

**FY 2023 PBP CRITERIA**

Domain	Criteria for All Centers	Level I & II Centers	Level III Centers	Level IV Centers	Burn Centers
<b>System Participation</b>	<p>1. 75% TMD Call Participation in Quarterly TMD/GA COT/GQIP Conference Calls *</p> <p>2. 75% TPM participation in Georgia Committee for Trauma Excellence (GCTE) meetings.*</p> <p>3. 2022 Summer "Day of Trauma" (St. Simons) GQIP mtg attendance by <b>BOTH</b> TMD (or designee)/Physician Leader (or designee for Level IV <b>AND</b> TPM (and/or Designee)</p> <p>4. Spring 2023 meeting attendance by <b>BOTH</b> TMD (or designee)/Physician Leader (or designee for Level IV) <b>AND</b> Trauma Program Manager (or designee)</p> <p>5. 75% Participation by appointed Senior Executive in quarterly Trauma Administrators Group meetings . *</p>	<p>8. Participation by trauma program staff member in ONE GCTE official subcommittee*</p> <p>9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)</p>	<p>8. <b>Participation in Rural/Level III/Level IV workgroup*</b></p> <p>9. Trauma Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)</p>	<p>8. <b>Participation in Level III/Level IV workgroup</b></p> <p>9. <b>Multidisciplinary participation in "MARCH PAWS" rural trauma educational initiative by hosting the course at the level IV trauma center.</b></p>	<p>10. Participation by burn program staff member in Burn Center Workgroup</p> <p>11. Burn Center Medical Director must be member of the Georgia Chapter Committee on Trauma (COT)</p>
<b>ACS Optimal Resources Document Criteria (ABA Criteria for Burn Centers)</b>	<p>6. Peer Review Committee attendance at 50% for all Peer Review Committee required members.**</p> <p>7. Timely quarterly NTDS data submissions</p>	<p>10. Surgeon response time compliant with established thresholds**</p> <p>11. In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program.**</p> <p>12. Trauma registry FTE meets minimum requirement.**</p> <p>13. Achieve &amp; maintain ACS Verification by 6.30.2023</p>	<p>10. Surgeon response time compliant with established thresholds**</p> <p>11. TQIP Participation</p> <p>12. Trauma registry FTE meets minimum requirement.**</p> <p>13. Achieve &amp; Maintain ACS Verification by 6.30.2025</p> <p>14. <b>Multidisciplinary participation in "MARCH PAWS" rural trauma educational initiative by hosting the course at the level III trauma center.</b></p>	<p>9. <b>Multidisciplinary participation in "MARCH PAWS" rural trauma educational initiative by hosting the course at the level IV trauma center.</b></p>	<p>6. Peer Review Committee attendance 50% *</p> <p>7. Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative (9.13)</p> <p>8. The burn program regularly participates in regional education related to burn care (17.2)</p> <p>9. Attendance at burn continuing education meetings by Burn Surgeon, Burn Nursing leader &amp; Burn Therapy in regional, national or international (3.11, 6.7, 7.8)</p>
<b>GQIP</b>		<p>14. Participation in external data validation visit</p> <p>15. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings</p> <p>16. National TQIP meeting attendance by TPM (or designee), TMD (or designee) with strong consideration to TPIC &amp; Registrar attendance/involvement</p>	<p>15. Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for spring and summer meetings</p>		<p>(SAME AS #7 above) Identify two quality metrics, with associated reports for reporting and sharing in the GQIP statewide quality collaborative (9.13)</p>
<b>% of Total Readiness Dollars</b>		<b>80%</b>	<b>60%</b>	<b>19%</b>	<b>50%</b>

\* Compliance timeframe defined as calendar year 2022

\*\*Per the 2022 Published "Optimal Resources for Care of the Injured Patient" (2014 Standards for Level IV Trauma Centers)