

VAC Wound Care

<https://vacwoundcarespecialists.com/>

Operation and Quality Management Support System

VAC Wound Care specializes in managing chronic wound care using skin substitutes, collagen, and platelet-rich plasma (PRP) involving a multidisciplinary approach that supports wound healing.

CLINICAL PROTOCOL

1. Patient Evaluation-completed by practitioner, assigned and monitored via state territory managers, corporate office reviews and submits for IVR.

A. Assess the wound type, size, depth, exudate, and surrounding tissue condition. Perform initial labs, culture, ABI. Must use all VAC Wound Care compliant templates for documentation.

B. Evaluate patient factors: comorbidities (e.g., diabetes, vascular disease), nutritional status, infection risk, and medication usage all through our 100% compliant documentation template form.

C. Document wound history, prior treatments, and any signs of infection or necrosis. Get information on previous treatments and doctors they have seen in the last 6 mths-1 year. Have patients sign a medical release form for each office/practitioner they have seen so corporate office can send for past medical history and documentation of treatments.

2. Initial Wound Preparation-All practitioners receive wound care kits so they can administer protocols to the patients. (Omni Health DX and Lab Corp are both utilized in the testing of our blood draws and cultures.)

A. Debridement: If surgical debridement is needed then must refer out, enzymatic, or autolytic debridement to remove necrotic tissue, slough, or debris. Repeat as needed. Clean, wet to dry, apply ointment, if necessary, apply nonstick pad-secured, outer layer, leave with instructions to the patient, loved one, caregiver. Must use VAC Wound Care compliant template for documentation. (basic debridement supplies are in each wound care kit, more aggressive debridement is patient specific and handled by the home office under the NP's License)

B. Infection Control: Must wait on wound culture before using skin subs. If infection is shown in a culture report, then administer appropriate antibiotics or antimicrobial dressings until infection is cleared. (PCR Culture is always completed with antibiotic recommendations and patient's antibiotic resistance report, CMP is always compared to recommended antibiotics for contraindications, especially with kidney function)

C. Moisture Balance: Ensure appropriate moisture levels using dressings (hydrocolloids, foams, etc.) to maintain an optimal healing environment.

3. Use of Collagen

A. Indication: For wounds with delayed healing, collagen dressings or matrices can promote tissue regeneration. Must use VAC Wound Care compliant template for documentation.

Collagen dressings are patient specific and ordered accordingly after IVR approval . Ordered on a compliant onboarded software for additional compliancy.

B. Application:

Cleanse the wound using normal saline or an appropriate wound cleanser.

Apply the collagen dressing or matrix directly to the wound bed.

Cover with a secondary dressing (e.g., foam, non-adhesive dressing) to secure and maintain moisture.

C. Frequency: Change the collagen dressing as per manufacturer guidelines, typically every 3-7 days or order-dispense for home collagen dressings.

4. Use of Skin Substitutes (all FDA cleared and approved, ordered via an onboarded software system for additional compliancy)

A. Indication: Full-thickness or chronic wounds such as diabetic foot ulcers, venous leg ulcers, or pressure ulcers. Use VAC Wound Care complaint template for documentation.

B. Types: Acellular dermal matrices (e.g., Integra), amnion skin substitutes (e.g., Amniowrap2), or allogeneic grafts. Order via VAC Wound Care Corporate, after getting IVR approved.

C. Application: see VAC Wound Care Physician portal for guidelines step by step w/pics.

Cleanse the wound thoroughly and ensure it is well-prepared.

Measure the wound and select the appropriate size of the skin substitute.

Place the substitute onto the wound bed, ensuring full contact with the tissue.

Secure with non-adherent dressings and cover with an appropriate secondary dressing.

D. Monitoring: Assess weekly for adherence and signs of healing. Adjust as needed based on the wound's progress. Membranes cannot be administered again before 7 days.

5. Platelet-Rich Plasma (PRP) Therapy-FDA approved

A. Indication: Suitable for chronic wounds with poor vascularity or where growth factor enhancement is needed.

B. Preparation:

Draw the patient's blood (usually 15-30 mL) and process it using a centrifuge to isolate PRP.

Collect the PRP, ensuring a high concentration of platelets.

C. Application:

Cleanse the wound bed thoroughly.

Administer the PRP either via direct application (topical) or injection around the wound edges.

Cover the wound with a primary dressing (e.g., non-adhesive foam) and secure with a secondary dressing.

