Cost Effectiveness in Wound Management: The Compassion lens

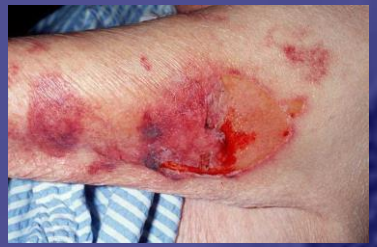
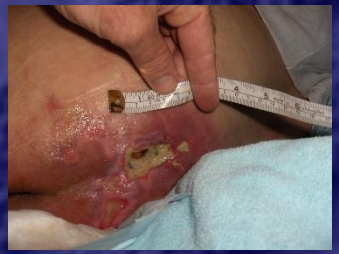
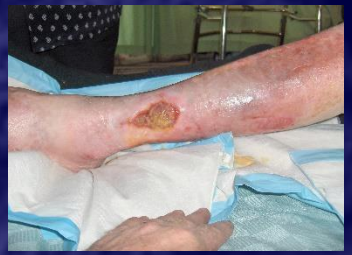
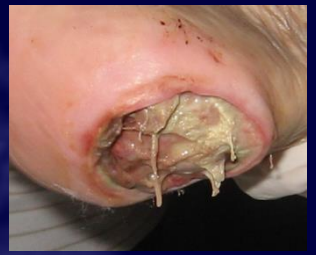
Taliesin Ellis WM CPC, Fellow Wounds Australia

Compassion


The ugliest thing that
I have ever seen,
is a human being
without compassion .
h. milne p.

Wounds as a health issue in 21st Century…

- Australia's population aged 65 and over is projected to grow to 6.66 million by 2041, from an estimated 4.31 million in 2021, which is an increase by 54%.(ABS Austats: Population Projections: Projections of the aged population).
- Common prevalence stats: 1-2 per 1000 people; rises to 1-2 per 100 in people over 65…
- Total number of older people with wounds is unknown – could be up to 450,000 with hard to heal wounds at any one time in Australia (WA 2024)
- Morbidity and mortality rates related to wounds are unquantified

What is cost effectiveness…?

Definition

cost-effect·ive·ness [ˈkɒstɪˌfɛktɪvnəs]

Noun

cost-effectiveness (noun)

1. **the degree to which something is effective or productive in relation to its cost:**
   "the college will be able to improve the cost-effectiveness of policing"

definition of cost effectiveness – Search accessed 9.8.26

- What evidence informs what treatments for a person with a wound should cost…..?

Expenditure relativism…

- In Australia budgets for health are largely determined by govt….
- Utilitarian system: greatest benefit for greatest number …. within allocated budgets
- Proportionate expenditure is influenced by health priorities (NHPA) (Australia's health - Australian Institute of Health and Welfare)
- Where does wound management, including dressing cost, fit?

Australian Health System features

- Hierarchical budget priorities…
- Determinants of fiscal allocation in a utilitarian system:
  - Trying to ensure the largest number of people possible are cared for in respect to time and budget
  - Measurement and reporting
  - Outputs v outcomes: in primary health and community-care based wound management this relates to the amount of people who receive treatment v the amount of people who recover from, or enter remission from, the suffering related to their wounds
  - *Dressing cost is therefore viewed as a resource constraint, rather than cost being a facilitator for quality of life, length of treatment or healing outcomes*

Dressing consumables

Gefen, A 2025 “From health economics modelling to artificial intelligence integration: Understanding cost-effectiveness in wound care decision-making” Wounds International Volume: 16 Issue: 2

- “Ultimately, cost-effectiveness evaluations are not about finding the cheapest product, but about identifying those specific interventions that deliver the most benefit per unit of cost…” (Gefen, A 2025)
- “…this shift in thinking, from simple direct cost to (longer-term) value, is fundamental for making informed, evidence-based choices, both clinical and administrative, in wound care...” (Gefen, A 2025)

Díaz-Herrera, MA et al (2025) “The financial burden of chronic wounds in primary care: A real-world data analysis on cost and prevalence” International Journal of Nursing Studies Advances 8 100313

- Results: (population = 890,000)
  - Between 2015 and 2017, total (CW) expenditure was estimated at € 34,991,854 (Euros) (USD 39,548,000).
  - The cost of the specific treatment materials was € 8,455,787 (USD 9,555,885), with an annual average of € 2,818,596 (USD 3,185,295) and an increase of 18.5 % over the period.

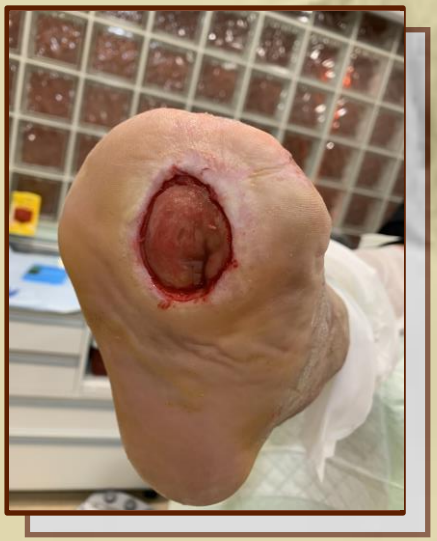
- **Consumables cost approx. = 24% in line with other real-world costing (15-25%)**

