

INDIVIDUAL AGENCY MODEL 04

Wound Care Agency

Business Model & Marketing Model

A proposed specialist platform for clinic-based wound treatment, home visits, and coordinated telehealth follow-up — designed for disciplined care delivery, measurable progress, and trusted referral relationships.

North American Standards, Filipino Excellence.

FOUNDER & CHAIRWOMAN

Grace Young
Wound Care Certified

CORPORATE EDITION

Website content and investor-
presentation source

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THE MODEL IN ONE VIEW

A specialist agency built around continuity

The proposed Wound Care Agency brings focused wound-management capability closer to patients through treatment suites, home visits, and coordinated follow-up.

Investor brief

The model is designed to serve patients whose wounds require repeat assessment, skilled dressing changes, prevention support, and consistent documentation. Its commercial foundation combines visit-based services, structured treatment packages, and professional education, with every fee and cost to be established during market, regulatory, and site validation.

U.S. REFERENCE MODEL

Wound Care Dispatch

The Wound Care Dispatch division of Care Resources Inc. provides the reference blueprint. Philippine adaptation remains proposed and must be localized to applicable licensure, clinical-governance, privacy, facility, and franchise requirements.

Website hero copy

Specialized care. Coordinated healing support.

From chronic wounds and diabetic foot ulcers to post-surgical recovery and pressure-injury prevention, the proposed agency model is designed to deliver skilled, documented support in the setting that best fits the patient.

Three care settings

Treatment suite, home visit, and coordinated telehealth follow-up.

One accountable pathway

Referral, assessment, plan, scheduled visits, progress tracking, and prevention education.

Document map

Business model	03–09	Marketing model	10–12
Services & delivery	04	Revenue & costs	06
Staffing & governance	07	90-day launch	12

Claims discipline: Faster healing, fewer amputations, and fewer hospitalizations are clinical goals the model is designed to support — never promised or guaranteed outcomes.

PART 1 · STRATEGIC FOUNDATION

Access and continuity define the mission

Mission: to expand access to specialized, coordinated wound care while equipping patients and families to prevent complications and participate confidently in the care plan.

The problem the model addresses

- Complex or slow-healing wounds can require repeated skilled visits and consistent technique.
- Patients may face mobility, transport, caregiver, or distance barriers to follow-up.
- Fragmented documentation can make progress harder to interpret across settings.
- Families need practical instruction on pressure relief, skin checks, dressing protection, nutrition coordination, and escalation signs.

The proposed response

- A wound-focused team with standardized assessment and documentation workflows.
- Choice of clinic-based treatment or eligible home visits, based on clinical and operational criteria.
- Coordinated telehealth follow-up for education, check-ins, and escalation routing where permitted.
- Progress reviews linked to the treating clinician and referral source.

Value proposition by stakeholder

Stakeholder	Value created	Proof to show
Patients & families	Convenient access, clear education, and a visible care pathway.	Visit plan, education record, satisfaction feedback
Referring clinicians	Structured follow-through and concise progress communication.	Assessment, treatment notes, escalation record
Health partners	A specialist pathway for patients needing repeat wound support.	Referral turnaround, completed visits, closed-loop updates
Franchise operators	A differentiated specialty service with multiple delivery settings.	Demand, capacity, quality, retention, and unit-economics dashboard

The outcome promise is disciplined care, not a guaranteed cure

The agency may describe its goal of supporting faster healing and reducing avoidable complications, amputations, or hospital use only as intended objectives. Public claims require clinical, legal, and evidence review.

SERVICE ARCHITECTURE

Six service lines create one focused pathway

01

Chronic wound management

Assessment, scheduled dressing support, progress documentation, and escalation coordination for persistent wounds.

02

Diabetic foot ulcer care

Foot checks, ordered wound care, offloading education, risk monitoring, and coordination with diabetes and vascular providers.

03

Pressure-injury care

Prevention planning, skin checks, repositioning education, support-surface coordination, and treatment under an approved plan.

04

Post-surgical wound care

Incision monitoring, ordered dressing support, education, and prompt routing of concerning signs to the appropriate clinician.

05

Burn aftercare support

Follow-up support after acute management, aligned with specialist direction and within the authorized scope of practice.

06

Patient & family education

Practical instruction, return demonstration, prevention routines, supply handling, and warning-sign escalation.

