

FY2026 Proposed PBP Updates



Stakeholder-Reviewed

The proposed PBP has been reviewed with contractors with an open comment period for feedback for revisions or clarification.

Trauma/Burn PBP Presented:

- January 17th LIII/IV Committee Meeting
- February 19th GCTE Meeting
- February 21st Trauma Administrator Committee Meeting
- February 21st Trauma Medical Directors Committee Meeting
 - *Brief-due to time constraints*

Two-week Open Comment Period



GEORGIA TRAUMA
COMMISSION

Open Comment Period | System Participation

Section	Criteria/item identified for revision/clarification	Summarized Feedback	PBP Workgroup Recommendations
System Participation	TMD (or designee) participation in GQIP virtual AND in-person Summer 2025 AND in-person Winter 2026 meetings*	Adjust TMD GQIP in-person requirement from 2 to 1.	Keep criteria as is. Face-to-face networking and collaboration twice a year deemed as valuable
System Participation	TMD (or designee) is member of the Georgia Chapter Committee on Trauma (COT)	Remove TMD COT requirement	Keep criteria as is for FY 2026. Discuss criteria with TMD Committee for feedback and FY 2027 consideration
System Participation	Participation by trauma program staff member in one GCTE official subcommittee	Clarify attendance requirement for GCTE subcommittee	Clarified language: "Participation by a minimum of ONE trauma program staff member in at least one GCTE official subcommittee" Maintained current requirements without adding percentage
System Participation	Additional PBP Request	Add PBP for registrar participation in GCTE subcommittee	All registrars are included and encouraged to attend the GCTE Registry subcommittee ;due to multiple changes and staff turnover, tracking difficult for PBP. The GTC is determining more impactful requirements.



Open Comment Period | GQIP

Section	Criteria/item identified for revision/clarification	Summarized Feedback	PBP Workgroup Recommendations
GQIP	Timely VTE Prophylaxis for patients ≥ 16 yo with > 2 days LOS & Trauma Service Admit	VTE process measure needs more clarification	Removed "timely" descriptor from VTE prophylaxis and surgical repair criteria Updated language to "Time to first dose VTE prophylaxis" for clarity Maintained current percentage tiers and 0% risk for FY2026 Agreed data exists to support criteria (presented at previous meeting) Plans underway to develop supplemental reference document with detailed criteria explanations
GQIP	Level III National TQIP in-person meeting attendance by: •TPM (or designee) AND •TMD (or designee)	Additional PBP Request to add registrar for Level IIIs National TQIP in-person meeting attendance by: •TPM (or designee) AND •TMD (or designee)	Added requirement for Level III registrar participation in national TQIP Virtual participation required, in-person attendance encouraged Set at 0% risk for FY2026 to allow centers to adjust Future Consideration: explore TQIP attendance options for Level IV centers; Develop statewide data abstractor education initiatives
GQIP	All full and part-time registrars will complete the "2025 TQIP Continuing Education: New for 2025" online course AND at least 50% of the TQIP monthly educational experiences	Clarify TQIP continuing education cadence	TQIP educational experiences are still monthly



Open Comment Period | ACS

Section	Criteria/item identified for revision/clarification	Summarized Feedback	PBP Workgroup Recommendations
ACS	Yearly NTDS data submissions due by date request in yearly call for data	Remove NTDS requirement for Level IV centers	Removed yearly NTDS data submission requirement for Level 4 centers Reduced total risk percentage from 19% to 17% for Level 4 centers Rationale: Centers don't receive reports/value from submission; ACS not currently focused on Level 4 data



FY2026 PBP Change Log

Reformat

LI	LII	LIII	LIV	BURN	CRITERIA	RATIONALE
X	X	X	X	X	Tiers added to applicable criteria	Tiers of participation have been added to eligible FY 2026 criteria to eliminate all or none approach.
X	X	X	X	X	Criteria meeting organized and separated by center role where applicable	Modified to assist centers determine role participation and amount at risk per role



