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ASSESSMENT TOOLS FOR POST-STROKE DISCHARGE READINESS: A LITERATURE REVIEW

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ABSTRACT
Stroke survivors are at high risk of hospital readmission due to recurrent stroke, comorbidities, and inadequate discharge preparation. Readiness for hospital discharge plays a pivotal role in ensuring a safe transition of care and improving post-stroke outcomes. Evaluating patient and caregiver readiness for hospital discharge is essential to reduce the likelihood of readmission and optimize home care outcomes. This review aimed to identify, describe, and evaluate existing tools used to assess discharge readiness in post-stroke patients, and examine their effectiveness in supporting care transitions and preventing hospital readmissions.Methods: A systematic review was conducted in accordance with PRISMA guidelines. Four databases-PubMed, Science Direct, Clinical Key, and Google Scholar—were searched for relevant articles published between 2021 and 2025 using predefined keywords related to stroke, discharge readiness, transition of care, and readmission. After screening 202 initial records, 34 articles were selected for full-text review. Ten studies met the inclusion criteria and were then critically appraised using the Joanna Briggs Institute (JBI) checklist to assess methodological quality and risk of bias. The included studies were synthesized narratively based on study design, assessment tools used, psychometric properties, and their impact on discharge readiness and hospital readmission outcomes. The review identified several validated tools, including the Readiness for Hospital Discharge Scale (RHDS), the Preparedness Assessment for the Transition Home After Stroke (PATH-s), and the Caregiver Contribution to Self-Care Inventory (CC-SC-CII-v2). These tools varied in focus, population, and application context. While some showed strong psychometric properties and predictive power for readmission, others highlighted the need for caregiver inclusion and context-specific adaptation. However, inconsistencies in implementation, limited integration into clinical workflows, and lack of long-term outcome evaluations remain significant barriers. This review enhances understanding of discharge readiness assessment tools in post-stroke care and underscores their value in reducing readmissions and optimizing care transitions.

Keywords: caregiver preparedness; discharge readiness; readmission; stroke; transitional care

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INTRODUCTION

Stroke as the second rank leading cause of death worldwide is also a major contributor to hospital readmissions and long-term impairment. Based on clinical and statistical data, ischemic stroke accounts for about 62% of all strokes, followed by intracerebral hemorrhage (ICH) at 28% and subarachnoid hemorrhage (SAH) at 10%. The results and conclusions of the following studies highlight the significant impact of acute stroke, irrespective of its type or subtype, and emphasize the importance of collaborative efforts to improve acute stroke care, secondary prevention, and subsequent long-term prognoses (Sangha & Ishida, 2021). As advances in acute stroke care have improved survival rates, the transition from hospital to home has become a critical phase in post-stroke care. During this period, appropriate discharge planning plays a key role in preventing adverse outcomes such as delayed recovery, medication errors, and unplanned readmissions (Dong et al., 2023).

Stroke survivors face a high risk of readmission due to recurrent strokes, infections, and other comorbidities such as diabetes and hypertension. In Cameroon, 30% of readmissions occurred within the first month, with infections and recurrent strokes being the primary causes (Nkoke

et al., 2024). Given their correlation with higher death rates and medical expenses, the prevalence and consequences of readmissions following a stroke are major issues in the field of medicine. Research indicates that readmission rates differ depending on a number of factors, including patient demographics, comorbidities, and care quality. Comorbidities (such as diabetes, depression), advanced age, and a decreased level of functional independence after hospital discharge are the primary risk factors. Within 30 days, 12% of stroke patients require another hospital stay (Gardener et al., 2023). In the first year following rehabilitation, 24% of stroke survivors in a cohort study experienced readmission (Tay, 2021).Patient outcomes are significantly impacted by hospital discharge readiness, which includes a number of aspects such care coordination, psychosocial support, and patient education. It is necessary to guarantee a seamless discharge from the hospital, which lowers the chance of readmissions and speeds up healing. Successful discharge requires teamwork among healthcare professionals, patients, and families to address individual needs (Aliane et al., 2024). Identifying specific barriers to discharge readiness can guide nursing interventions, particularly for vulnerable populations like the elderly or those with chronic illnesses (Wu et al., 2023).

