

# Patient Navigator Project

- Presented by:  
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# The Navigator Project

## Aim:

1. Patients will get the education and support they need to choose the dialysis modality which best fits with their lifestyle and helps them to maintain as much independence as possible.
2. The number of patients choosing home based therapies will increase.

# The Navigator Project

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Dialysis Start Date: \_\_\_\_\_  
Nephrologist: \_\_\_\_\_

Referral to Navigator  
Date: \_\_\_\_\_

Chart Review and Discussion with  
Nephrologist by Navigator for  
contraindications to Home Based Therapy  
Date: \_\_\_\_\_

Contraindications to  
Home Based Therapy  
\_\_\_\_\_  
\_\_\_\_\_

No Contraindications to  
Home Based Therapy

Patient Navigator to refer  
back to KCC for CKD info,  
if required

Patient Navigator meets with  
patient and family to provide  
education and support about  
CKD and/or home-based  
therapies (P.T.O.)

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**New Chronic Hemodialysis  
Starts with no contraindications  
to home-based therapies**

**Seen in KCC**

**Not seen in KCC**

**Attended LS #1 only**

**Attended LS # 1 & 2**  
**Modality preference:**  
 **HD PD HHD**  
 **Tx Conservative**

**Provide CKD information and support (LS#1)**  
Date initiated: \_\_\_\_\_  
Date completed: \_\_\_\_\_

**Provide modality education**  
Date initiated: \_\_\_\_\_  
Date completed: \_\_\_\_\_

**Review home-based modality education if hemo preference**  
Date initiated: \_\_\_\_\_  
Date completed: \_\_\_\_\_

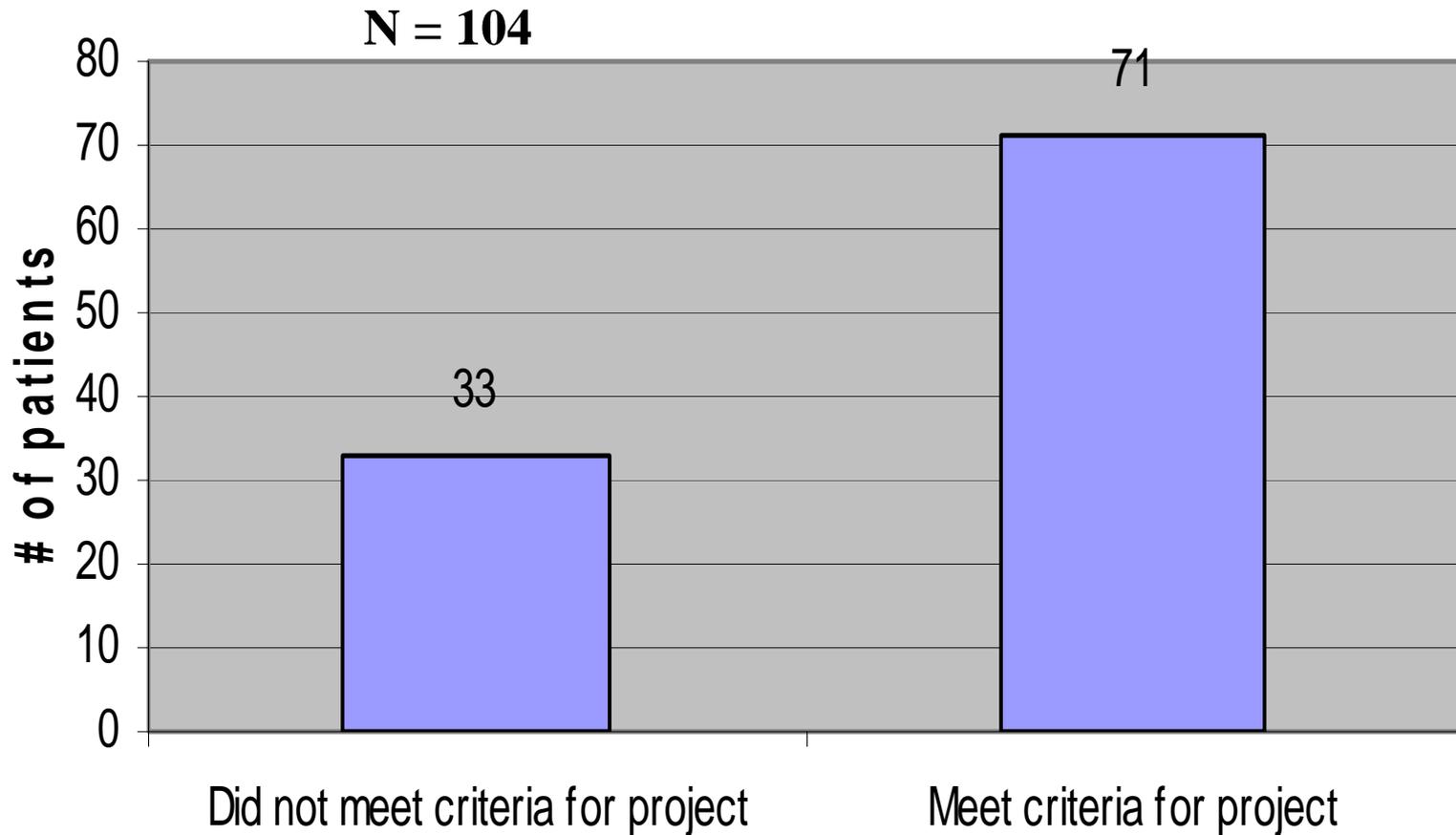
**Provide modality education**  
Date initiated: \_\_\_\_\_  
Date completed: \_\_\_\_\_