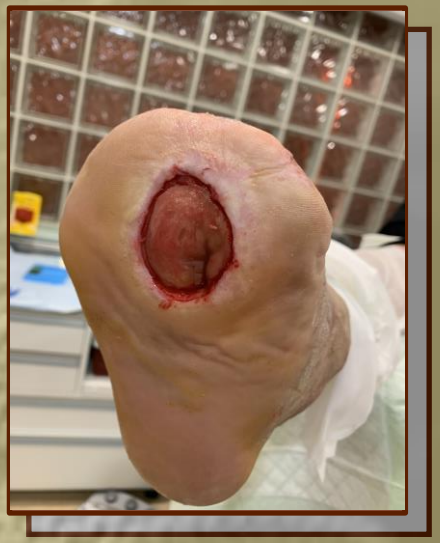
(J. Posnett et al., The resource impact of wounds on health-care providers in Europe, Journal of Wound Care, Vol 18, No 4, April 2009)

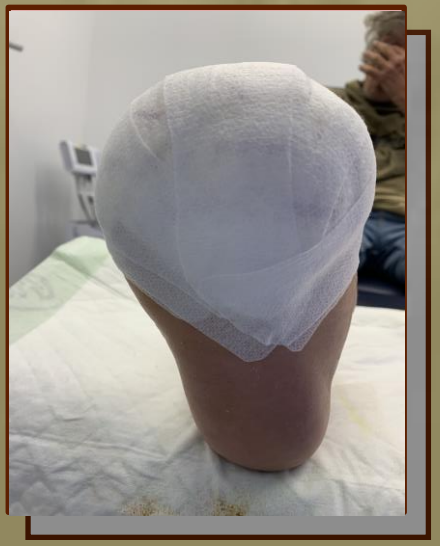
Features of cost effectiveness

- Time to healing
- Episodes of care
- Nursing / HCP time
- Admission, readmission to hospital
- Evidence Based Protocols
- Consistency of care delivered – consider: Training/education/care planning
- Satisfaction – consumer and practitioner
- Productivity value – social/economic
- And yes: consumables i.e. dressings…
- Incremental cost-effectiveness ratio (ICER; Ghosh et al, 2023)

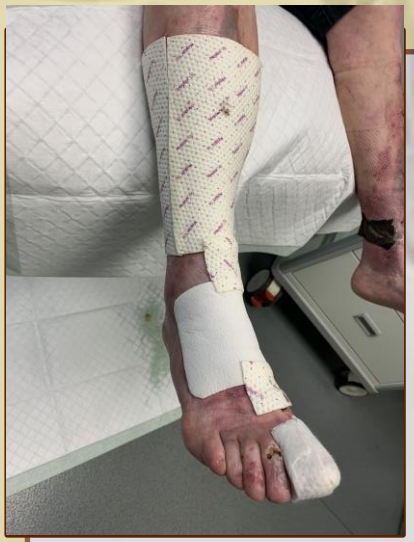
Cost effective dressing choices

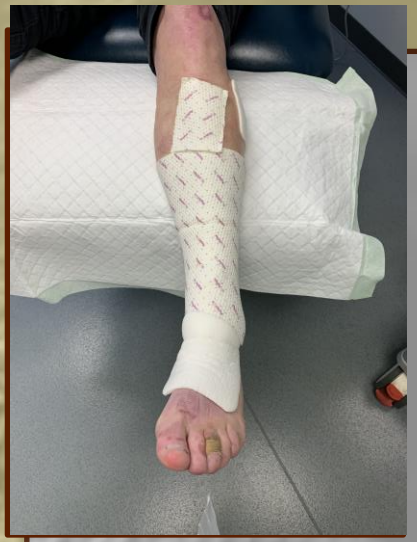
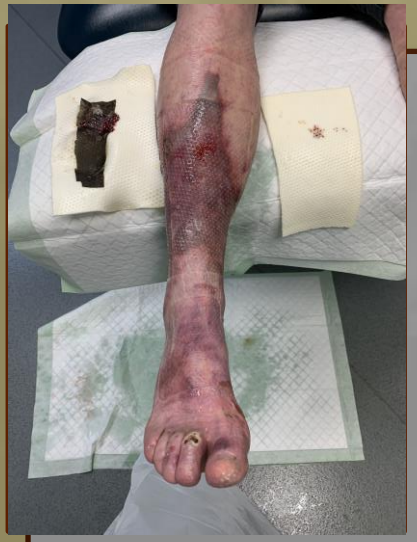