Assessing the readiness of stroke patients to be discharge from the hospital is very important to promote the post stroke outcomes and reduce readmission rates. A variety of instruments, from broad ones like the preparedness for Hospital Discharge Scale (RHDS) (Elmore et al., 2024) to more stroke-specific ones like the Post-Stroke Checklist (PSC) (Olver et al., 2021), have been created to assess discharge preparedness. It is yet unknown, nevertheless, how useful, specific, and applicable these instruments are in stroke populations to be the best instrument. Furthermore, there is no synthesis in the research about the best strategies for facilitating safe transitions and lowering the chance of readmission for stroke patients since every research stil looking forward about that. The aim of this review was to to identify, describe, and evaluate existing tools used to assess discharge readiness in post-stroke patients, and to examine their effectiveness in supporting transition of care and preventing hospital readmission.

METHOD

This study uses a systematic review design following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The review aims to identify and evaluate the tools used to assess discharge readiness in post-stroke patients, and to synthesize evidence regarding their effectiveness in reducing hospital readmission and supporting transition of care. This study analyzes and integrates findings from studies that have been published in the past five years (2021–2025).

Data sources were selected from four leading reputable electronic databases: PubMed, Science Direct, Clinical Key, and Google Scholar. A structured search strategy was used, employing specific keywords including ("Stroke” OR “Post-Stroke") AND ("Discharge Readiness" OR "Readiness Assessment"), ("Transition Care") AND ("Readmission OR Rehospitalization") to capture relevant studies discussing tools for assessing discharge readiness in post-stroke patients.Inclusion criteria were: (1) The literature is the result of research in the field of nursing or a related field, (2) The literature has free reading access (full-text /open access), (3) articles published in English or Bahasa Indonesia, (4) The literature is a publication within the last five years (2021-2025), and (5) The literature contains variable discussions relevant to the the predetermined topic. Exclusion criteria included: (1) Research that does not have free access, (2) Research that does not contain at least one variable from the specified topic, (3) Literature in the form of reviews, whether narrative/traditional reviews, literature/systematic reviews, and meta-analyses.

The selection process involves several stages, starting with the exclusion of irrelevant journals, the removal of duplicate records, followed by the screening of titles and abstracts, and ending with the evaluation of full texts based on predetermined inclusion and exclusion criteria. Eligible studies included those with Cross-sectional, Observational Study, Methodological Research, Quasi-Experimental, and Randomized Controlled Trial (RCT) designs. Of the 202 articles initially identified, 10 studies met the inclusion criteria and were included in the final review.

