The HOME Network
Educate, Enable, Empower

The Home Dialysis Workshop

Renal Society of Australasia Conference 2026

The HOME Network

Presented by: The HOME Network



contact@homenetwork.net.au www.homenetwork.net.au

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Acknowledge to Country

I’d like to begin by acknowledging the Traditional Owners of the land on which we meet today. I would also like to pay my respects to Elders past and present.

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Workshop Agenda	
Time	**Topic**
08:30 – 08:40	**Welcome and Introduction to The HOME Network** Overview of The HOME Network and key incentives, including financial, research, and operational initiatives. Presenter: Rosie Simmonds
08:40 – 08:50	**Vantive Intro** Presenter: Vantive
08:50 – 10:00	**Building Patient Numbers in Home Dialysis** Presenter: Kylie Pegg **Home Dialysis- things we all should know** Presenter: Rosie Simmonds
10:00 – 10:30	**Morning Tea**
10:30 – 11:15	**Allied Health in Home Dialysis (including video presentation)** Presenter: Jo Stockings
11:15 – 11:55	**Staff Burnout and Workforce Sustainability** Presenter: Kathy Shaw, Kathy Shaw Coaching
11:55 – 12:00	**Close** Presenter: Kylie Pegg

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WELCOME .....

About the HOME Network (THN)

Presented by: Rosie Simmonds

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Who are we ? And why did we start?

In 2009, a group of **healthcare professionals specialising in Home Dialysis** from across Australia joined forces **to identify and develop solutions to overcome the barriers that prevent higher utilisation of home dialysis.**

Initially **sponsored by Roche** Products Pty Limited, a plan was developed, the members **held workshops**, where they discussed and defined the principles for taking action **to promote positive action to increase home dialysis** in Australia.

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Our Vision and Mission



Vision

More Australians with chronic kidney disease will embrace the freedom of home dialysis and it's associated health benefits.

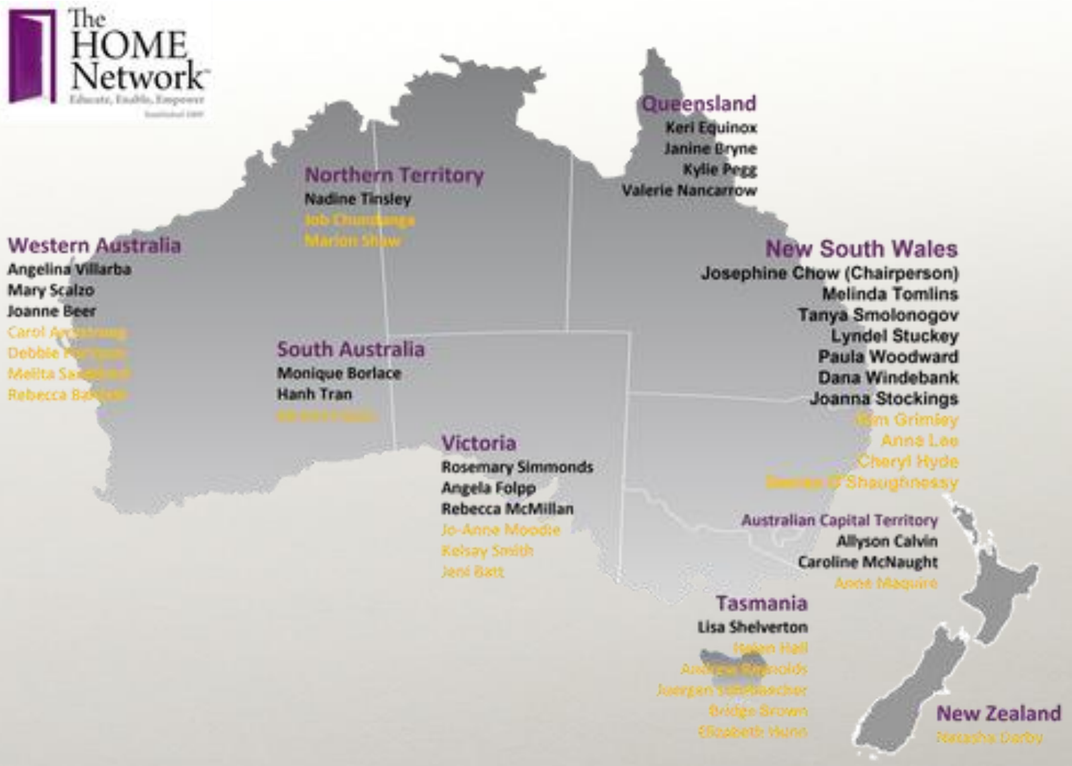


Mission

Through research, education and advocacy, the HOME Network aims to enable healthcare professionals with knowledge and resources to empower more people with chronic kidney disease to embrace the freedom of home dialysis.

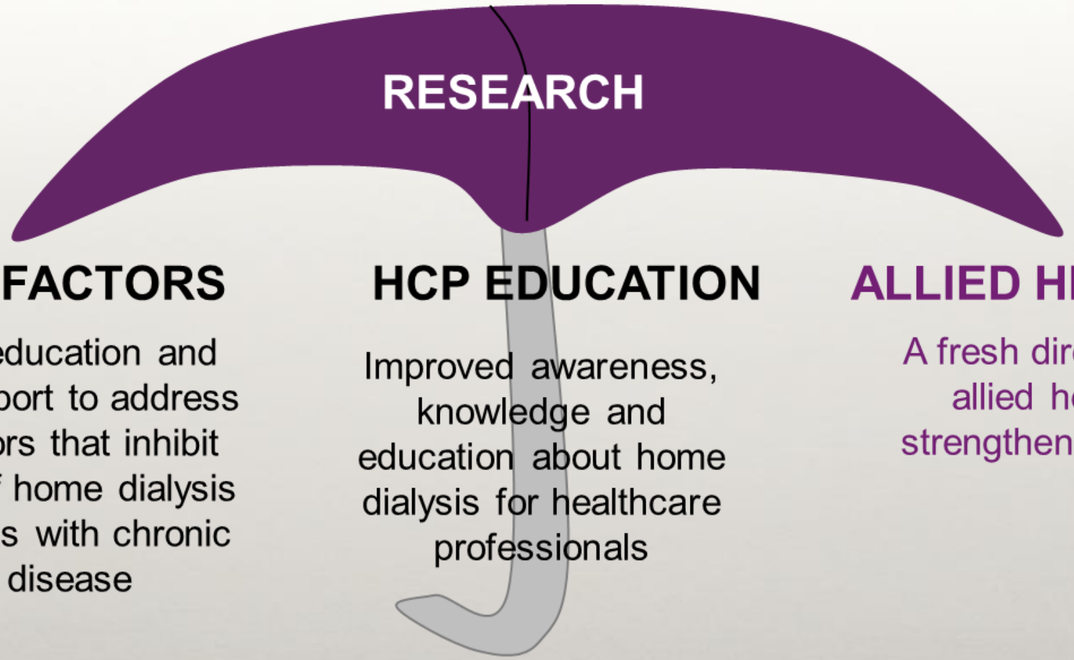
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We now have ***23 members*** from ***all parts of Australia***, including cities, regions, and rural areas. Our members are experts in: nephrology nursing and education, strategic management, and allied health fields like social work & dietetics & pharmacy. Some members have been with us since 2009 and are dedicated to promoting home dialysis in Australia.



Focus Areas

EDUCATION .....ADVOCACY..... RESEARCH..... EMPOWERMENT..... ENABLING



PATIENT FACTORS

Advocacy, education and practical support to address patient factors that inhibit the uptake of home dialysis by Australians with chronic kidney disease

HCP EDUCATION

Improved awareness, knowledge and education about home dialysis for healthcare professionals

ALLIED HEALTH ENGAGEMENT

A fresh direction that explores how allied health approaches can strengthen home dialysis utilisation

COMMUNICATION

Framework for shaping and sharing outcomes

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Some of our Achievements

Finalists in the Hesta Awards

I was nominated in the HESTA AWARDS

- Mythbusting Fact Sheet
- Information and education material
- ISPD Conference Big Idea
- Online surveys to capture National data
- Posters to promote Home Dialysis
- Symposium
- DVD – Patient Testimony
- Financial Facts sheets
- Advocacy
- Presentations
- The HOME Network Website
- Grants
- Survey on clinical practices
- Publications
- Partnerships
- Strategic plans
- Research
- Newsletters
- ESKD Education Pathway

The TEACH-PD trial
AKTN 17.03

Contact Us

The success of the HOME Network and its ability to support healthcare professionals to drive better patient outcomes is dependent on its active engagement with and support by the broader nephrology community as well as other organisations and industry partners.

Become an associate member today!

www.homenetwork.net.au

contact@homenetwork.net.au

Australia

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Vantive Introduction

Presented by: Vantive

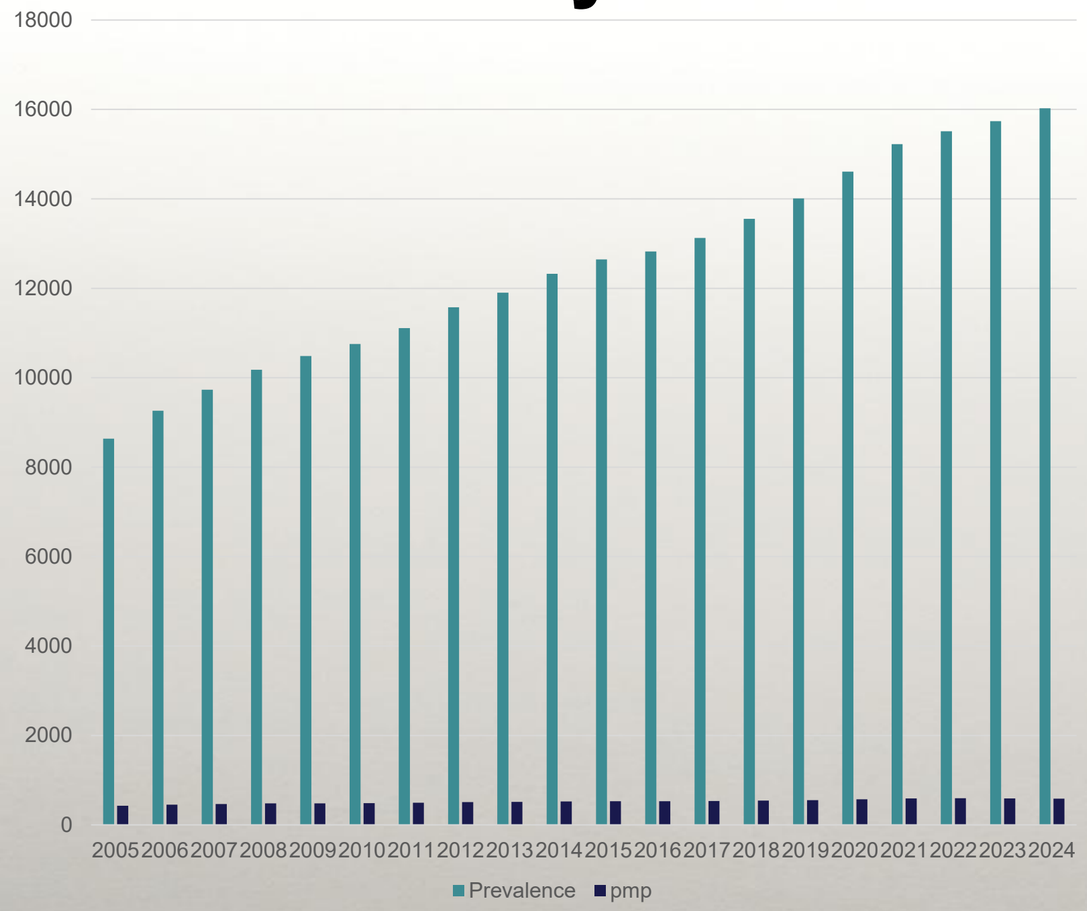
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Building Patient Numbers in Home Dialysis
The Princess Alexandia Hospital Story

Presented by: Kylie Pegg

State of Dialysis



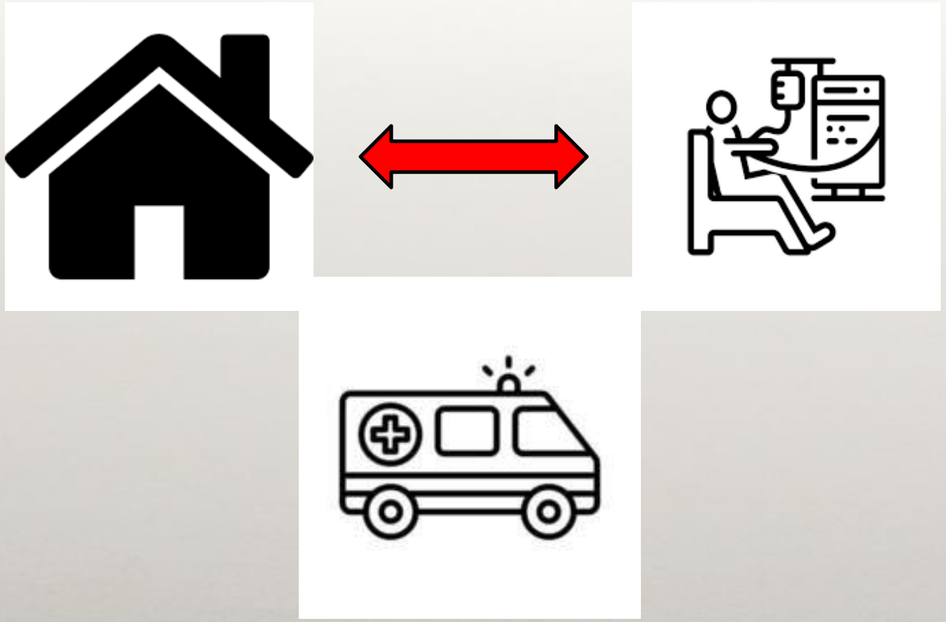
Prevalence (pmp) of dialysis 2005-2024

Table 1.1
Incidence of Kidney Failure with Replacement Therapy by Modality 2020-2024 (pmp)

Country	Event	2020	2021	2022	2023	2024
Australia	Total Incident KRT Patients	3335 (130)	3366 (131)	3464 (133)	3491 (131)	3480 (128)
	Pre-emptive Transplant Patients	85 (3)	82 (3)	91 (3)	98 (4)	94 (3)
	Incident KRT Dialysis Patients	3250 (127)	3284 (128)	3373 (130)	3393 (127)	3386 (124)
	Percentage PD	28%	28%	25%	27%	26%
	Percentage Home HD	2%	2%	2%	2%	2%
	Percentage Facility HD	70%	71%	73%	72%	72%
New Zealand	Total Incident KRT Patients	715 (140)	725 (142)	702 (137)	734 (140)	760 (142)
	Pre-emptive Transplant Patients	44 (9)	39 (8)	23 (4)	25 (5)	34 (6)
	Incident KRT Dialysis Patients	671 (132)	686 (134)	679 (133)	709 (135)	726 (136)
	Percentage PD	40%	36%	35%	31%	30%
	Percentage Home HD	3%	2%	3%	2%	2%
	Percentage Facility HD	57%	62%	63%	67%	68%

ANZDATA 2025 Annual Report

Life on facility HD



Patients found facility HD as **incompatible with an active lifestyle**

Restricted ability to participate in social activities, travel for leisure

Patients felt **frustrated** in relation to time lost, not only on treatment but also on preparation for travelling and delays.

Gregory DM et al, Qual Health Res 1998; 8: 764-83

HAEMODIAL

Broome man had to wait for someone to die to access dialysis in his hometown

By Dunja Karagic | ABC Kimberley | Liver and Kidneys

Sat 14 Feb



David Lawford says he missed out on multiple funerals of loved ones while receiving dialysis in Perth. *(ABC Kimberley: Dunja Karagic)*

Large variation in
capacity betwee
within major capi

Ratio of pa
dialysis chairs

0.25 to

"**Standard**" capacity is <4
dialysis patients per chai

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Why PD?