Three coordinated delivery settings

Setting	Best suited for	Operating requirement
Treatment suite	Scheduled specialty visits requiring a controlled clinical environment.	Approved facility design, infection prevention, supplies, equipment, privacy, and waste controls.
Home visit	Eligible patients with mobility, recovery, or access barriers.	Defined service radius, safety screening, portable kit, travel protocol, and home-environment assessment.
Telehealth coordination	Education reinforcement, check-ins, routing, and care coordination where allowed.	Consent, identity verification, privacy safeguards, escalation rules, and clear limits on remote assessment.

Clinical boundary: Assessment, staging, debridement, prescribing, and treatment must follow applicable Philippine law, professional scope, credentialing, approved orders, and medical governance. Not every service or modality will be available at every location.

DEMAND ARCHITECTURE

Patients create need; professional partners create trust

The model serves the patient and family while earning adoption through clinicians and community health partners who need dependable follow-through.

Priority patient segments

People living with diabetes Need foot-risk awareness, timely referral, repeat care, and coordinated prevention education.	Bedridden or mobility-limited seniors Need pressure-injury prevention, caregiver training, and eligible in-home support.
Post-surgical patients Need ordered follow-up, dressing support, incision monitoring, and clear escalation routes.	Patients with chronic or recurrent wounds Need consistent documentation, treatment adherence support, and coordination across care settings.

Priority professional segments

Partner	Need	Agency response
Surgeons	Reliable post-procedure follow-up and escalation.	Defined referral intake, visit completion, and concise updates.
Diabetes clinics	Foot-ulcer support and prevention education.	Risk education, ordered care, and documented follow-through.
Dialysis clinics	Accessible support for high-risk patients with complex needs.	Screening prompts, referral coordination, and continuity updates.
Hospitals & discharge teams	A safe transition pathway after discharge.	Rapid intake, supply readiness, first-visit scheduling, and escalation plan.
Barangay health workers & rural health units	Education, early identification, and referral navigation.	Prevention workshops, referral criteria, and communication channels.

Market-entry rule: Validate local prevalence, referral patterns, travel times, payer behavior, competition, workforce availability, and regulatory requirements before selecting a territory or facility.

COMMERCIAL ARCHITECTURE

Revenue diversifies; every price remains TBD

Potential revenue streams

Per-visit services

Clinic or eligible home-visit fees based on service scope, staff time, supplies, travel, and required clinical oversight.

Treatment packages

Structured visit bundles for appropriate episodes of care, with clear inclusions, exclusions, reassessment points, and no outcome guarantee.

Education programs

Approved patient, caregiver, employer, or community education delivered as stand-alone or partner-sponsored programming.

Partner arrangements

Lawful, transparent service agreements with institutions; never payment for referrals and always subject to counsel review.

Cost structure

Category	Examples · all costs TBD
People	Clinical leadership, wound-care-trained nurses, scheduling, intake, billing, quality, education
Facility	Treatment-suite lease, fit-out, utilities, cleaning, security, maintenance
Clinical supplies	Dressings, cleansing materials, personal protective equipment, approved devices, waste handling
Technology	Documentation, scheduling, secure communications, telehealth coordination, analytics
Mobility	Home-visit transport, portable kits, fuel, routing, staff safety
Compliance	Licensure, permits, insurance, legal, privacy, training, audits, quality systems
Growth	Referral development, community education, local media, content, events

Unit economics require local validation

Fees, packages, reimbursement assumptions, staffing ratios, supply utilization, franchise charges, capital needs, break-even timing, and returns are all TBD. No earnings or return on investment is promised.

ORGANIZATION & GOVERNANCE

Clinical discipline is the operating backbone

The proposed model combines franchise accountability with licensed clinical governance, wound-care-trained nursing, and standardized quality controls.

Illustrative organization model

Franchise principal Capital, local leadership, standards, community relationships	Clinical lead Protocols, competency, escalation, quality, case review	Wound-care-trained nurses Assessment and treatment within authorized scope and plan	Operations team Intake, scheduling, supplies, billing, records, partner updates
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Workforce strategy

- Global Care PH coordinates the staffing model for agency healthcare workers.
- IHI&T Philippines is the planned workforce-development pipeline; any program launch, approval, or accreditation must be confirmed before use in recruitment.
- Competency validation should cover wound assessment, documentation, infection prevention, patient education, escalation, and the approved product formulary.
- Scheduling must protect continuity while matching case complexity to verified competence.