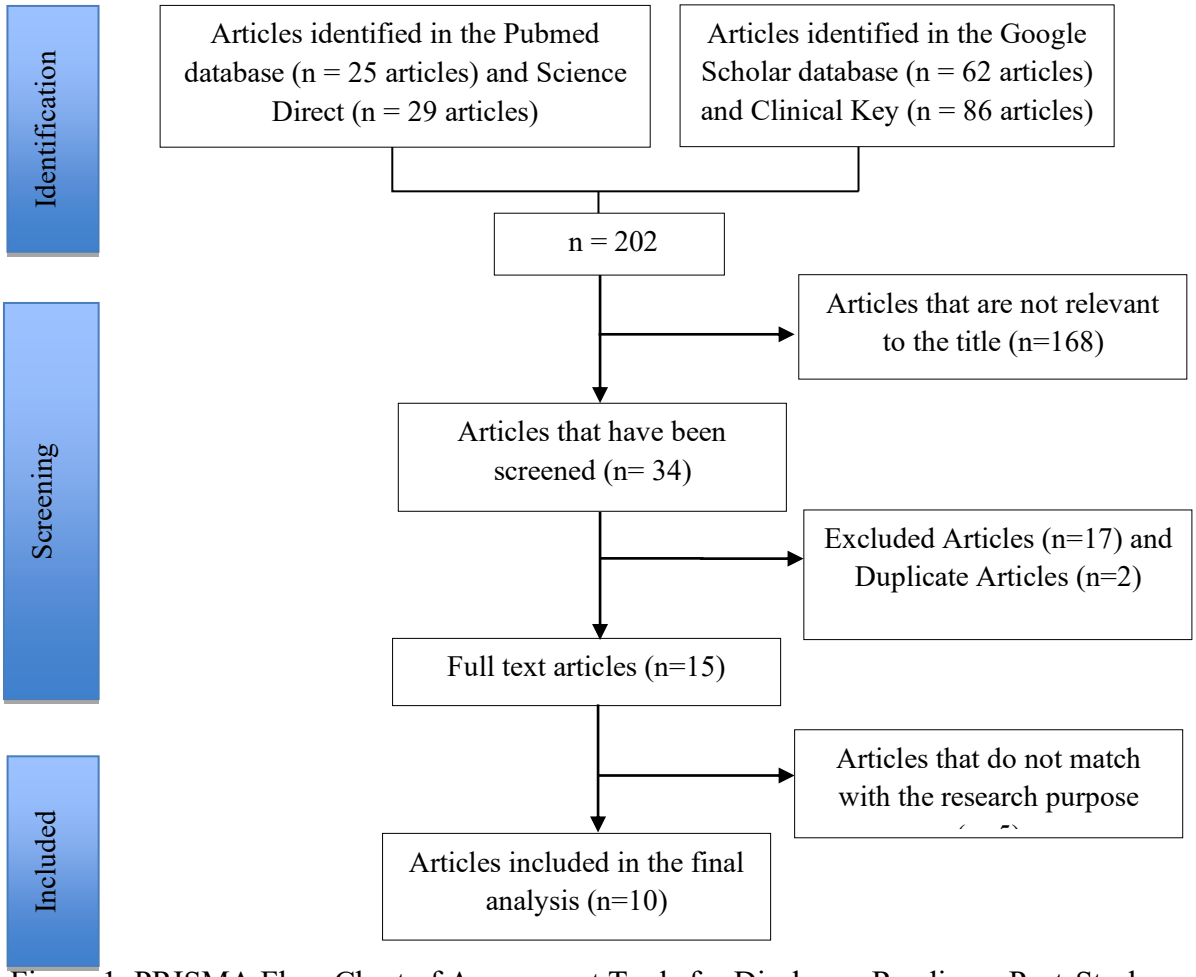

Figure 1. PRISMA Flow Chart of Assessment Tools for Discharge Readiness Post-Stroke Patients: A Literature Review

The methodological quality and risk of bias were independently assessed using the Joanna Briggs Institute (JBI) critical appraisal tool. Disagreements during selection or appraisal were resolved through discussion or adjudicated by a reviewer when necessary.

Table 1.
Critical Appraisal Using JBI Checklist

Study	JBI Checklist Tools	Result
(Guo et al., 2025)	Cross-sectional	Some Concern
(Posri et al., 2022)	Diagnostic Test Accuracy	Some Concern
(Zhou et al., 2025)	Cross-sectional	Some Concern
(Amatya et al., 2022)	Cohort Study	Some Corcern
(Camicia, Lutz, Joseph, et al., 2021)	Diagnostic Test Accuracy	Some Concern
(Camicia, Lutz, Harvath, et al., 2021a)	Quallitative Research	Low Risk of Bias
(Raymond et al., 2025)	Cohort Study	Some Concern
(Cho et al., 2021)	Cohort Study	Low Risk of Bias
(Hu et al., 2025)	Cohort Study	Low Risk of Bias
(Klinjun et al., 2023)	Diagnostic Test Accuracy	Low Risk of Bias

Data abstraction was conducted with systematically align to extract relevant information from the selected studies in a structured and consistent manner. A standardized data extraction form was developed based on the review's objectives, allowing the reviewers to collect key information across diverse study types. The form included the following elements: author(s), year of publication, country or region, study design (D), sample characteristics (S), variables (V), intervention type (I), assessment (A), key outcomes, and major findings related to family engagement and behavior change in stunting prevention

A narrative synthesis approach will be used to analyze and summarize the findings of the included studies. Relevant data will be extracted and tabulated (DSVIA and Fidings). Tools will be grouped into two main categories: (1) General discharge readiness tools applicable to various patient groups (e.g., RHDS), and (2) Stroke-specific tools (e.g., Post-Stroke Checklist, caregiver-focused scales). Outcomes such as hospital readmission rates, patient self-management capacity, caregiver preparedness, and care continuity will be compared across studies. A comparative synthesis will be conducted to explore the effectiveness of general versus stroke-specific tools in evaluating readiness for discharge.