- Flexible
- Scalable – and not limited by capacity like in-centre HD
- Better quality of life and patient satisfaction
- Better preservation of residual kidney function
- Preservation of vascular access for future use
- Lower cost burden from healthcare perspective
- Others…

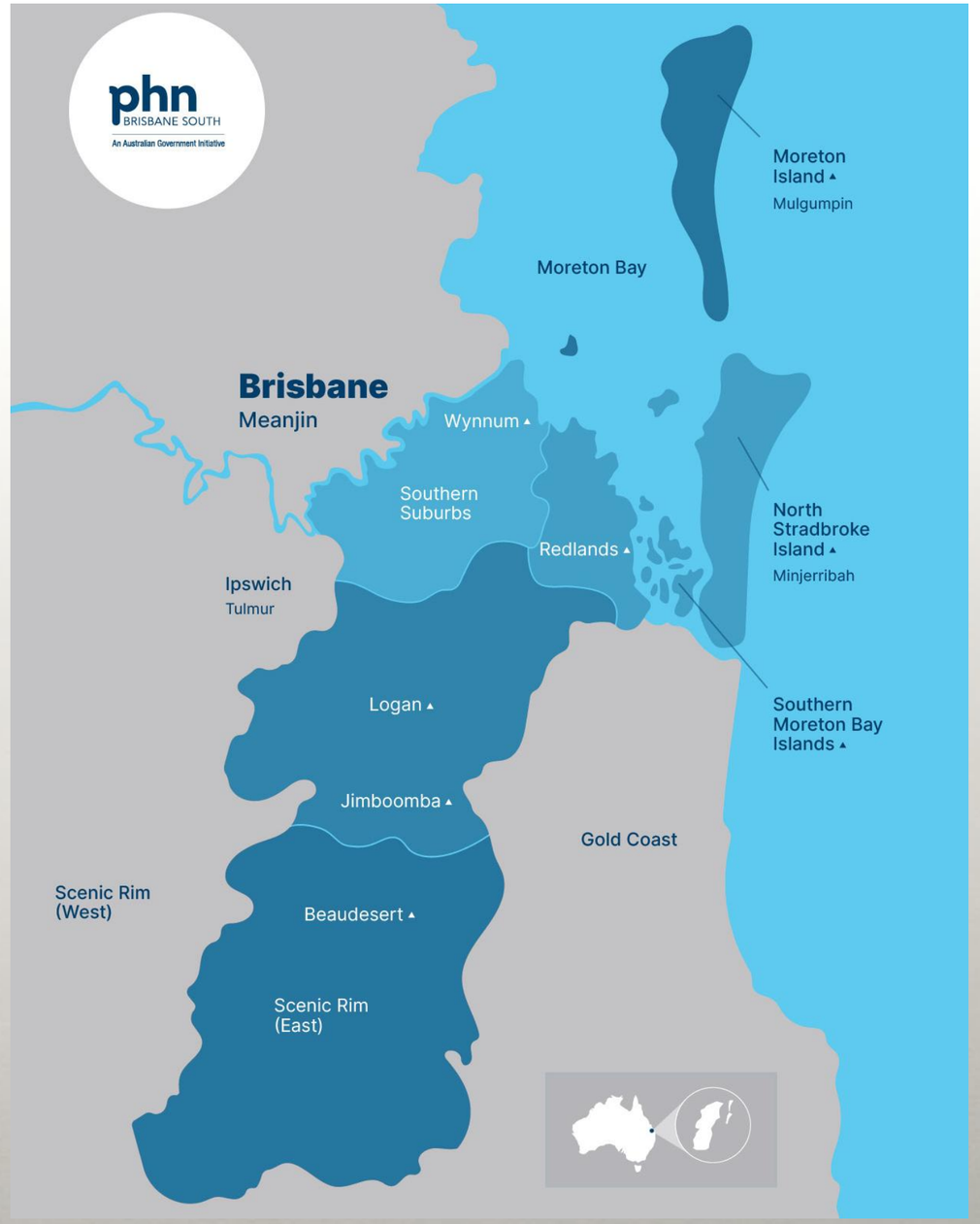
Outline

- **Background** – who we are
- **Challenges**
- **Strategies**
  - Targeting uptake
  - Improving retention
- **Future directions**

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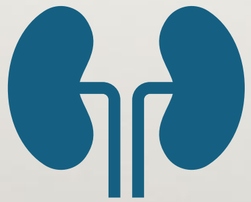
Metro South Kidney And Transplant Services

We provide care for patients from South Brisbane and Redlands, including the Bay Islands



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KRT Modalities Offered



Peritoneal Dialysis



Home Haemodialysis

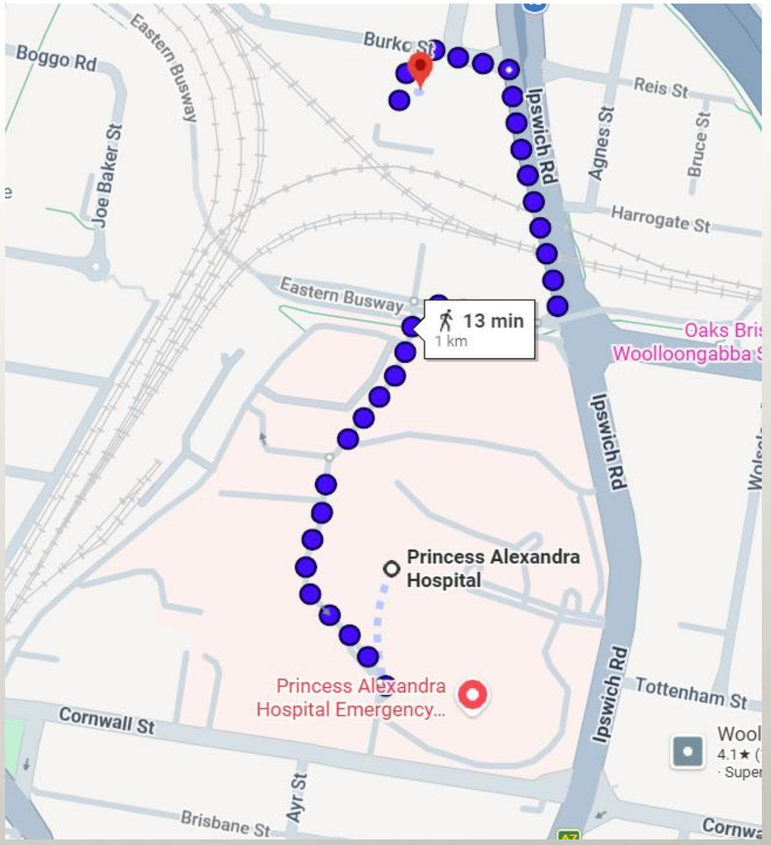


In-centre Haemodialysis

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Peritoneal Dialysis Unit:

- Stand-alone Peritoneal Dialysis Unit at Princess Alexandra Hospital.
- We currently care for 97 patients.
- Off-site location near the main campus limits timely patient assessment and separates services from pre-dialysis CNC and CKD clinics.



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Our Team

NUM 1.0FTE
NP 1.0FTE (shared with Home HDx)
CN 6.11FTE
RN 3.05FTE
AIN 1.0FTE (shared with Home Hdx)

Patient Demographics

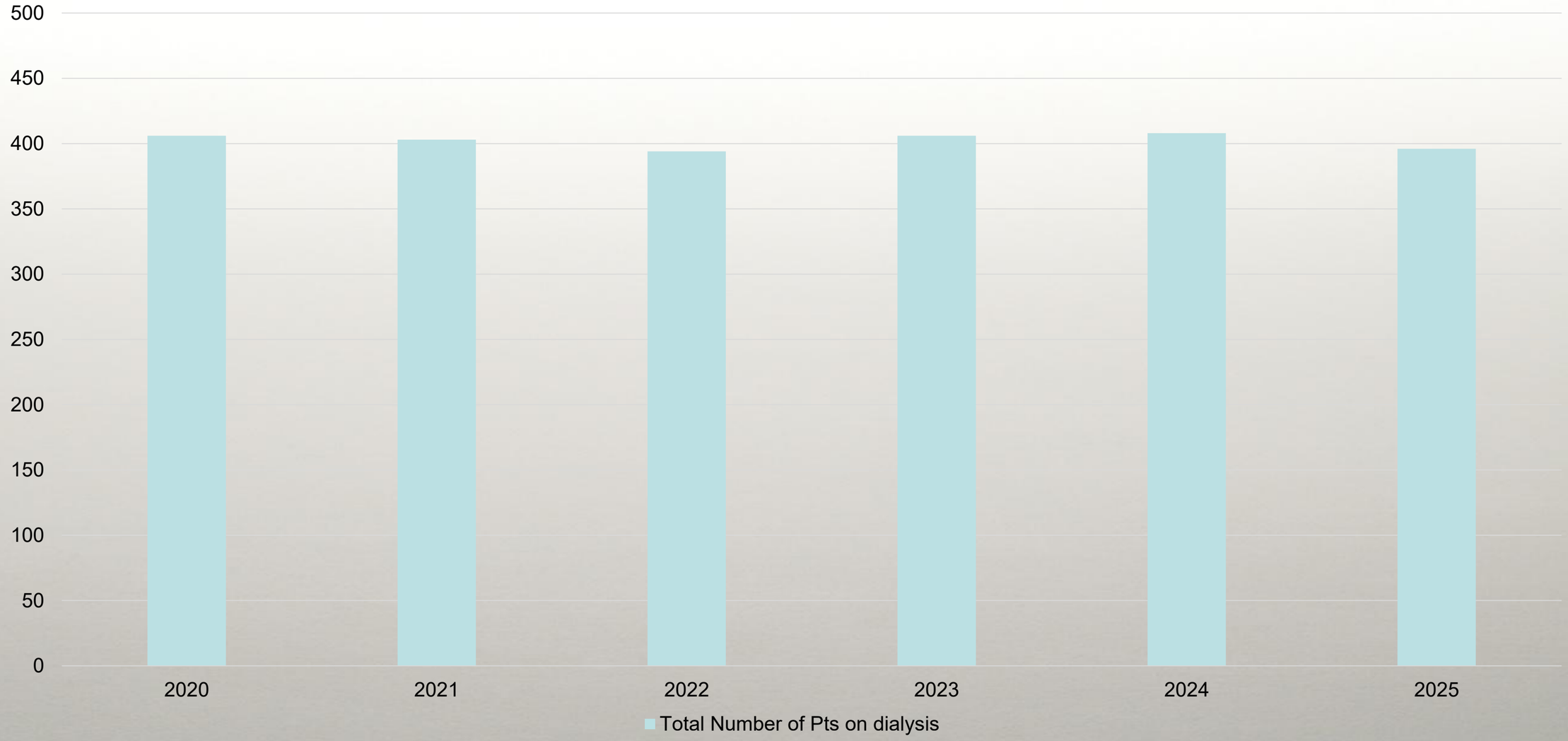
Compared to ANZDATA 2025:

- Slighter younger cohort: 65-74 years is the most common age group (27%)
- Comparable cause for kidney disease: Diabetic kidney disease (30%) in ANZDATA

				RANGE
AGE (years)		Median	53	21-87
SEX	Male		63%	
	Female		37%	
RACIAL ORIGIN	ATSI		3%	
	Caucasian		58%	
	Asian		18%	
	Pacific Islander / Māori		7%	
	Papua New Guinean		3%	
	African / Indian		7%	
	Not Identified / Other		4%	
PRIMARY KIDNEY DISEASE	GN		23%	
	AN		4%	
	ADPKD		7%	
	Diabetic Nephropathy		26%	
	Vasculitis / Lupus		5%	
	Vascular Disease / HTN		8%	
	Other Hereditary Disease		5%	
	Other / Uncertain PKD		22%	
BMI (kg/m^2)		Median	26.4	
Cardiac Disease			21%	
Diabetes Mellitus			36%	

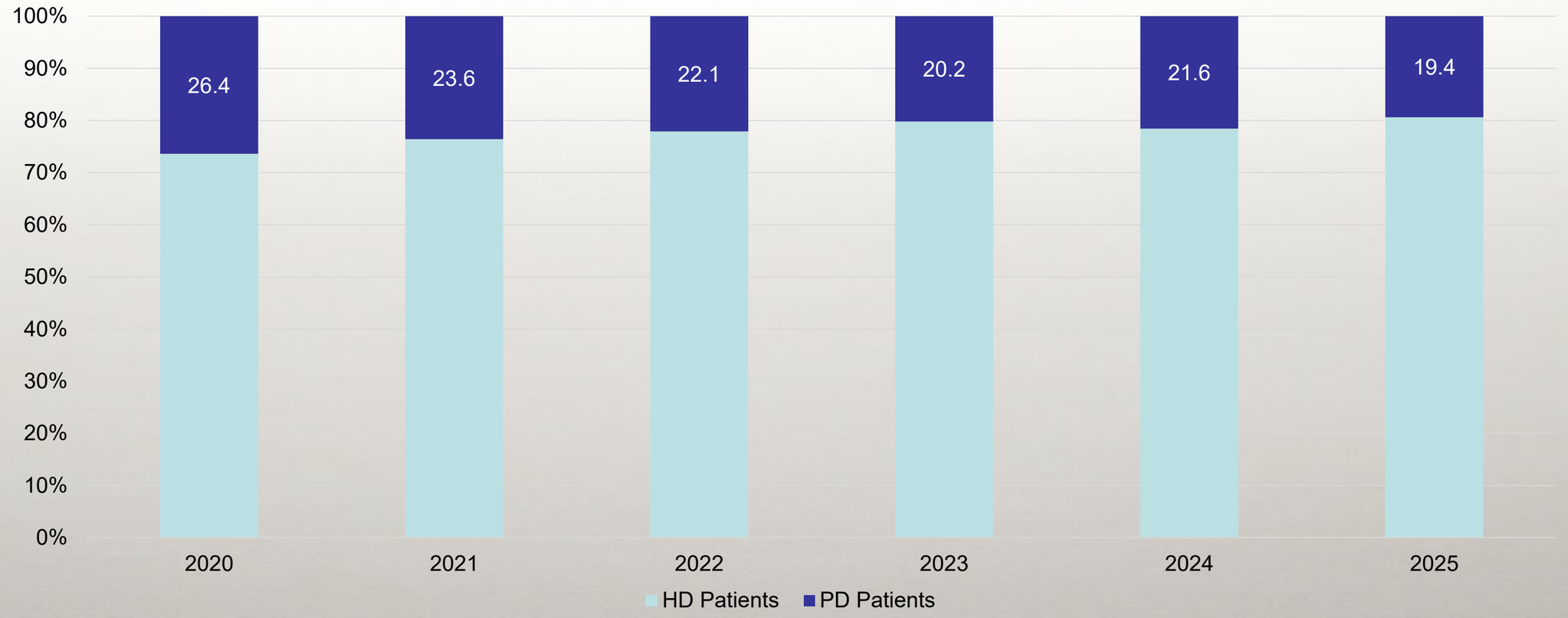
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Total Number of patients on Dialysis



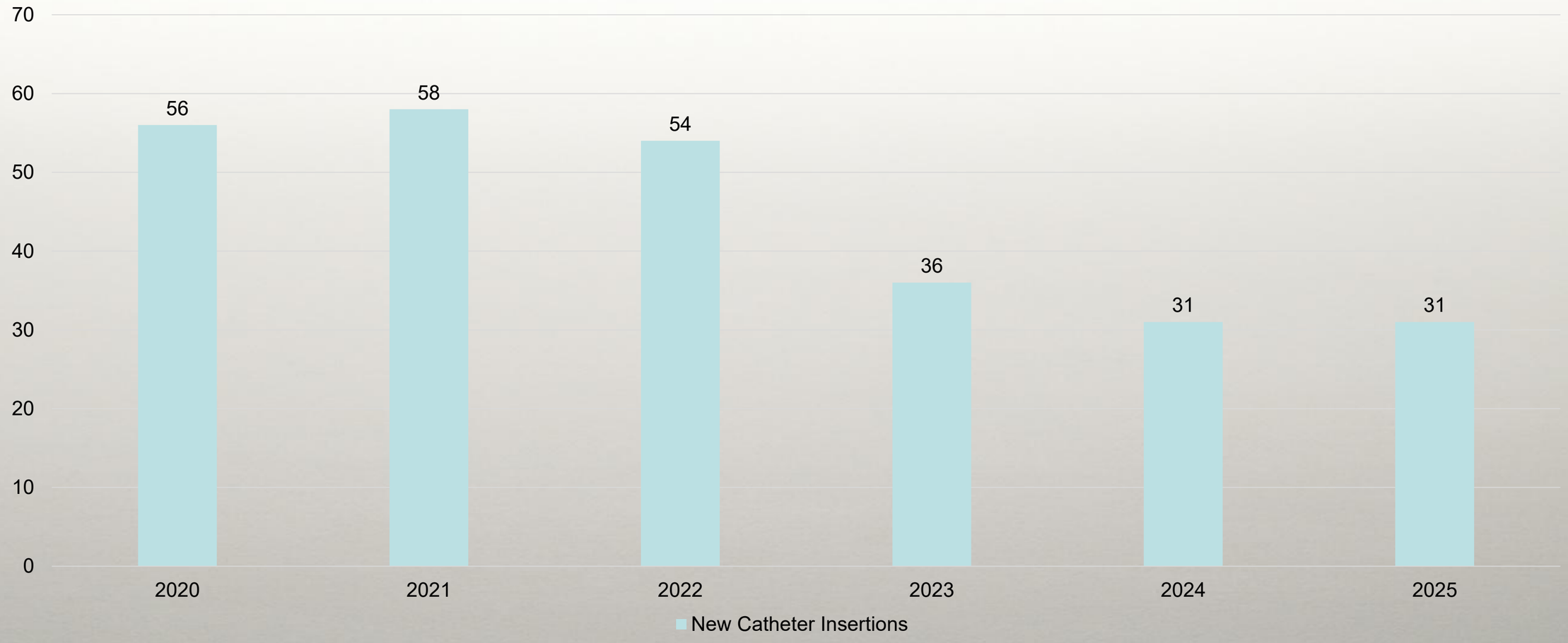
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Decrease in proportion of patients on PD



The issues with patient numbers involve both uptake and retention.

Decreasing Uptake – Low Catheter Insertion



High Turnover – “any preventable/premature transfers?”