Founder credential

Grace Young · Wound Care Certified
Grace Young's wound-care credential provides subject-matter grounding and strengthens the division's quality focus. It does not replace Philippine licensure, facility authorization, a medical director where required, or the independent clinical judgment of locally credentialed professionals.

Governance controls

Control	Standard	Evidence
Credentialing	Verify license, scope, training, insurance, and competency before assignment.	Current personnel file
Clinical protocols	Approved assessment, treatment, infection-control, and escalation procedures.	Controlled policy set
Case review	Risk-based review of stalled progress, complications, and transfers.	Quality log and actions
Privacy	Minimum-necessary access, secure records, consent, and incident response.	Access and audit records

OPERATING MODEL

Six stages turn a referral into accountable care

1

Referral & intake
Confirm patient details, referral source, urgency, orders, consent, records, payer pathway, and location eligibility.

2

Assessment & staging
An appropriately licensed clinician completes the authorized assessment, staging, measurements, risk review, and escalation decision.

3

Treatment plan
Establish goals, modality, visit frequency, supplies, offloading or pressure-relief needs, responsible clinicians, and review date.

4

Scheduled visits
Deliver ordered dressing care and, when permitted and appropriately authorized, debridement; document technique, response, and variances.

5

Progress tracking
Track measurements, wound characteristics, adherence, pain, complications, photographs with consent, and referral-source updates.

6

Prevention & transition
Reinforce prevention, caregiver technique, warning signs, supplies, recurrence risk, discharge criteria, and follow-up responsibilities.

Operating cadence

Cadence	Management question	Core review
Daily	Can every scheduled patient be served safely today?	Staffing, supplies, routing, urgent escalations
Weekly	Are cases progressing and referral partners informed?	Stalled cases, missed visits, documentation, partner updates
Monthly	Is the agency improving quality and capacity?	Clinical indicators, experience, utilization, supply cost, conversion
Quarterly	Is the model ready to scale?	Audit results, workforce, demand, territory, compliance, unit economics

Escalation first: Red flags, suspected infection, rapid deterioration, uncontrolled symptoms, or other urgent concerns must route to the appropriate clinician or emergency pathway under approved policy.

OWNERSHIP, PERFORMANCE & SCALE

The right operator measures before expanding

Franchisee profile

- A healthcare entrepreneur, nurse, physician, allied-health professional, or mission-driven investor prepared to fund regulated service development.
- Comfort with clinical governance, privacy, documentation, and audit requirements.
- Ability to build professional referral relationships without inducements or unsupported claims.
- Operational discipline across staffing, scheduling, supplies, transport, and service recovery.
- Commitment to corporate standards and local professional advice.

Not a passive model: Ownership requires qualified clinical leadership and active operational accountability, even when the principal is not a clinician.

Core scorecard

Domain	Illustrative metrics
Access	Referral-to-contact; assessment scheduling; completed visits
Quality	Healing-progress trends; documentation completeness; escalations; transfers
Experience	Patient satisfaction; complaint closure; education comprehension
Workforce	Credential currency; competency completion; continuity; retention
Referral	Active partners; referral volume; acceptance; closed-loop updates
Commercial	Utilization; revenue mix; supply cost per visit; collection cycle

Scale path

1 · Prove readiness Licensure, team, protocols, facility, supply chain, partner map	2 · Validate territory Demand, referral conversion, service radius, case mix, unit economics	3 · Deepen integration Cross-referrals with Home Health and Hospice agencies under consent and fit criteria	4 · Replicate carefully Additional teams or sites only after quality, workforce, and economics gates pass
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Cross-referral advantage

Home Health may identify patients needing specialty wound support; Hospice may require comfort-focused wound coordination; the Wound Care Agency can route broader home-based needs back to the appropriate agency. Every handoff requires consent, appropriate clinical fit, and compliant referral practices.

PART 2 · BRAND & DEMAND

Own the wound-care specialist position

Positioning statement: a proposed specialist wound-care agency designed to bring skilled, coordinated support to treatment suites and eligible patients at home.

Messaging pillars

SPECIALIZATION

Focused expertise

Wound-centered teams, workflows, supplies, education, and progress documentation.

ACCESS

Care closer to the patient

Treatment-suite appointments, eligible home visits, and coordinated follow-up.

CONTINUITY

One visible pathway

Clear intake, scheduled visits, progress tracking, referral updates, and transition education.

PREVENTION

Knowledge beyond the dressing

Patient and caregiver education supports daily prevention and earlier escalation.