RESULT

The initial literature study found 202 articles (29 articles from ScienceDirect, 86 articles from Clinical Key, 25 articles from Pubmed, and 62 articlesfrom Google Scholar). After being selected according to the inclusion criteria and removing articles that did not match, 10 articles were reviewed as the final extraction.

Table 1.
Summary of Articles in Review Process

No.	Title, Authors, Year	Method (Study Design, Sample Size, Variables, Instruments, Statistical Analysis	Result and Findings
1	*The status of readiness for hospital discharge of patients with post-stroke cognitive impairment and its relationship with postdischarge social isolation* (Guo et al., 2025)	Design: Observasional Study Sample: 155 stroke patients with cognitive impairment (116 ischemic stroke, 24 hemorrhagic stroke, and 15 TIA). Variables: Readiness for Hospital Discharge, Post-stroke Cognitive Impairment, and Sosial Isolation. Instruments: The readiness for hospital discharge scale (RHDS), Montreal cognitive assessment (MoCA), and Lubben social network scale (LSNS). Analysis: Independent t-tests with were used for comparisons. Multivariate linear regression analysis to explore the influencing factors of RHD in PSCI patients. Pearson correlation analysis was used to analyze the correlation between RHD and social isolation after discharge.	The total Readiness for Hospital Discharge Scale score ranged from 67 to 111 (mean ± SD: 87.46 ± 9.64), with 58 (37.4%) patients identified as underprepared. Readiness for hospital discharge among patients with post-stroke cognitive impairment is at a medium level. Patients with higher annual household income, urban residence, and lower Montreal Cognitive Assessment scores had greater readiness for discharge. NIH Stroke Scale (NIHSS) scores were significantly negatively associated with RHD. There is a significant correlation between readiness for discharge and social isolation after discharge. Improving patients' readiness for hospital discharge may help reduce social isolation.
2	*Development of a Readiness for Hospital Discharge assessment tool in Thai patients with stroke* (Posri et al., 2022)	Design: Methodological Research Design (Instrument Development Study). Sample: 348 stroke patients (304 ischemic stroke, 33 cerebral hemorrhagic, 11 other type). Variables: Readiness for Hospital Discharge Assessment, and Post-stroke readmission. Instrument: The Readiness for Hospital	The findings showed good validity and reliability, with I-CVI of 0.85, Cronbach's alpha of 0.94, and corrected item-total correlation ranging from 0.43 to 0.86. The construct validity shows that all nine variables inside the item was significantly influenced the hospital readmission within 30

