Reviewer's report

**Title:** An economic appraisal of the Australian Medical Sheepskin for the prevention of sacral pressure ulcers from a nursing home perspective

**Version:** 1  **Date:** 2 March 2010

**Reviewer:** Murray Krahn

**Reviewer's report:**

This is a simple but quite nice assessment of the cost effectiveness of australian sheepskins to prevent pressure ulcers. The authors use an RCT of this intervention, and apply some costs to a fictional Dutch nursing hope to obtain estimates of cost effectiveness.

**Major issues:**
- authors do not specifically indicate design of the analysis (cost comparison, and CEA)
- should be a section in methods in which the design of the analysis, time horizon, currency, discount rate etc etc...all of the standard economic evaluation methods parameters are laid out
- choice of NH perspective is interesting , though a bit odd. Why not also estimate costs averted due to local and systemic infection caused by PU?
- interpretation is a bit muddy, as is to be expected of a cost effectiveness analysis. The authors show that the sheepskin costs money over all, but then do not help the reader interpret the ICER. Is it worth paying for or not? What's the WTP of a pressure ulcer? Are there other analyses in which WTP for pressure ulcer has been estimated? The authors place the burden of interpretation on the readers, many of whom will be ill equipped to perform this task. The authors themselves, i suspect, will have difficulty with this task, which is why they have sidestepped it.
- incidentally, i suspect it would have been quite easy to assign a qaly weight to the PU's averted, and therefore perform a cost utility analysis. Look up the utility penalty associated with a PU (cf Thein et. al QOL research 2009) and multiply by mean duration and that's the qaly loss associated with a PU.

**Other issues-**
- in the RCT, what surface was the sheepskin placed on. Does it work when used with pressure reducing (foam) mattresses? These should be used in all LTC facilities. I suspect the marginal benefits of sheepskins when used with foam mattresses are small.
- what are the implications of looking only at stage 1-2 pressure ulcers, and only on the sacrum with respect to the analysis? Discussion should indicate whether this is a conservative or non-conservative assumption.
-cost of a pressure ulcer seems pretty low to me, notwithstanding the fact that only early stage ulcers were costed. Were the authors' cost estimates in line with those of Bennett, whom they cite? They do do a good job of triangulating estimates from the Dutch experience.

-a stronger design would have been to take the utilization estimates directly from the trial, rather than taking only efficacy estimates. Looking at guidelines/protocols etc. is not really an ideal way to estimate costs.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests.