FY 2026

Proposed PBP Criteria

GEORGIA TRAUMA
COMMISSION

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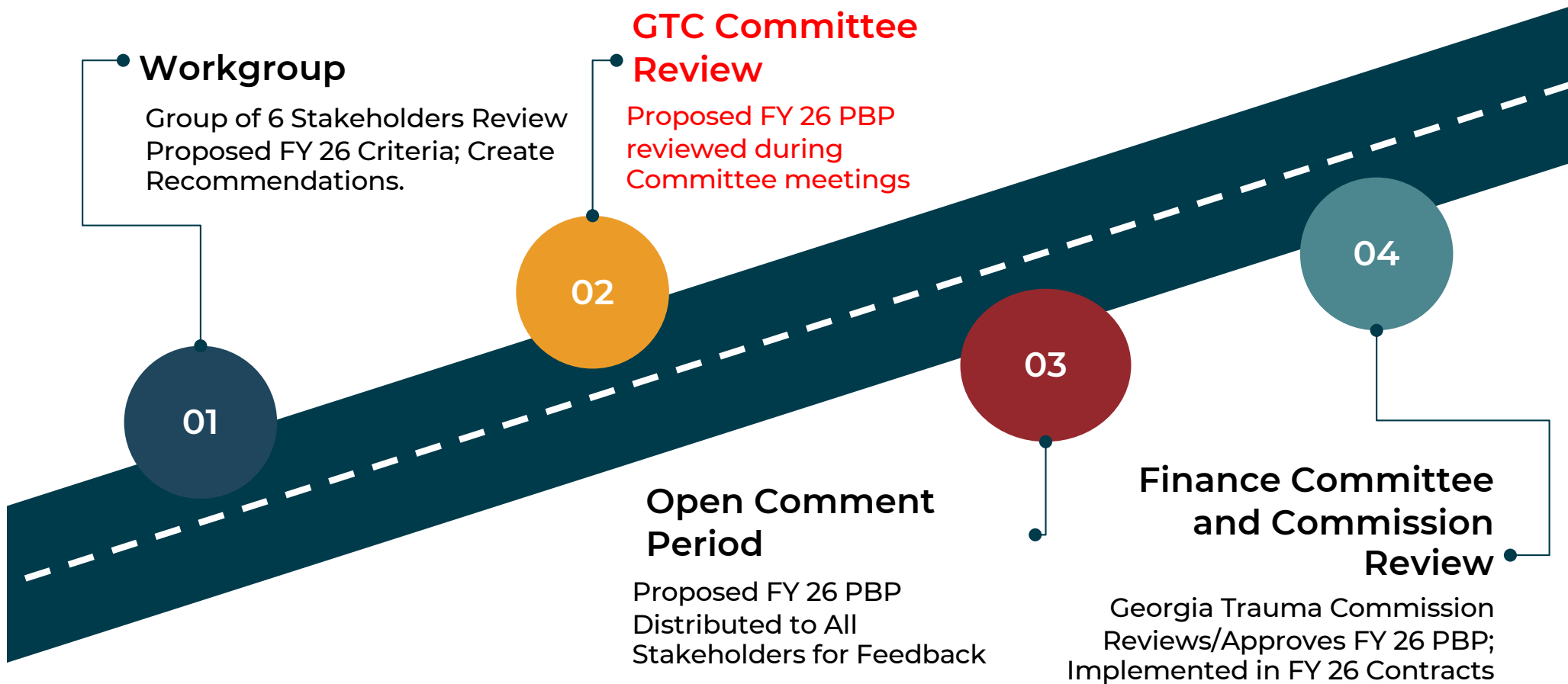
01. **Format Updates**

02. **New Criteria**

03. **New Criteria**

04. **PBP Impact Cadence**

01.
Timeline

FY 26 PBP Roadmap

Workgroup

Group of 6 Stakeholders Review Proposed FY 26 Criteria; Create Recommendations.