D. Frequency: Typically performed every 1-2 weeks depending on the wound's response.

6. Ongoing Wound Care and Monitoring-Collaborate with facilities and medical staff of VAC.

A. Assess wound size, depth, and healing progress weekly. Must always take 3-4 pics with measuring tape in pic and location of wound in view. Must note changes in a patient's medical history and if any obvious changes must be noted.

B. Monitor for infection, tissue necrosis, or adverse reactions.

C. Adjust the treatment plan if needed, incorporating additional therapies like negative pressure wound therapy (NPWT) if indicated.

7. Adjunctive Care and Patient Education

A. Address underlying conditions (e.g., diabetes management, offloading pressure).

B. Educate the patient on wound care, signs of infection, and lifestyle modifications.

C. Optimize nutrition, hydration, and activity levels to support wound healing.

If Home Health is involved, collaborate consistently with provider of the home health and update them on what VAC Wound Care is doing. Make sure they get the letter "NO Touch-Membrane has been applied to the wound" This should be given to anyone involved with the patients care.

8. Documentation and Follow-up

Maintain detailed records of wound status, interventions used, and patient response.

Regular follow-up to re-evaluate and modify the treatment as needed based on the wound's progress.

9. EMR - All documentation will be put into the EMR before the close of day. Territory managers will check documentation prior to sending to billing. Any discrepancies will be brought to the practitioner for change according to all compliant templates before being submitted for billing. If further information is needed, the corporate office will get involved along with VAC Wound Care's compliancy officer for further review. All practitioners must contact the corporate office if they need further evaluation of the patient's condition so our medical staff can collaborate further on the best treatments for the patient.

About VAC Wound Care



Tanya Grizzle

Tanya Grizzle is the CEO of Vitality Ageless Center and VAC Wound Care, a medical clinic and mobile wound care company whose corporate office is located in Suwanee, Georgia.

With over 19 years of experience in regenerative medicine she has led the Vitality Ageless Center team through the expansion of multiple locations and services and expanding into various states.

Tanya's career and passion includes serving as a trainer for FDA-approved labs, where she has educated hundreds of medical professionals in the intricacies of Regenerative Medicine, enhancing their skills, and advancing the field. Her work as a Stem Cell Consultant has been characterized by more than a decade of dedicated service and remarkable achievements, specializing in the utilization of stem cell technology for corrective patient care and the treatment of chronic diseases. Tanya Grizzle brings a wealth of experience and a passionate commitment to the advancement of regenerative medicine and expansion of revenue sources within medical practices. Since entering the field in 2006, Tanya has established herself as a preeminent figure in the industry, renowned for her expertise in stem cell therapies and biologic tissue applications aimed at improving patient quality of life.

A sought-after advocate and speaker, Tanya has shared her extensive knowledge and insights on national and international stages, contributing to the discourse on Regenerative Medicine and its potential to transform healthcare practices.

Tanya's professional accolades include recognition by esteemed industry leaders for her contributions to regenerative medicine, reflecting her broader impact on the medical community. Her mentorship achievements and partnerships with notable industry entities underscore her influential presence in the field where she hopes to continue educating healthcare professionals and expanding the field of Regenerative Medicine.

VAC Wound Care Corporate Staff:

- Tanya Grizzle: new business, involved in training, updating, and hiring new practitioners.
- Julie Yu: reviews and submits all IVR's from all states involved with VAC Wound Care. Monitors all practitioners' stages of credentialing and state documentation for practitioners
- Adrianna DeLeon: Ordering, responsible for chasing down medical history from other doctor's offices, hospitals, care facilities, etc. so we can more effectively treat the patients.
- Kaylor Howard: Certified Wound Care Specialists Advisory
- Alicia DeMarco- RN, in office
- Samara Simone-RN, in office
- Dr. James Rowe-Consultation and Patient Advocate
- Jeff Lehrman-Compliance Officer, Podiatrist, certified coder, certified biller, certified auditor
- Dr. Williams-Internal Medicine, practicing in chronic wound care in office, advisory on issues when our staff has questions
- Dr. Odeh-Vascular Surgeon, practicing in vein disease, advisory on issues when we suspect vein disease, he will be doing procedures in our office
- Dr. Caprio-Anesthesiologist

Support Staff

- 16 NP's in GA-responsible for treatment and documentation of all GA patient's
- 4 Patient Advocates in GA
- 3 Territory Managers-responsible for NP's scheduling, making sure IVR's are submitted correctly to corporate office, checking correct documentation
- 22 NP's in FL- responsible for treatment and documentation of all FL patient's
- 12 Patient Advocates in FL
- 3 Wound Care Billers