MTQIP

GTC FY 2026 PBP

FY 2026 LEVEL I PBP CRITERIA

Michigan Trauma Quality Improvement Program (MTQIP)					
2025 Performance Index					
January 1 to December 31, 2025					
Measure	Weight	Measure Description	Points		
#1	10	Data Submission		PARTICIPATION (30%)	
		On-time and complete 3 of 3 times	10		
		On-time and complete 2 of 3 times	5		
		On-time and complete 1 of 3 times	0		
#2	10	Meeting Participation	0-10		
		Surgeon and Trauma Program Manager or MTQIP Clinical Reviewer attend 3 of 3 meetings	9		
		Surgeon and Trauma Program Manager or MTQIP Clinical Reviewer attend 2 of 3 meetings	6		
		Surgeon and Trauma Program Manager or MTQIP Clinical Reviewer attend 0-1 of 3 meetings	0		
#3	10	Data Validation Error Rate			1
		0.0-3.0%	10		
		3.1-4.0%	8		
		4.1-5.0%	5		
#4	5	Performance Improvement Death Determination Documentation			0
		(12 months: 7/1/24-6/30/25)	5		
		0-2 Cases missing documentation	3		
		3-4 Cases missing documentation	0		
#5A	8	Timely Low Molecular Weight Heparin Venous Thromboembolism Prophylaxis		0	
		(18 months: 1/1/24-6/30/25)			
		≥ 52.5 % of patients (≤ 48 hours)	8		
		≥ 50.0 % of patients (≤ 48 hours)	6		
#5B	2	Weight-Based Low Molecular Weight Heparin Protocol Use (12mo: 7/1/24-6/30/25)		0	
		Yes	2		
		No	0		
#6	10	Timely Surgical Repair (Age ≥ 65) Isolated Hip Fractures (12 months: 7/1/24-6/30/25)		0	
		≥ 92.0 % of patients (≤ 42 hours)	10		
		≥ 87.0 % of patients (≤ 42 hours)	8		
		≥ 85.0 % of patients (≤ 42 hours)	5		
#7	10	Massive Transfusion Blood Ratio (18 months: 1/1/24-6/30/25)	0-10	0	
		Weighted Mean Points in Patients Transfused ≥ 5 Units 1st 4 hours			
		< -1 (major improvement)	10		
		-1 to 1 or serious complications low outlier (average or better rate)	7		
#8	10	Serious Complication Z-Score Trend (3 years: 7/1/22-6/30/25)		5	
		< -1 (major improvement)	10		
		-1 to 1 or serious complications low outlier (average or better rate)	7		
		> 1 (rates of serious complications increased)	5		
#9	10	Mortality Z-Score Trend (3 years: 7/1/22-6/30/25)		5	
		< -1 (major improvement)	10		
		-1 to 1 or mortality low outlier (average or better)	7		
		> 1 (rates of mortality increased)	5		
#10	5	Patient Reported Outcomes Participation (12 months: 7/1/24-6/30/25)		0	
		Signed agreement and ≥90% of patients contact information submitted	5		
		No agreement Or Signed agreement, and <90% of patients contact information submitted	0		
#11	10	Timely Antibiotics Open Femur/Tibia Fractures - COLLABORATIVE WIDE MEASURE		0	
		(12 months: 7/1/24-6/30/25)			
		≥ 85% patients (≤ 90 minutes)	10		
		< 85% patients (≤ 90 minutes)	0		
MACS Bonus			0-10		
Total (Max Points) =			100		

