BACKGROUND

Research within wound care is fragmented and it is difficult to find validated data on the prevalence and costs of wounds. The EWMA Patient Outcome Group has for some time been working for creating better evidence in wound care and spreading the understanding of the complex approach to wound care research.

The purpose of the EWMA Wound Survey is to uncover the true resource costs of wounds to hospital and community care health care providers in different countries in Europe. Uncovering the prevalence of wounds, the hours and time consumption of health care professionals, and the costs of treatment materials and wound-related hospitalisation in specific health care providers’ organisations, serves to raise awareness of the true significance of good wound care.

Specifically the surveys will focus on:
1) The prevalence of all types of wounds, in both hospitals and in municipalities/community service.
2) The costs of wound treatment in hospitals and in municipalities/community care.
3) Convey publications and discussion papers/arguments that can serve as a political tool to increase awareness among politicians of the actual prevalence of wounds and to reveal the actual resources being used to treat the wounds.

METHODS

The studies are part of a EWMA project, which will cover several European countries. The first study using this methodology was done in Hull in the UK, published in the International Wound Journal, 20081 and this methodology has been adapted for the EWMA studies.

The study is intended to be made as a “point prevalence” study. For practical reasons, data will be was collected over 2 days in hospitals and over 1 week in communities. Data are collected by going through all patient files in all hospital wards and in all community nursing centres as well as in all nursing homes.

The researchers all take an active role in gathering the data and in obtaining approval for the study with the hospital management and with the community nursing service.

The data are collected for each patient are categorised and represent some of the following:
- Number of wounds
- Condition of the wound
- Type of wound
- Place of origin

The nursing staff collecting the data will access the wounds and record the time consumption for each patient per dressing change, for travelling time and for documentation. Combining the time consumption with the average cost of a nursing hour, and extrapolating the data to the entire country, the total cost for the nursing time consumption for wound treatment can be calculated.

Similarly, the total cost for dressings and wound-related hospitalisation can be calculated, and adding these two costs together a total cost of wound care can be measured.

The data collected in a database from where the statistical analysis is taken from and thus calculated the costs of the wound treatment.

RESULTS

The results of the survey are presented in tables with written analysis and the following is essential to prospects of the idea behind the survey.
The prevalence of the wound collected in both hospital and municipalities/community care is presented, hereunder the following parameters are covered:
- No. of Citizens covered (population)
- Percentage of inhabitants
- No. of Patients with wound(s)
- Prevalence per 1000 population
- Percentage of hospital patients with wounds
- Calculated total no. of patients with wound(s)

The different types of wounds are presented:
- Acute/surgical wound
- Pressure Ulcers
- Leg Ulcers
- Diabetic Foot Ulcers
- Other
- Total no

Furthermore, the types of wounds are correlated with the resource consumption of the treatment of the wound. The results presented are:
- Nursing time (minutes) per dressing change
- Travelling time Documentation time (minutes)
- Total, cost of nursing time
- Total cost of dressings
- Total cost nursing time and dressings
- Total cost of wound-related hospitalisation

CONCLUSION
The purpose of the surveys is to present the costs in the individual country of wound care. The results of the survey will convey the ability to hospital and municipalities/community care givers to view their actual cost. This will facilitate a dialogue with policy makers and other administrators and result in saved money and improvement of the quality of life for the patients.

Currently the surveys of this kind have been conducted in England and Denmark and the results are presently being processed in Denmark. Further surveys are planned in Germany, Italy and Portugal and later in France and Spain.

The Danish Wound Survey
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