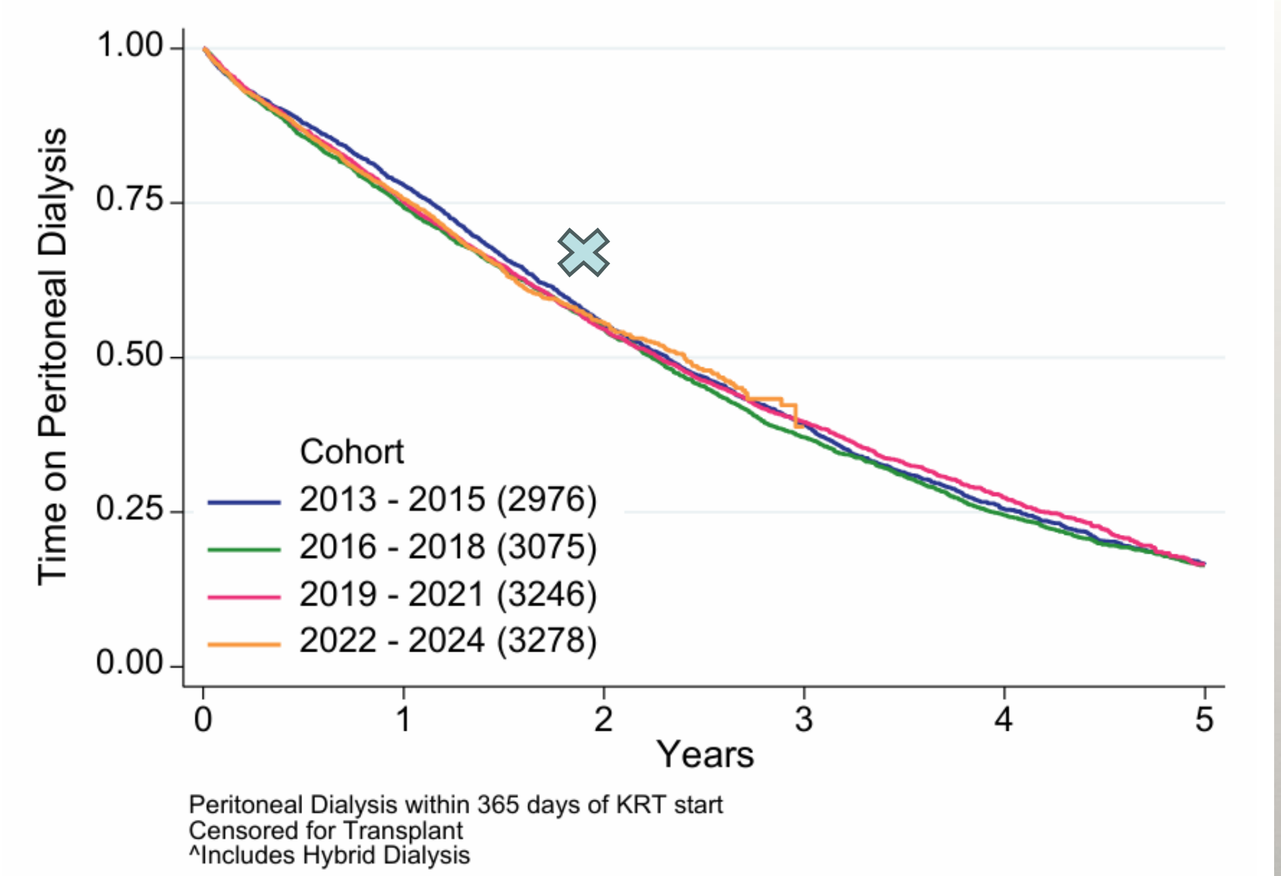
Year	Transfers out (n)	Transfers out (%)
2020	34	24.1
2021	48	33.6
2022	33	27.3
2023	41	33.3
2024	40	31.3
2025	33	30.0

Mean annual transfer out ~ 30%

- Death as a reason for PD exits decreased over time:
  - 19% (2020-2023)
  - 7.5% (2024)
  - 6.1% (2025)
- Transplant:
  - 8.9% 2020-2023
  - 2.9% 2024
  - 10.9% 2025
- Transfer to HD:
  - 16.4% 2020-2023
  - 15.8% 2024
  - 12.1% 2025

Figure 5.15.1

Time on Peritoneal Dialysis^ by Era - Australia 2013-2024



Peritoneal Dialysis within 365 days of KRT start
Censored for Transplant
^Includes Hybrid Dialysis

Mean duration of time on PD is 2.1 years at PAH

Potential Drivers

Pressure on inflow

- Low referral
- New satellite haemodialysis units
- Implementation of supportive care pathways
- High transplant rate
- Preferred approach to starting HD with CVC for urgent patients

Retention opportunities

- Prevention of ‘premature’ transfers
- Improve support to retain suitable patients
- Strengthen patient management

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Our Actions



DIALYSIS AT HOME WORKING GROUP



Members

Medical - Dr Yeoungjee Cho and Dr Carolyn van Eps

PD staff - NUM and CN

NP Home therapies

Pre-dialysis CNC

Kidney Rover Service CNC

Dialysis at Home Working Group

Purpose is to improve uptake and sustainability of home dialysis.

FOCUS

- Identify Barriers
- Reduce early (premature) therapy failure

APPROACH

- Nurse-led, collaborative
- Practical system solutions

OUTCOME

- Increased home dialysis uptake
- Longer time on therapy

Patient Identification vs. Transition Failure: what's driving the gap?

Review of Data: Low Clearance Clinic

Review patient numbers and PD candidates

Review the data capture and monitoring process

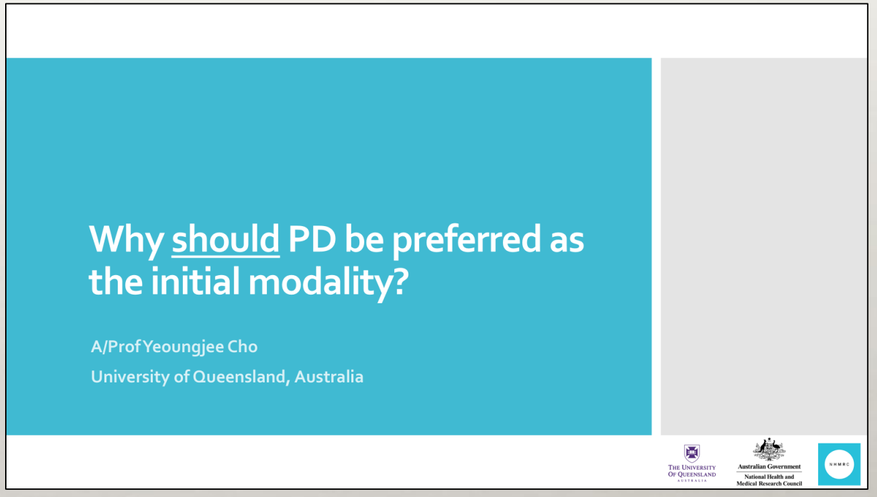
Identified patients who commenced in-centre via CVC and review process

Review Patient Numbers & PD Candidates

- **Identified missed opportunities**
  - Patients expressed/originally intended for home therapies – but started with CVC-facilitated HD
    - In context of missed appointments / review
  - No contraindication to home therapies – but reason for decline to home therapies ‘unclear’

Raising Awareness and Upskilling

- Education to staff – in-service
- Proactive approach to – “why not home therapy?”
- Attend clinical meetings in person as the NUM (returning from Teams-only during COVID).
- Develop strategies through a site visit and engagement with the Western Sydney Health Service Centre of Excellence.



Posters

- Real patient with her words on why she likes this modality choice
- Placed in areas where CKD patients and HDx can view
- Working with Home Network to get in different languages and rolled out to wider audience
- Positive feedback from both staff and patients



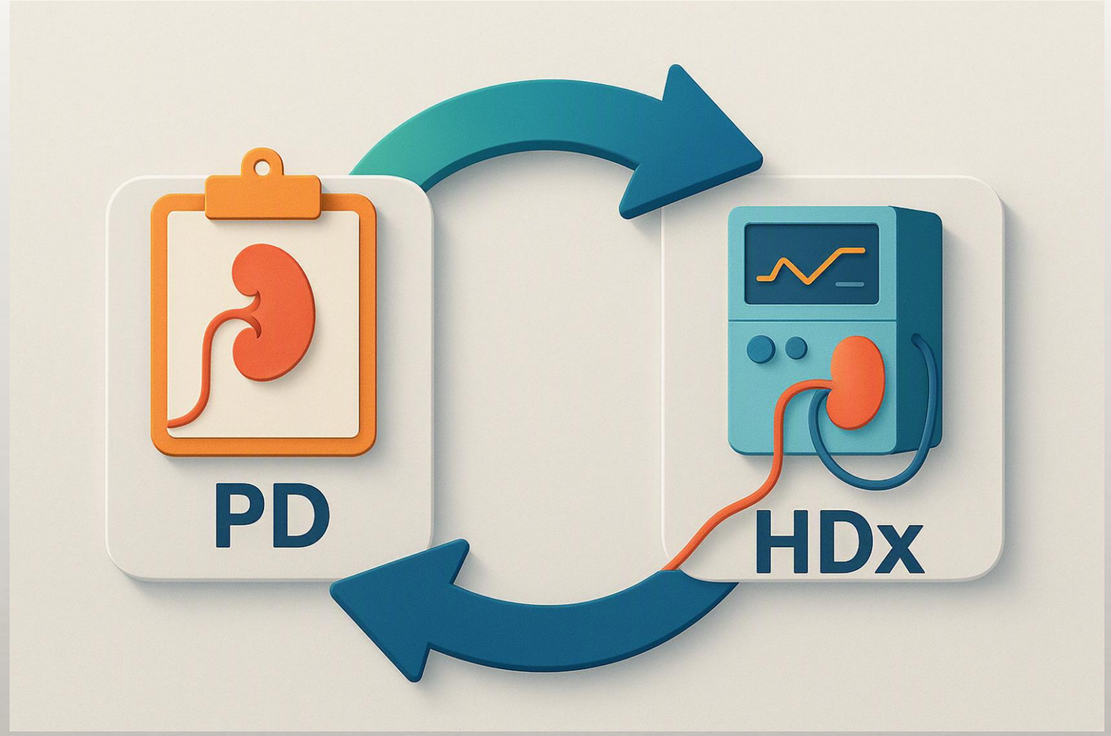
Review Data Capture & Monitoring Process

- Incorporation of eGFR change over time to alert primary nephrologist (used as a trigger to alert & discuss option of home therapies)
- Dialysis modality choice and status of access updated
- Shared location to allow access to key stakeholders

Name	UR	Date of Birth	Age	Preference Mobility	Why not home dialysis	Likely need to start Dialysis in next 2-3 months	Access consented & surgical date	Access created ?	Surgeon	GFR 2 years ago	Current GFR	Current creatine
Dr Tunbridge												
[redacted]			38	PD however wants nephrectomies. HD while healing					Dr Tan		18	343
			69		? PD						5	644
			77	in center Hdx	not suitable for PD					18	16	315
			44	Peritoneal dialysis, surgery early Jan 2026		Yes	Yes	Peritoneal catheter	Dr Kanagaragah	17	11	496
Dr Isbel												
[redacted]			65	in centre HDx	visually impaired, frail			AVF	Dr Yogeesan	16	14	299
			80	PD	Prefers PD at the moment					17	15	326
			73	? Incentre Hdx,still deciding						16	14	280
			65	? Home Hdx			Yes		Dr Tan	17	11	448
			77	likely KSC, poor memory						18	16	241
			60	Peritoneal dialysis						15	10	519
			77	Peritoneal dialysis			Yes		Dr Lockwood	22	12	394
			74	Peritoneal dialysis			No			30	20	263

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Identify new start CVC-facilitated HD patients who may be suitable for home



ARTS to home therapies patient transition

A MONTHLY MEETING BETWEEN THE NP'S IN THE IN-CENTRE HD UNIT AND THE NUM'S IN THE HOME TRAINING UNITS

IDENTIFYING ALL THE NEW STARTERS AND DISCUSSING THEIR CASES TO IDENTIFY IF ANY ARE SUITABLE FOR A HOME THERAPY

PROCESS FROM THERE IF PATIENT IS SUITABLE IS APPROVAL FROM THEIR CONSULTANT, EDUCATION FROM THE PRE-DIALYSIS CNC AND THEN A DISCUSSION WITH THE PATIENT

Change of HDx location for suitable patients

Patients starting PD relocate to the adjoining unit, improving access to care and providing a more suitable setting away from the in-centre environment.

To trial bringing anyone suitable for home therapies and swapping them out for a chronic patient in Home HDx

Give them a 3-month period to decide if suitable and willing to learn home therapies

Can get access and convert, or send back to chronic for patient swap if unsuitable

Other Strategies

- Develop and formally implement urgent start PD pathway
- Review evidence and proven strategies and implement into practice
- Work with the Home Network
- Discuss and collaborate with other PD units

Progress to Date

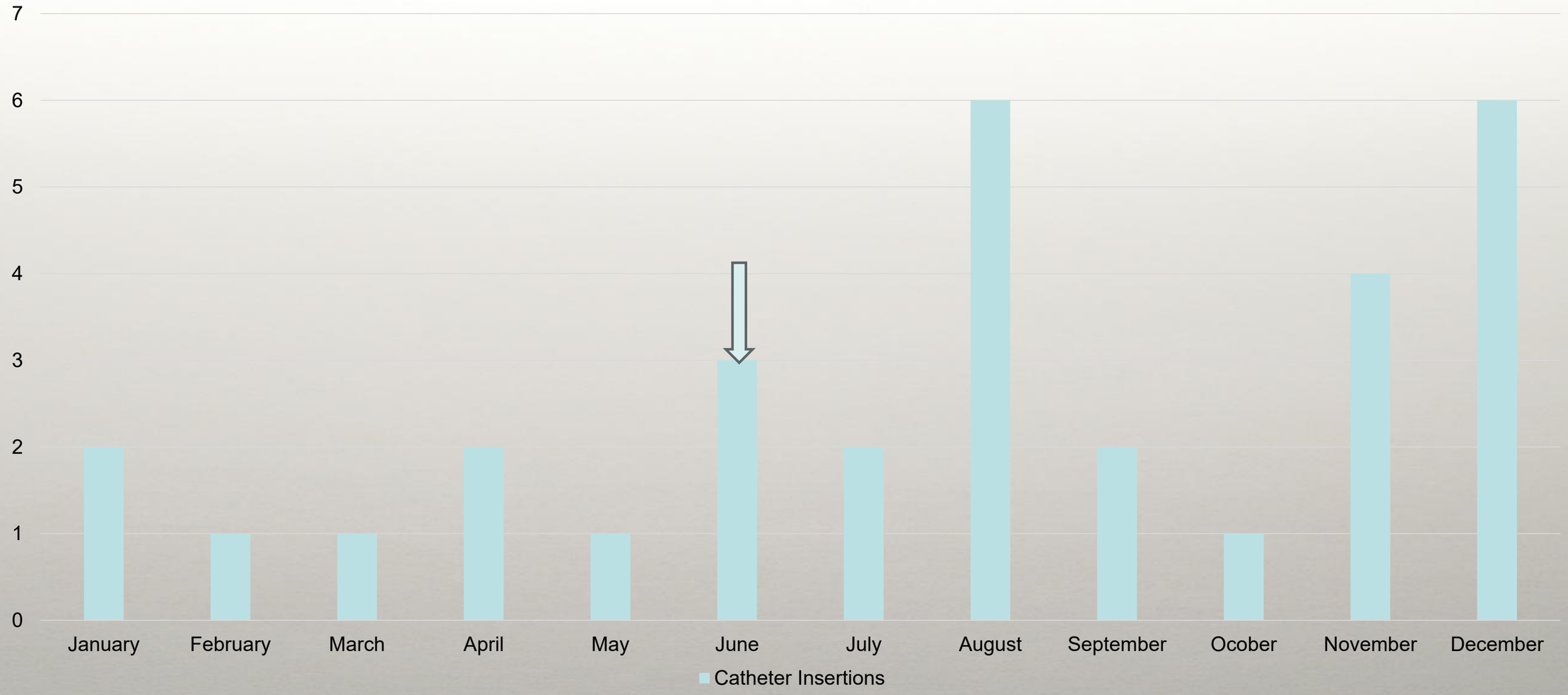
Since holding these meetings 59.1% of LCC patients are tagged to come to Peritoneal Dialysis

Strengthened process to ensure timely PD catheter placement, reducing the need for urgent dialysis initiation.