Metric	% at Risk	Criteria Description	% Tiers
Appointed Senior Executive Participation			
#1	2	Appointed Senior Executive (or designee) participation in quarterly Trauma Administrators Committee virtual AND in-person meetings* (2.1)	
		Senior Executive (or designee) attend 3 virtual AND 1 in-person meeting	2
		Senior Executive (or designee) attend 2 virtual AND 1 in-person meeting	1
		Senior Executive (or designee) attend 2-3 virtual meetings	0.5
		Senior Executive (or designee) attend 0-1 of 4 meeting	0
#2	2	Appointed Senior Executive (or designee) in-person participation in 2026 GQIP meeting (2.1)	
		Yes	2
		No	0
Trauma Medical Director (TMD) Participation			
#3	2	TMD (or designee) participation in GQIP virtual AND in-person Summer 2025 AND in-person Winter 2026 meetings* (2.1)	
		Trauma Medical Director (or designee) attend 2 virtual; 2 in-person (Summer & Winter)	2
		Trauma Medical Director (or designee) attend 1 virtual; 2 in-person (Summer & Winter)	1
		Trauma Medical Director (or designee) attend 1-2 virtual; 1 in-person (Summer or Winter)	0.5
		Trauma Medical Director (or designee) attend 0 of 4 meetings	0
#4	2	TMD (or designee) participation in Trauma Medical Directors Committee meetings* (2.1)	
		Trauma Medical Director (or designee) attend 3-4 of 4 meetings	2
		Trauma Medical Director (or designee) attend 2 of 4 meetings	1
		Trauma Medical Director (or designee) attend 1 of 4 meetings	0.5
		Trauma Medical Director (or designee) attend 0 of 4 meetings	0
#5	1	TMD (or designee) in-person participation at National TQIP or PTS (Pediatric Centers) (2.8)	
		Yes	1
		No	0
#6	1	TMD (or designee) is member of the Georgia Chapter Committee on Trauma (COT) (2.8)	
		Yes	1
		No	0
Trauma Program Manager (TPM) Participation			
#7	2	TPM (or designee) participation in Georgia Committee for Trauma Excellence (GCTE) meetings.* (2.1)	
		Trauma Program Manager attend 3-4 of 4 meetings	2
		Trauma Program Manager attend 2 of 4 meetings	1
		Trauma Program Manager attend 1 of 4 meetings	0.5
		Trauma Program Manager attend 0 of 4 meetings	0
#8	2	TPM (or designee) in-person participation at GQIP Summer 2025 AND Winter 2026 meetings (2.1)	
		Trauma Program Manager (or designee) attend 2 of 2 in-person GQIP meetings	2
		Trauma Program Manager (or designee) attend 1 of 2 in-person GQIP meetings	1
		Trauma Program Manager (or designee) attend 0 of 2 in-person GQIP meetings	0
#9	1	TPM (or designee) in-person participation at National TQIP or PTS (Pediatric Centers) (2.10)	
		Yes	1
		No	0

SYSTEM PARTICIPATION

Level I | Tiered Sample

FY 2026 LEVEL I PBP CRITERIA

Metric	% at Risk	Criteria Description	% Tiers	
		Appointed Senior Executive Participation		
#1	2	Appointed Senior Executive (or designee) participation in quarterly Trauma Administrators Committee <i>virtual AND in-person meetings</i>* (2.1)		
		Senior Executive (or designee) attend 3 virtual <i>AND</i> 1 in-person meeting	2	
		Senior Executive (or designee) attend 2 virtual <i>AND</i> 1 in-person meeting	1	
		Senior Executive (or designee) attend 2-3 virtual meetings	0.5	
		Senior Executive (or designee) attend 0-1 of 4 meetings	0	
#2	2	Appointed Senior Executive (or designee) in-person participation at Winter 2026 GQIP meeting (2.1)		
		Yes	2	
		No	0	

Additions

LI	LII	LIII	LIV	BURN	CRITERIA	RATIONALE
X	X	X		X	Time to first dose VTE Prophylaxis for patients > 16 yo with > 2 days LOS & Trauma Service Admit	0 risk outcomes based criteria (similar to MTQIP PBP); Verbiage adjusted due to feedback from open comment period, previously " <i>Timely</i> VTE Prophylaxis for patients ≥ 16 yo with > 2 days LOS & Trauma Service Admit". Removed "timely" descriptor from VTE prophylaxis and surgical repair criteria Updated language to "Time to first dose VTE prophylaxis.." for clarity
X	X	X			Time to Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only centers)	0 risk outcomes based criteria (similar to MTQIP PBP); previously " <i>Timely</i> Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only centers). Removed "timely" descriptor and add "Time to to Surgical Repair..." for clarity,
			X		Trauma registry professional demonstrate evidence of one of the following courses: AIS 2015, Trauma Registry Course, or ICD-10 course * or if completed, demonstrate 8 hours of continuing education.*	Ensure Level IV centers are meeting continuing education for trauma registry professional
		X			National TQIP in-person meeting attendance by: •TPM (or designee) AND •TMD (or designee) AND •Registrar virtual participation (in-person encouraged)	Added requirement for Level III registrar participation in national TQIP Virtual participation required, in-person attendance encouraged Set at 0% risk for FY2026 to allow centers to adjust