01

GTC Committee Review

Proposed FY 26 PBP reviewed during Committee meetings

02

Open Comment Period

Proposed FY 26 PBP Distributed to All Stakeholders for Feedback

03

04

Finance Committee and Commission Review

Georgia Trauma Commission Reviews/Approves FY 26 PBP; Implemented in FY 26 Contracts

Important Dates

Item	Date
Finalize Workgroup Recommendations	December 20, 2024
GTC Committee Review	January-February, 2025
Open Comment Period	March 2025
Finance Committee Review	April 21, 2025
GTC Review and Approval	May 15, 2025
PBP implemented into FY 2026 contracts	To be released June 2025

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Thank you to our workgroup

After an open call for workgroup members, eight stakeholders volunteered to work with the Georgia Trauma Commission to review and provide recommendations on proposed changes, including:

- Criteria edits
- Criteria percentages
- Implementation of tiered metrics

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

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02.
Format Updates

Introduce Tiered Metrics

Sunset all-or-none approach for qualifying criteria by introducing tiered system

- Similar to MTQIP model

Organize meeting attendance criteria by role

MTQIP

Michigan Trauma Quality Improvement Program (MTQIP)
2025 Performance Index
January 1 to December 31, 2025

Measure	Weight	Measure Description		Points
#1	10	**Data Submission**		
		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
		Registrar or MTQIP Clinical Reviewer attend the annual June data abstractor meeting		1
#3	10	**Data Validation Error Rate**		
		0.0-3.0%		10
		3.1-4.0%		8
		4.1-5.0%		5
		> 5.0%		0
#4	5	**Performance Improvement Death Determination Documentation** (12 months: 7/1/24-6/30/25)		5
		0-2 Cases missing documentation		3
		3-4 Cases missing documentation		0
		> 4 Cases missing documentation		
#5A	8	**Timely Low Molecular Weight Heparin Venous Thromboembolism Prophylaxis** (18 months: 1/1/24-6/30/25)		
		≥ 52.5 % of patients (≤ 48 hours)		8
		≥ 50.0 % of patients (≤ 48 hours)		6
		≥ 45.0 % of patients (≤ 48 hours)		3
		< 45.0 % of patients (≤ 48 hours)		0
#5B	2	**Weight-Based Low Molecular Weight Heparin Protocol Use** (12mo: 7/1/24-6/30/25)		
		Yes		2
		No		0
#6	10	**Timely Surgical Repair (Age ≥ 65) Isolated Hip Fractures** (12 months: 7/1/24-6/30/25)		
		≥ 92.0 % of patients (≤ 42 hours)		10
		≥ 87.0 % of patients (≤ 42 hours)		8
		≥ 85.0 % of patients (≤ 42 hours)		5
		< 85.0 % of patients (≤ 42 hours)		0
#7	10	**Massive Transfusion Blood Ratio** (18 months: 1/1/24-6/30/25)		0-10
		Weighted Mean Points in Patients Transfused ≥ 5 Units 1st 4 hours		
#8	10	**Serious Complication Z-Score Trend** (3 years: 7/1/22-6/30/25)		
		< -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)		
		< -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)		
		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** (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

PARTICIPATION (30%) / *PERFORMANCE (70%)*

GTC FY 2026 PBP

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 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 meetings	0
#2	2	Appointed Senior Executive (or designee) in-person participation at Winter 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 | TMD Tiered Sample

Metric	% at Risk	Criteria Description	% Tiers	
		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	2	**TMD (or designee) in-person participation at National TQIP or PTS (Pediatric Centers) (2.8)**		
		Yes	1	
		No	0	
#6	2	**TMD (or designee) is member of the Georgia Chapter Committee on Trauma (COT) (2.8)**		
		Yes	1	
		No	0	

Introduce Outcome Measures

Use the GQIP benchmarking platform (ArborMetrix) to identify opportunities for improvement.

Outcome measures identified (LI, II, III, & Burn) are:

- **Timely VTE Prophylaxis for patients ≥ 16 yo with > 2 days LOS & Trauma Service Admit**

- **Timely Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only) centers)**

Outcome measures are at **0%** risk for FY 2026

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	No	
0	**Timely VTE Prophylaxis for patients ≥ 16 yo with > 2 days LOS & Trauma Service Admit**	
	≥ 50% of patients (≤ 48 hr)	0
	≥ 40% of patients (≤ 48 hr)	0
	< 40% of patients (≤ 48 hr)	0
0	**Timely Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (_excludes Pediatric only) centers_)**	
	≥ 90% of patients (≤ 48 hr)	0
	≥ 85% of patients (≤ 48 hr)	0
	≥ 80% of patients (≤ 48 hr)	0
	< 80% of patients (≤ 48 hr)	0

03.
New Criteria Highlights

GTC Research Workgroup (LI)

GTC Research Workgroup

A Level I physician will be required to participate in a Research Workgroup.