Established regular collaboration within the unit to close gaps and improve successful transition to PD

Working collaboratively to formalise dialysis modality work pathway

Catheter Insertions 2025



Catheter Insertions 2026



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Identifying Issues Related to Patient Numbers

1. Improve referral to PD
2. Identify barriers to home therapies
3. Address common concerns about PD
4. Be more patient-focused to fit care into patients' lifestyles
5. Improve health outcomes from current PD population

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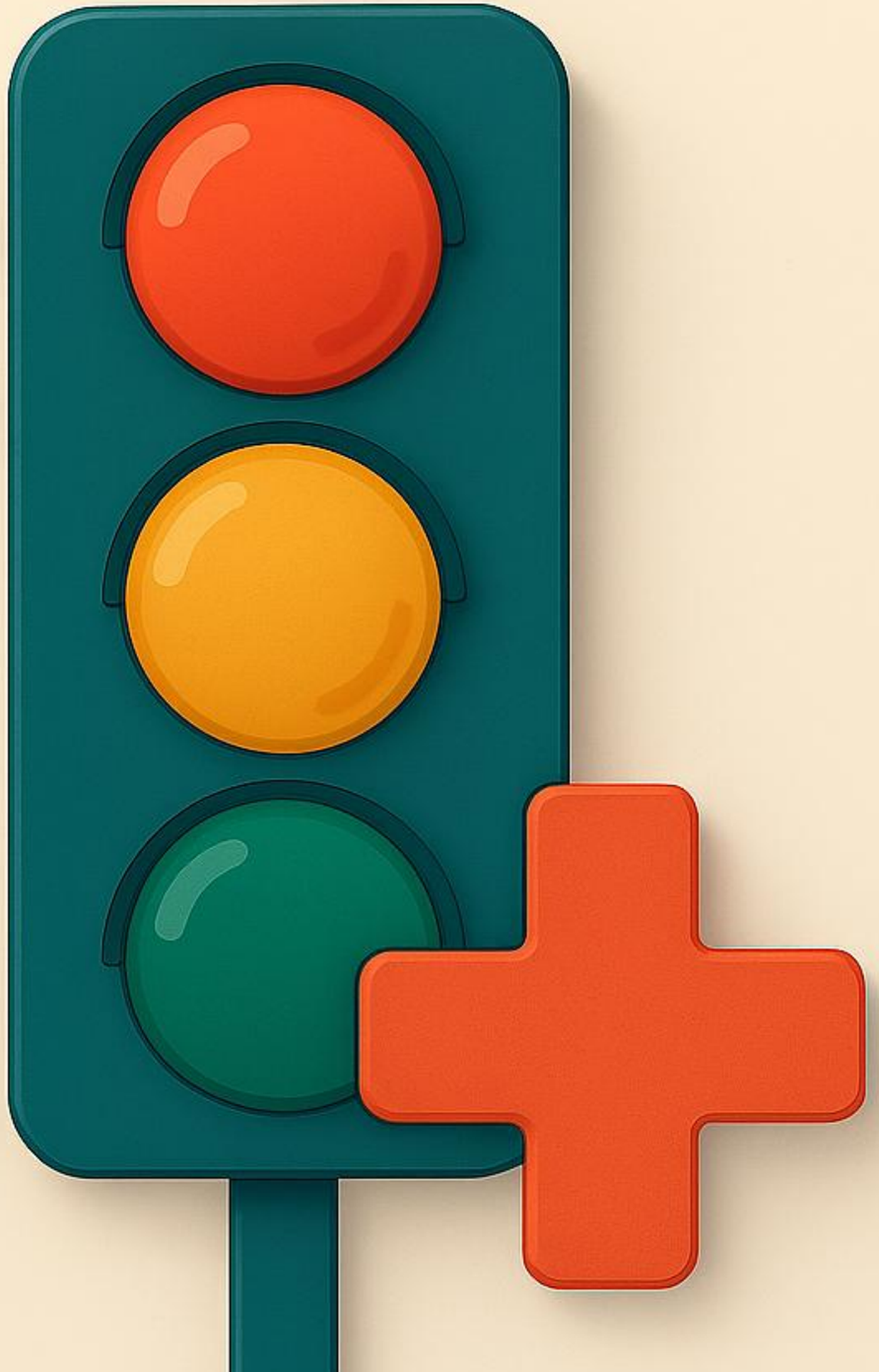
Home Therapies Multidisciplinary Team (MDT) Meeting



Home Therapies MDT Meeting

- Solution-focused meeting bringing together key practitioners and allied health professionals to discuss complex patient cases, manage issues, and improve outcomes
- Attended by NP, NUMs of home dialysis units, NN, CN's and allied health professionals
- Identify and discuss complexities that limit dialysis outcomes
- Collaborate across all areas of care to better manage the patient, resulting in prolonged time on a home therapy
- Meetings are quarterly

TRAFFIC LIGHT SYSTEM



Traffic Light System



Flagging system from each nursing documentation, looking at factors that identity issues with the patient that may lead to poor outcomes



Incorporates infections, high risk environments, comorbidities, social situations and fluid status



Scoring system that tiers patients and recommendations for follow up and closer monitoring


Re-Education Days

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- Developed in line with an established program at Blacktown Hospital
- Structured **3-hour interactive workshop** reinforcing core peritoneal dialysis principles, including:
  - Infection prevention and aseptic technique
  - Hand hygiene
  - Fluid management
  - Bowel care and troubleshooting
- Facilitated group discussion to support peer learning, shared experiences, and practical problem-solving
- Opportunity for patients to raise concerns, provide feedback, and share strategies for successful long-term home therapy
- Social morning tea to promote engagement and informal discussion
- Initial session received **strongly positive patient feedback**
- Planned to be delivered **quarterly**, aligned to seasonal risk considerations

Catheter Supply Issue

In May 2024 our preferred catheter size, 53cm Swan neck, had a supply shortage

We have approached various companies and had meeting with their representatives, however, have still been unable to source a product that is close to what this size is

Increased usage of coil catheters in this time

Increased drain pain experienced with our patients, from receiving a longer catheter. This resulted in an increased uptake of tidal programs

We are continuing to communicate with the company, and they have stated that they will be getting the product back in stock

Reducing catheter complications

- Initiated regular multidisciplinary meetings with key stakeholders (surgeons, medical and nursing staff) to review complications and adverse events
- Ensure timely communication to surgical teams following any catheter-related issue
- Arrange PD nurse attendance at surgical follow-up appointments after any adverse event
- Commenced data collection to identify root causes of catheter-related issues
- Continue efforts to source the preferred catheter size

Journal Club

Reviews nephrology best practice and checks whether local practice aligns

Practice changes have included fluid management, patient resources, and prescription management

All changes are discussed with treating teams and nephrologists within the department

Quality Improvement Projects

Psyllium husk: Nurse-led study confirmed effectiveness; next steps are improving inpatient access and implementation.

Dressing improvements: Changes reduced first-dressing reactions; further work is planned, including swimming appliance dressings.

PD sustainability: Ongoing work to reduce environmental impact through safe, practical patient-focused changes.

Progress to Date (Since June 2025)

Catheter insertion rate has doubled since June 2025 following implementation of the planned strategies.

Monthly patient volumes continue to rise, demonstrating improved uptake and sustained momentum.

Cross-specialty and nursing collaboration has strengthened referral pathways and continuity of care.

Multidisciplinary teamwork continues to underpin growth and increase confidence in the service.

Key Takeaways

- Working as one team, we adopted a solution-focused approach to implement practice changes and support uptake.
- We remain committed to continuously improving outcomes and access through an evidence-centred approach, informed by data and learning.
- Some issues reflected siloed working across services, so it was time for nephrology to work together and break down barriers across low clearance, pre-dialysis, inpatient kidney care, nephrology, and surgery.

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Peritoneal Dialysis at Home



My Home. My Safe Place. My Comfort
I can have dialysis at home, where I feel comfortable and safe.

My Time
I have flexibility to dialyse when I want to.

My Freedom
Escape the hospital routine, reduce travel time.

My Family
Being at home means staying close to my loved ones and my support network.

More time for me
I can choose to dialyse at night while I sleep, so my days are free for what I want to do.

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LEARN MORE ABOUT
HOME DIALYSIS THERAPY

POSTER CONTENT USED WITH PERSMISSION FROM QUEENSLAND GOVERNMENT

Peritoneal Dialysis at Home



In the comfort of your own home

In the compant of your loved ones

At a time that suits you

Scan the QR code to learn more
OR
Call [Type your Unit Name Here] on [0000 0000] for a chat / tour

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LEARN MORE ABOUT
HOME DIALYSIS THERAPY

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Scan QR code to provide feedback – Thank you!

Poster Feedback

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Kylie.pegg@health.qld.gov.au



ANY QUESTIONS?

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There’s no place like home…dialysis…

Presented by: Rosie Simmonds
Nurse Practitioner
Renal Services, Barwon Health, Geelong, Victoria

Home Dialysis - 10 things we all should know …

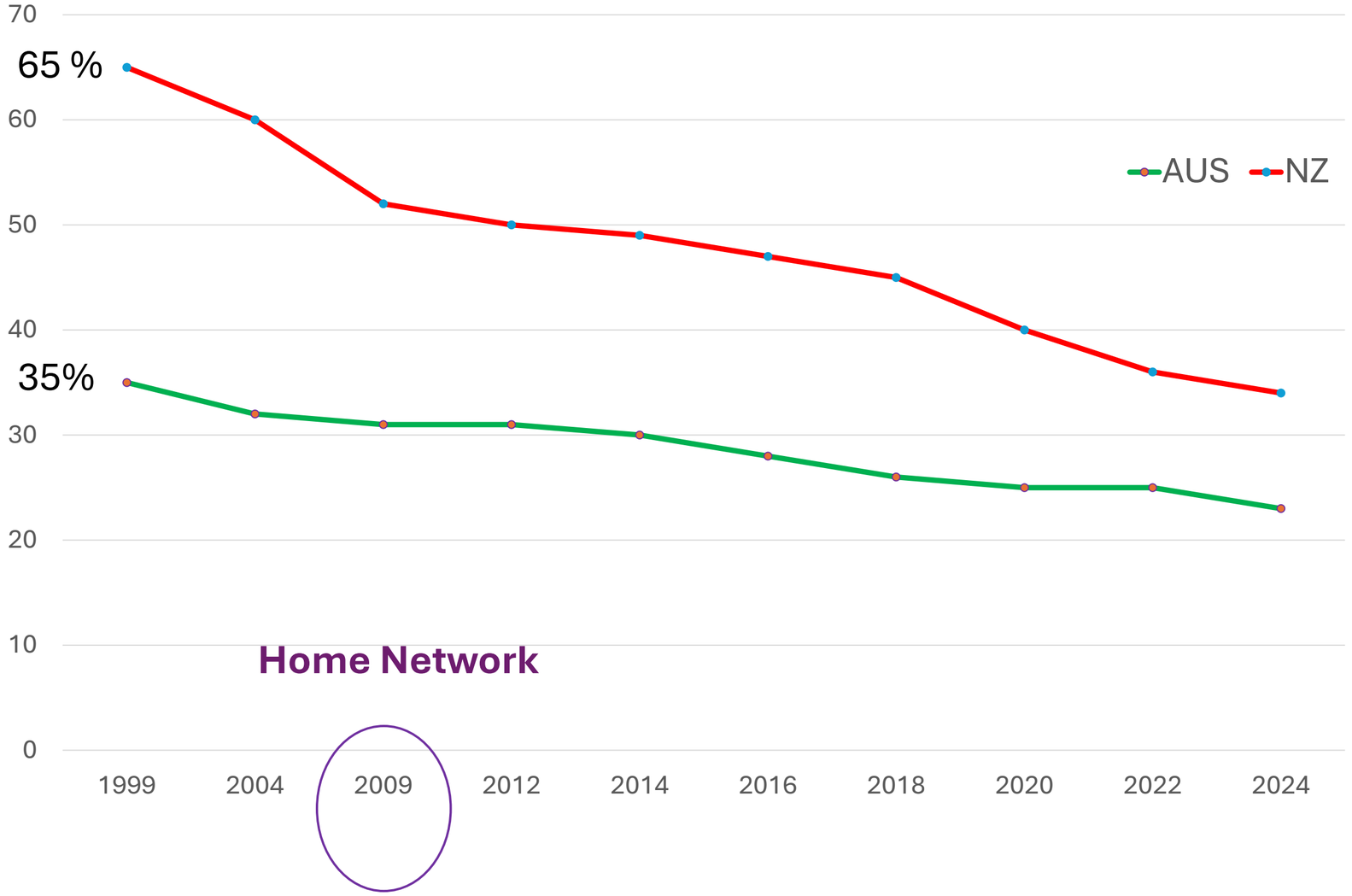
1. Home Dialysis facts and figures
2. Motivated patients get home
3. Supported patients stay home
4. What matters to our patients (& us) ….
5. When enough is enough
6. Holidays
7. Good access is vital for success at home
8. Long and slow and gentle …. Still the best
9. Phosphate
10. What's new in CKD ?

i.e.. according to me !

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Home Dialysis - facts and figures

Home dialysis – AUS & NZ past 25 years



ANZDATA 48th Annual Report 2025

AUS:

14,069 people on dialysis

- HHD 6%
- PD 17%

Total HD 23%

NZ:

3314 people on dialysis

- HHD 11%
- PD 23%

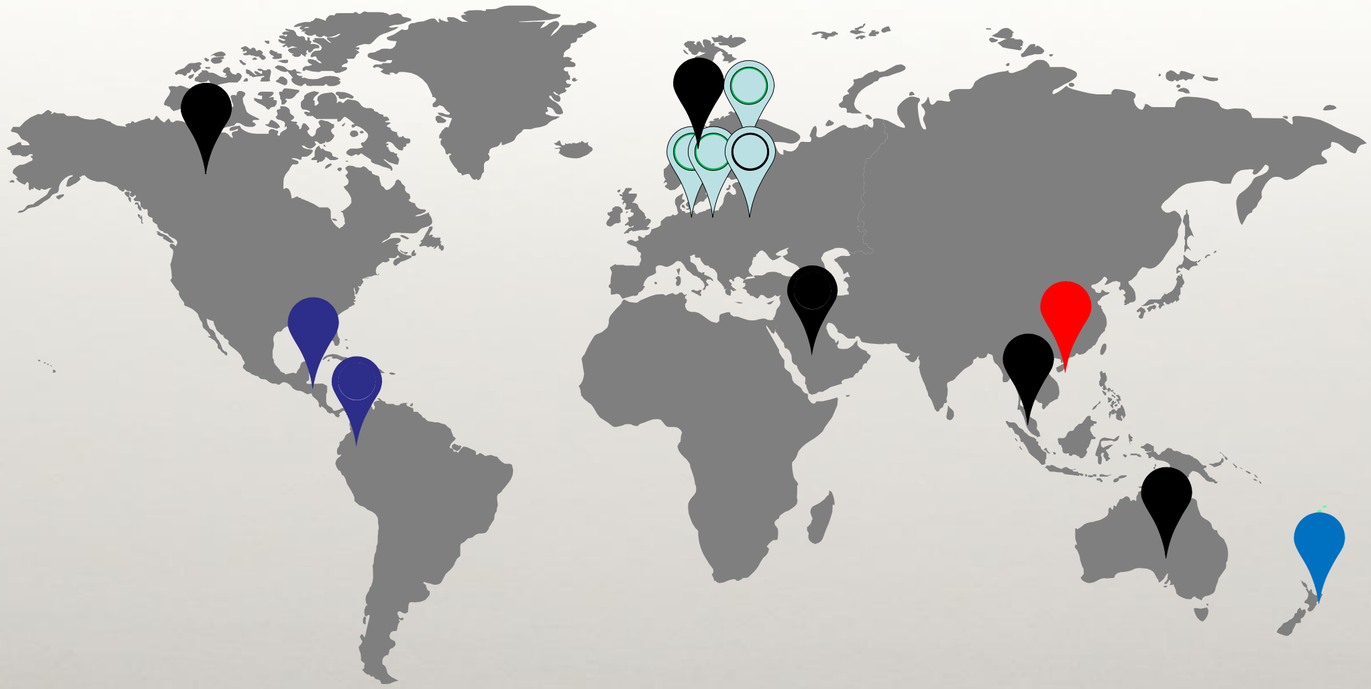
Total HD 34%

Data sourced from 2000 -2025 ANZDATA Annual Reports

ANZ DATA AUSTRALIA & NEW ZEALAND DIALYSIS & TRANSPLANT REGISTRY

Peritoneal Dialysis around the world

(*percentage of dialysis population)



68% Hong Kong

>25 % - Colombia & Aguascalientes Mexico

20-25% Norway, Iceland New Zealand, Sweden,

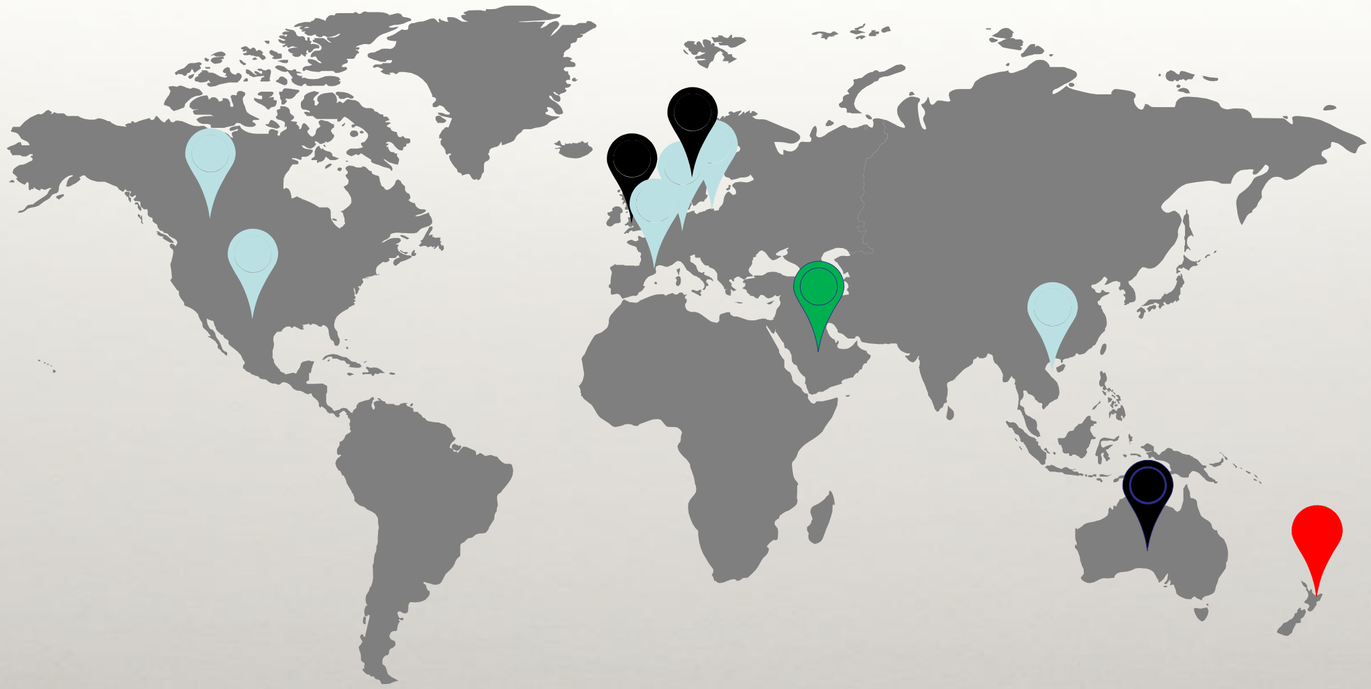
15-20% Canada, Latvia, Denmark, Australia, Qatar, Thailand

10-15% United States, United Kingdom, Spain, Ireland

Adapted from USRDS RENAL DATA SYSTEMS REPORT 2025
ANZDATA 48th Annual ANZDATA Report (2025)

Home Haemodialysis around the world

(*percentage of dialysis population)



11% New Zealand

8 % Qatar

5- 6 % Australia, Denmark, United Kingdom

2-5% France, Canada, Denmark, United Kingdom, French-speaking region of Belgium, Scotland, Hong Kong, Sweden, United States

Adapted from USRDS RENAL DATA SYSTEMS REPORT 2025
ANZDATA 48th Annual ANZDATA Report (2025)

Trends in home dialysis over the last decade in Europe: an ERA Registry study

Focus of study was to examine trends of home dialysis, including home haemodialysis (HHD) and peritoneal dialysis (PD), and transitions between home dialysis and other kidney replacement therapies (KRT).

