

## Supplements

**Supplementary Table 1. Characteristic differences of survey respondents and non-respondents**

Variable	Survey Respondents (N=105)	Survey Non-Respondents (N=88)	P
<b>Reason for VW Inclusion, N (%)</b>			0.11
-Completion of home dialysis training	69 (65)	43 (49)	
-Post hospitalization	23 (22)	25 (28)	
-Treatment with antibiotics	11 (10)	13 (15)	
-Post medical procedure	3 (3)	7 (8)	
<b>Site of Recruitment, N (%)</b>			0.03
-1	38 (49)	39 (51)	
-2	32 (65)	17 (35)	
-3	9 (32)	19 (68)	
-4	14 (70)	6 (30)	
-5	11 (61)	7 (39)	
-6	1 (100)	0 (0)	
<b>Demographics</b>			
Age, mean years $\pm$ SD	55 $\pm$ 15	51 $\pm$ 14	0.10
Female Sex, N (%)	54 (51)	38 (41)	0.31
Employment Status (Working), N (%)	75 (73)	N/A	
Highest Education, N (%)		N/A	
-Elementary School	7 (7)		
-High School	36 (34)		
-Post Secondary	62 (59)		
English as first language, N (%)	91 (88)	N/A	
<b>Dialysis</b>			
Type, N (%)			1.00
-Home Hemodialysis	45 (43)	36 (43)	
-Peritoneal Dialysis	60 (57)	47 (57)	
Dialysis Vintage, median years (IQR)	1.4 (5.4)	1.3 (4.3)	0.60
Need for Caregiver Assistance, N (%)			0.06
-Dependent	13 (13)	21 (26)	
-Independent	85 (87)	61 (74)	
Time from home dialysis training facility, median minutes (IQR)	45 (51)	45 (41)	0.29
Cause of End-Stage Renal Disease, N (%)			0.02
-Glomerulonephritis	39 (38)	28 (32)	
-Diabetes	22 (21)	32 (36)	
	8 (8)	12 (14)	

-Hypertension -Other	35 (34)	16 (18)	
Charlson Comorbidity Index Score, median score (IQR)	5 (3)	4 (4)	0.71
Care Gap Identified, N (%)	75 (71)	60 (68)	0.64

\*Missing data: Caregiver Dependency (N=17), Travel Time (N=51), Employment History (N=2), Charlson Comorbidity Index Score, Cause of End-Stage Renal Disease, First Language (N=1), Vintage (N=1)

## **Supplementary Figures**

Figure S1. Distribution of the total number of care gaps per patients in the HDVW

Figure S2. Patient perceived impact of the HDVW on A. satisfaction, health, mood, stress and B. independence, privacy, finances. Rating Scale Responses scored from 1 (Very Negative Impact/Completely Dissatisfied/Significantly Worsened Overall Health) to 10 (Very Positive Impact/Completely Satisfied/Significantly Improved Overall Health)

Figure S3. Patient perceived impact of the HDVW on A. medications, dialysis, medical care and B. need for readmission, travel for dialysis care, access to a kidney or other specialist. Rating Scale Responses scored from 1 (Very Negative Impact/Large Increase in Time Required for Managing Medical Condition/Travel) to 10 (Very Positive Impact/Significantly Reduced Time Spent Managing Medical Condition/Traveling)

## **Supplementary Files**

File S1. Telephone Assessment Tool for Home Hemodialysis (a) and Peritoneal Dialysis Patients (b)

