



STUDY PROTOCOL

**REVISED** **The emerging role of a Stroke Clinical Nurse Specialist (CNS) in Early Supported Discharged: Developing a pathway for stroke nursing for secondary prevention in the community. A scoping review protocol. [version 2; peer review: 1 approved, 2 approved with reservations]**

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**Abstract**

**Background**

Stroke represents a major source of mortality and morbidity globally. The role of a stroke Clinical Nurse Specialist (CNS) as an expert team member in early supported discharge (ESD) for stroke, is not well defined or described although it is well established in other models of after-hospital and out-reach specialist care in the community. A greater focus has been on patients receiving rehabilitation post-stroke, however there is a need for a more holistic approach to care which clinical nurse specialists can offer to patients as part of ESD. Nurses are often the cohesive point of contact for other after-hospital services, managing many aspects of secondary prevention.

**Open Peer Review**

**Approval Status** ✓ ? ?

	1	2	3
<b>version 2</b>	✓	?	
(revision)	<a href="#">view</a>	<a href="#">view</a>	
07 Oct 2024	↑	↑	
<b>version 1</b>	?	?	?
08 Jan 2024	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>

- Ashan Weerakkody** , Edith Cowan University, Joondalup, Australia
- Rita Chiaramonte** , University of Catania, Catania, Italy
- Suzanne Hoi Shan Lo**, The Chinese

## Objective

The aim of this scoping review is to explore the evidence in relation to the role of the stroke nurse providing secondary prevention interventions to stroke patients in a community setting.

## Methods

We will conduct a scoping review in accordance with the Arksey and O'Malley, 2005<sup>1</sup> scoping review framework and the PRISMA-ScR guidelines to map available literature on the role of the stroke nurse in post-stroke care of patients in the community. The Cochrane Central Register of Controlled Trials and Systematic literature searches including databases MEDLINE, EMBASE, CINAHL, google scholar and grey literature will be searched using keyword searches. Data will be charted and synthesised and a narrative synthesis will be conducted.

## Conclusions

This scoping review will be used to identify gaps in the current literature and identify areas for future research in the role of the stroke nurse in ESD in relation to secondary prevention for stroke patients and inform the development of a pathway for stroke nursing in ESD.

## Keywords

Early Supported Discharge, Stroke Clinical Nurse Specialist, Stroke Rehabilitation, Community Care, Primary Care, Scoping Review



This article is included in the [Ageing Populations](#) collection.

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Any reports and responses or comments on the article can be found at the end of the article.

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**Author roles:** **Byrne SJ:** Conceptualization, Funding Acquisition, Methodology, Project Administration, Writing – Original Draft Preparation, Writing – Review & Editing; **Williams DJ:** Conceptualization, Methodology, Supervision, Writing – Review & Editing; **Patton D** : Conceptualization, Methodology, Supervision, Writing – Review & Editing; **Murphy PJ:** Investigation; **Horgan F:** Conceptualization, Funding Acquisition, Methodology, Project Administration, Supervision, Writing – Original Draft Preparation, Writing – Review & Editing

**Competing interests:** No competing interests were disclosed.

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**First published:** 08 Jan 2024, 7:2 <https://doi.org/10.12688/hrbopenres.13818.1>

**REVISED Amendments from Version 1**

In response to the valuable feedback provided by the reviewers, this paper has undergone revisions to enhance its structure, clarity, and depth of analysis.

Firstly, the introduction has been restructured to provide a clearer explanation of key concepts, which are essential to understanding Text and Data Mining (TDM). Similarly, the selection criteria for the literature review have been clarified, including language limitations and the interdisciplinary scope of the review.

The regulatory framework section has been expanded to include a broader discussion of the legal challenges surrounding TDM, particularly in relation to data protection. New authoritative sources recommended by the reviewers, such as official guidelines from supervisory bodies, have been included to enhance the discussion on GDPR and other regulatory frameworks.