Methods



Data from adult patients undergoing KRT in 13 European countries



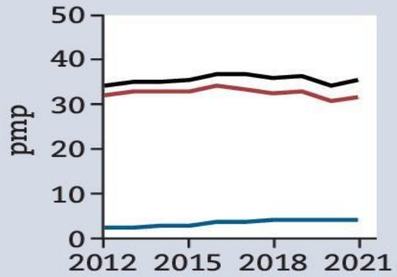
Trends in home dialysis initiation and prevalence 2012–2021



Transitions before and after home dialysis

Results

Initiation rate

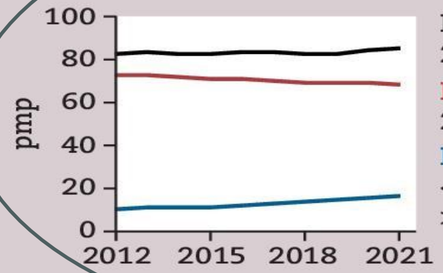


Home dialysis
2012–21: stable

PD
< 2016: stable
> 2016: 1.6% ↓ annually

HHD
2012–21: 5.6% ↑ annually

Prevalence



Home dialysis
2012–21: stable

PD
2012–21: 0.7% ↓ annually

HHD
< 2015: 3.6% ↑ annually
> 2015: 6.3% ↑ annually

Before initiation

77% on centre HD

87% not yet on KRT

HHD

PD

2 years after initiation

21% received a graft
17% on centre HD

19% received a graft
23% on centre HD

Slon-Roblero, M.F. *et al.*
NDT (2025)
@NDTSocial

While the use of HHD over the past decade increased, the use of PD has declined. The prevalence of both HHD and PD remains low, with limited transitions from other KRT options to home dialysis and between home dialysis modalities.

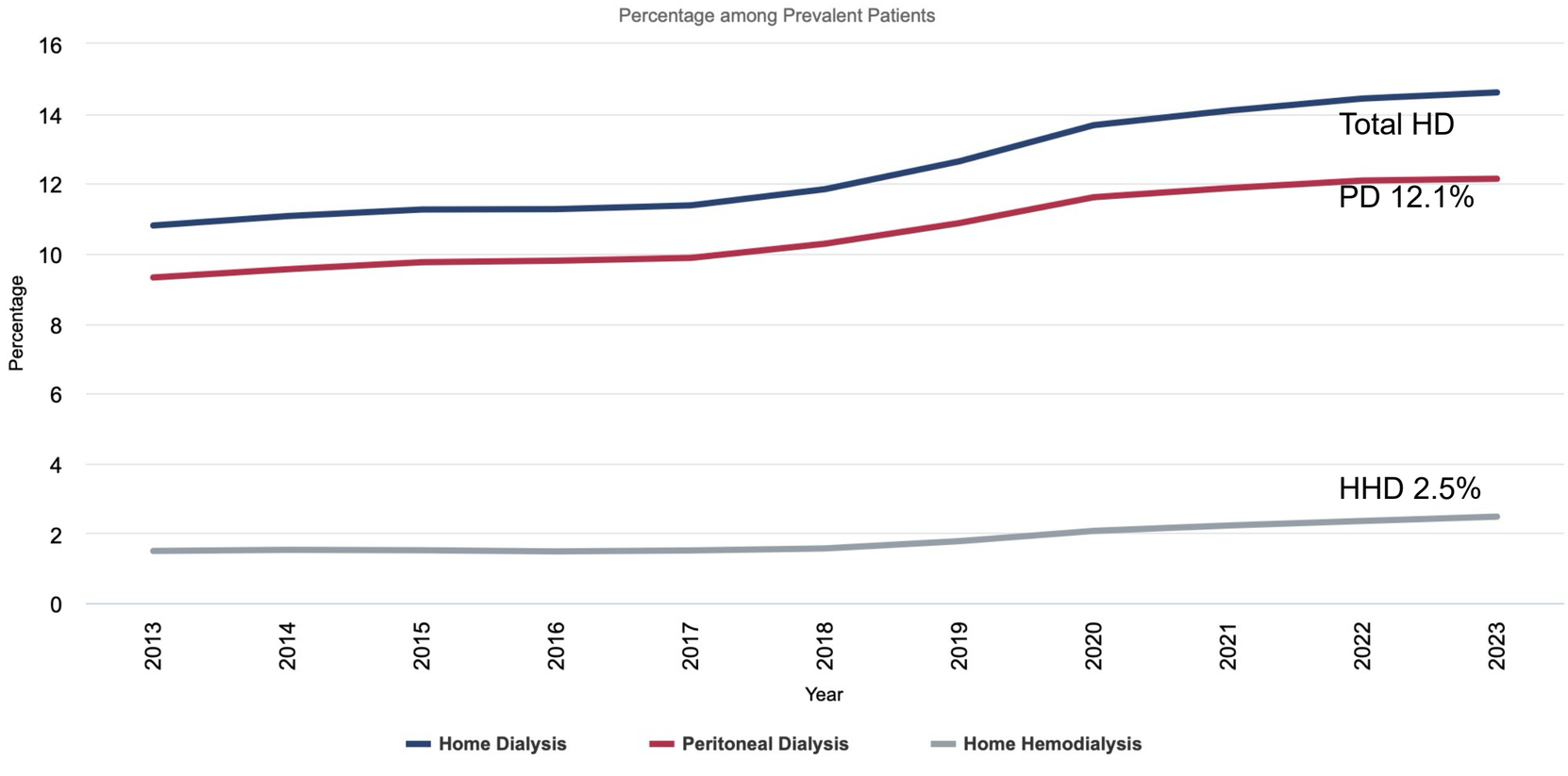
Nephrol Dial Transplant, Volume 41, Issue 3, March 2026, Pages 457–475,

Home Dialysis in U.S.A. – 2013 to 2023

60% increase in incident Home Dialysis rate since 2013

Now around 15% of incident ESRD are starting Home Dialysis

Figure 3.1a Percentage of adults on dialysis who received home dialysis, overall and by modality, 2013-2023



Data Source: 2025 United States Renal Data System Annual Data Report

2025 United States Renal Data System Annual Data Report

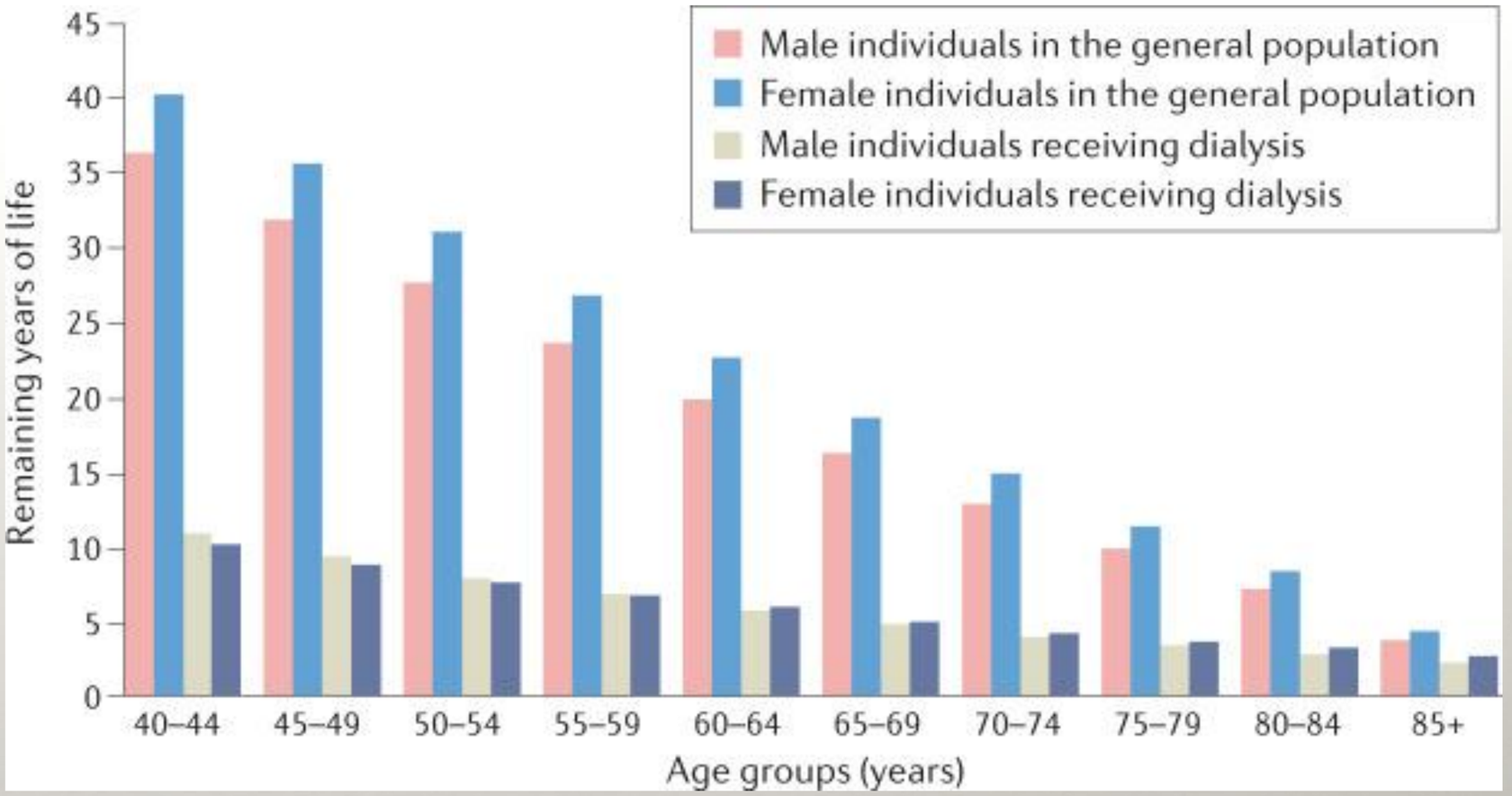
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Why home based dialysis?

- flexibility of dialysis
- Improved quality of life:
  - increased employment rate
  - More “normal” daily life
  - increased well being leads to
  - increased participation in family life and community
- Better health outcomes
- Knowledge and understanding gained from training empowering
- Frees up spaces in busy Units
- less exposure to hospital errors
- Cost savings to health system

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Expected remaining years of life in prevalent patients on dialysis.



Bello AK et al Epidemiology of haemodialysis outcomes. Nat Rev Nephrol. 2022 Jun;18(6):378-395

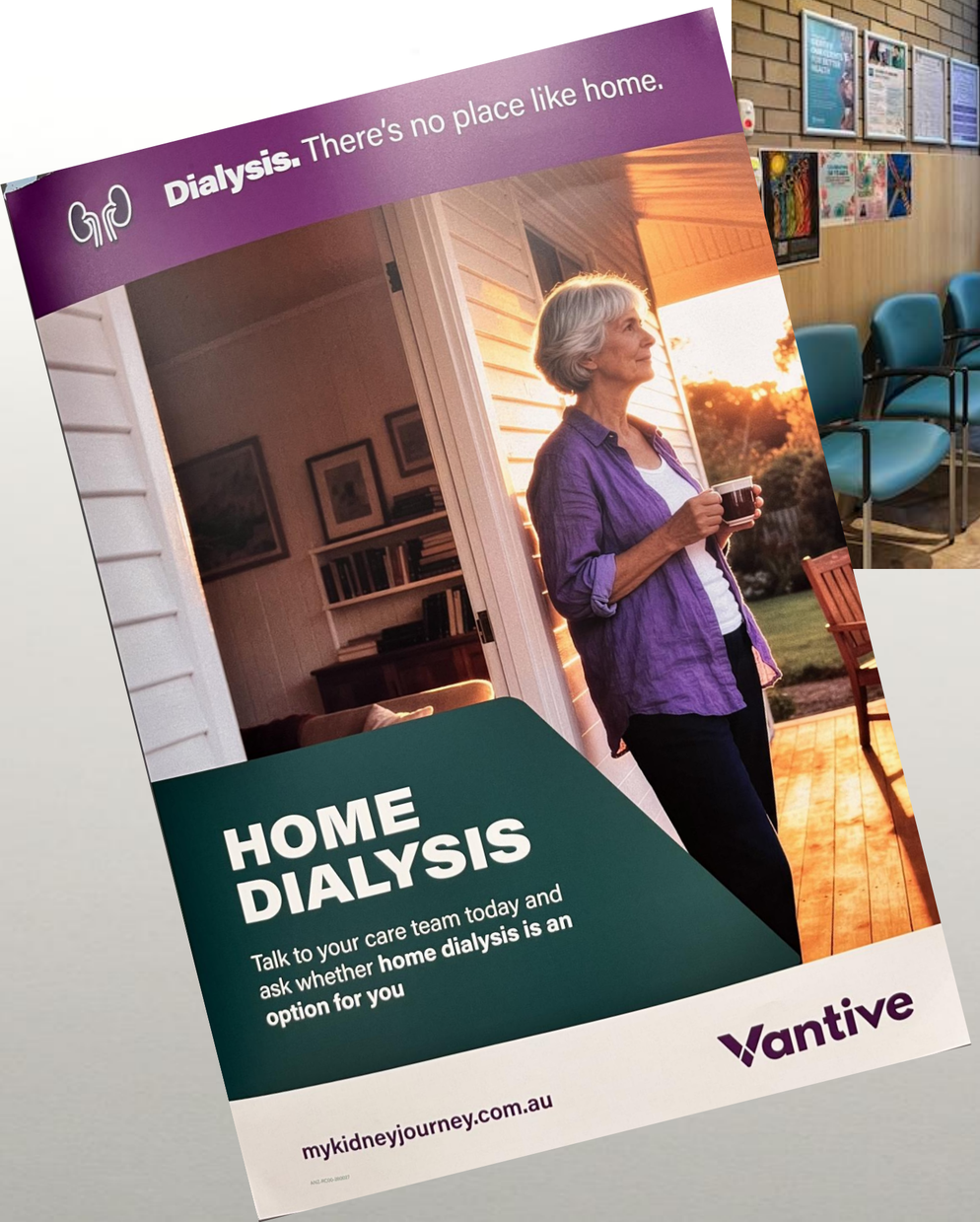
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“Motivated patients get home”

Motivated patients get home……

- CKD education
  - Provide information & encourage a relationship early
  - Sell the difference / market your home dialysis program
  - “What’s in it for them?”
  - Very few people believe they can do home dialysis
- Team approach
  - Whole unit philosophy
  - Transition care unit
  - “Trial of home”
- Don’t judge too quickly who is suitable for home
  - Patient centred care
  - “Hurdles not barriers”
- Don’t give up too quickly

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Myth-busting Fact Sheet: Home Dialysis

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Established 2009

Developed by the healthcare professional education working group for The HOME Network — updated June 2023.

There are many myths surrounding home dialysis. Home dialysis incorporates both home peritoneal dialysis and home haemodialysis. This fact sheet aims to shed some light on some of the concerns patients may have and provides suggestions for healthcare professionals who may need to advise their patients.

MYTH: There is no support for me at home if things go wrong.

During training, home dialysis nurses will teach you everything you need to know about doing dialysis. The emphasis is on the correct way for a person to do their dialysis, staying safe and well. You will be taught how to problem solve, stay safe and gain confidence.
Your unit will provide you with details on seeking help and advice as required. Help is as close as the telephone.

MYTH BUSTED

MYTH: I am too old to learn to do my dialysis.

Most people have the ability to learn something new. Home dialysis is available for all ages and walks of life and training is adjusted for each person. Your dialysis training and duration will vary according to your learning needs. You will not be sent home until you and your training nurse feel confident in your ability to perform the technique safely. Peritoneal dialysis is typically easier to learn than home haemodialysis.



MYTH BUSTED



MYTH: I could not do home haemodialysis because I cannot put a needle in my arm.

Putting needles in (cannulation) can be very scary. Your nurse will teach and provide guidance to help you learn how to cannulate yourself and will be with you to learn until you feel confident. Many people who learn to cannulate on their own choose not to rely on nurses to put the needles in their fistula again!

