

Recognizing the Relevance and Implications of Contextual Factors in order to Enhance Patient Outcomes: a Retrospective Case Report

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Introduction

Although personal and environmental factors are recognized as components of decision making, these factors are often overshadowed by the medical diagnosis within the hospital. This is of key interest, as research reveals limited outcomes without the proper integration of contextual factors.

PURPOSE:

To recognize the constraints of the care plan set by the physical therapy team and consider how contextual factors and the predictors of an AMA discharge played a primary role in this patient's outcomes.

Summary of Literature Review

Dutra, Mancini, Neves, et al., 2016

- The analysis revealed a significant relationship between body structures, functions, and activities, and between functions, personal, and environmental factors. All other relationships between domains were determined in significant.¹

Alfandre, 2009

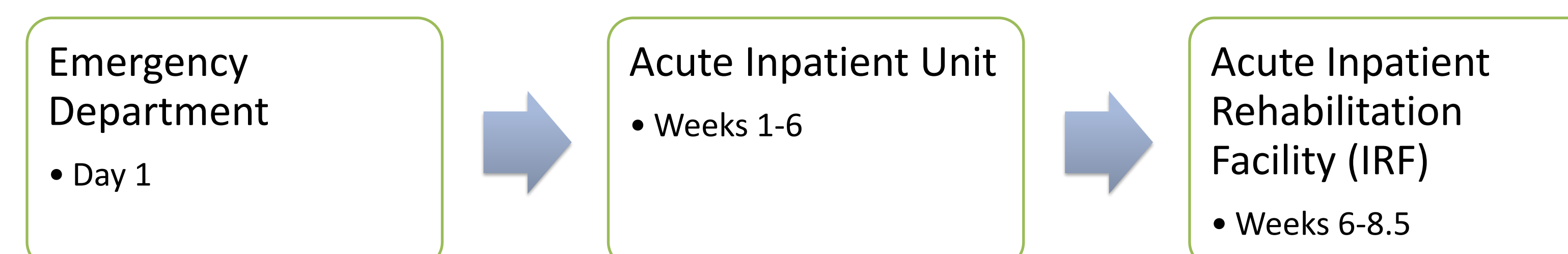
- Predictors of AMA discharge include younger age, Medicaid or no insurance, male sex, and current use or history of substance or alcohol abuse.²
- Between 1 and 2 % of all medical admissions result in an AMA discharge and that those who do are 7x more likely to be readmitted into the emergency department within 15 days for same diagnosis.²

Saulle & Schambra, 2016

- Recognized that an ICH leaves most patients with significant disability and determined that there is an absence of quality clinical data to guide the rehabilitation of a patient following an ICH.³
- Although the authors described interventions to address functional impairments, neither the significance of, nor the integration of contextual factors was ever discussed.³

Case Details

36-year-old Caucasian male with Intercerebral Hemorrhage



Case study was initiated during Inpatient Rehab Stay

- Chart review and patient interview revealed contextual factors that are suspected to have negatively affected this patient's outcomes.** These included: recent history of drug/alcohol abuse, decreased safety awareness, impulsivity, inattention, attitudes and beliefs about condition and situation, and complicated family support.
- The physical therapy team took a functional and impairments based approach to treatment.** Implementation of each intervention was supported by the findings obtained in the examination. Evidence based interventions specific to stroke were performed.

Results

- Patient made steady improvements in lower extremity strength, ability to maintain midline, and sitting and standing balance.
- Although these improvements carried over to functional gains, the patient's gains were limited by his inattention and impulsivity.
- This patient ultimately discharged against medical advice. He was discharged with "24-hour assistance and supervision" in order to ensure patient welfare.**

Retrospective Findings:

- This report presents the patient outcomes achieved, including an AMA discharge, following the applied interventions and emphasizes the need for further consideration of contextual factors.
- Strategies such as **shared decision making, error augmentation and attention training frameworks, and referrals** could have been utilized in order to initiate a practical prevention of an AMA discharge and to recognize and address contextual factors.^{4,5,6,7}

Discussion /Implications for Practice

- Recognizing and proactively addressing contextual factors and predictors for an AMA discharge is key in providing optimal patient care.**
- By referring this patient to substance abuse counseling, a psychiatrist, and family counseling, this patient may have learned how to better cope with his condition and implemented a plan to address drug and alcohol abuse.**
- Future research and practice must reflect the consideration and implementation of these factors in order to achieve improved therapeutic outcomes and to further evolve as a profession.**

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