Home Therapy Navigator Role Overview

What is the Home Therapy Navigator Role?

The Home Dialysis Navigator Role is designed for a dialysis facility team member who will assist the Home Dialysis Project Lead (or the person who normally works with home modality related tasks) in patient education, home modality interest assessment, home dialysis follow-up appointments, assist with bridging the communication gap between the patient and care team and provide encouragement. The Home Therapy Navigator will facilitate and streamline the home modality interest process by working with the project lead to expedite patient interest to the appropriate home nurse/manager or home program for additional information and/or consultation. In addition, the Home Therapy Navigator will assist coordinating the celebration of patients who have successfully transitioned to a home modality.

Who is the ideal candidate for this role?

This team member, ideally, is a Patient Care Technician, CCHT, Treatment Floor RN, or an Administrative Assistant who is passionate about home therapies and/or is willing to learn about home modality treatment options and become a Subject Matter Expert (SME) on all treatment choices. This team member is someone who is respected by their team members and patients; s/he is an effective communicator, active listener, is passionate about empowering others, respects boundaries, is goal-oriented, deeply cares about helping others, and is enthusiastic. In addition, this person will be committed to the role and open to new ideas. This person should display the values of a good leader that defines and exhibits moral and ethical courage and sets an example for patients and team members, and has the desire to go the extra mile when necessary.

How do I recruit team member(s) for this role?

You or your Interdisciplinary Team may already have someone that comes to mind right away; consider sharing this information with them to see if they are interested in the Home Therapy Navigator Role at your facility. However, maybe no one comes to mind initially, we recommend sharing with your staff of your facility’s involvement in the CMS mandated Home Dialysis Quality Improvement Initiatives with the ESRD Network and explain what this means, and the activities/interventions that your facility will be involved in during the project cycle. Make staff aware that in addition to being a Home Therapy Navigator, they can also become a Network Certified Patient Health Coach.
Motivate your staff to take on this leadership role; you may decide to include this responsibility in their annual performance evaluation goals. You may also consider this role for promotions or special recognition. Add this role as a special project for someone who is looking to expand their skills and responsibilities, or desire professional growth.

What is the difference between the Home Therapy Navigator and the Network’s Patient Health Coach?

To assume the role as a Home Therapy Navigator, the team member will be required to review and complete post assessments for two professional modules (1) Coaching Fundamentals Module, and (2) Home Dialysis as a Treatment Option. These educational modules will equip the Home Therapy Navigator with the knowledge and skills needed for their role that specializes in home modality options.

To become a Certified Patient Health Coach, the team member would need to review and complete post assessments for the three focused area modules and the foundational module which includes (1) Coaching Fundamentals Module, and (2) Transplant as a Treatment Option, (3) Home Dialysis as a Treatment Option, and the (4) Vascular Access Module. This will allow the Patient Health Coach the opportunity to expand their knowledge and skills in different ESRD related areas with patients, and not limiting the focus to only home modality options.

What is the difference between the Home Therapy Navigator and the Home Dialysis QIA Project Lead?

The Project Lead is the primary responsible team member for all home dialysis QIA related activities/interventions at the facility, typically the Social Worker, Dietitian, Clinic Manager/Facility Administrator or Charge Nurse assumes this role. The Project Lead will be responsible for leading and coordinating all efforts of the Home Dialysis QIA project in collaboration with the Interdisciplinary Team which includes; attending scheduled webinars and NCC Home Modality LAN Calls, completing and submitting requested surveys, following up with the Home Therapy Navigator on their activities and requirements, etc.

In contrast, the Home Therapy Navigator is a team member who will be assisting the Project Lead in interactive QIA related activities; such as Bingo Games, Lobby Days, distribution of educational resources, etc. Ideally the Home Therapy Navigator will be a team member that normally works on the treatment floor or works closely with patients and can assist with patient education when questions and/or comments arise.
What are the steps needed to establish and sustain this role at your facility?

To assure the successful implementation of the Home Therapy Navigator through your participation in the Home Dialysis QIA and establish a sustainable plan for this role beyond the closure of this project cycle, the following steps are recommended:

**Train**
- Home Therapy Navigator completes "Coaching Fundamentals" Module
- Home Therapy Navigator completes "Home Dialysis as a Treatment Option" Module
- Get familiar with Network and Organization's Home Modality educational resources

**Empower**
- Offer leadership support
- Make initiatives patient-centered
- Clear defined instructions, goals and timeline

**Sustain**
- Align goals with organizational quality goals and measures
- Align personal and professional performance goals
- Offer on-going guidance, motivation and encouragement