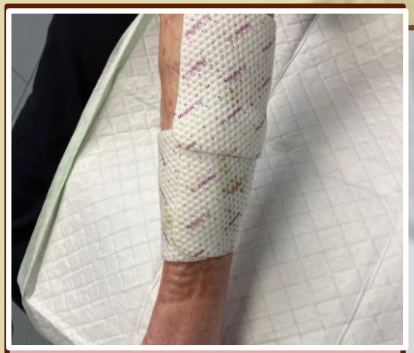


Cost effective dressing choices



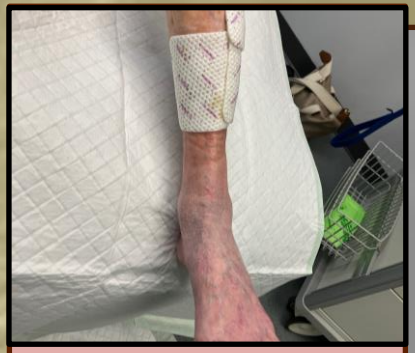
Cost effective dressing choices



3-4 days

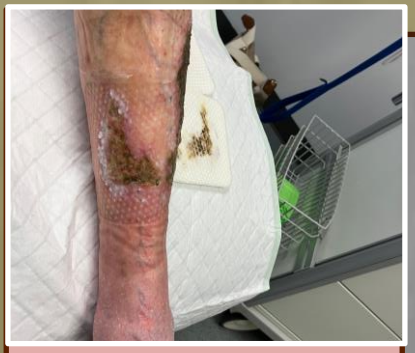
Left leg with MU

Dx taken down



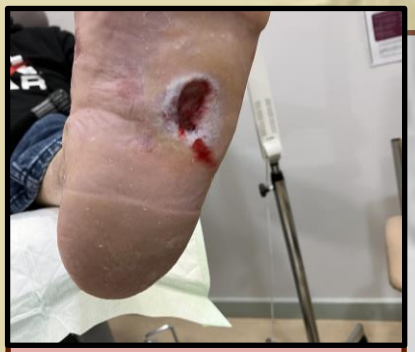
3-4 days

Anterior Left

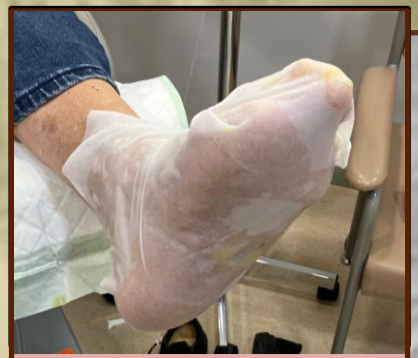


Dx taken down

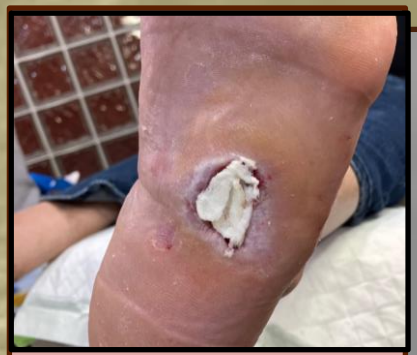
Variations…



L Plantar DFU/PI



Soak Post debridement



Gentle filler

Double/o-lap

Cover and fix


But what is missing???


Compassion =
cost effective…

The Compassion lens…

- Sympathy: we recognise suffering

- Empathy: we recognise and relate personally to suffering which can create a relational, caring connection

The Compassion Lens

Compassion: we recognise, name, relate to and ACT to alleviate suffering

- We recognise the suffering is not ours to own
- We seek to work with the person's own choice about their suffering
- We alleviate suffering using best available evidence, resources and by caring

SUMA-Poster_V3.pdf (compassionrevolution.care)

Four steps of Compassion

SUMA

1. Show up

Every day we can practise coming back to the present moment.

2. Understand

We remain curious about what others are experiencing and begin to recognise everyone's story is complex and there are many pathways forward.

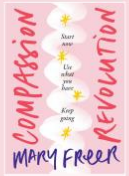
3. Move closer

When things go wrong we have a perfect opportunity to move closer. This is your invitation to celebrate our shared humanity.

4. Act

Compassion is a verb and it demands action. This is the step where we powerfully connect with others from a place of vulnerability.

www.compassionrevolution.care



SUMA and other wise actions can be found in Mary Freer's new book, 'Compassion Revolution.'

Buy your copy today.

Sympathy

Empathy

Compassion

Compassionate Treatment…

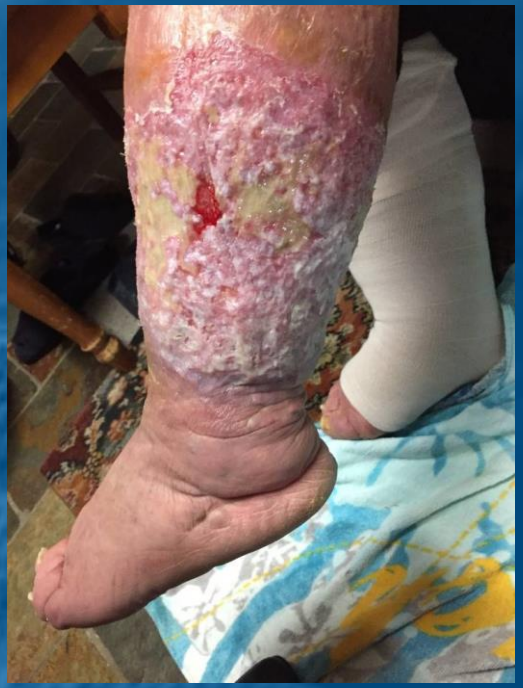
Engagement: The client…

AGE 83 → 6 year history of cellulitic venous ulceration → Complicated by undiagnosed lymphatic disease

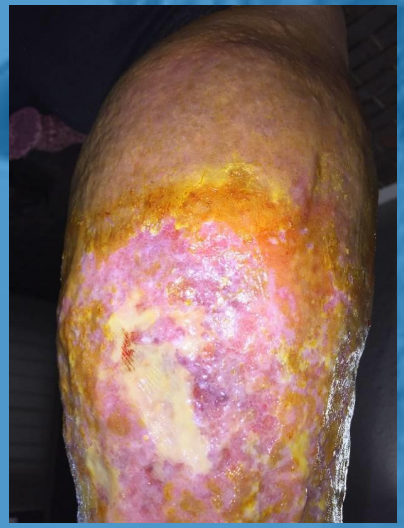
Cared for by multiple community, primary care and tertiary facilities

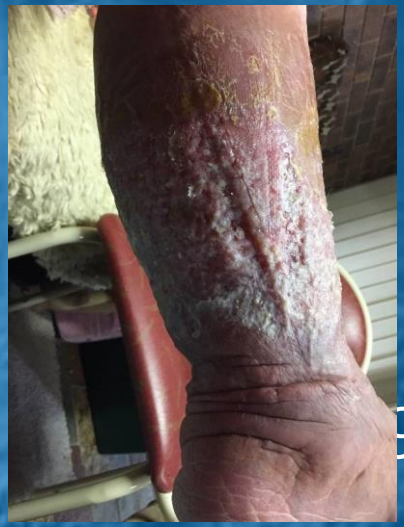
Spent 3 years sitting in her house, wrapping legs in paper towel and resting them on towels on the floor - PTSD

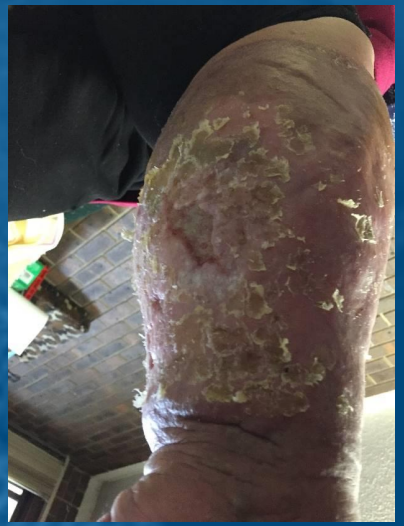
Excruciating pain that often took her to hospital



The client…August 2019

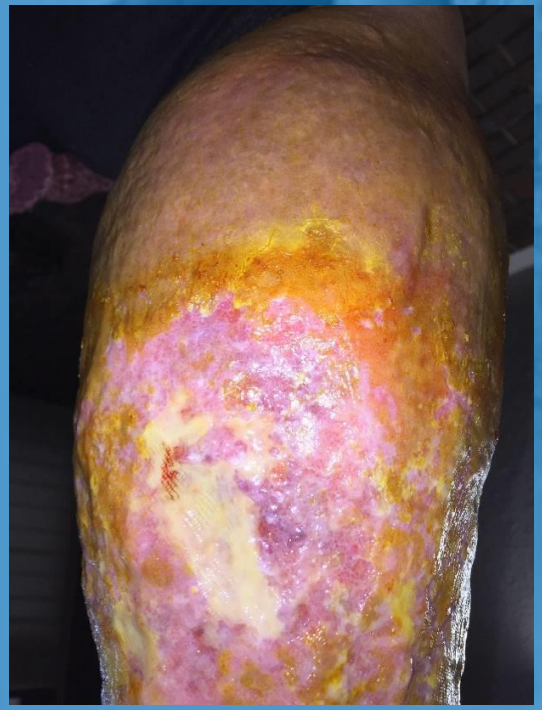






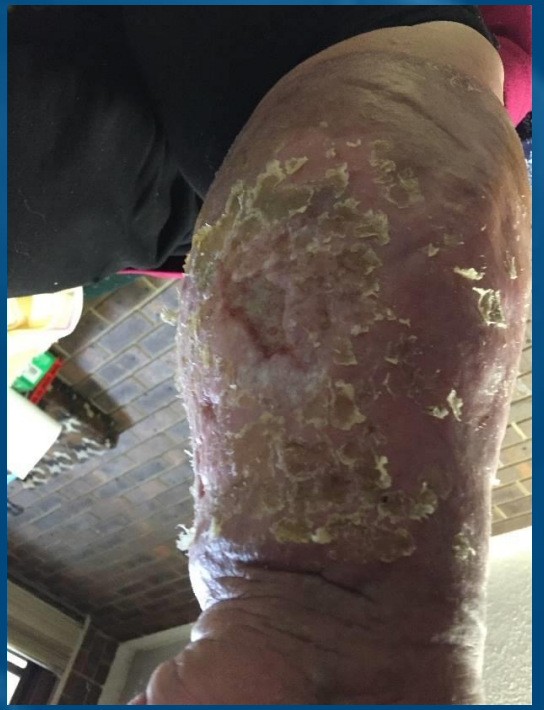
3 years

Show up, move toward, understand…



- Self Check….then….

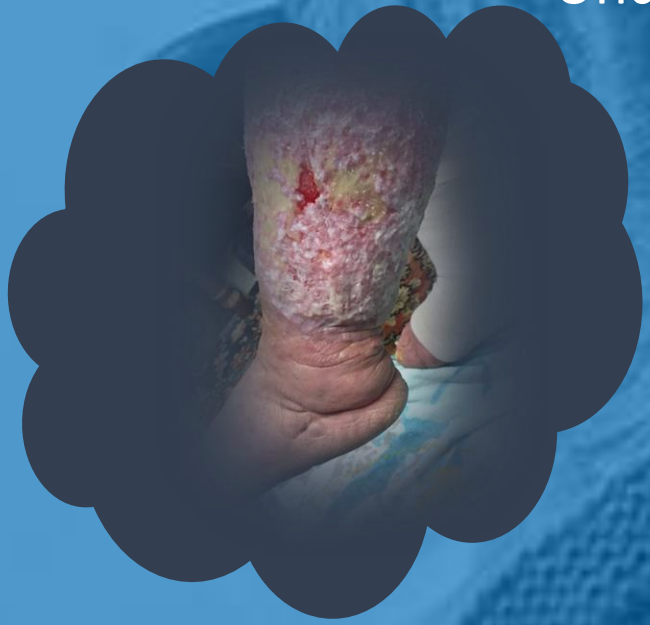
- How are you?
- What's happening in your life?
- What is your "wound story" ?
- What do you understand about your wound?
- What has treatment been like in the past?
- What would you like to have happen?
- What do you want?