**Modality Preference is PD or HHD, ensure timely access to Home Based Modality**

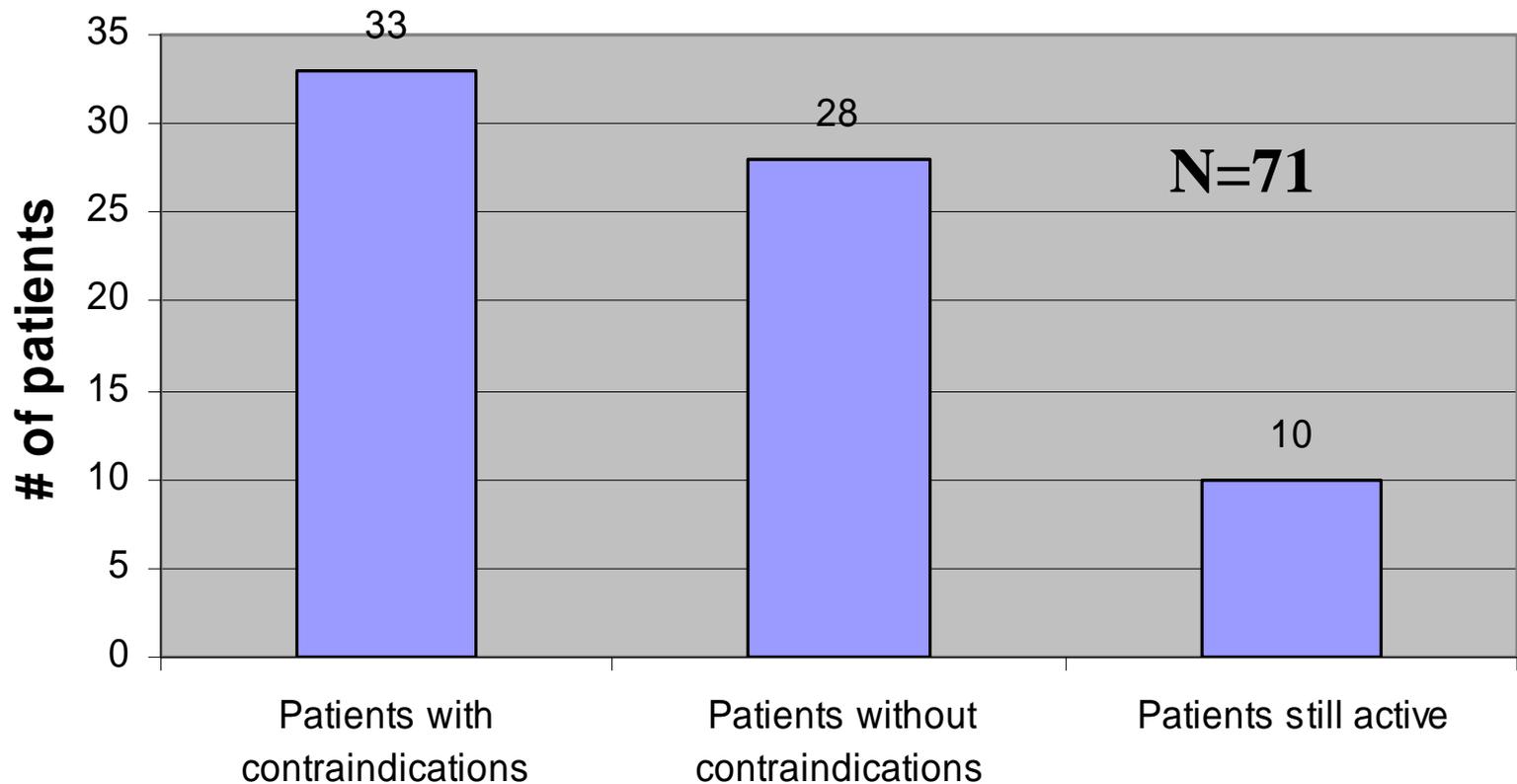
***NB: Modality education will be provided only when the patient is medically stable and/or emotionally ready.***

