targeted healthcare outcomes with the components of the ICF Classification.

Results. We identified seventy-eight HTA reports related to nursing care, published between the years 1992 and 2018. Overall, forty-four reports did not outline any particular outcome and had to be categorized as unclear. The remaining thirty-four reports addressed three ICF components (body functions, activities/ participation, environmental factors) with sixty-eight ICF content categories. Frequent ICF contents were services, systems and policies (code e5, n = 15), cardiovascular/ respiratory functions (code b4, n = 10), mental functions (code b1, n = 7), digestive functions (code b5, n = 7), domestic life (code d6, n = 7), and sensory functions/ pain (b2, n = 6). Six HTA reports evaluated interventions/ technologies with presumed effects on at least four ICF content categories from two ICF components.

Conclusions. HTA in the field of nursing is often complex, including multicomponent approaches and a wide range of potential outcomes relevant for the HTA assessment. The ICF model might be useful to support a more streamlined understanding of complex interventions in this sector. Furthermore, reports might benefit from linking the ICF Classification with HTA, especially for the assessment of complex interventions.

VP27 Countrywide Screening Of Cardiovascular Diseases Through Telemedicine

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Introduction. Through telemedicine, advantageous telediagnostic systems can be developed to improve the health care of populations that do not have access to specialists. However, evidence on how such innovation technology can enhance the countrywide electrocardiographic (EKG) screening to support a prevention program for cardiovascular diseases is limited. The usability of telemedicine to improve the countrywide detection of heart diseases according to the national cardiovascular disease prevention program in Paraguay was investigated.

Methods. This cross-sectional survey included adults (≥19 and ≤ 80 years) and children (≥1 and ≤ 18 years) with medical prescription. The study was carried out by the Telemedicine Unit of the Ministry of Public Health and Social Welfare (MSPBS) in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute (IICS-UNA) to evaluate the utility of a telediagnostic net for detection and prevention program of cardiovascular disease in public health. For this purpose, the results obtained by the EKG telediagnosis net implemented in sixty countrywide public hospitals were analyzed and verified the adherence to the cardiovascular prevention program.

Results. A total of 246,217 remote EKG diagnoses were performed between January 2014 and August 2018. Of the total, 80.6 percent (198,494) corresponded to adults and 19.4 percent (47,723) to children. The adult diagnoses were mainly normal (66.3 percent), sinus bradycardia (11.2 percent), right bundle branch block (4.8 percent), left ventricular hypertrophy (4.7 percent), ventricles repolarization

disorder (4.4 percent), sinus tachycardia (4,4 percent), ischemia (1.7 percent), atrial fibrillation (1.1 percent), left bundle branch block (0.7 percent), and unspecified arrhythmias (0.6 percent). The children's diagnoses were mainly normal (79.4 percent), sinus bradycardia (10.6 percent), sinus tachycardia (3,2 percent), unspecified arrhythmias (2.8 percent), right bundle branch block (1.9 percent), left ventricular hypertrophy (1.0 percent), left bundle branch block (0.4 percent), ventricles repolarization disorder (0.3 percent), and atrial fibrillation (0.2 percent). The mean adherence rate to the prevention program was 2.3 between 2014 and 2018 for each thousand diagnosis performed.

Conclusions. The results show that the telemedicine can enhance significantly the EKG screening to support a prevention program for cardiovascular diseases and health programs. However, before carrying out its systematic implementation, a contextualization with the regional epidemiological profile must be performed.

VP28 Building A Virtual Diagnosis Network Through A Telemedicine Platform

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Introduction. Advances in information and communication technology (ICT) and health technology have enhanced healthcare for many countries around the world. The challenge for low income setting countries is to build a telemedicine platform to enhance the community hospital diagnosis response capacity. Populations living in remote areas did not have access to specialist care and quality diagnostic services and thus depended on the low response capacity of their local health system. There were subsequent equity issues between urban and rural populations. In this context the virtual telediagnosis network should be directed towards developing better equity in the provision of services in remote locations without access to specialists. The usability of a telemedicine platform to enhance the virtual diagnosis network of community hospitals in rural areas of Paraguay was investigated.

Methods. This descriptive study was carried out by the Telemedicine Unit of the Ministry of Public Health and Social Welfare (MSPBS) in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute (IICS-UNA) and the University of the Basque Country (UPV / EHU) to evaluate the utility of a telemedicine platform to enhance the virtual diagnosis network of community hospitals. For this purpose, the results obtained by the virtual telediagnosis network implemented in sixty public countryside community hospitals were analyzed.