Message by audience

Audience	Primary message	Call to action
Patients & families	Understand the care plan, know the warning signs, and access coordinated support.	Request an information call
Surgeons & hospitals	Extend follow-through with documented visits and defined escalation.	Discuss the referral pathway
Diabetes & dialysis clinics	Add a focused route for foot-ulcer support and prevention education.	Request a partner briefing
Barangay health workers & RHUs	Equip communities to recognize risk and navigate appropriate referrals.	Schedule an education session
Prospective franchisees	Build a differentiated specialty agency with disciplined quality systems.	Request franchise information

Public-copy guardrail: Never advertise guaranteed healing, limb salvage, avoided hospitalization, exclusive partnerships, operating sites, patient volumes, accreditation, DOH partnership, earnings, or return on investment unless the specific claim is lawfully approved and independently substantiated.

CHANNELS & REFERRAL ENGINE

Professional trust leads; education compounds reach

Channel mix

Channel	Role
Direct referral outreach	One-to-one briefings for hospitals, surgeons, clinics, and rural health teams
Website & local search	Explain services, eligibility, care settings, referral steps, and contact routes
Professional education	Case-neutral talks, pathway guides, and prevention resources for partners
Community education	Diabetic-foot awareness, pressure-injury prevention, caregiver workshops
Social content	Short education, myth correction, team standards, event promotion
Partner communications	Referral confirmation, progress updates, escalation, and service feedback

Referral partner engine

- 1

Map
Prioritize hospitals, surgeons, diabetes clinics, dialysis centers, rural health units, and barangay health workers.
- 2

Equip
Provide approved eligibility criteria, referral form, service area, response standard, and escalation contacts.
- 3

Respond
Acknowledge referrals promptly, explain acceptance or redirect, and schedule next steps.
- 4

Close the loop
Send permitted status updates and request partner feedback on the pathway.
- 5

Review
Track active partners, referral quality, conversion, turnaround, and service gaps.

Content & community strategy

Diabetic-foot education Daily checks, footwear, warning signs, and when to seek professional evaluation.	Pressure-injury prevention Repositioning, skin observation, moisture management, support surfaces, and escalation.	Caregiver skill sessions Safe support within the care plan, supply handling, hygiene, and documentation prompts.
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Editorial rule: Education must remain general and evidence-informed, avoid individual diagnosis, protect privacy, and direct urgent or patient-specific concerns to qualified clinicians.

90-DAY LAUNCH & SCORECARD

Launch in three compliance-gated phases

Phase	Priority actions	Exit gate
Days 1–30 Build readiness	Confirm legal and clinical requirements; define territory; appoint responsible leaders; map 25 priority partners; finalize approved messages, referral materials, website copy, consent, privacy, and escalation pathways.	No public recruitment or service launch until counsel, regulatory, clinical, and corporate reviews are complete.
Days 31–60 Build trust	Conduct partner briefings; train intake and referral-response workflows; schedule diabetic-foot and pressure-injury education; publish approved educational content; test inquiry routing and reporting.	Partner materials approved; staff competent; inquiries and referrals trace end to end.
Days 61–90 Build demand	Expand outreach to surgeons, diabetes and dialysis clinics, hospitals, RHUs, and barangay health workers; run workshops; review channel performance; refine territory priorities and capacity assumptions.	Demand signals, quality readiness, staffing capacity, and unit economics support the next stage.

Marketing KPIs

- Qualified inquiries by source
- Active referral partners
- Referral-to-contact time
- Referral acceptance and scheduling rate
- Partner briefing and workshop attendance
- Website service-page conversion
- Education engagement and follow-up requests
- Cost per qualified inquiry, when spend begins

Corporate approval checklist

- Philippine counsel and regulatory review
- Clinical scope and claims review
- Franchise disclosure and offer-process review
- Privacy, consent, and records review
- Brand and evidence substantiation
- All fees, costs, territory, and economics confirmed or marked TBD

Corporate close

The proposed Wound Care Agency is designed as a disciplined specialty platform: clinically governed, referral-led, education-rich, and measurable. The next decision is not whether to promise outcomes; it is whether the validated market, workforce, compliance pathway, and economics justify a controlled launch.

Important notice: This model is information only and is not a franchise offer. It is subject to Philippine laws and required approvals. Fees, costs, territories, schedules, and financial assumptions remain TBD. Prospective parties should seek independent legal, tax, clinical, regulatory, and financial advice. Philippine counsel review is required before public recruitment.