No.	Title, Authors, Year	Method (Study Design, Sample Size, Variables, Instruments, Statistical Analysis	Result and Findings
		Discharge (RHD) assessment tool (Thai Version). Analisis: Data were analyzed using descriptive statistics, Pearson's Chi-Square, and binary logistic regression. The binary logistic regression was used specifically for construct validity to examine the patients' readmission within 30 days post-discharge. *P*-value <0.05 was considered statistically significant, and diagnostic accuracy was evaluated using the ROC curves, sensitivity, specificity, positive predictive values (PPV), and negative predictive (NPV).	days in patients with stroke. In the end, The Readiness for Hospital Discharge assessment tool is valid and reliable. Healthcare providers, especially nurses, can use this tool to assess discharge conditions for patients with stroke with greater accuracy in predicting hospital readmission.
3	*Correlation Between the Quality of Life of Stroke Caregivers and the Readiness of Patients and Caregivers for Hospital Discharge* (Zhou et al., 2025)	Design: Cross-sectional Study. Sample: 302 Stroke Patients-caregiver dyads. Variables: Evaluating psychometric properties, Caregiver Contribution to Self-Care, and Caregiver Self-Efficacy in Contributing to Patient Self-Care. Instrument: Caregiver Preparedness Scale (CPS), the Readiness for Hospital Discharge Scale (RHDS) and WHO Quality of Life Scale (WHOQOL-BREF). Analisis: Quantitative data are presented as mean±standard deviation after normality testing, while qualitative data are presented as frequency and percentage. T-tests and ANOVA: Used to determine significant differences in caregiver QoL, Pearson's correlation analysis: Explored relationships between caregiver QoL, caregiver discharge readiness, and patient discharge readiness, Multiple linear regression analysis: Used to identify factors affecting caregiver QoL.	The findings revealed that caregiver QoL is 60.80±6.06, indicating result of generally low, while the mean readiness for discharge scores for caregivers 17.66±2.67 indicating a moderate level, and patient discharge readiness was 78.17±8.16 which is relatively low. A significant positive correlation was identified between caregiver QoL and both caregiver's and patient's readiness for discharge. Multivariate analysis indicated that patient disease severity, daily caregiving hours, and crucially, both caregiver and patient discharge readiness, were significant predictors of caregiver QoL. This suggests that enhancing discharge readiness for both parties is essential for improving caregiver well-being, thereby supporting a smoother transition of care and indirectly contributing to better patient outcomes and potentially reducing hospital readmissions.
4	*A Process Evaluation of Patient Care Needs Using The Post-Stroke Checklist: A Prospective Study* (Amatya et al., 2022)	Design: Prospective study Sample: 44 Patients (28 ischemic stroke and 16 haemorrhage stroke). Variables: Post-Stroke Patient Care Needs, Hospital Discharge, Rehabilitation and Readmission Rate. Instrument: The Modified Post-Stroke Checlist (mPSC), Functional Independence Measure (The FIM 22), Community Integration Measure (The CIM 28), Euro-Quality of Life (EQ-5D-5L) and The Clinical Functioning Information Tool (ClinFIT). Analisis: Preliminary analysis assessed data distribution using the Shapiro–Wilk test, since data were not normally distributed for the outcome measures, a series of non-parametric tests (Wilcoxon signed-rank test) determined the differences between T0–T1 and T0–T2. The Wilcoxon signed-rank test compared	This prospective study demonstrates effective and feasible implementation of the mPSC in routine clinical practice, for improved clinical care and appropriate referrals for targeted intervention. It added to the functional information provided by the other measures, including the ClinFIT. Most clinicians were satisfied with the PSC in assisting therapeutic decision-making. The mPSC is feasible to implement in an inpatient rehabilitation setting and community. It can identify relevant stroke-related problems, and hence facilitate targeted intervention.