Treatment options depend on answers about the client's suffering

Show up, move toward, understand…

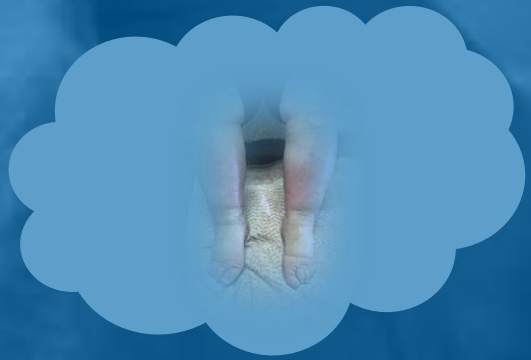
- Experience…. ***listen***
- Story…. ***Listen***
- Understanding… ***Listen, test, record***



Client: What I want… ***healed wound***

Why do they want the wound healed?

ACT = OPTIONS + CHOICE BY CLIENT TO MOVE BEYOND THEIR SUFFERING



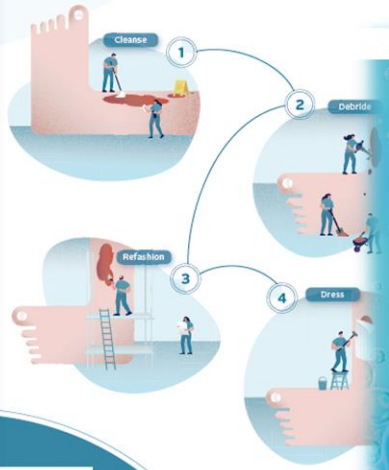
1. Nil compression = nil or extremely slow to heal

2. Low / little compression (e.g. Tubular bandage..) = very slow to slow healing

3. Compression bandaging (e.g. Lymphlex) = healing +/- 3 to 6 months (depending on nil complications like infection)

JWC International Consensus Document

Defying **hard-to-heal wounds** with an early antibiofilm intervention strategy: **wound hygiene**



ConvaTec

INTERNATIONAL CONSENSUS DOCUMENT

Therapeutic wound and skin cleansing: Clinical evidence and recommendations

International Wound Infection Institute

WOUNDS INTERNATIONAL

JWC International Consensus Document

Best practice for wound deb

INTERNATIONAL CONSENSUS UPDATE 2022

International Wound Infection Institute

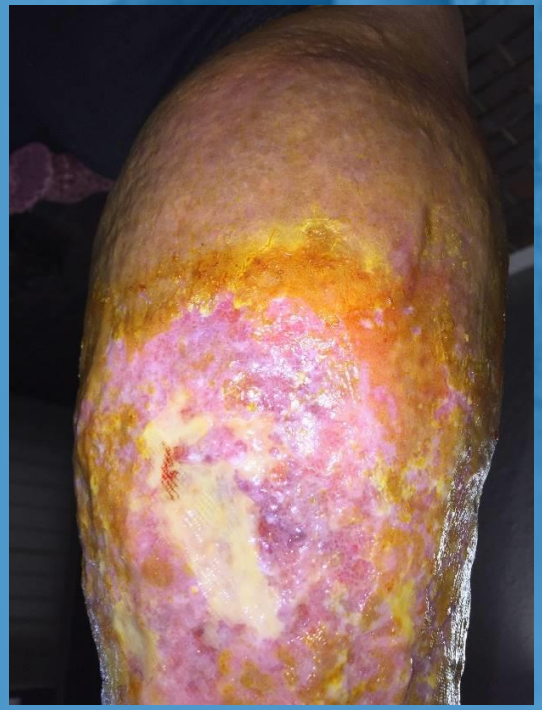
WOUND INFECTION IN CLINICAL PRACTICE

Principles of best practice

2022

Third Edition

Show up, move toward, understand… ACT



- Client understands relationship between their choice, treatment options and OUTCOMES

+

- Science, evidence, experience, treatment and dressings are applied through the compassion lens

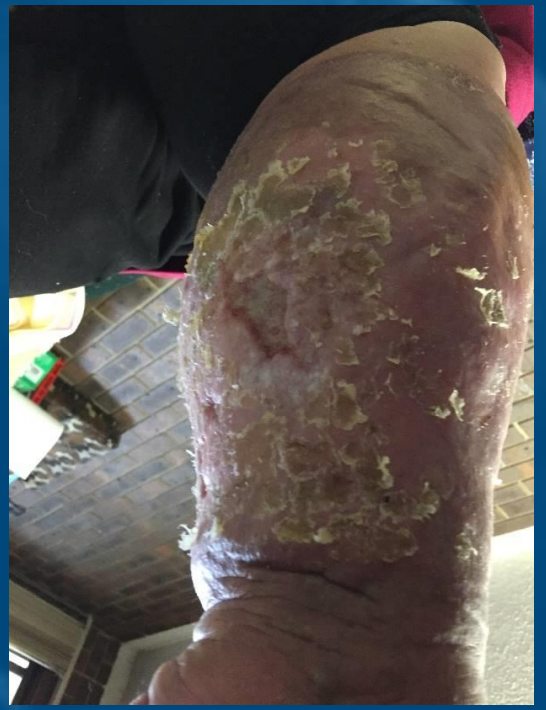
+

- Goals of action belong to the client

+

- Iterative

= cost effective !!!!