# Navigator Project Data

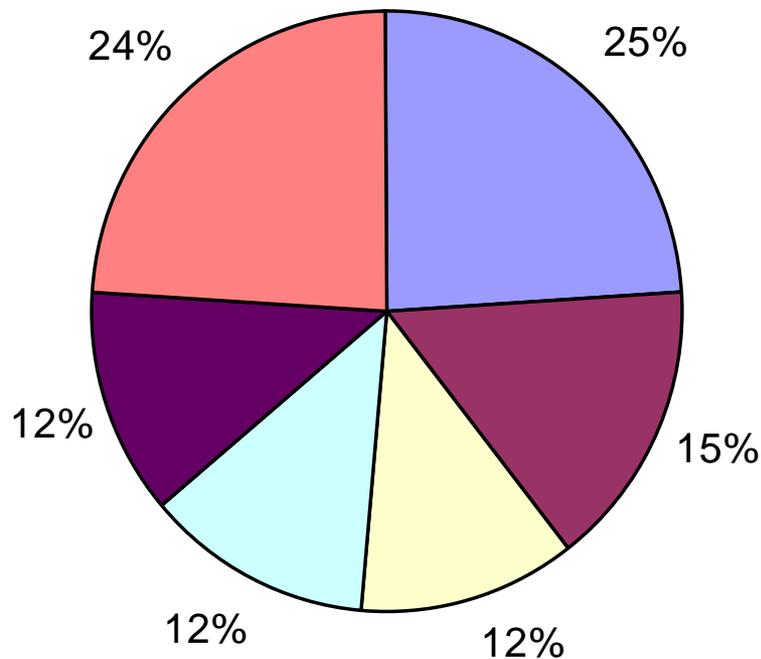
## March 1, 2008 – March 31, 2009



# Distribution of patients with or without contraindications to home-based therapies



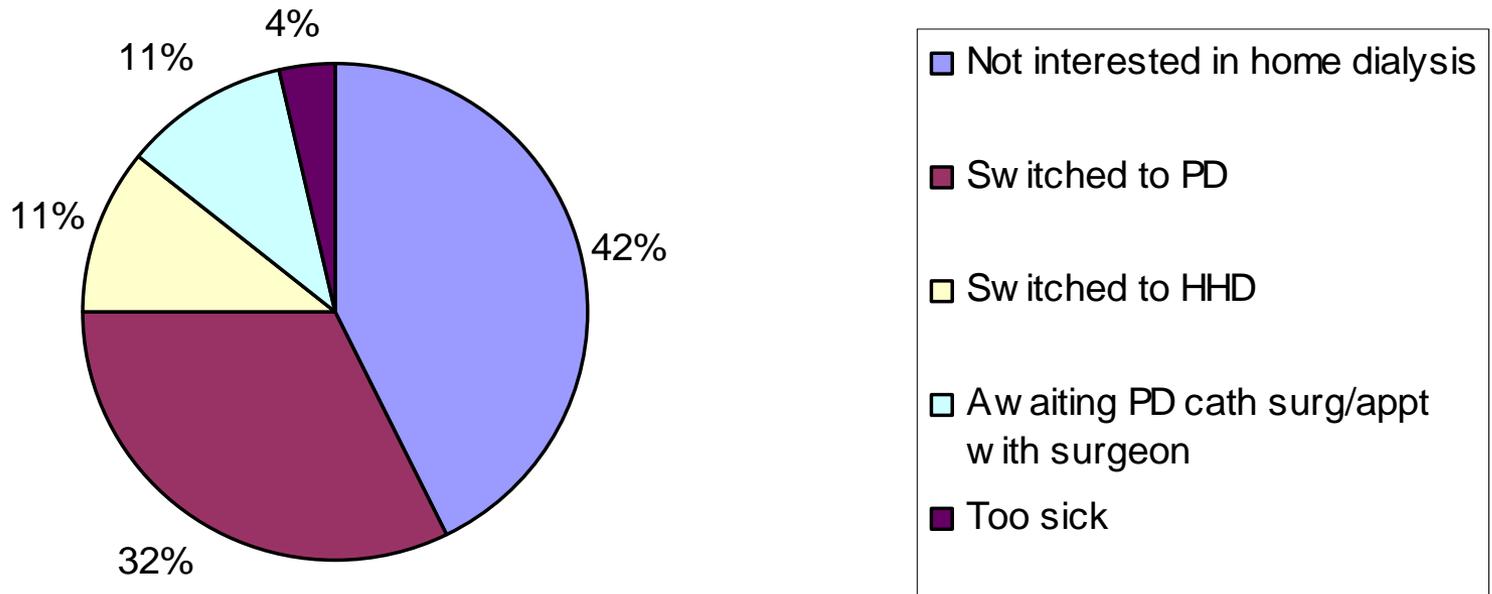
# Breakdown of contraindications to home-based dialysis



- Awaiting transplantation
- Poor self-management/self-neglect
- Cognitively impaired with no support
- Colostomy
- Multiple abdominal surgeries
- Too sick/numerous ongoing health issues

