



Motivational Interviewing to Overcome Barriers to Placement or Cannulation of Permanent Access

Sharon Essick, MSW; Shaun Boyd*, LCSW; Alison Dunklee, LCSW; Scott Franklin, MSW, LMSW; Dawn Burton, MSW; Carolina Gilbert, RN; Jamece Mckinley, CCHT; Stephanie Best, MSW, LCSW

DaVita Healthcare Partners Inc., Denver, CO

Introduction

- Despite risks associated with Central Venous Catheters (CVC), some patients refuse permanent access for non-medical reasons.
- We engaged in-center hemodialysis (ICHD) patients in Motivational Interviewing (MI) in order to determine if those who refused permanent access or cannulation of permanent access for non-medical reasons would permit such procedures by the end of the study period.

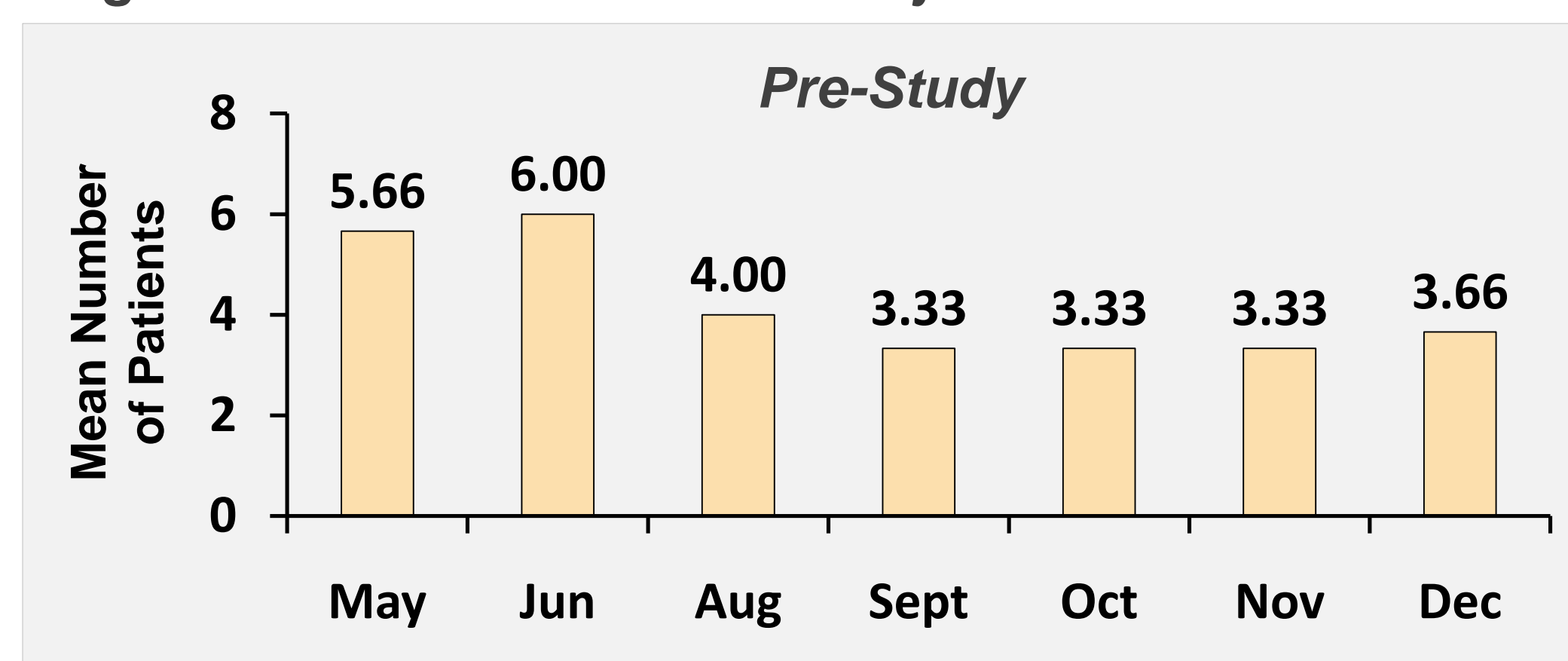
Background

- A Continuous Quality Initiative was conducted to determine what intervention to test. The CQI consisted of four phases—focus, probe, solve, act.

FOCUS

- Data collected from Patient Refusal Reports (PARRs) in 2011 indicated the mean number of patients who refused permanent access or cannulation for non-medical reasons in project centers was 5.2—higher than in non-project centers.