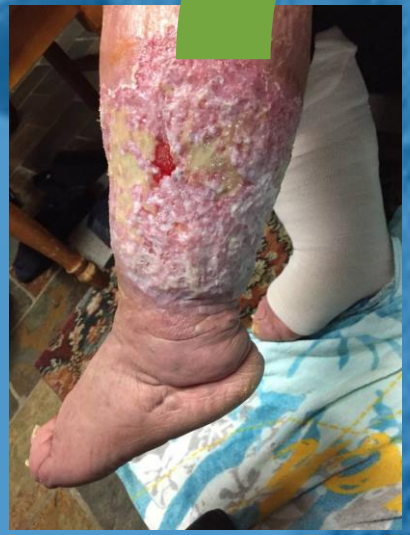


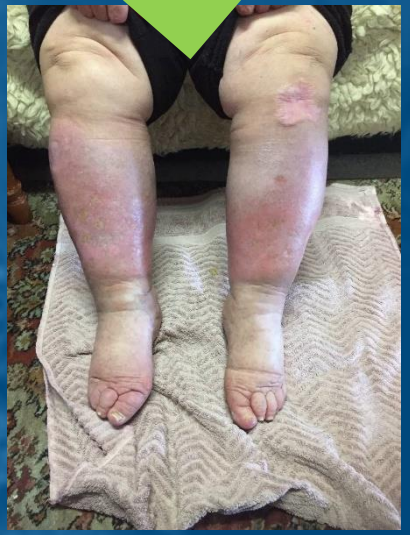
Treatment options depend on answers about the client's suffering