MYTH BUSTED

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“Supported patients stay home”

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Supported patients stay home ……

- strong multi disciplinary team approach
- Identify early those patients at risk
- Plan transition to home
- Communicate ,communicate, communicate
  - Follow closely when first at home
  - Phone / Email / text / telehealth
  - Home visits
  - On call service
- Continue to educate
  - Include patient in decision making
  - Discuss progress
- Provide / encourage opportunities for respite & holidays

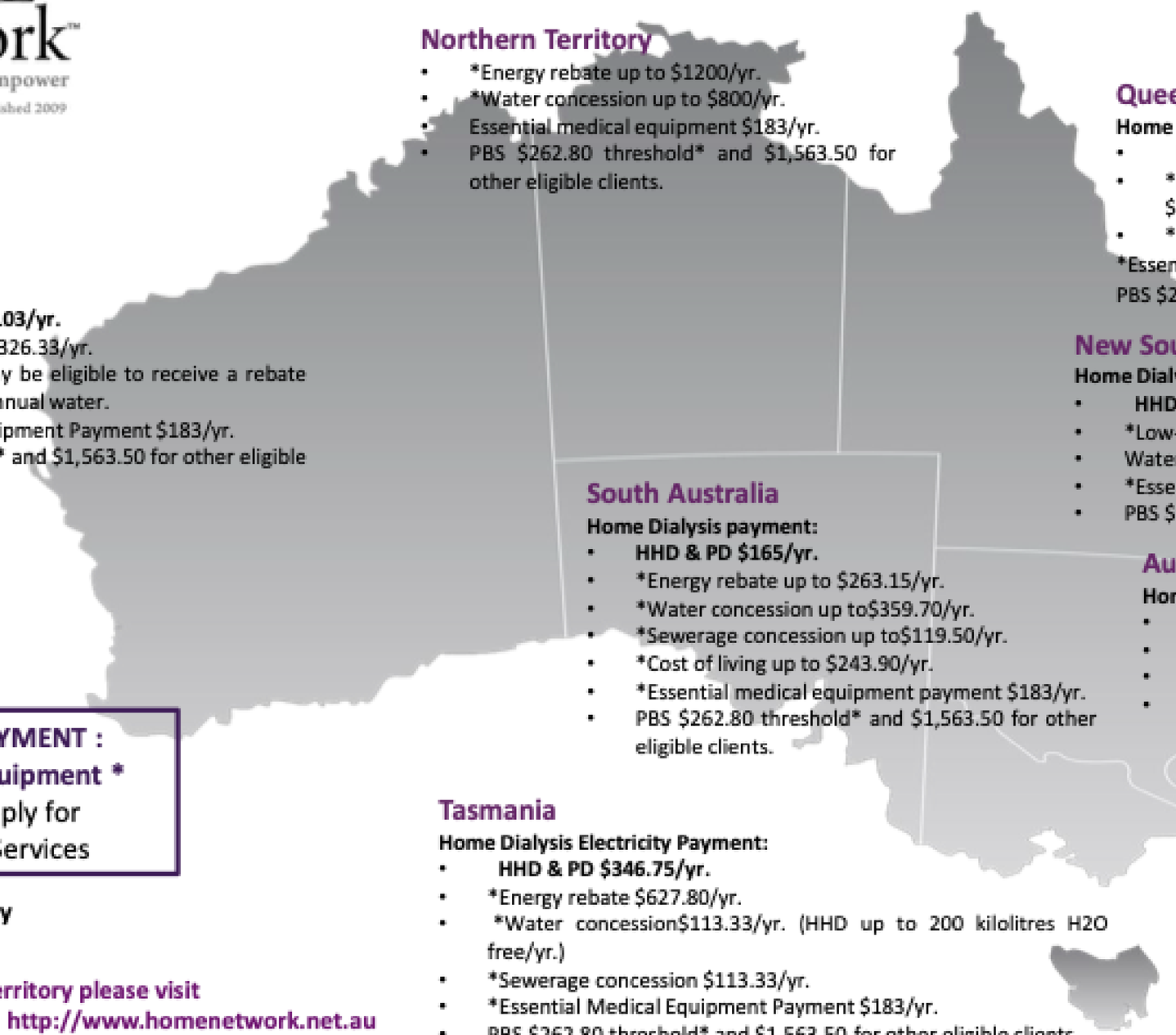
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FINANCIAL SUPPORT FOR PEOPLE ON HOME DIALYSIS



Northern Territory

- *Energy rebate up to $1200/yr.
- *Water concession up to $800/yr.
- Essential medical equipment $183/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

Western Australia

Home Dialysis Payment:

- **HHD $624-$780/yr.**
- ***APD energy rebate $103/yr.**
- *Energy rebate up to $326.33/yr.
- *Water concession may be eligible to receive a rebate of up to 50% of their annual water.
- *Essential Medical Equipment Payment $183/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

Queensland

Home Dialysis Payment:

- **HHD & PD $653.34/yr.**
- *Energy rebate up to $372.20/yr. & natural gas up to $86.75/yr.
- *Water concession (HHD 50-400 kilolitres H2O free/yr.)

*Essential Medical Equipment Payment $183/yr.

PBS $262.80 threshold* and $1,563.50 for other eligible clients.

New South Wales

Home Dialysis Electricity Payment:

- **HHD & PD $1.54p/day**
- *Low-Income Energy Rebate $285/yr.
- Water concession HHD 80-400 kilolitres H2O free/yr.
- *Essential Medical Equipment Payment $183/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

South Australia

Home Dialysis payment:

- **HHD & PD $165/yr.**
- *Energy rebate up to $263.15/yr.
- *Water concession up to$359.70/yr.
- *Sewerage concession up to$119.50/yr.
- *Cost of living up to $243.90/yr.
- *Essential medical equipment payment $183/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

Australian Capital Territory

Home Dialysis Electricity Payment:

- **HHD & PD $128/yr.**
- *Energy rebate $750/yr.
- Water rebate HHD up to $1200/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

Victoria

- **Home Dialysis Payment: HHD $2120 PD $804**
- *Energy rebate 17.5% discount/yr.
- *Water & sewerage concession $354.10
- *Essential Medical Equipment Payment $183/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

Tasmania

Home Dialysis Electricity Payment:

- **HHD & PD $346.75/yr.**
- *Energy rebate $627.80/yr.
- *Water concession$113.33/yr. (HHD up to 200 kilolitres H2O free/yr.)
- *Sewerage concession $113.33/yr.
- *Essential Medical Equipment Payment $183/yr.
- PBS $262.80 threshold* and $1,563.50 for other eligible clients.

FEDERAL GOVT. PAYMENT :
Essential Medical Equipment *
$183/yr., must apply for
via Dept. Human Services

***Concession card holders only**
Figures valid at August 2023

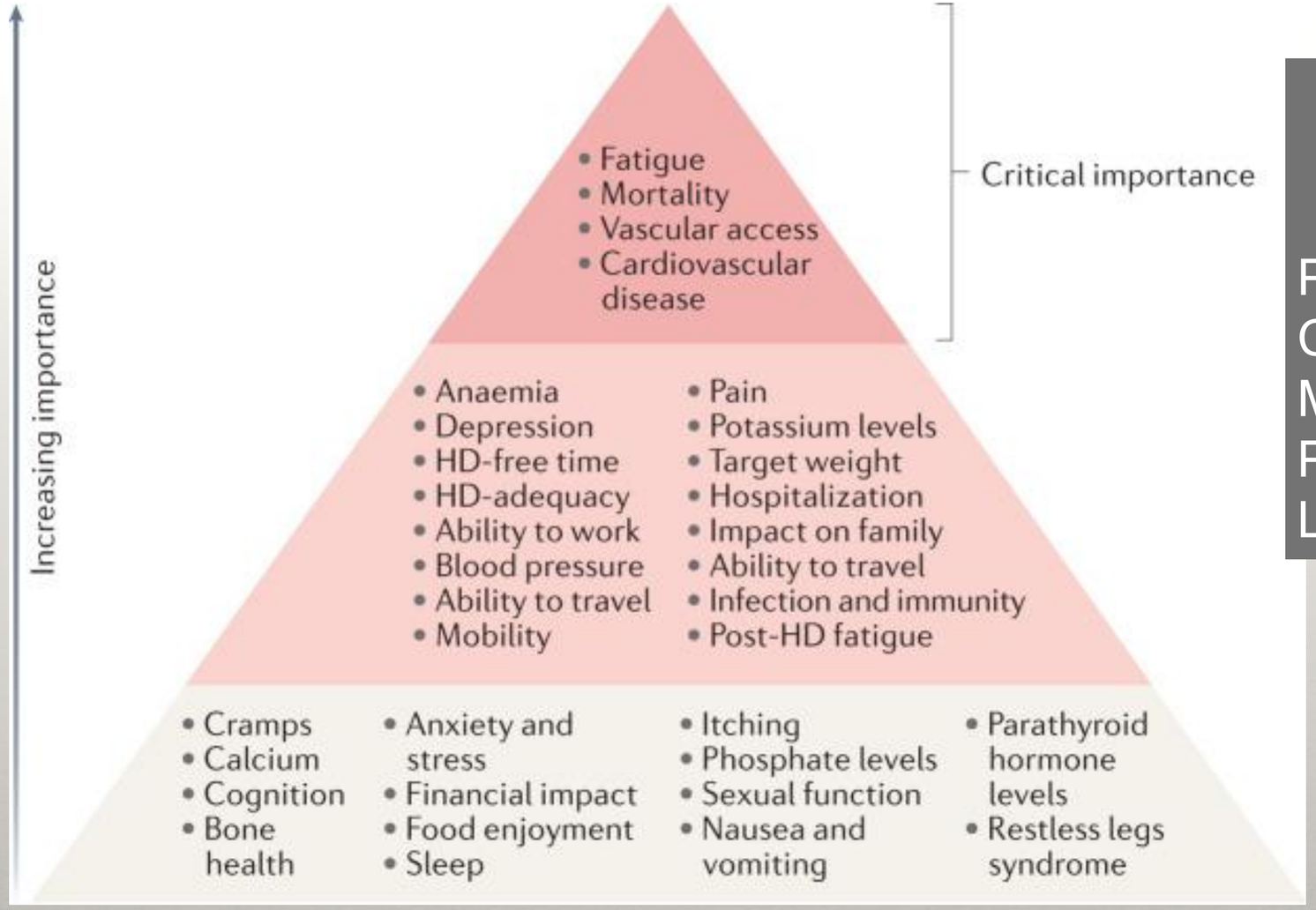
To download your state or territory please visit
The Home Network website: http://www.homenetwork.net.au


Financial support for home dialysis patients in
Tasmania
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Established 2009
Financial support for home dialysis patients in
Queensland
Financial support for home dialysis patients in
Western Australia
Financial support for home dialysis patients in
Victoria
Download state or territory information from the The Home Network website :
www.homenetwork.net.au

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What matters most to our patients (and us)?

What's important to our patients (and us)?



Core outcomes for SONG-PD

PD related infection
Cardiovascular disease
Mortality
PD treatment failure
Life participation

Bello AK et al Epidemiology of haemodialysis outcomes. Nat Rev Nephrol. 2022 Jun;18(6):378-395

IPOS-Renal Patient Version

www.pos-pal.org

Patient name : .....

Date (dd/mm/yyyy) : .....

Patient number : ..... *(for staff use)*

Q1. What have been your main problems or concerns over the past week??

1. .....

2. .....

3. .....

Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick the box that best describes how it has affected you over the past week?

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain	0☐	1☐	2☐	3☐	4☐
Shortness of breath	0☐	1☐	2☐	3☐	4☐
Weakness or lack of energy	0☐	1☐	2☐	3☐	4☐
Nausea (feeling like you are going to be sick)	0☐	1☐	2☐	3☐	4☐
Vomiting (being sick)	0☐	1☐	2☐	3☐	4☐
Poor appetite	0☐	1☐	2☐	3☐	4☐
Constipation	0☐	1☐	2☐	3☐	4☐
Sore or dry mouth	0☐	1☐	2☐	3☐	4☐
Drowsiness	0☐	1☐	2☐	3☐	4☐
Poor mobility	0☐	1☐	2☐	3☐	4☐
Itching	0☐	1☐	2☐	3☐	4☐
Difficulty Sleeping	0☐	1☐	2☐	3☐	4☐
Restless legs or difficulty keeping legs still	0☐	1☐	2☐	3☐	4☐
Changes in skin	0☐	1☐	2☐	3☐	4☐
Diarrhoea	0☐	1☐	2☐	3☐	4☐
Please list any other symptoms not mentioned above, and tick the box to show how they have affected you over the past week?					
1._____	0☐	1☐	2☐	3☐	4☐
2._____	0☐	1☐	2☐	3☐	4☐
3._____	0☐	1☐	2☐	3☐	4☐



KARNOFSKY PERFORMANCE STATUS SCALE
KPS scale

Able to carry on normal activity and to work; no special care needed.	100	Normal no complaints; no evidence of disease.
	90	Able to carry on normal activity; minor signs or symptoms of disease.
	80	Normal activity with effort; some signs or symptoms of disease.
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed.	70	Cares for self; unable to carry on normal activity or to do active work.
	60	Requires occasional assistance, but is able to care for most of his personal needs.
	50	Requires considerable assistance and frequent medical care.
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active supportive treatment necessary.
	10	Moribund; fatal processes progressing rapidly.
	0	Dead

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“when enough is enough …..”

The added pressure of home dialysis ?



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Holiday Dialysis



Holidays

- Holidays are as important for our patients as they are for us !
- Encourage a break away , something to look forward to,
- great for the patient and for the family / carer / partner
- Aus - KHA – Big Red Kidney Bus
  - Victoria
  - New South Wales
  - Gold Coast
- NZ - Christchurch campervan
- Vantive
- reciprocal international dialysis



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“Without good access, home dialysis is impossible”

Access for Home Dialysis :

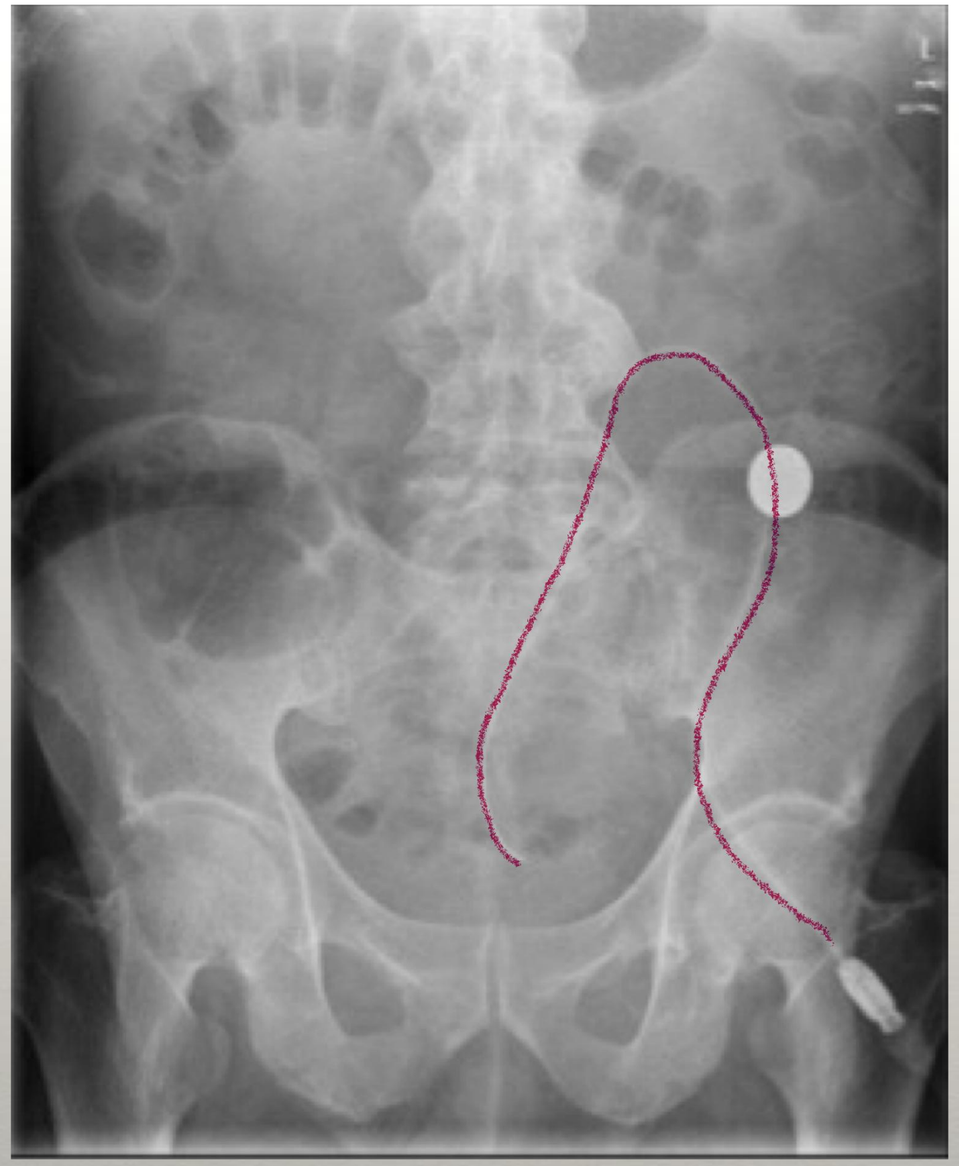
Vascular Access (AVF/CVAD)

Peritoneal Dialysis Catheter (PDC)

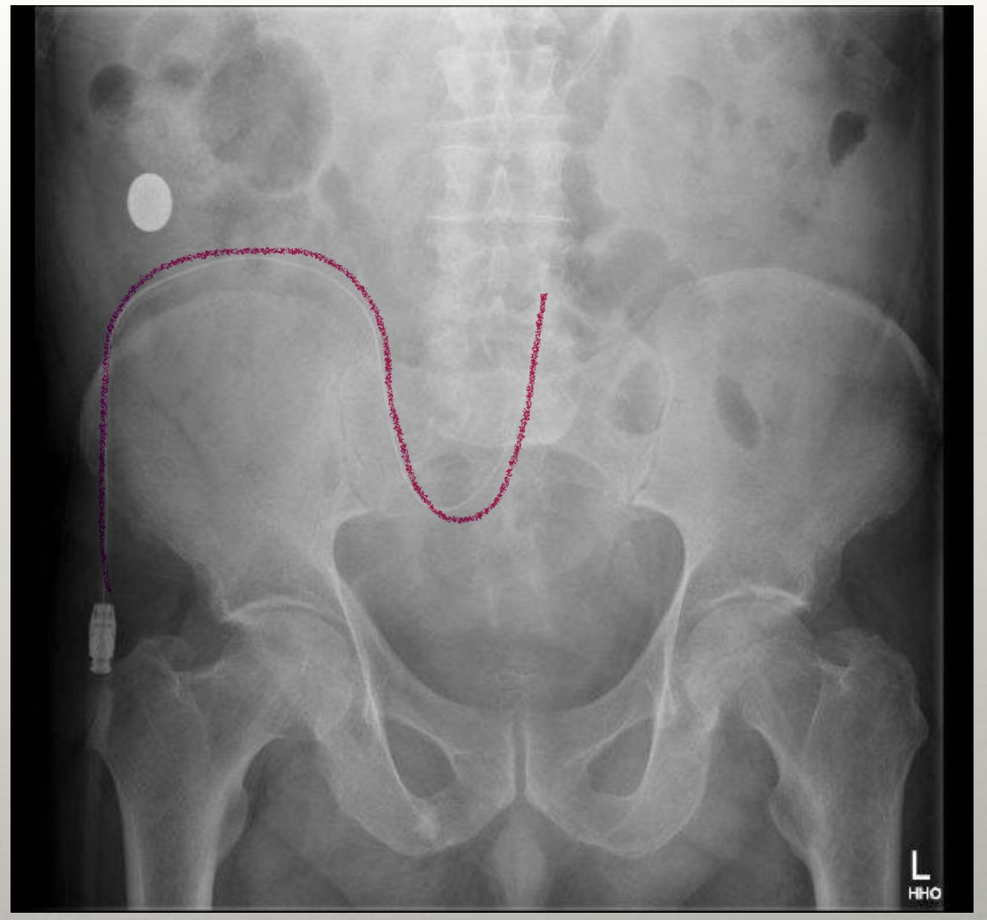
- **Complications with Access :**
  - Provides a great deal of stress and anxiety
  - Necessitates investigation / revision and /or manipulation
  - Increases risk of infection
  - Prolongs home dialysis training time
  - Increases the overall cost to the health system
  - Reduces patient satisfaction & health related quality of life
  - Be the cause of technique failure and failed transition to home

Wong et al (2014) *Perit Dial Int*. Jan-Feb; 34(1): 12–23, Simmonds et al (2018); Mudge et al (2016). *Nephrology Vol* 21 ;535-546

PD catheters



…….. they're not all equal



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PD catheters

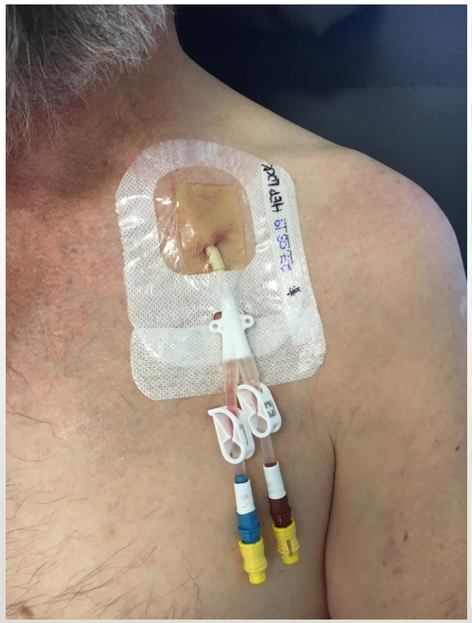






…….. they’re not all equal

Vascular Access for home haemodialysis … they're not all equal

















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The successful management of access for home dialysis benefits from …….

