

Ontario Renal Network

Home Dialysis Success Factors

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Ontario Health
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Introduction

Background

The Ontario Renal Network (ORN), part of Ontario Health, is responsible for advising the Ontario government on chronic kidney disease (CKD) and managing kidney care services across Ontario. Expanding equitable access to home dialysis is a key strategic objective of the ORN, however, since 2020/21 Q3, there has been a decline in the provincial home dialysis prevalence rate. To increase growth in home dialysis, the ORN has developed this document to provide Regional Renal Programs (RRPs) with guidance on key factors that can support home dialysis performance improvement.

To understand successes and barriers to home dialysis at the RRP level, the ORN conducted site visits at 15 RRP from 2015 to 2018. A [Provincial Summary Report](#) was developed, highlighting local challenges and successes in growing home dialysis, along with recommendations from the ORN to support performance improvement. These recommendations, together with subsequent findings from performance discussions with RRP, engagement with the ORN Patient and Family Advisory Council, and input from Regional Directors, informed the development of the home dialysis success factors.

The success factors in this document outline suggested actions for RRP to consider when planning initiatives to improve home dialysis rates. The ORN recognizes that RRP may have unique circumstances and requirements, and therefore, the strategies adopted by RRP may not always resemble those outlined in this document.

Intended Audience

This document is intended to be reviewed and referenced by RRP staff who are responsible for planning and implementing initiatives related to home dialysis. Front line staff from home dialysis and adjacent kidney care teams will also benefit from an understanding of the factors that have the potential to impact home dialysis success. Therefore, this document should be made available to all members of the RRP, including nephrologists, multi-care kidney clinic (MCKC) teams, home dialysis teams, transition unit teams, transplant teams, Body Access and Home Dialysis Coordinators, and any other members of the care team who interact with CKD patients.

Home Dialysis Success Factors

Success Factor #1: Home First Culture

RRPs with a strong home dialysis program cultivate a home first culture in the following ways:

- Encourage the presence of institutional belief, across all teams, that every patient should be considered for a home dialysis modality.
- Ensure consistent and ongoing staff education is in place to build strong comfort and awareness of home dialysis, for all staff in the RRP.
- Identify and leverage patient and staff champions of home dialysis to support education and ongoing promotion to care teams and patients.
- Ensure that peritoneal dialysis (PD) and Home Hemodialysis (HHD) champions at satellite units help instill a home first culture and provide support for patients located away from the main home dialysis unit.
- Participate in a mentorship program and/or engage with high-performing RRP, to learn from key successes and discuss barriers and challenges.
- Evaluate new initiatives to ensure data-driven quality improvements (i.e., implement a culture of continuous improvement).

Success Factor #2: Agile Human Resources

RRPs with a strong home dialysis program create agile human resources in the following ways:

- Address capacity and resource constraints to limit barriers to timely access to home dialysis training (e.g., by offering flexible hours of operation for home dialysis training and/or ensuring that an appropriate number of staff and multidisciplinary care teams are available based on patient volume).
- Plan staffing for anticipated growth of the home dialysis program and implement succession planning to mitigate staff attrition.

Success Factor #3: Integrated Renal Care Teams

RRPs with a strong home dialysis program ensure the integration of renal care teams in the following ways:

- Provide education on dialysis in a physical space that exposes new start patients to PD and/or HHD (e.g., transition unit), as a means of facilitating the transition to home dialysis.
- Build partnerships with home and community care providers that can support a strong model for assisted home dialysis.
- Hold regular rounds to review potential home dialysis candidates; these rounds are attended by members of home dialysis teams, in-centre hemodialysis teams, MCKC teams, Body Access and Home Dialysis Coordinators, and staff from satellite units to minimize operating within silos and enable continuity and coordination of care.

Success Factor #4: Patient Recruitment and Support

RRPs with a strong home dialysis program focus on patient recruitment and support in the following ways:

- Use broad selection criteria for home dialysis training to ensure that many patients can try dialysis at home, including those who may require assistance. Refer to the [Home Dialysis Assessment Document](#) for criteria and considerations.
- Emphasize home dialysis as the optimal modality for appropriate patients, and that modality selection can be revisited throughout the patient journey.
- Ensure formal processes are in place to identify home dialysis candidates within the urgent start populations and identify candidates for home-to-home transitions.
- Empower in-centre hemodialysis patients to increase independence and be active participants in their dialysis treatment.
- Provide additional support for patients during transition to home.
- Offer person-centred/ flexible arrangements to complete home dialysis training.
- Establish a process to review home dialysis retention for PD and HHD on a regular basis and implement initiatives to address root causes of attrition that are identified.
- Have a peer support program in place.
- Leverage home dialysis assistance for patients who are home dialysis candidates and need additional support with their treatments.

Success Factor #5: Peritoneal Dialysis Catheter Access and Outcomes

RRPs with a strong home dialysis program support PD catheter access and outcomes in the following ways:

- Ensure processes are in place for timely access to PD catheter insertions.
- Secure dedicated operating room time for PD catheter insertions.
- Identify a second surgeon to ensure personnel redundancy in the event of illness, vacation or other absence.
- Conduct root-cause analyses of poor PD catheter outcomes (e.g., insertion method/ surgical technique, peritonitis, catheter complications, training effectiveness, comorbidities) and implement local strategies for improvement.

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