The section on intellectual property rights has been renamed "TDM and Copyright and Related Rights" for greater accuracy. In response to concerns about outdated references, older sources have been justified or removed as appropriate.

The data protection section now includes more authoritative sources, and a deeper analysis of GDPR provisions such as data protection by design and default, profiling, and inferred data.

Further, the section on fundamental rights has been revised to address issues of bias and discrimination in TDM, with key literature added, while the generalist approach section has been clarified to justify its classification.

Footnotes and references have been reviewed and revised for consistency and accuracy throughout the paper.

**Any further responses from the reviewers can be found at the end of the article**

## Introduction

Stroke represents a major source of mortality and morbidity globally, and it is reported that there are over 15 million individuals affected worldwide by stroke every year<sup>2,3</sup>. Nurses play a critical role in all aspects of stroke patients care including initial assessment, diagnosis and provision of inpatient post-stroke secondary prevention care until the patient is discharged home<sup>4,5</sup>. Less attention has been given to the post-stroke role of the clinical nurse specialist as part of an early supported discharge (ESD) model of care<sup>4</sup>. It is recommended in the National Stroke Strategy 2022–2027<sup>6</sup> that a stroke nurse is part of the composition of ESD Teams, however this is not the case in all hospital models of ESD teams. The role of a specialist nurse in ESD is still poorly described though well established in similar models of chronic care in community settings. There is a wealth of information in the literature regarding stroke nurses delivering secondary stroke prevention education to patients and the stroke care pathway, including secondary prevention is discussed as being a comprehensive and personalised approach in the National Institute for Health and Care Excellence Guidelines<sup>7</sup> and ISWP define abbreviation guidelines<sup>8</sup>.

The role of a Stroke Clinical Nurse Specialist as an expert team member in ESD for stroke, is not well defined or described although it is well established in other models of after-hospital and out-reach specialist care in the community such as palliative, respiratory and cardiac care<sup>4</sup>. In their meta-analysis of

eleven randomised control trials in six countries, examining the composition of the ESD teams, Langhorne and Baylan found no significant involvement of nurses, within ESD teams<sup>5,9</sup>. Nurses are often the cohesive point of contact for other after-hospital services, managing many of the aspects of secondary prevention, psychological and functional problems and patient education in models of chronic disease management<sup>10,11</sup>. While there has been a focus on patients receiving rehabilitation post-stroke and the importance of multidisciplinary team members, the role of nurse specialists and what they can offer to patients as part of ESD has received little attention. Post-stroke nursing interventions are critical in not only the initial inpatient setting, but also the home and community setting<sup>4</sup>. As part of an ESD team, the rehabilitation therapists have an important role in improving sensory and motor impairments and functional outcomes, while, stroke clinical nurse specialists play an important role in assisting the patient reducing co-morbid conditions through secondary prevention (e.g., hypertension, smoking and alcohol cessation and medication management) thus limiting the likelihood of recurrent stroke and assisting the patient in their adjustment to lifestyle<sup>5</sup>. The aim of this scoping review is to describe the literature regarding the role of the stroke nurse providing secondary prevention interventions to stroke patients in a community setting. This scoping review will be valuable in identifying a gap in the literature, scope a body of literature and clarify the role of the stroke nurse in ESD. This could in future potentially be used as a precursor for more focused systematic reviews and/or meta-analyses.

## Methods

### Study design

The scoping review framework by Arksey and O'Malley<sup>1</sup> will be used. This framework outlines five steps for a rigorous scoping review: (1) identifying the research questions; (2) searching for relevant studies; (3) selecting studies; (4) charting the data, and; (5) collating, summarising, analysing and presenting the results. This framework highlights that while carrying out a scoping review, rigorous and transparent methods are upheld to ensure the results are reliable<sup>12</sup>. The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews (PRISMA-ScR) checklist will be used to guide the reporting of this review<sup>13</sup>. This protocol is reported in line with the PRISMA-P checklist<sup>13</sup>.