File S2. Patient Satisfaction Questionnaire

Figure S1

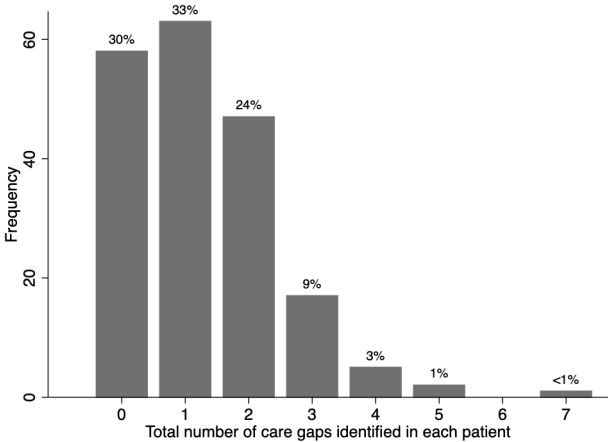


Figure S2

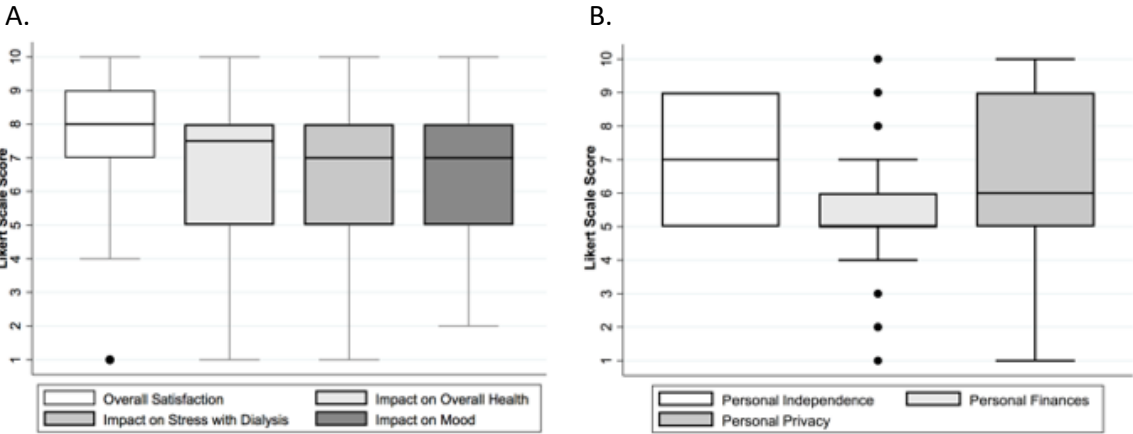
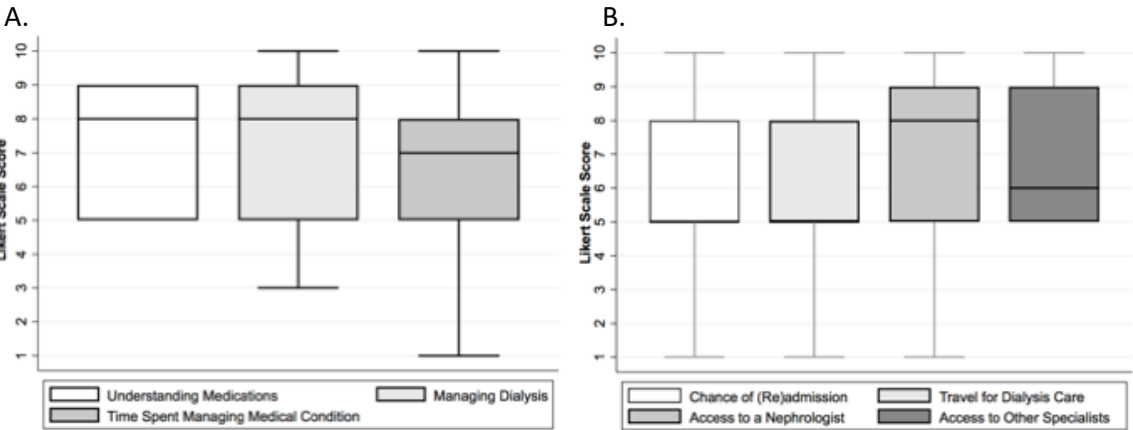


Figure S3



**Home Dialysis Virtual Ward Call Record**

Patient Name:  
 Patient Identifier:  
 1st ever dialysis start date:  
 PD or HHD start date:

