



# Opening the Tap for Home Hemodialysis

**I**t has been said that water, given time, can crumble a mountain. François-René Dussault, 38, used water bills and time to move one.

The mountain, in this case, was Ottawa City Hall. And the movement was a victory for many home dialysis patients in his city.

In 2003, Dussault's kidney transplant failed after two years. After a few months on in-hospital hemodialysis, he was able to switch to nocturnal home hemodialysis, which allowed him to return to work full time as a lawyer with the Federal Department of Justice.

He first noticed something odd about his water bill three months later. "I received my bill and noticed a huge increase. My bill had gone up by almost five times. I knew the home dialysis machine used a lot of water, but I never realized it would be that expensive."

With some help from the staff at the Ottawa Hospital renal unit, Dussault figured out he was using almost 2,000 litres of water for every eight-hour dialysis treatment

at home. Like many who use the nocturnal system, Dussault would dialyze five nights a week, allowing him the freedom to eat a wider variety of foods and reduce his liquid intake restrictions.

"I have used all types of dialysis, but this is the best I have ever felt undergoing treatment. Nocturnal dialysis has allowed me to exercise, eat well and even feel good enough to travel to France to visit with my

---

The fact that my water bill went from \$226 one year to \$932 the next seemed to get his attention.

---

family. But I was amazed at the amount of water it uses. And I couldn't believe the extra price I was paying to be healthy."

In September of 2004, he wrote to the Minister of Health. Several months passed and the Minister's office turned his file over to a local representative who,

*François-René Dussault. Photo credit: Julie Oliver/The Ottawa Citizen, used with permission.*

several months after that, told him it was a municipal matter.

"So, I called my city Councilor, (Diane Holmes) and after a few months, finally met with her. I explained the situation and showed her the water bills." He also brought along members of the hospital's renal team who provided more information for the councilor to look over. "She called up the Chief Medical Officer for the City of Ottawa who agreed that this was a problem. The fact that my water bill went from \$226 one year to \$932 the next seemed to get his attention."

Then came the meetings, the phone calls and the committees. Finally, in September of 2006, a full two years after he wrote his first letter, the City of Ottawa passed a motion to budget \$10,000 towards water rate rebates to the approximately 20 individuals in the city undergoing home hemodialysis.



# Home Dialysis Grant Program Water Consumption Relief Application

Renewal  
 New

*(Please note: This form needs to be submitted each year to continue eligibility under the program)  
This program was initiated pursuant to City Council motion 11/10 approved on April 11, 2007*

<p style="text-align: center;"><b>Patient Information</b></p> <p>Name of Patient _____</p> <p>Civic Address _____ Unit no _____ <small>(where dialysis is performed)</small></p> <p>City _____ Postal code _____</p> <p>Telephone no _____ Fax _____</p> <p>E-mail address _____</p>	<p style="text-align: center;"><b>Water Account Information (if available)</b></p> <p>Water Account no. _____</p> <p>Service address _____ Unit no _____</p> <p><b>Account type:</b> (check one) <input type="checkbox"/> Tenant Authorization Agreement</p> <p><input type="checkbox"/> Owner      <input type="checkbox"/> Landlord      <input type="checkbox"/> Condominium</p>
<p style="text-align: center;"><b>Other Contact (if applicable)</b></p> <p>Name _____</p> <p>Civic Address _____</p> <p>City _____ Postal code _____</p> <p>Telephone no _____ Fax _____</p> <p>E-mail address _____</p>	<p style="text-align: center;"><b>Account Information (if different)</b></p> <p>Name _____</p> <p>Civic Address _____ Unit no _____</p> <p>City _____ Postal code _____</p> <p>Telephone no _____ Fax _____</p> <p>E-mail address _____</p>

Duration and Frequency of Dialysis Treatment / Hours per day [ \_\_\_\_\_ ], Dialysis treatment per week [ \_\_\_\_\_ ]

I,  (as Patient)  (as Power of Attorney),  (as Legal Guardian), certify that the information contained herein is true and correct

\_\_\_\_\_ Date (DD-MM-YYYY) \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

**Additional Supporting information required**

- Copy of Authorization Letter from "The Ottawa Hospital – Home Dialysis Unit"
- Copy of most recent Water & Sewer Bill attached (if available)

RETURN ALL DOCUMENTATION TO:  
The City of Ottawa,  
100 Constellation Crescent, 4<sup>th</sup> Floor East, Nepean ON K2G 6J8,  
Attention: Home Dialysis Grant Program -Water Consumption Relief

**CONFIDENTIAL**

**If any Benefits received from this application were accepted under false pretense, the total amount shall be revoked and recovered by whatever means deemed necessary by the municipality.**

Personal information collected on this form will be used by the City of Ottawa to administer grants and calculate water consumption in connection with the City of Ottawa's Home Dialysis Grant Program, a program authorized by section 107 of the *Municipal Act, 2001*, S.O. 2001, c.25, as amended. Questions concerning this collection or the Home Dialysis Grant Program may be addressed to: City of Ottawa-Revenue Division, (613) 580-2444, e-mail: [revenue@ottawa.ca](mailto:revenue@ottawa.ca)

Please check here, if future correspondence be directed to you in French

FOR REVENUE DIVISION OFFICE USE ONLY
<span><b>WATER &amp; SEWER ACCT NO.</b> _____ <small>13/12/07</small></span> <span><b>FILE NO.</b> _____</span>