### Stage 1: Identifying the research question

Central Research Question: What is the emerging role of Stroke Clinical Nurse Specialist in ESD: informing a pathway and model of care for stroke patient secondary prevention in the community.

### Eligibility criteria

- Research studies with any intervention that provides community-based care (intervention/strategies/programmes for stroke recovery after discharge from an acute care or rehabilitation hospital) and delivered by nurses in home/community settings, including ESD.
- Due to the limited literature on ESD, we will broaden our search to include studies with an intervention that focused on stroke survivors after discharge from an acute care or rehabilitation hospital.

**Exclusion criteria**

- Research studies with no stroke specific interventions.
- Studies with no nursing involvement.

**Stage 2: Identifying relevant studies**

A library will be created on EndNote X9 for this scoping review. In conjunction with an information specialist librarian, a comprehensive search strategy will be outlined and conducted to identify the relevant literature in relation to the research question. The Cochrane Central Register of Controlled Trials and Systematic literature searches including databases MEDLINE, EMBASE, CINAHL, google scholar and grey literature will be searched using Mesh keyword searches. We will screen the reference lists of the selected articles for inclusion to identify any potential additional appropriate studies. We undertook a preliminary search in October 2022 using search keywords (See Table 1). Following this, the search strategy will be adapted, and a new search will be conducted in conjunction with an information specialist librarian (PM).

**Stage 3: Selecting studies**

Following the search to identify any relevant studies, the final included studies will be imported to ENDNote X9 and the duplicates will be removed where possible. The primary researcher (SJB) will carry out an initial scan of the literature to evaluate and exclude irrelevant literature as specified in the eligibility criteria. Two reviewers (SJB and FH) will independently review the remaining titles and abstracts and apply the inclusion criteria to all remaining studies. A third and fourth reviewer (DP and DW) will act as arbitrator in the event of any disagreements. The two reviewers (SJB and FH) will meet to reach consensus regarding the full text inclusion and these will be uploaded onto the EndNote X9 library. Studies that do not meet the inclusion criteria will be excluded. Reasons for the exclusion will be kept and presented as part of the flow diagram. The final search results will be outlined in a PRISMA flow diagram from the PRISMA-ScR statement, which will be accompanied by a narrative description of the process.

**Table 1. Library Search.**

	<b>OVID MEDLINE All</b>	<b>XXXXXXXXXX</b>
1	exp Stroke/OR exp Stroke Rehabilitation/OR (stroke adj2 rehabilitation) OR (stroke adj2 recovery) OR (post adj2 stroke) OR *Cerebrovascular Disorders/	206877
2	exp Nursing/OR (nurse OR nurses OR nursing).mp.	782698
3	Exp Community Health Services/OR exp Patient Discharge/OR (patient\$ adj2 discharge) OR ((community adj2 care) OR (home adj2 care) OR (continuity adj2 care) OR (transitional adj2 care) OR (transition adj2 care) OR (secondary adj2 prevention)).mp.	449430
4	1 AND 2 AND 3	1123
5	Limit 4 to English language	990
	<b>EMBASE (Elsevier.com)</b>	
1	'cerebrovascular accident'/exp OR stroke:ti,ab,de OR (stroke NEXT/2 rehabilitation) OR (stroke NEXT/2 recovery) OR (post NEXT/2 stroke)	599,093
2	'nursing'/exp OR 'nurse'/exp OR nurse\$:ti,ab OR nursing:ti,ab	831,763
3	'community care'/exp OR (community NEXT/2 care):ti,ab,kw OR 'hospital discharge'/exp OR ((patient NEXT/2 discharge) OR (home NEXT/2 care) OR (continuity NEXT/2 care) OR (transitional NEXT/2 care) OR (transition NEXT/2 care) OR (secondary NEXT/2 prevention)):ti,ab,kw	393,002
4	1 AND 2 AND 3	2,192
5	Limit 4 to English language articles AND Embase records only	663
	<b>CINAHL on Ebscohost</b>	
1	(MH "Stroke+") OR (MM "Stroke Patients") OR TX ((stroke N2 rehabilitation) OR (stroke N2 recovery) OR (post N2 stroke) OR (Cerebrovascular N2 Disorder\$))	97,572
2	(MH "Community Health Nursing+") OR TI (nurse OR nurses OR nursing) OR AB (nurse OR nurses OR nursing) OR SU (nurse OR nurses OR nursing)	997,039
3	(MH "Early Patient Discharge") OR (MH "Patient Discharge") OR TX ((hospital N2 discharge) OR (community N2 care) OR (home N2 care) OR (transitional N2 care) OR (transition N2 care) OR (secondary N2 prevention))	239,023
4	1 AND 2 AND 3	1,339
5	Limit 5 to English language AND journal articles	878