3 years of suffering

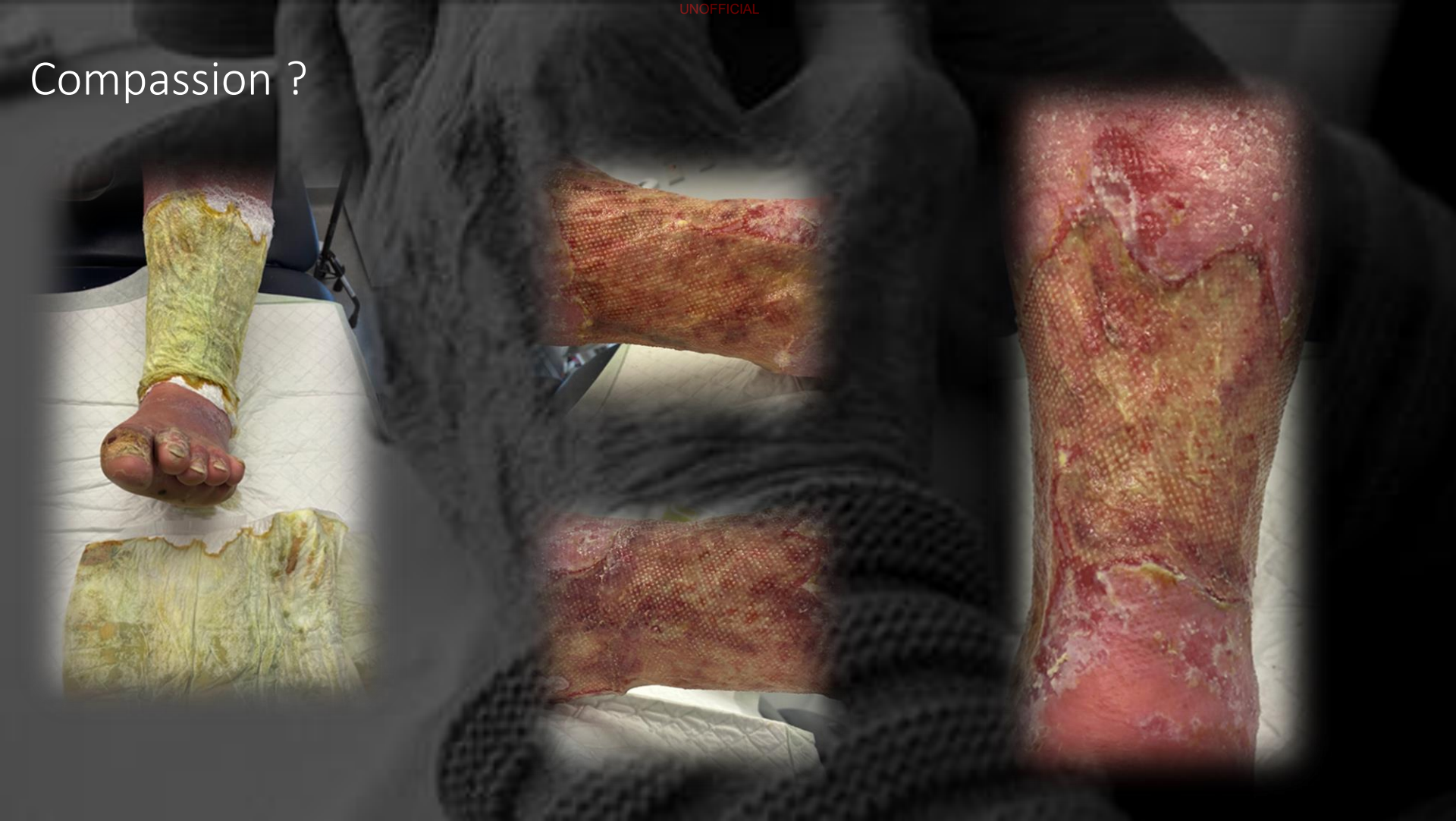
V

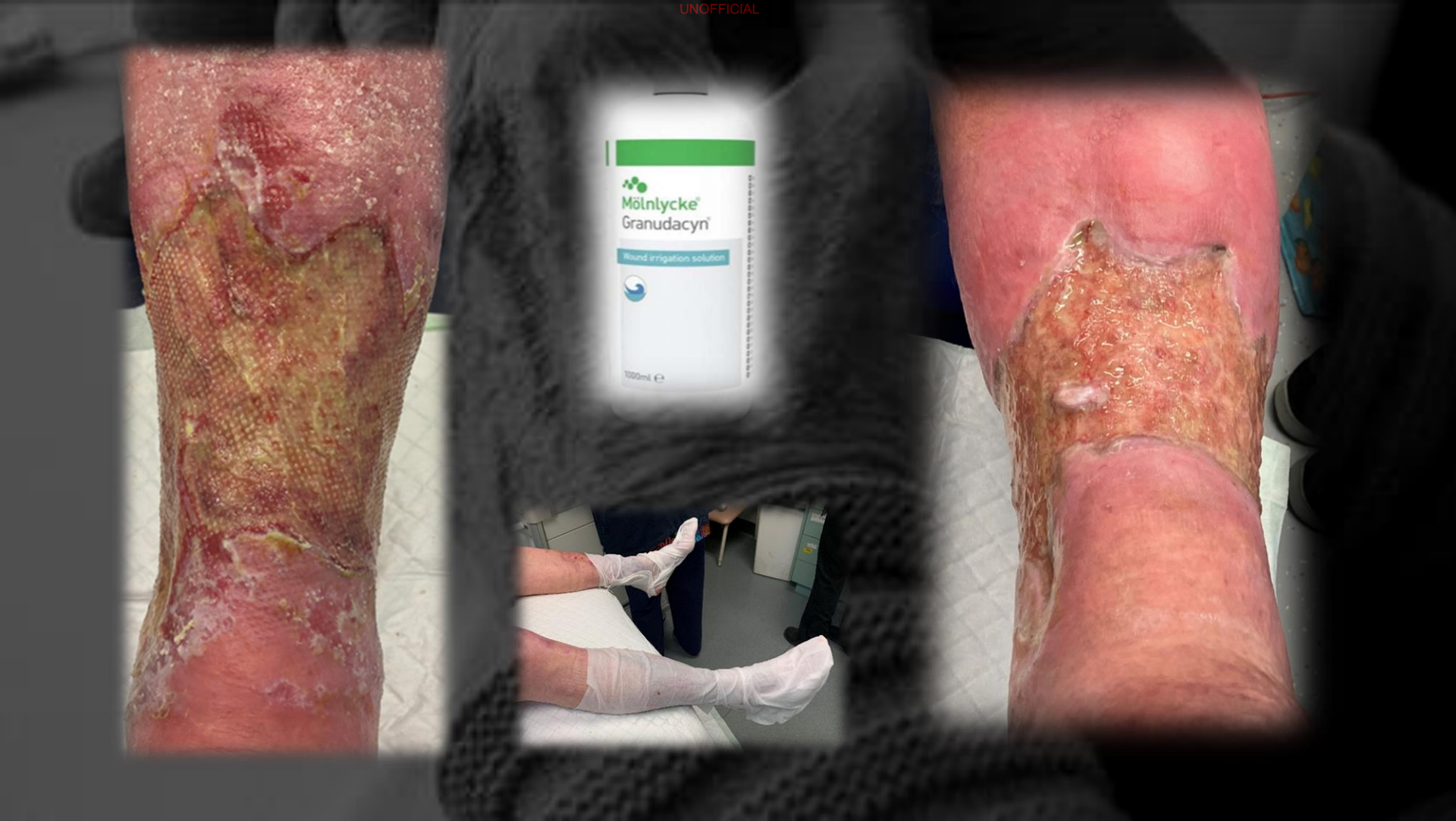
16 weeks....





Compassion ?