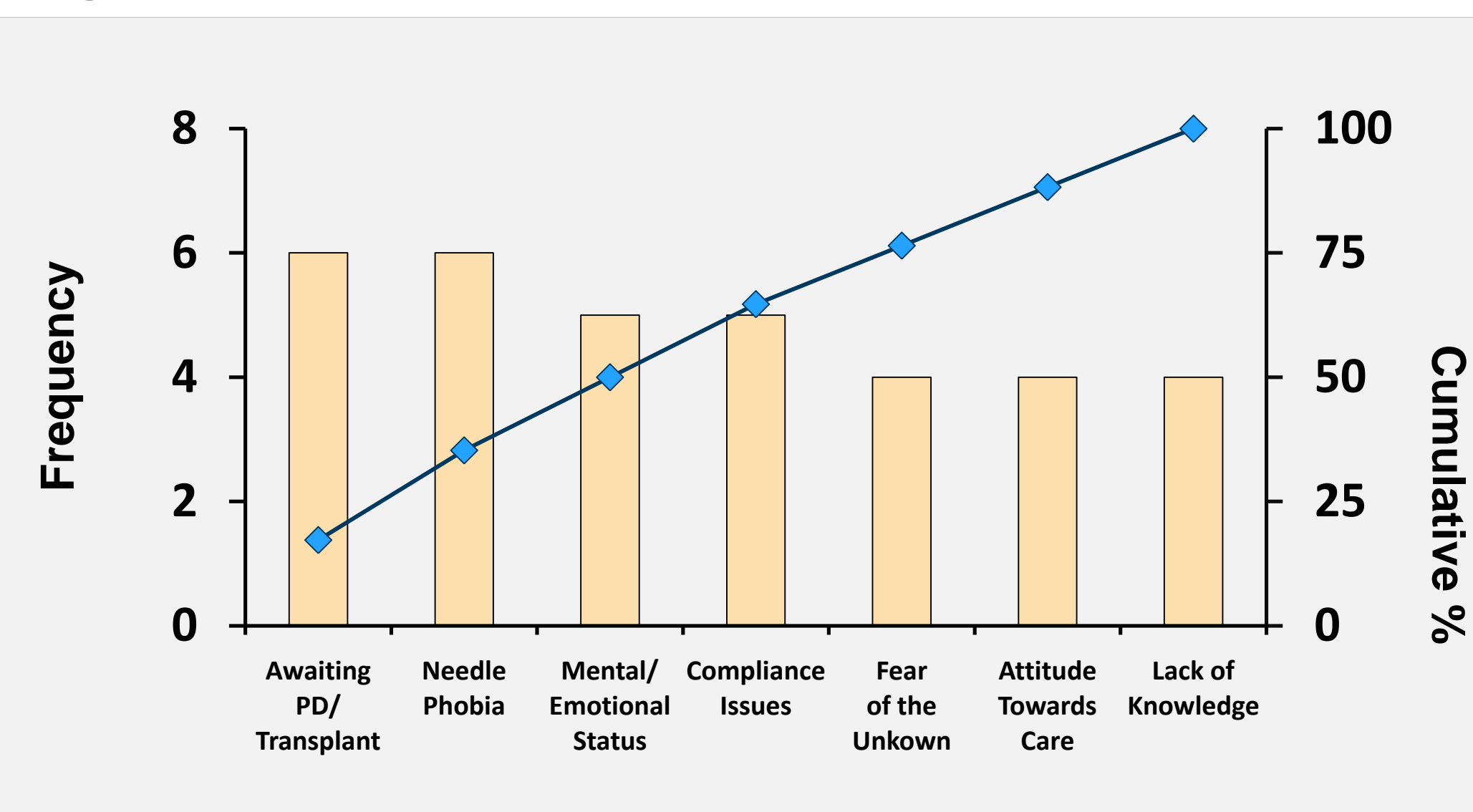
Figure 1. Patient Refusals in Project Centers



PROBE

- Root causes for refusal were determined by project team vote, based on a review of monthly PARRs and the project team's experience with ICHD patients who refuse permanent access or cannulation.

Figure 2. Probe: Root Causes for Perm Access Refusal



SOLVE

- The project team voted on possible solutions to the root causes. The list of solutions was ranked based on number of votes:
 - Motivational Interviewing
 - Psycho-social education
 - Relaxation therapy
 - Patient-to-Patient support
 - Vascular surgeons meeting with patients and family at the facility

ACT

- MI was selected as an intervention to test to overcome barriers to placement or cannulation of permanent access.

Objective

- To reduce the mean number of patients refusing permanent access placement or cannulation by 20% to 4.17 by March 2012.