## Stage 4: Charting the data

This scoping review is designed to identify the range of evidence available in the literature which will be represented as a mapping of the identified data without the act of synthesis or referring to any particular methodological qualities of the studies chosen. All relevant data will be extracted from each included study to inform the scoping review objectives and questions. Key information regarding the role of the stroke clinical nurse specialist in secondary stroke prevention in the community will be organised into categories. A narrative synthesis of the literature and how it is applicable to the role of the stroke nurse in early ESD will be conducted. As part of this process, one reviewer (SJB) will independently chart the data from the retrieved articles via a standardised form created using Microsoft Excel software developed from the JBI extraction tool<sup>12,14</sup>. The second reviewer (FH) will check a sample of 20% of the charted data. They will then discuss the results and update the charting form in an iterative process. Reasons for changes will be outlined and presented as an appendix as part of the review. If there are any inconsistencies these will be reviewed by a third reviewer and fourth reviewer (DW and DP).

## Stage 5: Collating, summarising, analysing and presenting the results

Results will be reported using the PRISMA-ScR guidelines<sup>15</sup>. The research question will be reported as narrative summary. This narrative description will be used to synthesise the study findings based on the themes generated from the extracted data.

## Dissemination

The findings of the scoping review will be published in a peer-reviewed open-source journal; presented at national

and international conferences; and shared with researchers, clinicians, stroke survivors and families through organisations for people with stroke.

## Ethics

This scoping review consists of collecting, collating, summarising, analysing and presenting a narrative synthesis of the data from publicly available material and therefore does not require ethics approval.

## Discussion

The proposed scoping review will focus on how nurses in community settings as part of ESD can play a role in delivering a personalised and comprehensive stroke secondary prevention education to patients and the potential benefits to patients. This scoping review will highlight the role of community rehabilitation nurses on the ESD team providing their stroke rehabilitation skills and experience, thereby strengthening the model of interdisciplinary teamworking<sup>10,16,17</sup>. The contribution of nursing to an ESD team enables the stroke patient to be cared for holistically, focusing on multiple domains of care that are individual to the patient. Furthermore, the results of this scoping review will guide any future research in the novel role of the stroke nurse in early supported discharge. The results from this scoping review will guide and be combined with data from later phases of the research, including surveys with stroke survivors and healthcare professionals, and a co-design process. Ethics approval will be sought for these later stages of the research.

## Data availability

No data is associated with this article.

## References

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## Open Peer Review

Current Peer Review Status:   

### Version 2

Reviewer Report 07 November 2024

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**Ashan Weerakkody** 

School of Medical and Health Sciences, Edith Cowan University, Joondalup, Western Australia, Australia

Dear authors,

Thank you once again for the opportunity to review this protocol. I think this is novel and important work, so I wish you the best in your course of research- which this appears to be the commencement of a larger project.

Introduction:

Your amendments now more clearly outline the aims and justification for the scoping review.

Methods:

Eligibility clearer, and clearly justifies why increasing search to community/post-discharge in lieu of anticipated limited research into ESD.

Discussion:

This is a much better summary of the potential contributions to future work and understanding that can arise from this review.

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Stroke rehabilitation, early-supported discharge, neurological physiotherapy, qualitative research, implementation science.