<b>HHD</b>	<b>Call Number:</b>
	<b>Date:</b>
Call Start Time/End Time	
Pre-Dialysis BP (sitting):	
Pre-Dialysis BP (standing)	
Heart Rate:	
Target Weight:	
Post Dialysis BP:	
Access:	CVC/AVG/AVF BH/AVF-RL
Site: Redness-swelling-warmth-drainage-tender?	
Previous run man Pa	
Previous run mean Pv	
Previous run mean Qb	
Bruit present?	
TPA since last treatment?	
Date of last Medication Review:	
Medication changes:	
After your last hospitalization, were you offered Med Reconciliation?	
Hemodynamics? Edema/Symptomatic intradialytic drop in BP/Cramping?	
<b>Symptoms:</b> Dyspnea	0-1 2 3 4 5 6 7 8 9 10
Cough	0-1 2 3 4 5 6 7 8 9 10
Fatigue	0-1 2 3 4 5 6 7 8 9 10
Anorexia/Lack of appetite	0-1 2 3 4 5 6 7 8 9 10
Nausea	0-1 2 3 4 5 6 7 8 9 10
Vomiting	0-1 2 3 4 5 6 7 8 9 10
Diarrhea	0-1 2 3 4 5 6 7 8 9 10
Constipation	0-1 2 3 4 5 6 7 8 9 10
Pain	0-1 2 3 4 5 6 7 8 9 10
Pruritis	0-1 2 3 4 5 6 7 8 9 10
Other _____	0-1 2 3 4 5 6 7 8 9 10
<b>Issue List:</b>	
<b>Action Items:</b>	

File S1 b

**Home Dialysis Virtual Ward Call Record**

Patient Name:  
Patient Identifier:  
1st ever dialysis start date:  
PD or HHD start date:

PD

<b>Call Number:</b>	<b>Date of VW Assessment:</b>
Start Time	End Time:
Morning BP (sitting):	
Morning BP (standing):	
Heart Rate:	
Target Weight Full / Empty:	
Catheter Site Assessment:	
Fever:	
Effluent: (clear/cloudy/bloody)	
Abdominal pain:	
Edema:	
BP drop during dialysis	
SOB:	
<b>Date of Last Medication Review:</b>	
<b>Medication changes:</b>	
<b>After your last hospitalization, were you offered Med Reconciliation?</b>	
<b>Symptoms:</b>	
Dyspnea	0-1 2 3 4 5 6 7 8 9 10
Cough	0-1 2 3 4 5 6 7 8 9 10
Fatigue	0-1 2 3 4 5 6 7 8 9 10
Anorexia	0-1 2 3 4 5 6 7 8 9 10
Nausea	0-1 2 3 4 5 6 7 8 9 10
Vomiting	0-1 2 3 4 5 6 7 8 9 10
Diarrhea	0-1 2 3 4 5 6 7 8 9 10
Constipation	0-1 2 3 4 5 6 7 8 9 10
Pain	0-1 2 3 4 5 6 7 8 9 10
Pruritis	0-1 2 3 4 5 6 7 8 9 10
Other	0-1 2 3 4 5 6 7 8 9 10
<b>Issue list:</b>	
<b>Action Items:</b>	

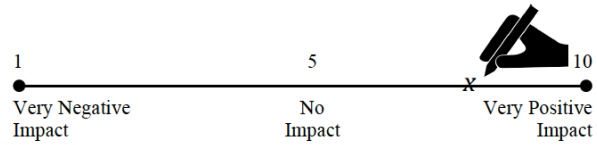
**Virtual Ward Patient Satisfaction Questionnaire**  
**[To be completed independently upon discharge from VW]**

Regarding your recent admission to the **Home dialysis virtual ward (VW)** the following questions will ask you about your satisfaction with this service and the impact it had on your life and care. Your identity will be anonymous and your health care providers will NOT know your answers.