No.	Title, Authors, Year	Method (Study Design, Sample Size, Variables, Instruments, Statistical Analysis	Result and Findings
		the EI of the ClinFIT set between T0–T1 and T0–T2 periods.	
5	*Psychometric Properties of the Preparedness Assessment for the Transition Home After Stroke Instrument* (Camicia, Lutz, Joseph, et al., 2021)	Design: Cross-sectional study Sample: 183 Stroke caregivers. Variables: Psychometric properties of the Preparedness Assessment. Instrument: Preparedness Assessment for the TransitionHome After Stroke (PATH-s), the Preparedness for Caregiving Scale (PCS), the Patient Health Questionnaire, the Perceived Stress Scale (PSS), and the Global Health Scale were self-reported. Analisis: A measure of sample adequacy known as Kaiser–Meyer–Olkin was computed. Item intercorrelation was tested using Bartlett's test of sphericity. Cronbach's alpha was used to evaluate the scale's and each subscale's internal consistency reliability. The strength and direction of correlations with other instruments were evaluated using Pearson's product-moment correlation coefficient.	The study sample was in the higher range of preparedness for the caregiving role, as indicated by the PATH-s score range of 1.68–4.00 and mean of 3.11 (SD = 0.48). The internal consistency reliability of the PATH-s instrument as a whole was high (α = .90). Excellent internal consistency reliability is exhibited by the PATH-s. The information also explains the latent variables and factor structure of the instrument, showing a domain structure consistent with the Improving Stroke Caregiver Readiness Model. The convenience sample is, however, representative of the population served at the facility. The setting for this study has a robust caregiver training program, which may explain the higher range of preparedness in this study, thus may be overestimating the PATH-s scores in the general IRF population.
6	*Using the Preparedness Assessment for the Transition Home After Stroke Instrument to Identify Stroke Caregiver Concerns Predischarge: Uncertainty, Anticipation, and Cues to Action* (Camicia, Lutz, Harvath, et al., 2021a)	Design: Qualitative study Sample: 20 Stroke caregivers. Variables: Caregivers' concerns about long-term implications of stroke and Discharge readiness. Instrument: Preparedness Assessment for the Transition Home After Stroke (PATH-s). Analisis: Data were entered into an Excel spreadsheet for Qualitative Extaction with one column for the verbatim quotes and one column for the associated themes.	The analysis from this research revealed two core concepts, anticipation and uncertainty. With completing the PATH-s, it can cue the caregivers to take actions. The caregivers play a fundamental role to take care of patient's ability to return home after having a stroke. Rehabilitation nurses can identify gaps in stroke caregiver preparation using a tool like the PATH-s, allowing them to provide proactive advice as caregivers navigate the challenging transition from IRF to home.
7	*Impact of Inpatient Stroke Rehabilitation on Caregivers' Perceived Readiness for Patient Discharge* (Raymond et al., 2025)	Design: Prospective study Sample: 25 Patient-Caregiver dyads Variables: Caregiver Perceived Readiness for Patient Discharge and Stroke Rehabilitation. Instrument: Preparedness Assessment for the TransitionHome After Stroke (PATH-s). Analisis: the Wilcoxon signed-rank test was used to evaluate if differences in the PATHs admission and discharge scores.	The result of this study provides support that having an identified, engaged, and well-resourced caregiver will facilitate the successful transition for patients following a stroke who are participating with inpatient rehabilitation. Caregiver readiness for discharge is an important issue yet it may be an undervalued aspect of the care delivery system.
8	*Developing a Predictive Tool for Hospital Discharge Disposition of Patients Poststroke with 30-Day*	Design: Observational Retrospective Cohort Study. Sample: Secondary Data of 31.625 patients (28.708 ischemic stroke, 1.215 meningeal hemorrhage, and 1.702 intracerebral hemorrhage)	Each cohort was further analyzed to determine how many readmissions occurred in each group. Of the actual home discharges, 95.7% were predicted to be there. However, only 47.8%

No.	Title, Authors, Year	Method (Study Design, Sample Size, Variables, Instruments, Statistical Analysis	Result and Findings
	Readmission Validation (Cho et al., 2021)	Variables: Discharge Disposition and Readmission Rate. Instrument: Medicare and Medicaid Services (CMS) data base. Analisis: Descriptive Statistic Analysis, Chi-square test for the variable category analysis, and multivariable logistic regression for the readmission risk score.	of predictions for home discharge were actually discharged home. Predicted discharge to facility had 15.9% match to the actual facility discharge. The scenario of actual discharge home and predicted discharge to facility showed that 186 patients were readmitted. This Prediction tools are helpful to guide clinicians and hospital administrators as they seek ways to improve the quality of care and reduce preventable readmissions through efficient and appropriate discharge planning.
9	*Enhancing readmission prediction model in older stroke patients by integrating insight from readiness for hospital discharge: Prospective cohort study* (Hu et al., 2025)	Design: Prospective Cohort Study. Sample: Secondary Data of Dataset I (489 patients) and Dataset II (418 patients). Variables: Demographic information, Past medical history, Lifestyle, length of stay (LOS), National Institutes of Health Stroke Scale (NIHSS) score, Activity of Daily Living (ADL) score, Readiness for hospital discharge: measured using the Readiness for Hospital Discharge Scale (RHDS). Instrument: Readiness for Hospital Discharge Scale (RHDS), National Institutes of Health Stroke Scale (NIHSS), Activity of Daily Living (ADL), and demographic survey. Analisis: Descriptive statistics, including mean, standard deviation (SD), or median and quartiles, were used to summarize measurement data (e.g., age, BMI, scale scores), depending on data distribution. Independent samples t-tests or Mann–Whitney U tests were applied for comparisons of measurement data based on normality. Shapley Additive Explanations (SHAP) were utilized to identify and interpret the significance of predictive variables.	Dataset I included 489 patients, while dataset II comprised 418 patients, with readmission rates of 15.3 % and 16.0 % respectively. The RF model achieved the highest predictive performance (AUC = 0.9116, sensitivity = 0.8806, specificity = 0.7806). SHAP analysis identified readiness for hospital discharge as the most significant predictor of readmission. To improve discharge readiness and reduce readmissions, hospitals could implement strategies such as readiness assessments, discharge interventions, case managers, transitional care programs, and standardized discharge teaching, tailored to their organizational structure.
10	*A Psychometrics Evaluation of the Thai Version of Caregiver Contribution to Self-Care of Chronic Illness Inventory Version 2 in Stroke Caregivers* (Klinjun et al., 2023)	Design: Multicenter Cross-sectional Study. Sample: 422 Participants with minimum of three months of caregiving experiences. Variables: Evaluating psychometric properties, Caregiver Contribution to Self-Care, and Caregiver Self-Efficacy in Contributing to Patient Self-Care. Instrument: Caregiver Contribution to Self-Care of Chronic Illness Inventory Version 2 (CC-SC-CII-v2), and Caregiver Self-Efficacy in Contributing to Patient Self-Care (CSE-CSC) Scale. Analisis: Standardization of scores: Raw scores of CC-SC-CII-v2 and CSE-CSC. Outlier identification: Mahalanobis distance test was conducted. Normality test: Skewness and kurtosis and Kolmogorov-Siminov test. Structural	This study show there are three basic domains of the general CCSC-CII-v2 model, which consists of caregiver contribution to selfcare maintenance, monitoring and management.Self-care is the most crucial things in home-care for post-stroke patient. Assessing this domain can explain how good patient and caregiver will perform the care at home. The main focus in this study also state there has been little emphasis on interventions specifically aimed at enhancing CC-SC, and a comprehensive instrument for measuring CC-SC in stroke patients has not been developed.