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard.**

Reviewer Report 14 October 2024

<https://doi.org/10.21956/hrbopenres.15354.r42650>

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**Rita Chiamonte**

University of Catania, Catania, Italy

This is a very interesting scoping review on the role of stroke nurses in providing secondary prevention interventions to stroke patients in a community setting.

Here my suggestions:

**Keywords:** Prefer Mesh Keywords

**Methods:** The bullet points are clear, but bullet points are not typically used in the main text. I suggest making the content flow more smoothly within the text. If desired, you could add a table to present the inclusion and exclusion criteria in a more structured way.

**Results:** Although this is a protocol, it would be helpful to outline the specific roles of nurses in this field, as they may serve as prognostic indicators for the outcomes you expect to find (such as: **1. Monitoring and Managing Risk Factor** like hypertension, diabetes, ... **2. Patient Education** for prevention strategies, **3. Medication Management** in collaboration with physicians, **4.**

**Rehabilitation Support** reinforcing physiotherapy encouraging mobility, speech therapy, and facilitate exercises that help regain independence in ADLs, **5. Care Coordination** between patient, family, multidisciplinary team, **6. Infection Prevention and Control** like Cl. diff (Chiamonte R et al, 2023) [Ref 1], UTIs, Pneumonia, **7. Health Promotion**:, **8. Discharge Planning and Transition of Care** including home care instruction infection prevention

#### References

1. Chiamonte R, D'Amico S, Marletta C, Grasso G, et al.: Impact of Clostridium difficile infection on stroke patients in rehabilitation wards. *Infectious Diseases Now*. 2023; **53** (5). [Publisher Full Text](#)

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Rehabilitation in neurological disorders, swallowing disorders, botulinum toxin injections, scoliosis, imbalance

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.**

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**Version 1**

Reviewer Report 30 April 2024

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**Suzanne Hoi Shan Lo**

Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong, Hong Kong

Thank you for the opportunity to review this manuscript. It is a scoping review protocol and some suggestions for the authors consideration:

- the eligibility criteria of studies to be included are too broad for example, all interventions delivered by nurse at acute or home settings. It may retrieve many articles and create large variations in the results. Could be more specific by specifying the criteria for early supported discharged, and the role of a stroke clinical nurse to be included. Besides, the topic of the manuscript is for secondary prevention in the community, may also highlight this in the eligibility criteria.
- the search for the articles could be more extensive by searching for grey literatures, theses and dissertations, ongoing trials or unpublished studies.

**Is the rationale for, and objectives of, the study clearly described?**

Partly

**Is the study design appropriate for the research question?**

Yes

**Are sufficient details of the methods provided to allow replication by others?**

Partly

**Are the datasets clearly presented in a useable and accessible format?**

Not applicable

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Stroke care

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.**

Author Response 09 Oct 2024

**Sarah-Jane Byrne**

Thank you, Professor, Hoi Shan Lo, for your time in reviewing our protocol. We appreciate all your comments and suggested changes. We have addressed each of the points you have raised and amended the paper accordingly. This is now described below.

**Reviewer comment 1:** The eligibility criteria of studies to be included are too broad:  
**Author response:** This area of research is novel as there are extremely limited prior systematic reviews or scoping reviews completed on the role of the stroke nurse as an expert in early supported discharge. The broad eligibility criteria in this scoping review protocol is to highlight that we will review general stroke nursing in a community setting and highlight how the role would be applicable to the stroke nurse specialist on an early supported discharge team and provide the first narrative synthesis of the role of the nurse as an expert in early supported discharge.

**Reviewer comment 2:** The search for the articles could be more extensive by searching for grey literatures, theses and dissertations, ongoing trials or unpublished studies:  
**Author response:** We have included grey literature and any potential additional appropriate studies in our search strategy.

**Competing Interests:** N/A

Reviewer Report 27 March 2024

<https://doi.org/10.21956/hrbopenres.15125.r38350>

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**Rita Chiamonte** 

University of Catania, Catania, Italy

This study examines the role of the Stroke Clinical Nurse Specialist.