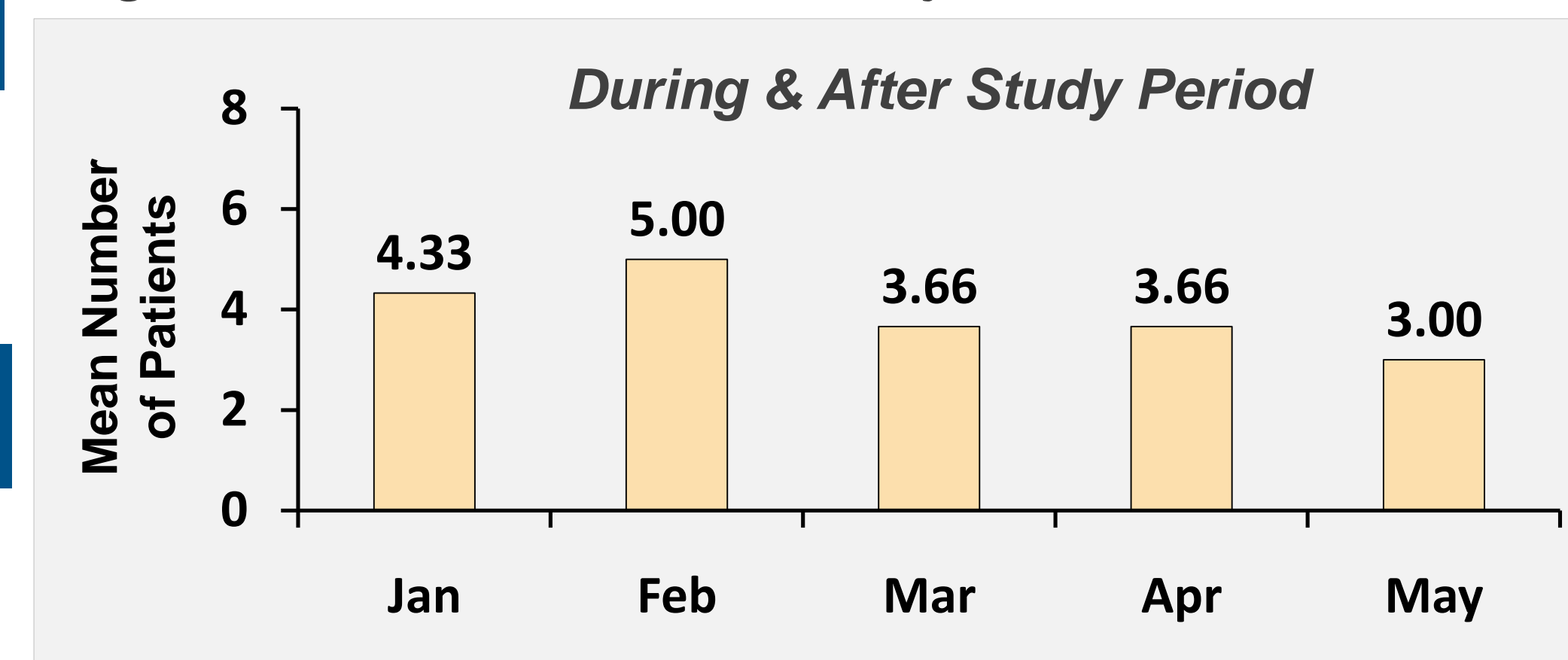
Methods

- Study population: four patients from three dialysis centers in a large dialysis organization.
- Study period: MI interventions began the first week of January 2012 and ended the last week of March 2012.
- The project team consisted of five social workers, one RN, and one Patient Care Technician.
- The project team participated in weekly calls
 - For two months prior to the study period in order to become familiar with MI techniques.
 - Throughout the study period in order to review patients' status and to offer suggestions on how to help the patients move through the stages of change.
- Project team members met with patients an average of three times per month.

Results

- The project objective was met by achieving a mean number of refusals of 3.66.
- By the end of the study period, three of the four (75%) patients either obtained permanent access or allowed cannulation of permanent access.
- The fourth patient dropped out of the project when he traveled out of the country during the study period.

Figure 3. Patient Refusals in Project Centers



Discussion

- The mean number of patients who refused permanent access or cannulation of permanent access during the study period improved to 2.59 in *non-project centers*. However, this was an improvement of only 10.5% compared with a 30% improvement in project centers utilizing MI techniques.
- The project results lend themselves to a broader study.

Corresponding Author

*Correspondence: shaun.boyd@davita.com

National Kidney Foundation, April 2-6, 2013; Orlando, FL