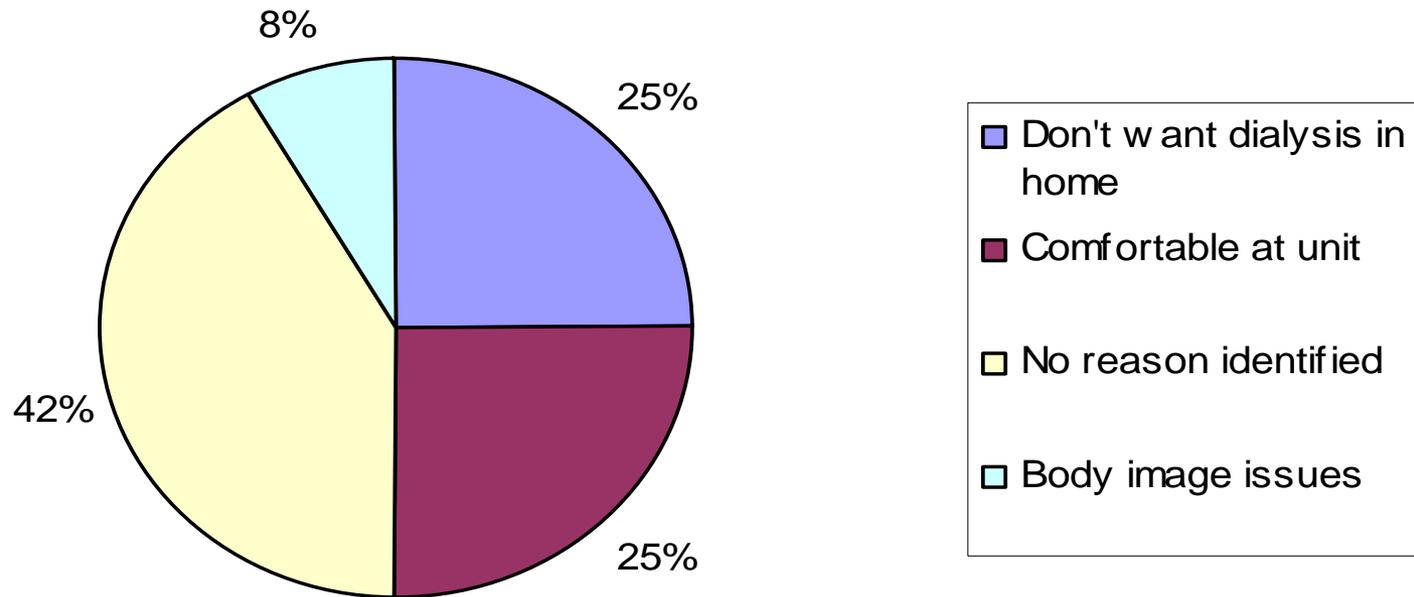
**N=33**

# Outcomes of patients without contraindications



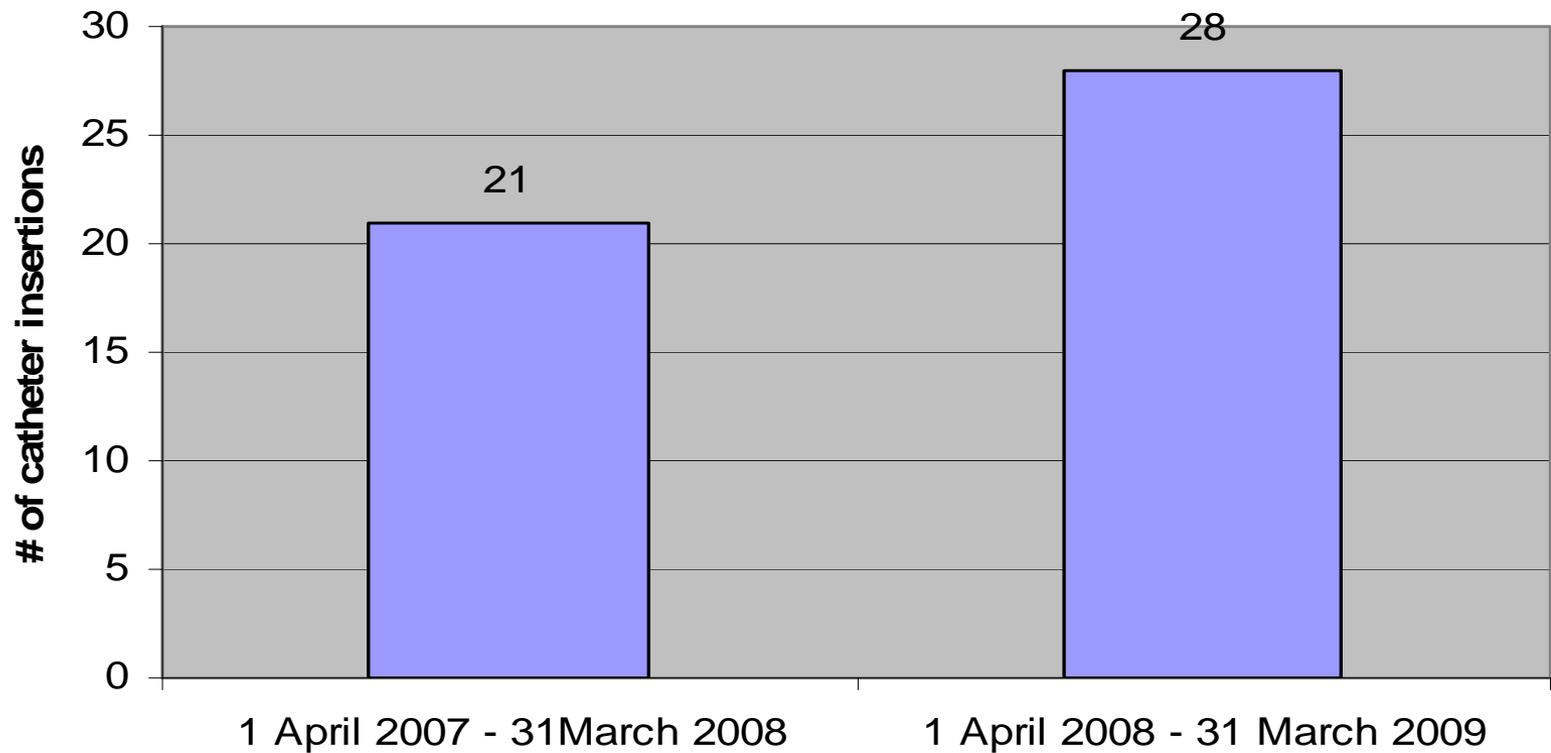
**N= 28**

# Reasons for not wanting home-based therapy



**N = 12**

# Comparison of PD Uptake Rate 2007 vs 2008

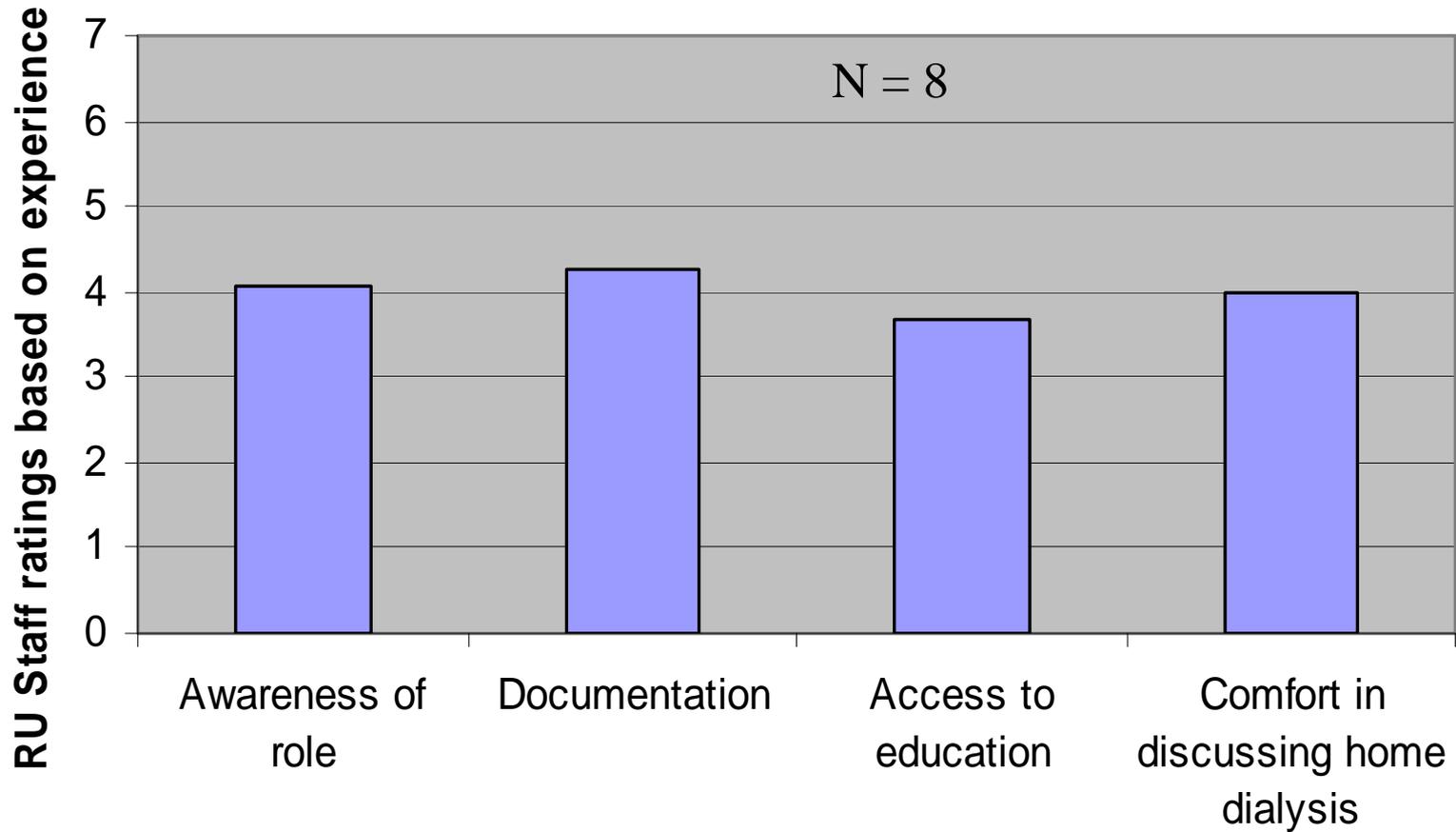


# Length of patient follow-up

- Varies from 2 weeks to 6 months
- Follow-up is longest in those patients wanting to switch to a home-based therapy (PD only)
- Delays occur with obtaining surgical consults and OR bookings
- Navigator can play a vital role in minimizing these delays



# Renal Unit Staff Survey Results



# Renal Unit Staff Survey Results

- **Role in patients decision-making process**
  - ❖ Resource and to answer questions as they arise
  - ❖ Support patients and their families
  - ❖ Advocate on patients' behalf re: modality choice
  - ❖ Collaborate and refer to other team members as needed
- **Comments/suggestions**
  - ❖ Need/desire to learn more about home-dialysis