Health care Provider Compassion Model

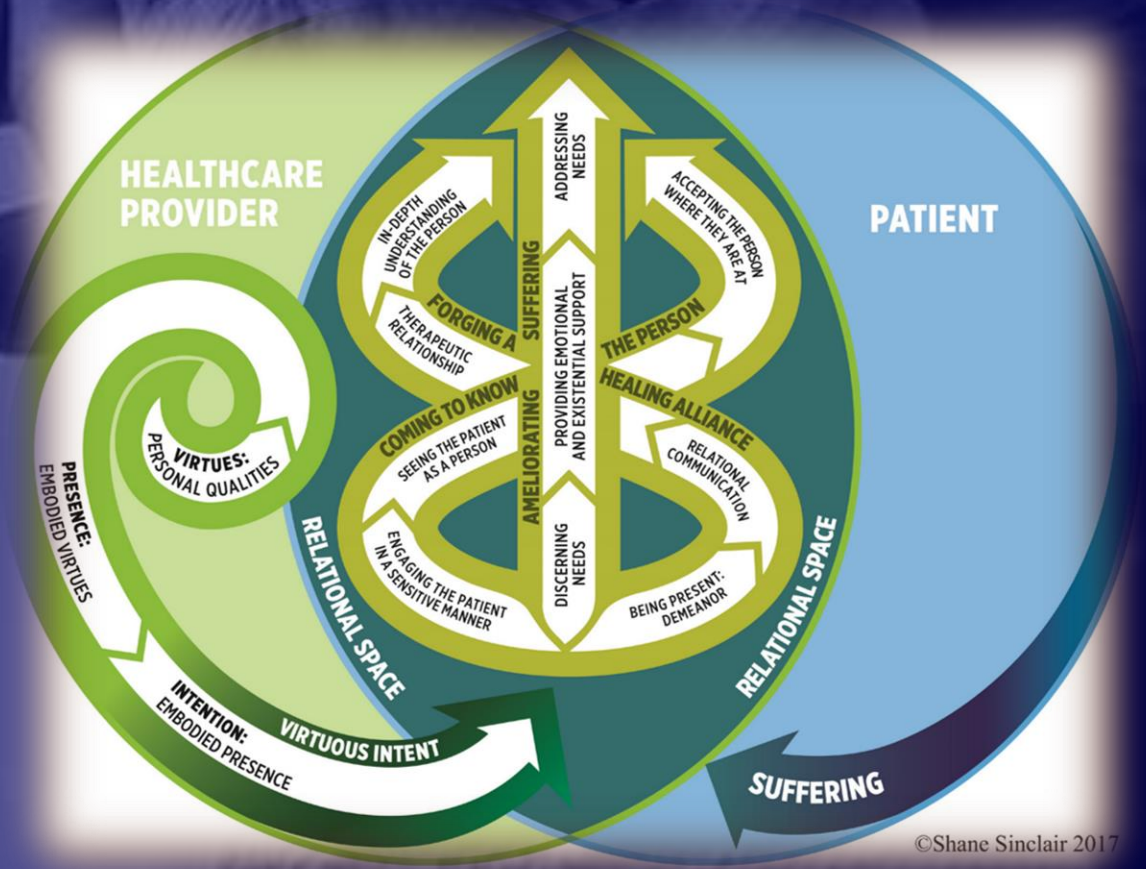


Figure 2 Healthcare Provider Compassion Model

Sinclair S, Hack TF, Raffin-Bouchal S, et al. (2018) What are healthcare providers' understandings and experiences of compassion? The healthcare compassion model: a grounded theory study of healthcare providers in Canada. BMJ Open;0:e019701. doi:10.1136/ bmjopen-2017-019701

Conclusion

- Compassion is the key that helps the client to truly unlock what it is they want and thereby alleviate their suffering

- Dressing costs are only between 10% and 25% of total cost and should be viewed in respect to outcomes and the alleviation of suffering rather than outputs and care numbers…

Conclusion

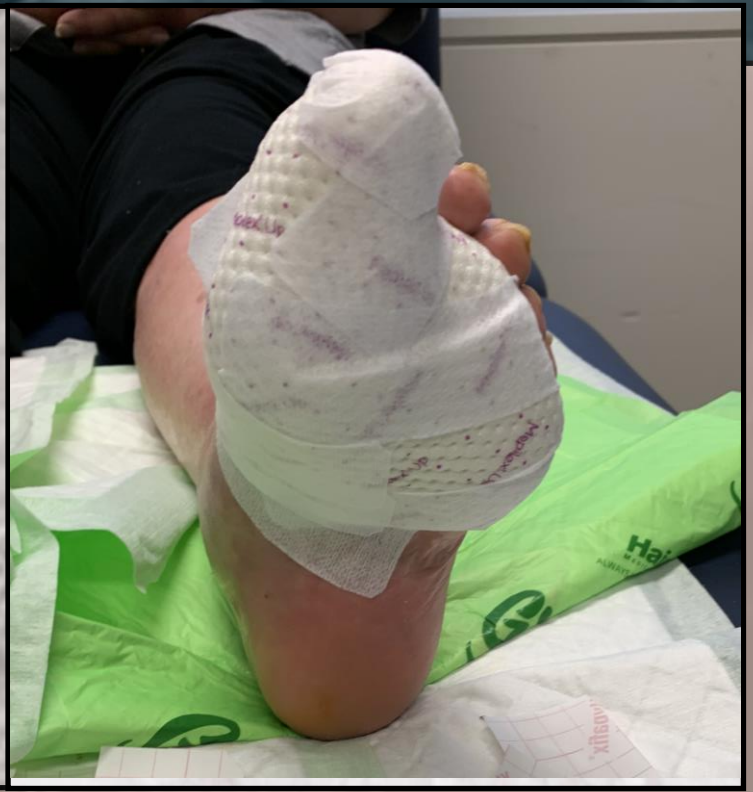
Compassion in clinical practice is not the opposite of rigour but its most sophisticated expression…

(The World Shelf 2026)

Thank you

Taliesin Ellis

Wound Management Clinical Practice Consultant



Compassion in Health care

- Compassion and primary health care. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

- Maria Malliarou (**2023)** Compassionate Health Care *Healthcare* , *11*(1),109; **https://doi.org/10.3390/healthcare11010109**

- Sinclair S, Hack TF, Raffin-Bouchal S, et al. (2018) What are healthcare providers' understandings and experiences of compassion? The healthcare compassion model: a grounded theory study of healthcare providers in Canada. BMJ Open;0:e019701. doi:10.1136/ bmjopen-2017-019701

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