Results. A total of 427,026 remote diagnoses were performed between January 2014 and October 2018 in sixty community hospitals. Of the total, 35.76 percent (152,703) corresponded to tomography studies, 62.55 percent (267,100) to electrocardiography (EKG), 1.68 percent (7,204) to electroencephalography (EEG) and 0.01 percent (19) to ultrasound. There were no significant differences between the remote and the face-to-face diagnosis. With the remote diagnosis a reduction of the cost was obtained, that supposes an important benefit for each citizen of the sixty communities.

Conclusions. The results show that the virtual diagnosis network based on a telemedicine platform can enhance significantly the community hospital diagnostic services, maximizing professional time and productivity, increasing access and equity, and reducing costs. However, before carrying out its countrywide implementation, a contextualization with the regional epidemiological profile must be performed.

VP29 Designing A Mobile Clinical Decision Support System For Dementia

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Introduction. E-health offers the opportunity of supporting the management of several diseases, but most of these tools are far from being based on scientific evidence and demonstrating their effectiveness and efficacy. The PSICODEM Project aims to develop a mobile personalized clinical decision support system (CDSS) based on evidence for contributing to e-health interventions addressed to the management of dementia that require not only a pharmacological approach but also psychosocial interventions for improving patients' quality of life and reducing emotional, cognitive and behavioral symptoms. The present communication focuses on the identification of the evidence on which the CDSS algorithm will be developed.

Methods. Three systematic reviews were carried out in order to identify the existing scientific evidence published in relation to the effectiveness of behavioral, emotional and cognitive therapies addressing dementia (January 2009 to December 2017). The main databases were consulted (PubMed, Cochrane Library, PsychoInfo) and only randomized control trials (RCT) were considered. Articles were reviewed by two independent reviewers. The quality of the selected publications was assessed according to the SIGN criteria.

Results. Forty-seven RCTs were selected for cognitive therapies, thirty-two for emotional ones and fifteen for behavioral interventions. Those therapies with more support of evidence were skills training for cognitive therapies and reminiscence interventions for emotional interventions; however, in behavioral interventions a variety of therapeutically approaches were found. Wide differences were found between studies in terms of types and levels of dementia, forms of intervention (number, length and frequency of sessions) and outcome measures.

Conclusions. In-depth analysis of evidence will allow the identification of those interventions more appropriate for each patient according to their symptoms and level of dementia. According to this evidence, the mobile CDSS algorithm will be developed. Additionally, these findings point out the gaps in psychosocial intervention research.

VP30 Evaluation Of CINAHL In Six Systematic Reviews On Maternal Care

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Introduction. Information retrieval for systematic reviews (SRs) should include sensitive searches in several bibliographic databases. In addition to standard databases (i.e., MEDLINE, Embase and CENTRAL), researchers might consider subject-specific ones. In the fields of nursing and midwifery, a SR would typically include CINAHL as a subject-specific database. The aim of this study was to analyze the number and relevance of references retrieved from CINAHL in six SRs on maternal care.

Methods. We conducted a retrospective analysis of six SRs (e.g., benefit of intrapartum ultrasound or one-to-one care during labor). The study type was limited to randomized controlled trials (RCTs) in all but three SRs. In all cases, MEDLINE, Embase, CENTRAL and CINAHL were searched for primary studies. Further information sources (e.g., study registries and reference lists of SRs) were also considered. The proportion of the additional number of hits and studies included from CINAHL as well as the corresponding number of participants were calculated.

Results. Overall, the reviewers screened 12,013 references from bibliographic databases and identified forty relevant studies. CINAHL contained 2,643 (22 percent) of the references. In five out of six SRs, no additional studies were identified in CINAHL. In the remaining SR on birthing positions, the reviewers included thirteen RCTs of which one was a feasibility study with 68 participants indexed only in CINAHL. This corresponds to 0.9 percent of the women participating in all thirteen RCTs (n = 7,861). However, this study was cited in a journal article on a subsequent RCT that was identified and included via MEDLINE and ClinicalTrials.gov.

Conclusions. It is not necessary to search CINAHL in SRs on maternal care if standard databases and further information sources are considered. An additional study from CINAHL was included in one out of six SRs, a small feasibility study that could have been identified without CINAHL via a subsequent RCT.

VP31 Searching Non-English Literature For HTA Reports May Be Unnecessary

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Introduction. Currently, the Institute for Quality and Efficiency in Health Care (IQWiG) does not restrict literature searches by language. Given limited resources, it is unclear whether the effort put into screening and translating studies published in non-English and non-German (nEnG) languages yields much new information when compared to including only English and German literature. Therefore, we aimed to analyze the impact of nEnG literature on the conclusion of IQWiG's health technology assessments (HTAs).

Methods. We checked for seventy-two IQWiG HTAs (all non-drug intervention HTAs published until August 2018 and three additional HTAs on drugs) whether they included nEnG studies. For all HTAs including at least one nEnG study, we analyzed whether the statistical significance would have changed for any endpoint without the respective nEnG study(ies). If no