No.	Title, Authors, Year	Method (Study Design, Sample Size, Variables, Instruments, Statistical Analysis	Result and Findings
		Validity (Dimensionality): Confirmatory Factor Analysis (CFA). Concurrent Validity: Pearson's r correlation coefficients, Internal Coherence Reliability: Estimated using Cronbach's α coefficient, composite reliability index, and McDonald's ω coefficient, and Test-retest reliability: Intraclass correlation coefficients (ICCs).	Finally, this study confirms the Thai CC-SC-CII-v2 as a reliable and valid tool for measuring caregiver contributions to self-care in stroke patients.

DISCUSSION

The reviewed studies demonstrate a growing emphasis on assessing readiness for hospital discharge in post-stroke patients, recognizing its critical role in successful transition of care and readmission prevention. The assessment of readiness for hospital discharge (RHD) has gained considerable importance in general uses across all the condition of the patient before discharge (Mehraeen et al., 2022). This scale evaluates multiple dimensions of readiness, including personal status and perceived coping ability (Chen et al., 2025). This review also shown that the use of RHDS in post-stroke care, particularly to address the risk of adverse outcomes such as readmission, show the good impact. Several tools have been developed and validated for use in varied healthcare settings and populations, such as the Readiness for Hospital Discharge Scale (RHDS), Preparedness Assessment for the Transition Home After Stroke (PATH-s), and the Caregiver Contribution to Self-Care of Chronic Illness Inventory (CC-SC-CII-v2).

The applicability of these tools extends beyond just patient assessment to include the crucial role of caregivers. Studies show that caregiver preparedness and contribution to self-care are significant predictors of patient discharge readiness and overall quality of life for both parties (Karimi et al., 2023; Raymond et al., 2025; Zhou et al., 2025). In some study shown that caregivers often felt unprepared due to insufficient information about post-discharge care, highlighting the need for better communication and resources (Leones et al., 2021; Veronese et al., 2025). This underscores the need for instruments that can comprehensively evaluate the readiness of both patients and their support systems. For instance, (Guo et al., 2025) demonstrated the utility of RHDS in identifying medium levels of RHD among cognitively impaired post-stroke patients, indicating a strong need for tailored discharge planning. Likewise, (Hu et al., 2025) confirmed the predictive power of RHDS in identifying risk of 30-day readmission, supporting its integration into routine discharge assessments.