- Early referral
- Team approach
  - nephrologists, Home Dialysis team, vascular access nurses, surgeons, interventional nephrologists and radiologists AND the patient
- Patient centred care
  - educating / communicating
- Placement or creation by trained / experienced /committed operator
- Following procedures & guidelines: before, during & after creation and placement
- Ongoing surveillance / maintenance

Wong et al (2014) *Perit Dial Int*. Jan-Feb; 34(1): 12–23, Simmonds et al (2018); Mudge et al (2016). *Nephrology Vol* 21 ;535-546

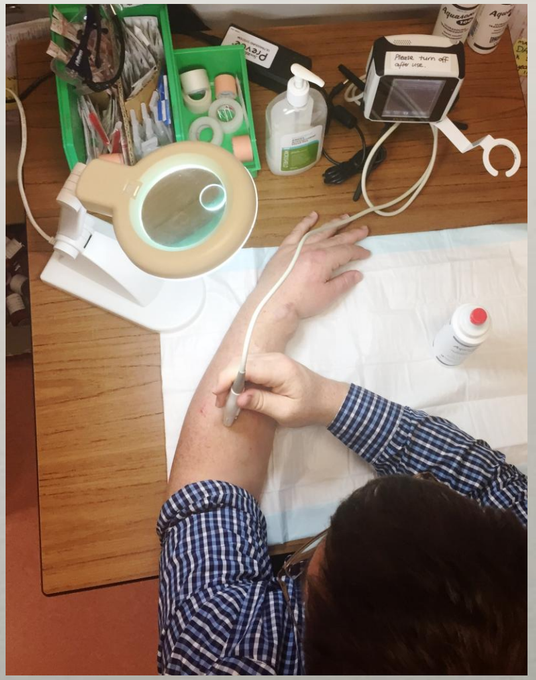
Point of care ultrasound (POCUS) in the home

- **Take home portable ultrasound enhances patient experience of home haemodialysis**
- **Provides a visual aspect to cannulation:**
  - Overall improves cannulation experience
  - Reduces anxiety
  - Readily engages patients as they can clearly identify the anatomy of their own AVF
  - Improves comprehension & understanding of AV fistula
- **Improves short & long term outcomes**
  - Gets patients home quicker
  - Keeps patients home longer









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“Long and slow and gentle …. Still the best”

Long and slow and gentle …. still the best

- Longer hour more frequent overnight home haemodialysis :
  - 8hrs, 3.5 - 5 nights a week
  - Excellent long term technique survival (median 7.8 yrs Choo et al)
  - Patient survival advantage (median 14.6 yrs Choo et al)
  - Improved BP and anaemia management
  - Enhanced phosphate and middle molecule clearance
  - Cost effective
- Offers flexibility and improved health related quality of life
  - Diet / fluid / family / work
- Patients feel & look well
- *Offers something better, for motivated and supported patients*

Walsh et al (2005) Kidney Inter.67(4) p.1500-8 ; Marshall et al (2015) Am J Kidney Dis 66(3) p.489-98; Nesrallah et al (2012) JASN 23(4) p.696-705; Choo, Shi et al (2018) Nephrology. ; Eloot et al (2008) 73(6):p765-70; Komenda et al (2012) Kidney Inter 81(3): p307-13

GFR equivalence

- Normal human kidney function

= 100 ml/min

- The GFR ‘equivalent’ for 4x3 HDx with a mean Kt/V of 1.3 @ 3 x week

= 13 ml/min

- The GFR ‘equivalent’ for NHDx with Q_d of 300ml/min @ 6 nights /wk

= 50 ml/min

(*Courtesy of John Agar)*

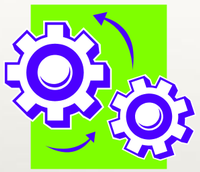
NHHD – The Basics



Overnight haemodialysis while sleeping, 8 hours, 3.5 - 6 nights/week

High flux dialyser - usually go down a size





Blood flow (Qb) 225-275 mls/min

Dialysate flow (Qd) 300mls/min
Higher Calcium dialysate 1.5mmol/L





Mean ultrafiltration rate < 350ml/hr
(Total UF Goal ≤ 2800 mls over 8 hours)

No phosphate binders

Fleet® enema added to dialysate







Enoxaparin bolus & infusion
(cease minimum of 60 mins prior to end of treatment)
Total dose aim for 0.8 – 1mg /kg



Minimal food or fluid restriction

Adapted …. R.Simmonds RSA Christchurch 2003 !!

The HOMI Netwo
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Observation Date and Time	Sodium	Potassium	Bicarbonate	Urea	Creatinine	eGFR	Total Calcium	Corr Calcium	Phosphate	Ca PO4 Prod	Magnesium	Albumin	Ferritin	Trans Sat %	CRP	Haemoglobin	Glucose (Rand	Glucose (Fasti	Hb A 1 c	Pth
02/06/2026 06:07 AM	139	4.9	24	2.8	199	38	2.60	2.60	0.69		0.78	40								
01/06/2026 09:30 PM	141	4.4	25	10.2	462	14	2.34	2.35	0.94		0.80	39	224	11	5.4	123				
21/04/2026 06:29 AM	140	3.7	28	3.5	210	35	2.55	2.54	0.71		0.79	41								6.6
20/04/2026 10:08 PM	139	4.4	27	12.2	513	12	2.39	2.35	1.16		0.87	43	209	13	1.4	135				
24/03/2026 06:30 AM	139	3.4	26	2.2	176	44	2.52	2.52	0.54		0.77	40								
23/03/2026 10:10 PM	141	4.4	26	10.1	480	13	2.36	2.38	1.20		0.87	39	121	16	1.7	121				
24/02/2026 07:05 AM	142	3.6	26	3.5	193	39	2.56	2.56	0.79		0.74	40								
23/02/2026 12:00 AM	142	4.5	24	14.3	505	12	2.30	2.33	1.33		0.77	38			0.7					
10/02/2026 12:00 AM	139	4.5	27	2.9	196	38	2.59	2.53	0.65		0.77	44	174	28	0.7					
09/02/2026 09:45 PM	138	5.8	26	11.6	508	12	2.39	2.36	0.90		0.85	42	157	13	0.8	116				
31/01/2026 09:30 AM	141	4.8	25	10.8	557	11	2.38	2.37	0.81		0.78	41			1.8					
31/01/2026 09:30 AM	138	3.7	26	3.5	225	33	2.52	2.52	0.85		0.79	40								
13/01/2026 04:05 PM	140	3.5	28	3.0	192	40	2.60	2.63	0.69		0.77	38								
13/01/2026 07:50 AM	139	4.2	25	11.1	543	11	2.35	2.38	1.49		0.78	38	205	16	1.3					
12/01/2026 04:14 PM	141	3.6	29	6.9	287	24	2.53	2.59	1.02		0.76	36								12.6
12/01/2026 08:10 AM	143	4.7	20	32.6	888	6	2.23	2.27	2.09		0.79	37	178	18	1.8	94				
09/01/2026 10:10 AM	139	4.2	26	16.0	684	9														
19/12/2025 02:00 PM	141	3.7	30	7.6	276	26	2.34	2.28	0.96		0.79	44								
19/12/2025 09:50 AM	141	4.8	29	18.7	603	10	2.40	2.43	1.68		0.82	38	331	25	1.3	105				
25/11/2025 02:15 PM	140	3.9	29	13.2	328	21	2.24	2.31	1.06		0.75	35								
25/11/2025 01:28 PM	141	5.0	23	28.2	674	9	2.31	2.42	2.05		0.85	33	263	27	0.7	99				
18/11/2025 08:30 AM	140	5.0	23	39.7	761	8	2.39	2.45	1.97		0.85	36				108				
21/10/2025 08:25 AM	141	4.8	24	36.2	628	9	2.38	2.44	2.22		0.88	36	319	34		111				24.5
09/10/2025 06:55 AM	140	4.9	20	29.9	643	9										110				

Phosphate

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None



500mL | 330mL | 175mL | 330mL | 250mL | 500mL

The number of sevelamer carbonate 800mg tablets required to bind the amount of phosphate contained in various beverages

Lindley et al, 2014.

Diet - Organic & Inorganic Phosphate

AKA the good and the bad phosphate

- Sources of dietary phosphate
  1. **Organic Phosphorous** (the goodie)
     - found in animal & plant foods
     - Cereals, nuts , seeds, legumes, chocolate
       - GIT absorbtion 20-40%
     - Meat, poultry, fish eggs, dairy
       - GIT absorbtion 40-60%



  2. **Inorganic Phosphorous** (the baddie)
     - Ultra processed foods
     - Added to improve flavour, colour, or stability
     - Cola drinks, iced teas, enhanced meats, frozen meals, breakfast cereals, snack bars, processed cheeses
       - GIT absorption 90-100%



Phosphate (PO_4) and dialysis

- No difference in phosphate removal between low flux or high flux haemodialysis or haemodiafiltration
- Phosphate clearance **increases with surface area** (size) of dialyser
- Treatment **time** is the most important factor affecting PO_4 clearance
  - It's a small molecule with a large H_2O shell around it, it subsequently moves very slowly
- On average 700 to 900 mg of phosphate removed per 4 hr dialysis treatment (2100-2700mg/ wk)



Kuhlmann, M. (2006)*Hemodialysis International ;* 10:338-345

Phosphate to balance



- Recommended dietary intake
  - 1000mg/day x 7 = 7000mg/week
- Assumed GIT absorption (60%)
  - 7000mg/wk x 0.6 = 4200mg / week
- Average elimination by HD
  - 800mg/HD x 3/wk = 2400mg
- Balance to be eliminated
  - balance = 1800mg / wk

- Dietary phosphate to be bound by binders ~ 250mg / day
- Binding capacity of binders :

caltrate	39mg / g
alutabs	100-150mg / g
sevelamer	21mg /g
velphoro	46mg /g
lanthanum	~ 90- 135mg / g

Kuhlmann, M. (2006)*Haemodialysis International ;* 10:338-345
Gutekunst, L. (2016) Journal of Renal Nutrition, Vol 26, No 4 (July), 2016: pp 209-218

Eating plant based foods better for potassium absorption too ……..

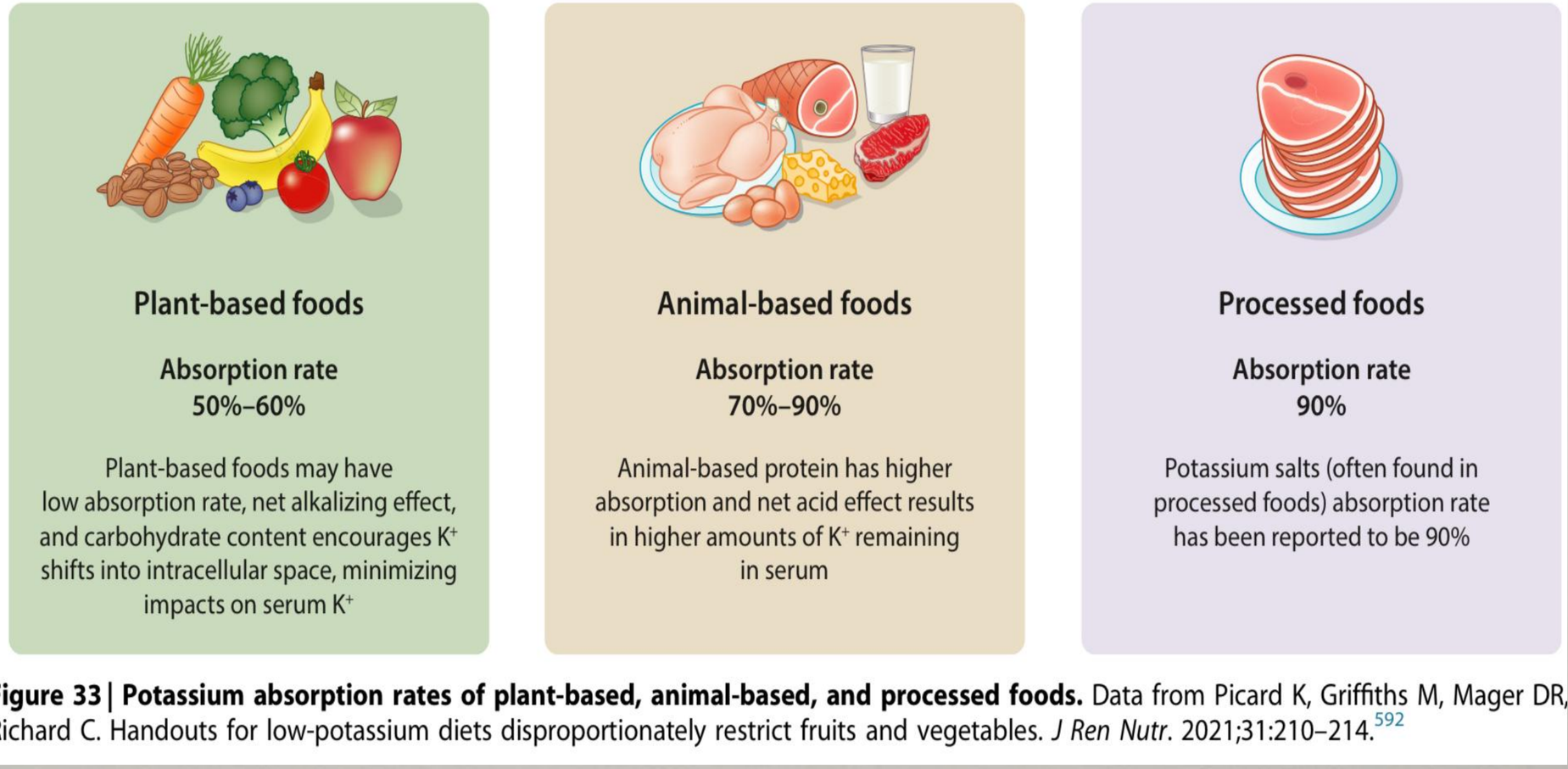


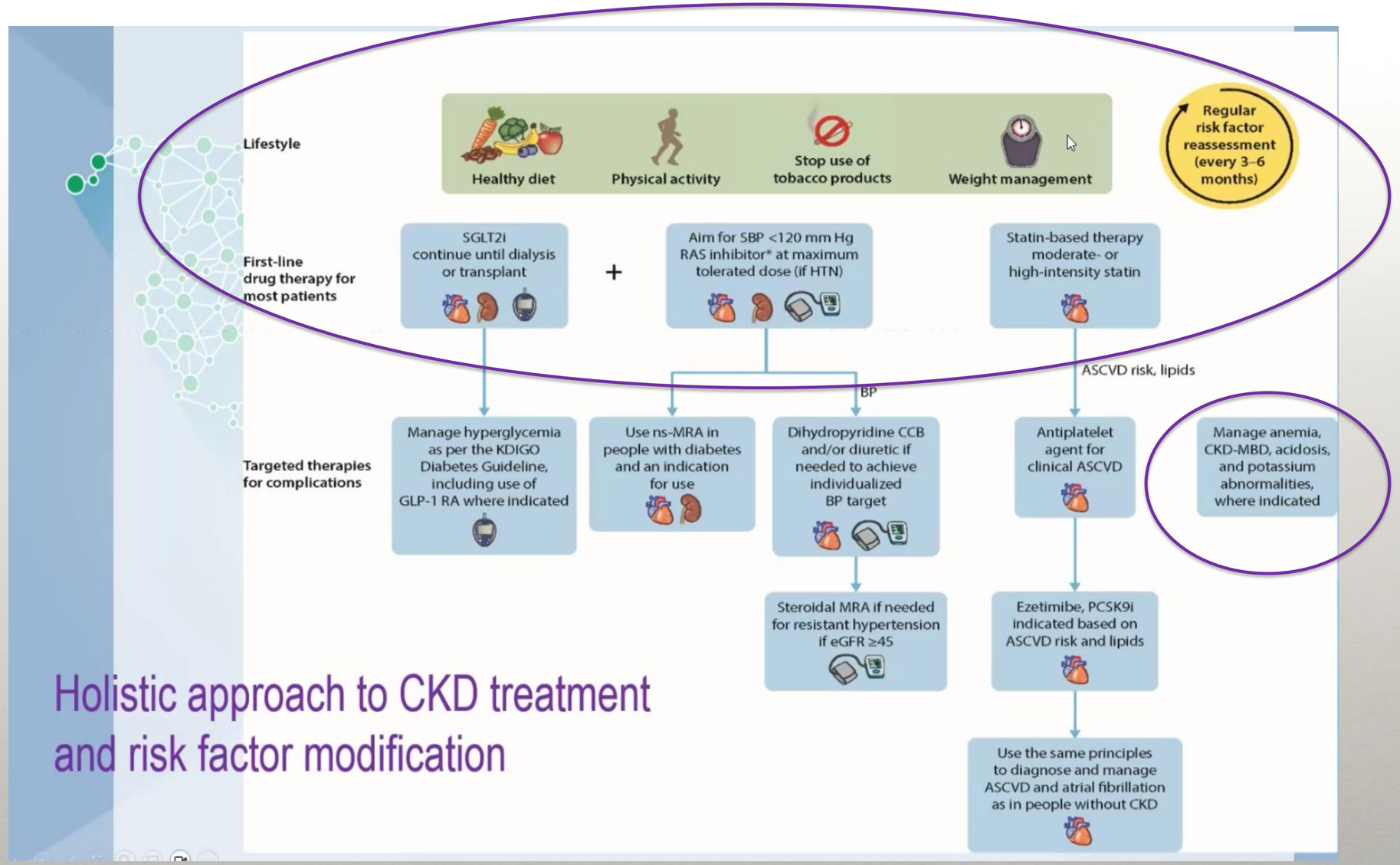
Figure 33 | Potassium absorption rates of plant-based, animal-based, and processed foods. Data from Picard K, Griffiths M, Mager DR, Richard C. Handouts for low-potassium diets disproportionately restrict fruits and vegetables. *J Ren Nutr*. 2021;31:210–214.[592]