It is a protocol of a review. This kind of pilot study is usual for a systematic review less for a narrative review.

However, my suggestions aim to better contextualize the study and make the text more readable for readers that should appreciate to know the key points of the future narrative review.

1. Keywords: I suggest using Mesh keywords.
2. Introduction: At the end of the introduction, please add the aim of the study.
3. Additionally, consider including key points you intend to investigate in the next narrative review, such as:
  - Complications related to bed confinement, including: a) Respiratory failure (Robateau Z, et. al., 2024 [Ref 1]) b) Pressure injury (Schott M, et. al., 2024 [Ref 2]) c) Infection (Chiamonte R, et. al., 2023 [Ref 3])
  - motion (Chiamonte R, et. al., 2022 [Ref 4])
  - communication (Chiamonte R, et. al., 2021 [Ref 5])
  - and so long...
4. You could start to add the importance of a multidisciplinary teams.

5. The suggestions are related to my literature knowledge, I invited the authors to explore other relevant references

### References

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5. Chiamonte R, Vecchio M: A Systematic Review of Measures of Dysarthria Severity in Stroke Patients. *PM R.* 2021; **13** (3): 314-324 [PubMed Abstract](#) | [Publisher Full Text](#)

### Is the rationale for, and objectives of, the study clearly described?

Partly

### Is the study design appropriate for the research question?

Partly

### Are sufficient details of the methods provided to allow replication by others?

Yes

### Are the datasets clearly presented in a useable and accessible format?

Partly

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Rehabilitation in neurological disorders, swallowing disorders, botulinum toxin injections, scoliosis, imbalance

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.**

Author Response 09 Oct 2024

**Sarah-Jane Byrne**

Thank you, Dr Chiamonte, for your time in reviewing our protocol. We appreciate all your comments and suggested changes. We are extremely grateful to you for giving of your time and expertise and hope the attached responses address your concerns and comments. We have addressed each of the points you have raised and

amended the paper accordingly. This is now described below.

1. Keywords: We will use the following Mesh keywords: Early Supported Discharge, Nurse, Stroke Rehabilitation, Community Health Services, Primary Health Care.
2. Introduction: We have added the aim of the study at the end of the introduction paragraph.
3. Consider including key points you intend to investigate in the next narrative review: We have identified that this scoping review will be valuable in identifying a gap in the literature, scope a body of literature and clarify the role of the stroke nurse in ESD. This could in future potentially be used a precursor for more focused systematic reviews and/or meta-analyses.
4. You could start to add the importance of a multidisciplinary teams: We have added details regarding the importance of multidisciplinary teams in the introduction.

**Competing Interests:** N/A

Reviewer Report 16 February 2024

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**Ashan Weerakkody** 

School of Medical and Health Sciences, Edith Cowan University, Joondalup, Western Australia, Australia

Thanks for allowing me to review this protocol. The role of stroke clinical nurse specialists is understated, and I commend this research direction your scoping review is taking.

### Summary:

Intro:

The authors outline the impact of stroke and the role nurses have traditionally played in initial assessment, diagnosis, provision of secondary stroke prevention education in inpatient settings. They then discuss the limited literature on stroke CNSs working in ESD services despite similar roles in other community multidisciplinary teams. They report potential benefits of including nurses in ESD teams such as a liaison point for other out-of-hospital teams and supporting chronic disease management.

Methods:

The authors identify the scoping review framework they will employ and outline how they will undertake each of the 5 stages. The methods appear appropriate, however further detail is required to outline aspects of data analysis and synthesis (see below)

I imagine much of my comments may be fully addressed during the write up for publication when you have your results, however these are questions I had which may be good to address as part of this protocol for clarity to the reader and to better understand the purpose, process and impact of this review.

#### General comments:

There are some punctuation issues that affect readability, particularly incorrect placement of commas in longer sentences.