Furthermore, the research indicates the utility of these tools in identifying factors influencing discharge readiness, such as cognitive impairment and social isolation (Guo et al., 2025). The ability to predict hospital readmission, as explored with tools like the Thai Readiness for Hospital Discharge assessment tool and predictive models integrating RHDS data, highlights their practical applicability in risk stratification and targeted interventions (Cho et al., 2021; Hu et al., 2025; Posri et al., 2022). The Modified Post-Stroke Checklist (mPSC) also demonstrates applicability in identifying specific stroke-related problems and facilitating appropriate referrals for intervention (Amatya et al., 2022).The PATH-s instrument, examined across multiple studies (Camicia, Lutz, Harvath, et al., 2021b; Raymond et al., 2025), showed high internal consistency and was effective in capturing caregivers' concerns, such as uncertainty and anticipation prior to discharge. This also caused distress in transition to a step-down unit prior to discharge home (Gorsky et al., 2023). These tools are highly applicable in inpatient rehabilitation and transitional care settings, particularly when used by interdisciplinary teams to inform discharge timing and targeted interventions. Furthermore, Posri et al. (2022) and Klinjun et al. (2023) contributed region-specific tools (Thai versions of

RHD and CC-SC-CII-v2) that were psychometrically sound and adaptable for cultural contexts, demonstrating their relevance in global clinical practice.

The tools assessed are grounded in models of patient-centered care, self-management, and transitional care theory. The RHDS is based on the multidimensional construct of readiness, incorporating physical, psychological, and informational preparedness (Feldbusch et al., 2024). This aligns with the Transition Theory, which emphasizes the importance of personal conditions and the environment in facilitating successful health transitions. The PATH-s tool, developed by Camicia and colleagues, is rooted in the Improving Stroke Caregiver Readiness Model, which posits that preparedness for caregiving mediates the relationship between discharge planning and post-discharge outcomes. It incorporates domains like knowledge, coping, skills, and support, reflecting a comprehensive approach to evaluating discharge readiness beyond the patient alone (Damaiyanti et al., 2023). Meanwhile, instruments such as the CC-SC-CII-v2 (Klinjun et al., 2023) are informed by self-care theory, emphasizing the caregiver's role in supporting chronic illness management. This shift from patient-only assessment to dyadic or caregiver-included evaluation marks an evolution in theoretical framing of discharge readiness. This theoretical basis aligns with chronic illness self-management theories, recognizing the ongoing, active role of both the patient and their support system in health outcomes. The concept of self-care is a central theoretical construct, particularly evident in the CC-SC-CII-v2. This instrument is based on the idea that caregiver contribution to self-care maintenance, monitoring, and management is fundamental for post-stroke patient recovery at home (Klinjun et al., 2023).

The findings from these studies offer several significant practical implications for healthcare providers, particularly nurses, involved in the care of post-stroke patients. Firstly, the availability of validated and reliable tools like the RHDS, PATH-s, and CC-SC-CII-v2 means that healthcare professionals can systematically assess discharge readiness for both patients and caregivers. Secondly, the emphasis on caregiver preparedness highlights the need for dedicated support and educational programs for stroke caregivers. Enhancing their readiness for the caregiving role can significantly improve patient outcomes, reduce caregiver burden, and indirectly decrease hospital readmissions. Thirdly, the development and validation of predictive tools for readmission offer a practical means to guide clinical decision-making and resource allocation. Finally, the consistent focus on psychometric properties across these studies (e.g., internal consistency, validity, reliability) ensures that the tools are robust and dependable for use in clinical settings. This provides confidence to practitioners that the assessments they are using yield accurate and meaningful data, leading to more effective and evidence-based care transitions for post-stroke patients.

CONCLUSION

This review contributes to the existing body of knowledge by highlighting the importance and potential of standardized tools in assessing discharge readiness among post-stroke patients, emphasizing their role in reducing readmissions and improving care transitions. Despite strong psychometric evidence, gaps remain in routine implementation, caregiver integration, and long-term outcome evaluation. Future research should focus on cross-setting applicability, digital integration, and longitudinal impact. Policies and clinical practices must support the systematic use of discharge tools through interdisciplinary collaboration, caregiver education, and integration into electronic health systems to ensure equitable and effective transitional care.

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