Keperawatan Medikal Bedah, Fakultas Keperawatan, Universitas Hasanuddin, Sulawesi Selatan, Indonesia

Telah melakukan pengiriman artikel / sumbit artikel ke dewan redaksi Jurnal Keperawatan Komprehensif (JKK) STIKep PPNI Jawa Barat untuk diterbitkan dalam edisi selanjutnya pada bulan April 2022 dengan judul:

"Telerehabilitation In Monitoring Treatment Of Heart Disease Patients: Literature Review"

Demikian surat pernyataan ini dibuat dengan sebenar-benarnya.

Mengetahui,
Bandung, 14 Januari 2022
Ketua Dewan Redaksi JKK

Tri Antika RKP, M.Kep., Sp.Kep.M.B
NIDN. 0401019002

STIKep PPNI Jawa Barat
Jl. Muhammad No. 438/65 Bandung
Telp./Fax.(022) 6020914
Website: http://journal.stikep-ppnijabar.ac.id/
Email: jkk.stikepppnijabar@gmail.com