The GTC identified the need for a workgroup to collaborate on research efforts.

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Registry Education (LIV)

Registry Education (LIV)

LIV center's trauma registry professional must 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.*

Other Changes

Included in Change Log for Review

FY 2026 PBP CHANGE LOG

CHANGE TYPE	LI	LII	LIII	LIV	BURN	CRITERIA	RATIONALE
ADDITION	X					Physician participation in GTC Research Workgroup	GTC identified need for workgroup to collaborate on research efforts
ADDITION	X	X	X		X	Timely VTE Prophylaxis for patients ≥ 16 yo with > 2 days LOS & Trauma Service Admit	0 risk outcomes based criteria (similar to MTQIP PBP)
ADDITION	X	X	X			Timely Surgical Repair in Geriatric (Age ≥ 65) Isolated Hip Fxs (excludes Pediatric only centers)	0 risk outcomes based criteria (similar to MTQIP PBP)
ADDITION				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
CRITERIA EDIT	X	X				Added "10 business days of due date as published on GQIP Data Resources Webpage**** to Data downloads to GQIP central site completed within 2 weeks of due date.	Added amount of business days for clarification on timeliness
CRITERIA EDIT	X	X				Added "business days of due date as published on GQIP Data Resources Webpage*** " to Email or drop box submission of facility-specific TQIP performance matrix and any requested drill-down exercises within 7 days of due date.	Added amount of business days for clarification on timeliness
CRITERIA EDIT	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
CRITERIA EDIT			X	X		Participation by at least ONE trauma program staff member in LIII/IV Rural Committee meetings*	"at least ONE trauma program staff member" was added for clarification
CRITERIA EDIT	X	X	X			Added " by submission window posted on TQIP Data Submission Schedule Webpage" to NTDS data submissions due date	Added for clarification
CRITERIA EDIT	X	X				Added PTS option as alternative conference attendance for pediatric centers	Due to conflicting TQIP and PTS conference schedules
CRITERIA EDIT	X	X	X	X	X	Applicable ACS standard noted after criteria "(ACS Standard #)"	ACS criteria standard number is noted to help support centers in compliance and participation with reference to ACS Standard
PERCENTAGES	X	X	X	X	X	Criteria percentage changes noted in red	Various criteria percentage adjustments with the introduction of separated meeting attendance and tiers
REFORMAT	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.
REFORMAT	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
REMOVED	X	X				TPM is full-time and dedicated to the trauma program**	Already a requirement of ACS-verified centers
REMOVED	X	X				Maintain ACS Verification***	GTC-Contract Requirement
REMOVED	X	X				Participation in external data validation visit	Has not been completed by centers in past
REMOVED			X	X		Multidisciplinary participation in "MARCH PAWS" rural trauma educational initiative by hosting the course at the level III trauma center during fiscal year	MARCH PAWS program is pending finalization
REMOVED			X			TQIP Participation	GTC Contract Requirement
REMOVED				X		Submit written PI plan to GQIP Director by set date	GTC-Contract Requirement
REMOVED					X	Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative (9.13)	Not applicable

04.
PBP Impact Cadence

PBP Cadence Update

- Starting July 1, 2025 (FY2026):

  - PBP criteria will be tracked within the fiscal year (July-June).
  - Your FY score will impact the subsequent fiscal year.

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Cadence Update Overview

PBP	Previous	Future
Tracking	Calendar year & fiscal year	Fiscal year
Scorecard	Due April	Due August
Score Impact	Upcoming fiscal year (i.e., FY 26 score impacts FY 27 PBP funding)	Subsequent fiscal year (i.e., FY 26 score impacts FY 28 PBP funding)

Cadence Update Benefits

- Improves fiscal planning for future expected trauma center distribution

- PBP tracking alignment with contract start and end dates

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Thank you!

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