KDIGO 2024

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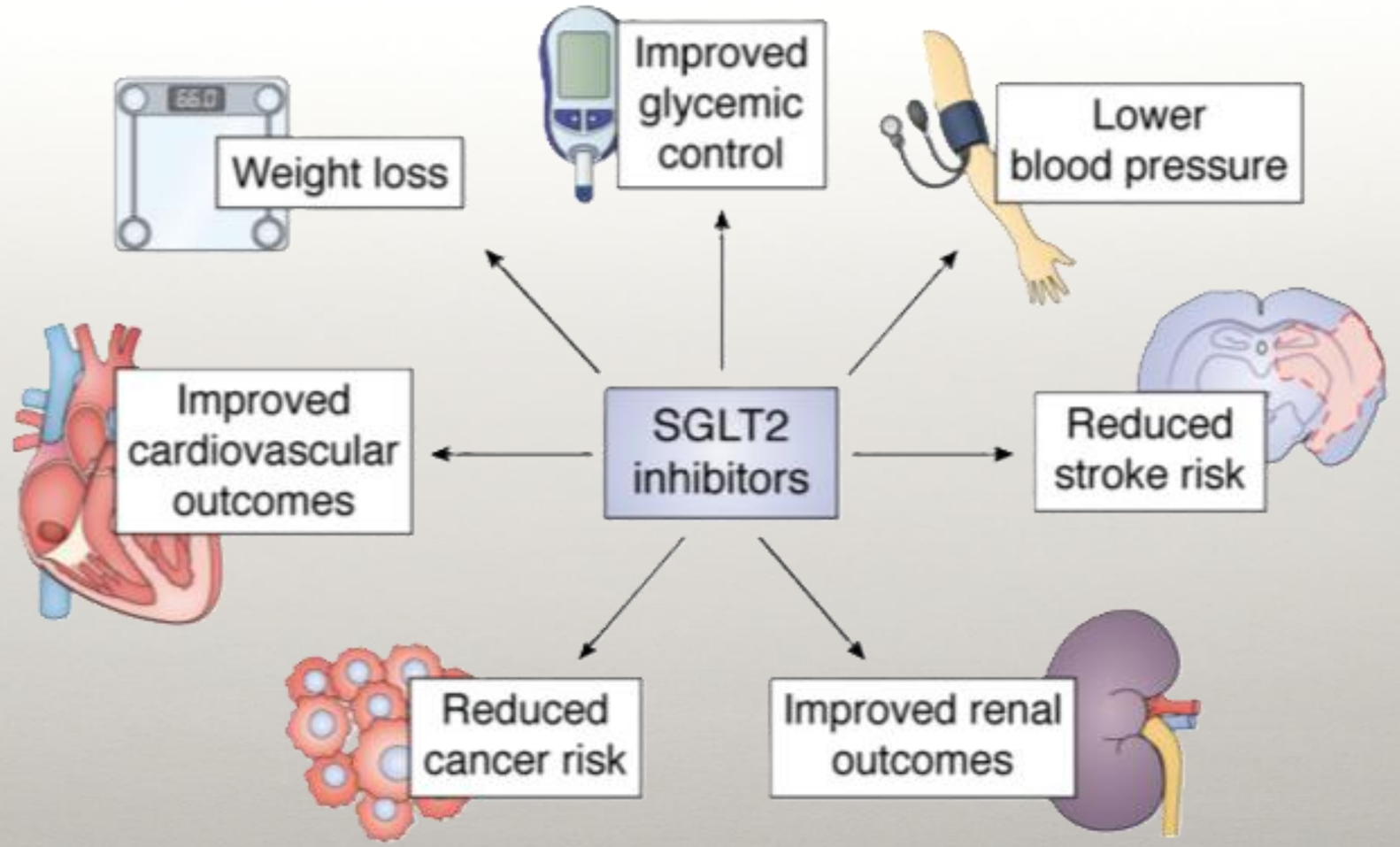
What's new in CKD ?

KDIGO 2024 – guideline for evaluation & management of CKD



Kidney Disease Improving Global Outcomes, KI Vol 105, 4S April 2024

Sodium Glucose Transport-2 Inhibitors (SGLT2 inhibitors) – “flozins”



Perry, Rachel J. et al.
Journal of Biological Chemistry, Volume 295, Issue 42, 14379 - 14390

Sodium Glucose Transport-2 Inhibitors (SGLT2 inhibitors) – “flozins”

- SGLT2 inhibitors, or “flozins”:
  - reduce blood sugar levels by helping the kidneys to pass excess sugar out of the body in urine.
  - originally developed to treat diabetes
  - subsequently shown to benefit patients with CKD
    - EMPA-KIDNEY found empagliflozin reduced risk off CKD progression or CV death by 28%
  - Dapagliflozin and Empagliflozin

- Criteria for use in CKD treatment:
  - eGFR 25-75ml/min
  - Urine ACR 22.6-565mg/mmol
  - Stabilised disease for at least 4 weeks on an **ACE or an ARB**

- Genetic testing in CKD

Why we do what we do









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Thank You

and the team & patients of the Home Dialysis Unit, University Hospital Geelong

rosemary.simmonds@barwonhealth.org.au

Barwon Health

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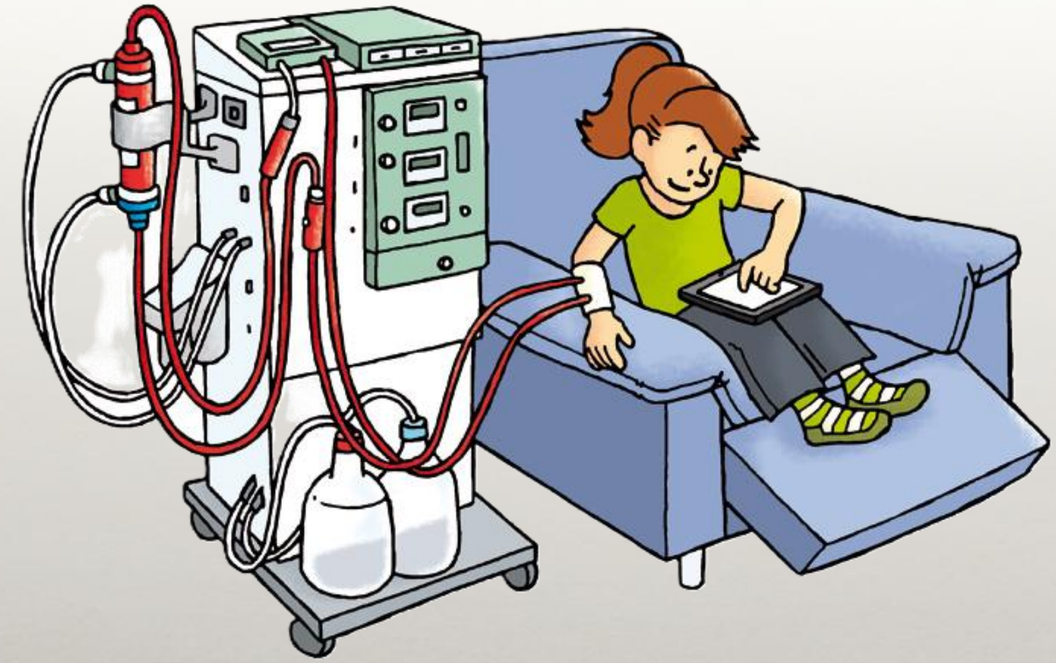
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Break

10:00 am – 10:30 am



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Allied Health in Home Dialysis

Presented by: Joanna Stockings

Who are “Allied Health”

An **Allied Health Professional** is a qualified clinician who provides therapeutic, diagnostic, and support services to help individuals improve and maintain optimal physical, psychological, and social function

- Social Work
- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Dietetics
- Counsellors
- Diversional Therapy*
- Welfare Officers
- Podiatry
- Genetics Counsellors
- Audiology
- Music Therapy
- Child Life Therapy
- Art Therapy
- Orthoptist
- Exercise Physiology
- Psychology
- Pharmacy
- Radiography
- Allied Health Assistants
- Pharmacy assistants/technicians

Dietitian

- Electrolyte and fluid management
- Symptoms management – Nausea, vomiting, taste changes, bowel changes,
- Preventing Malnutrition, staying well for transplant
- Practical advice – recipes, products
- Liaison with services
- Management of Co-morbidities

Linking with other services

- Community or Hospital Outpatient services
  - Other chronic disease settings (e.g. Diabetes)
- Private Practice
  - NDIS, GPCCMP, Private Health rebates (Australia)
- Kidney Health 4 Life (Kidney Health Australia)
- Green Prescriptions (New Zealand)



Occupational Therapy

- Assessment of the Patient function
  - physical, cognitive and psychological
- Assessment of the Environment
  - physical, social, economic and cultural
- Recommendations and modification
  - Optimise safe and effective practice
  - Assistance in adapting to new routine and identify
  - Improving health literacy, functional status, self care abilities

- Referral for community support and home modifications

Linking with other services

- Australia - My Aged Care, Care Finder service
- NZ - Old Person Health Home assessment (referral via GP)
- Community Health Clinics
- Private Practice
  - NDIS, GPCCMP, Private Health Insurance (Australia)



Social Worker

- Advocacy
- Referrals and linking of services
- Counselling
- Family support
- Emergency care plans.

Linking with other services

- My Aged Care, Care Finder service – for people needing support with linkages to aged care services.
- Private Clinics
  - NDIS, GPCCMP, Mental Health Care Plan, Private Health insurance (Australia)
- Carers Gateway for carer support
- Mental Health Support lines



Pharmacist

- Review and education of medication lists at times of starting, changing dialysis modality
- Assisting with improved medication adherence
- Medication safety
- Access to specialised medications and help with challenges to accessing medications
- Educating staff on renal medications

Linking with other services

- Hospital pharmacist (for inpatients)
- Community pharmacists



Physiotherapy

- Rehabilitation
- Diagnosis and hands on treatment of injury
- Improving physical function (Cardiorespiratory, neuromuscular, mental wellbeing)
- Co-morbidity management
- Decreasing fall risk
- Functional independence

Linking with other services

- Private
  - NDIS, GPCCMP, Private Health Insurance (Australia)
- Community and Hospital Physiotherapy
- Community programs
- Active and Healthy Aging (NSW only)



Exercise Physiologist

- Exercise Prescription
  - Maintain/gain muscle strength to complete their dialysis independently. Especially PD patients as those dialysate bags can be quite heavy.
  - Maintaining cognition and mental health
  - Assists with blood flow and therefore is of benefit to improve efficiency of dialysis
  - Management of co-morbidities especially cardiac conditions.

Linking with other services

- Privately
  - NDIS, GPCCMP or Private Health Insurance (Australia)
- Global Renal Exercise Network – Grex
- The Kidney Society/WELLKISS (NZ)
- Green Prescription (NZ)



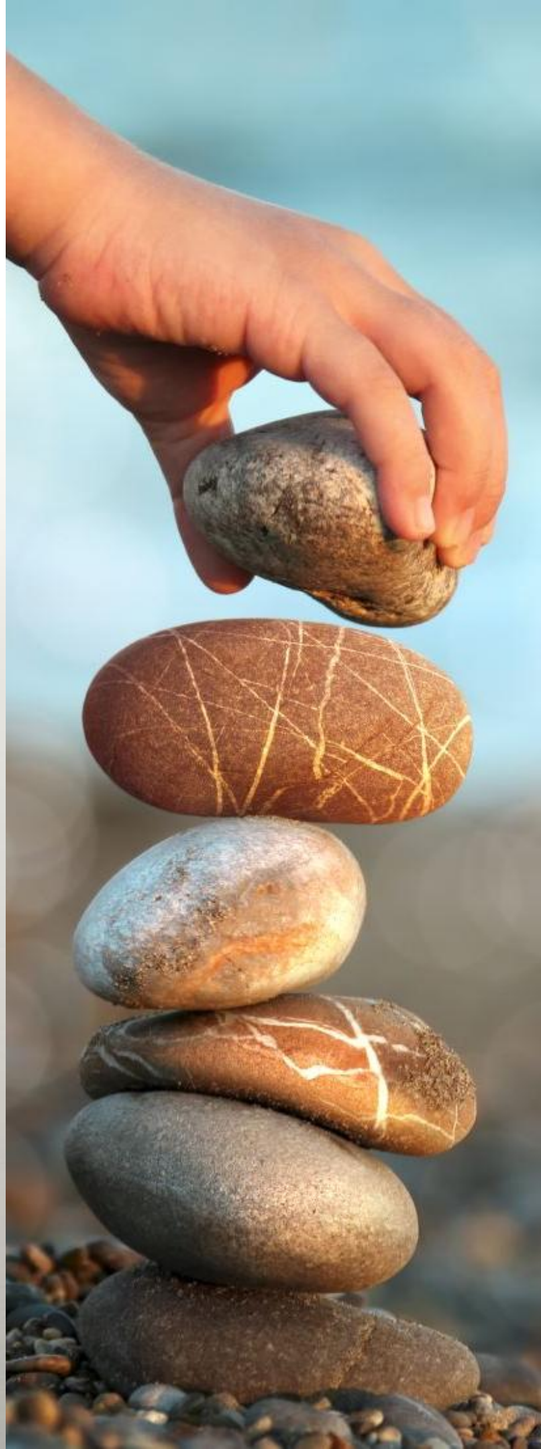
Including Allied Health

- Meetings
- Referrals
- Imbedding them in the service
  - Add review to training checklists
  - Add to MDT clinics
  - Include in case conferences
- Introduce us early and as part of the team
- Relationship building
- Invite to provide in-services
- If you don’t have a dedicated service or clinic, find out what is available



What if we don’t have Allied health

- Community, Hospital Outpatient and Inpatient support
- Private practice/External services
  - Private Health Rebates
  - GP Chronic Disease Management Plans (covered by Medicare)
  - Look for local services
  - Professional organisation websites
- Community Programs
  - General (e.g. Exercise classes)
  - Chronic Disease – Cardiac rehab, falls prevention
  - Green Prescription (New Zealand)
  - Kidney Society (New Zealand)
  - Kidney Health For Life (Kidney Health Australia)



With thanks to

- Mel Stokes, Dietitian, HNELHD, NSW
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- Emma Seekings, Social Worker, HNELHD, NSW
- Hillary Dumbleton (Dietitian, Christchurch)
- Sharleen Nancekivell (Dietitian, Auckland)

Allied Health Video Educational Tool

The HOME Network (THN) has developed a short educational video designed to support people living with chronic kidney disease (CKD) in Australia. This video offers clear, accessible information about allied health services and is intended for use by both individuals with CKD and renal clinics as an educational resource.

Our goal is to increase awareness and improve access to allied health services and support available to those living with CKD.

We recently ran a pilot program to gather feedback on the video. The response was positive. Participants shared that the video improved their understanding of how to access allied health services. They found the content clear, easy to follow, and helpful, with many stating they would recommend it to others.



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Questions



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Staff Burnout and Workforce Sustainability

Presented by: Kathy Shaw
Kathy Shaw Coaching

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Close

Presented by: Kylie Pegg

Contact Us

The success of the HOME Network and its ability to support healthcare professionals to drive better patient outcomes is dependent on its active engagement with and support by the broader nephrology community as well as other organisations and industry partners.

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Thank You

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