Removals

LI	LII	LIII	LIV	BURN	CRITERIA	RATIONALE
X	X				TPM is full-time and dedicated to the trauma program**	Already a requirement of ACS-verified centers
X	X				Maintain ACS Verification***	GTC-Contract Requirement
X	X				Participation in external data validation visit	Has not been completed by centers in past
		X	X		Multidisciplinary participation in "MARCH PAWS" rural trauma educational initiative by hosting the course at the level III trauma	MARCH PAWS program is pending finalization
		X			TQIP Participation	GTC Contract Requirement
			X		Submit written PI plan to GQIP Director by set date	GTC-Contract Requirement
				X	Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative (9.13)	Not applicable
			X		Yearly NTDS data submissions due by date request in yearly call for data	Removed yearly NTDS data submission requirement for Level 4 centers Reduced total risk percentage from 19% to 17% for Level 4 centers Rationale: Centers don't receive reports/value from submission; ACS not currently focused on Level 4 data



Criteria Edits

LI	LII	LIII	LIV	BURN	CRITERIA	RATIONALE
X	X				Data downloads to GQIP central site completed within 10 business days of due date as published on GQIP Data Resources Webpage***	Added "10 business days of due date as published on GQIP Data Resources Webpage****" for clarification on timeliness
X	X				Email or drop box submission of facility-specific TQIP performance matrix and any requested drill-down exercises within 7 business days of due date as published on GQIP Data Resources Webpage****	Added "business days of due date as published on GQIP Data Resources Webpage****" for clarification on timeliness
X	X	X	X	X	Separated TMD Committee and COT membership from TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls	TMD is a separate meeting requirement, not always combined with GQIP; GA COT membership separated
X	X				Participation by a minimum of ONE trauma program staff member in at least ONE GCTE official subcommittee*	"at minimum ONE trauma program staff member" was added for clarity
		X	X		Participation by at minimum ONE trauma program staff member in LIII/IV Rural Committee meetings* (2.1)	"at minimum ONE trauma program staff member" was added for clarity
X	X	X			NTDS data submissions due by submission window posted on TQIP Data Submission Schedule Webpage**** (6.3)	Added " by submission window posted on TQIP Data Submission Schedule Webpage" to NTDS data submissions due date for clarity
X	X				National TQIP or PTS (Pediatric Centers) in-person meeting attendance by: •TPM (or designee) AND •TMD (or designee) AND •TPIC (or designee) AND •Registrar (PTS option not applicable)	Due to conflicting TQIP and PTS conference schedules, added PTS option as alternative conference attendance for pediatric center TPM, TMD, and TPIC. PTS option does not apply for pediatric center Registrars; must attend TQIP.
X	X	X	X	X	Applicable ACS standard noted after PBP criteria "(ACS Standard #)"	ACS criteria standard number is noted to help support centers in compliance and participation with reference to ACS Standard



Percentage Adjustments

LI	LII	LIII	LIV	BURN	CRITERIA	RATIONALE
X	X	X	X	X	Criteria percentage changes noted in red	Various criteria percentage adjustments with the introduction of separated meeting attendance and tiers
			X		Total percentage at risk adjusted from 19% to 17%	Due to removal of "Yearly NTDS data submissions due by date request in yearly call for data" criteria, 2%, the total amount at risk was reduced to 17%



Future PBP Considerations/Action

Explore virtual TQIP attendance options for Level 4 centers in future years

Explore TMD-COT membership value with TMD Committee

Develop statewide data abstractor education initiatives

Develop supplemental reference document for PBP criteria, i.e. GQIP outcome measures



Thank you Workgroup Members!

Name	Title	Organization	Level
Laura Johnson	Burn Medical Director	Grady Burn Center	Burn
Farrah Parker	Burn Program Manager	Joseph M. Still Burn Center	Burn
Jesse Gibson	Former Trauma Program Manager	Georgia Trauma Commission Finance Committee Member/Northeast Georgia Medical Center	I
Pamela Vanderberg	Vice President, Trauma and Burn Services	Grady	I
Karen Hill	Trauma Program Manager	Children's Healthcare of Atlanta	I
Tracy Johns	Trauma Program Manager	Atrium Health Navicent	I
Kelli Vaughn	Trauma Program Manager	J.D. Archbold Memorial Hospital	III
Rachel Hand	Trauma Program Manager	Wellstar West GA	IV



GEORGIA TRAUMA
COMMISSION