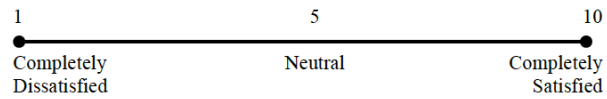
1. What is the average amount of time it takes you to travel to dialysis clinic visits? \_\_\_\_\_minutes.
2. What is the month and year of your first ever home dialysis? \_\_/\_\_\_\_
3. Please check the appropriate box to indicate your sex: female ☐ male ☐
4. What is your age? \_\_\_\_\_ years
5. What type of dialysis do you do? Peritoneal Dialysis ☐ Home hemodialysis ☐
6. What is your current employment status: Employed/working ☐ Not employed/Not Working ☐
7. What is your first language?
  - a. English ☐
  - b. French ☐
  - c. Other (specify) \_\_\_\_\_
8. What is the highest level of education you have completed?
  - d. No school ☐
  - e. Elementary school ☐
  - f. High school ☐
  - g. Undergraduate education ☐
  - h. Graduate/professional school ☐
9. Who performs your dialysis treatments?
  - i. I do ☐
  - j. Spouse/partner/child/nurse/helper ☐
  - k. Combination ☐

To answer the following questions please mark an 'x' on the line connecting 1 to 10 to show your responses.

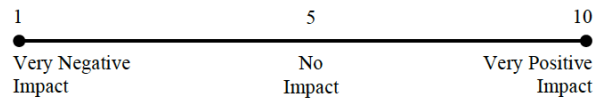
**Example:**



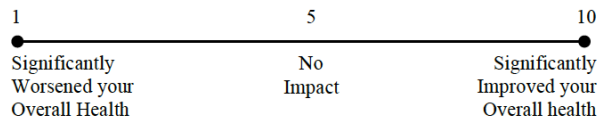
10. Please rate your **Overall Satisfaction** with being admitted to the virtual ward:



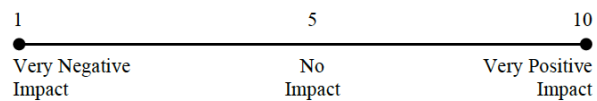
11. The impact the VW had on your **chances of needing (re)admission to the hospital** was:



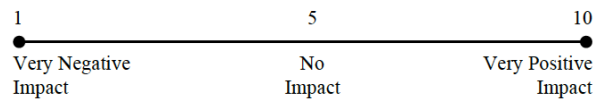
12. The impact of the VW had on your **overall health** was:



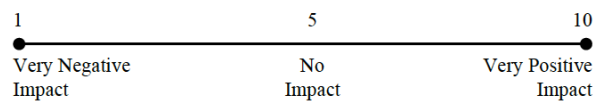
13. The impact of the VW on **helping you understand which medications to take, the correct doses, and/or when to take them** was:



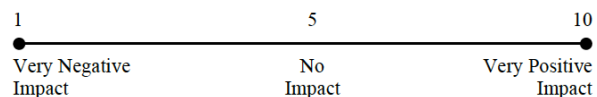
14. The impact of the VW on **helping you cope with the technical aspects of dialysis** (operating the dialysis machine, alarms, water system etc) was:



15. The impact of the VW on **helping you get appointments with specialist doctors** was:



16. The impact of the VW on **helping you access or get to speak to your kidney specialist** was:





17. The impact of the VW on **helping to minimizing the overall time spent managing your medical conditions** was:
- 1 5 10
- VW caused a Large Increase in Time requirement No Impact VW allowed a Large Reduction In Time Requirement ●
18. The impact of the VW had on your **personal privacy** was:
- 1 5 10
- Very Negative Impact No Impact Very Positive Impact ●
19. The impact of the VW on **time spent travelling to get dialysis-related care** was:
- 1 5 10
- Significantly Increased the Time you spent Travelling No Impact Significantly Reduced the Time you spent Travelling ●
20. The impact the VW had on the **stress related to performing home dialysis**:
- 1 5 10
- Significantly Increased Stress No Impact Completely Eliminated Stress ●
21. The impact the VW had on your **personal Independence** was:
- 1 5 10
- Significantly Reduced Independence No Impact Significantly Increased Independence ●
22. The impact the VW had on **your personal finances** was:
- 1 5 10
- Significantly Worsened Finances No Impact Significantly Improved Finances ●
23. The impact the VW had on **your mood** was:
- 1 5 10
- Very Negative Impact No Impact Very Positive Impact ●