#### Intro:

It would be good to outline some of the benefits to CNSs being part of other community teams (palliative, respiratory) to strengthen the argument for nurses in ESD teams. Maybe a statement on why nursing in ESD may be superior to only in inpatient settings if you are able to reference this- it would add strength to the need for this review. Can you add a sentence or two summarising the need for this review at the end of the intro? This would bring the two introduction paragraphs together better.

#### Methods:

The first 2 sentences outlining the potential value of this review to scope the literature and act as a precursor for future systematic reviews would be better placed at the end of the introduction or under the heading "Aims" in the methods section- as it is not a statement regarding study design.

Regarding your study inclusion criteria- you don't mention ESD, only community/home. It may be difficult to generalise your findings from community services to specifically ESD; as while ESD is home/community based, not all home/community teams are ESD. I'm thinking this might be because there is little/no literature on specific ESD so you've expanded to stroke community teams. However, you should probably include 2 questions here- 1 on ESD, and 1 on community stroke teams in lieu of sufficient data for ESD only and a statement to explain this.

The authors mention that the study findings will be synthesised from the themes generated. How are you doing this? Are you using a framework such as thematic synthesis or other? Do you anticipate qualitative and/or quantitative studies? Will you synthesise both forms the same way?

#### Ethics

The statement is long considering this is a review of already published studies. The comments regarding future work, guided by findings from this review would be better placed in the discussion section.

#### Discussion

This section is too brief. It would be best to include how this review will inform future work here, rather than in the ethics statement.

#### Advice on screening:

This is more to save you time rather than as part of peer review. Have you considered a semi-automated screening tool to support your abstract and title screening? I've used Research Screener previously, and have included its reference and another systematic review evaluating the performance of these tools.

**References**

1. Thomas J, Harden A: Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Med Res Methodol.* 2008; **8**: 45 [PubMed Abstract](#) | [Publisher Full Text](#)
2. Chai KEK, Lines RLJ, Gucciardi DF, Ng L: Research Screener: a machine learning tool to semi-automate abstract screening for systematic reviews. *Syst Rev.* 2021; **10** (1): 93 [PubMed Abstract](#) | [Publisher Full Text](#)
3. Burgard T, Bittermann A: Reducing Literature Screening Workload With Machine Learning. *Zeitschrift für Psychologie.* 2023; **231** (1): 3-15 [Publisher Full Text](#)

**Is the rationale for, and objectives of, the study clearly described?**

Partly

**Is the study design appropriate for the research question?**

Yes

**Are sufficient details of the methods provided to allow replication by others?**

Partly

**Are the datasets clearly presented in a useable and accessible format?**

Not applicable

**Competing Interests:** No competing interests were disclosed.

**Reviewer Expertise:** Stroke rehabilitation, early-supported discharge, neurological physiotherapy, qualitative research, implementation science.

**I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.**

Author Response 09 Oct 2024

**Sarah-Jane Byrne**

Thank you, Mr Ashan Weerakkody for your time in reviewing our protocol. Thank you for this positive feedback on our protocol. We appreciate all your comments and suggested changes. We have addressed each of the points you have raised and amended the paper accordingly. This is now described below.

1. We have corrected the grammar and punctuation errors in the protocol.
2. Introduction: We have clarified the aim of the study in the introduction paragraph, and we have added a statement to summarise the need for this review at the end of the introduction section.
3. Methods: thank you for this feedback, we have moved this statement to the end of the introduction.
4. Inclusion Criteria: we have amended the criteria to include on ESD, and community stroke teams.

5. Study Findings: We anticipate both qualitative and quantitative papers. Qualitative data gathered will be presented as a descriptive narrative and it is beyond the remit of a scoping review to perform a thematic analysis.
6. Ethics: We have condensed the ethics paragraph and moved the appropriate section to the discussion section.
7. Discussion: We have further developed the discussion section and added in details regarding how this review will inform future work.
8. We wish to thank you for your valuable advice on the use of a screening tool. We will complete title and abstract screening in the Covidence platform.

***Competing Interests:*** N/A

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