# Patient Survey

1. Did the navigator provide the information needed to ask meaningful questions about the dialysis options available to you?
2. After receiving information about dialysis options, were you better able to make a decision about which dialysis modality best suits you and your lifestyle? Why/why not?
3. Is there any additional information that you would have liked to have received? If yes, what information would have liked?
4. Based on your experience, did you receive this information when you needed it? If no, when would you have preferred to receive this information?
5. Did you feel any pressure from the Navigator around modality selection? In what way?
6. If the navigator hadn't talked to you, do you think you would have received this information? Why/Why not?

# Patient Surveys

## **3 patients that switched to home dialysis**

- All patients reported they received the information they needed to make an informed decision-1 patient suggested “dry belly pain” be discussed
- All patients felt time of initial contact with the navigator was appropriate (initial contact varied from 3<sup>rd</sup> run to 2 months) – varied due to medical stability and/or emotional well-being

# Patient Surveys

- All patients felt that without the navigator's involvement, they would still be on hemodialysis  
*“I thought because I had started hemo that home dialysis was not an option.”*  
*“When I started, I was told I would start at RJH and then go to the community. I didn't even consider home.”*
- All 3 patients attended LS #1 and #2 – 2 reported not hearing about home dialysis and 1 patient reported hearing about PD but thought “I can't do that myself.”

# Patient Surveys

## 2 patients that remain on hemodialysis

- Both patients reported being satisfied with the information received and timing of initial contact

*“I received written information and a great DVD about Home Dialysis. Home Dialysis is not right for me now but the materials provided allow me to revisit the idea.”*
- 1 patient had attended LS #1 & 2 – he was aware/interested in home dialysis but stated *“It was great to receive the information again. It was more meaningful at the time of our meeting.”*

# Recommendations

- Navigator needs to come to this role with full understanding of home dialysis therapies and is committed to the philosophy of home dialysis
- Increase awareness of the Navigator role(RU & R1 staff, Nephrologists) and increase access to education re home based therapies
- Important to understand the values and lifestyle of patients and their family (ie work, travel, home situation, feelings about self-care)
- Offering of peer supports-provides patients with subjective view on home dialysis

# Recommendations

- Vary the learning media as everyone learns differently - use of DVD, KFoC manual, written material, visuals(PD catheter, twin bag, cyclor)
- With parachute patients, education needs to begin with the basics (renal function, renal failure, need for RRT) and then progress to modality education
- Once the decision is made regarding dialysis modality, the relationship needs to continue to ensure timely access to surgeon and OR.