

LEVEL I & II TRAUMA CENTER CRITERIA

EXHIBIT 1

Trauma Center shall complete the following actions, tasks, obligations and responsibilities.

A Readiness Services Program

The Trauma Center agrees readiness services costs covered by this agreement are for the period **01 July 2020 through 30 June 2021** and include the following requirements for funding:

- 1) Maintain “Trauma Center” designation by the Department of Public Health (DPH) throughout the duration of this Agreement.
- 2) Ensure that at least 25 percent of “Readiness Services Program” funds will be or has been paid to eligible physicians providing trauma related services to trauma patients receiving such services at Trauma Center’s facility during covered period.
- 3) Provide to Commission a final report at end of agreement period documenting the use of Readiness Services Program funding provided through Agreement.

FY 2021 Performance Based Program Services (PBP)

For FY 2021, the Commission has determined **eighty percent (80%)** of Readiness Services Program funding available to Level I and Level II Trauma Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to the Trauma Center will include the PBP funding determined by the satisfaction of PBP criteria. The PBP Scorecard included in the contract must be submitted to the Commission office on or before 1 April 2021. Trauma Centers will be notified in May 2021 of compliance to PBP criteria, and total amount of Readiness Services Program funding to be awarded for FY 2021.

****As of June 30, 2023, Level I and Level II Trauma Centers must be ACS verified to be eligible for Georgia Trauma Commission Funding. This is inclusive of readiness funding, uncompensated care and Performance Based Program Services (PBP). ****

FY 2021 Performance Based Program Service Criteria for Level I and Level II Trauma Centers:

- 1) Participation in Trauma Medical Directors (TMD) Conference Calls. Seventy-five percent (75%) call attendance by TMD or another designated physician representative is required to satisfy this criterion. (5% value)
- 2) Participation by trauma program manager or other designated representative in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by trauma program manager or other designated representative at GCTE meetings is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value)

- 3) Attendance at the 2021 Spring Symposium, COT & TQIP Collaborative meeting at Chateau Elan by both the Trauma Medical Director (or designated physician) and the Trauma Program Manager (or designee). Meeting sign-in roster will be used to verify attendance. (5% value)
- 4) Participation in Trauma Administrators Group by senior executive accountable for the trauma program or designated executive (c-suite executive) that is not the Trauma Program Manager equivalent. Seventy-five (75%) call attendance by Trauma Administrator or designated executive representative is required to satisfy this criterion. Meeting attendance roster will be used to verify attendance. (0% value)
- 5) Each member of the Multidisciplinary Trauma Peer Review Committee must attend at least 50% of the Trauma Center Peer Review Committee meetings. Multidisciplinary Trauma Peer Review Committee membership is defined by most recent publication of the Resources for Optimal Care of the Injured Patient. Member attendance is tracked by the trauma center monthly or quarterly, depending on meeting frequency. The compliance timeframe is defined as a continuous twelve-month period between Janu 1, 2020 and March 31, 2021. Compliance will be self-reported by the trauma center. (5% value)
- 6) The trauma registry must be concurrent. At a minimum, 80 percent of trauma registry records must be closed within 60 days of discharge to be in compliance with this criterion. State Office of EMS and Trauma records will determine compliance to this criterion. (10% value). Compliance is based on average record closure rate over a twelve-month calendar year beginning January 1, 2020 through December 31, 2020. (10% value)
- 7) Submit all FY 2021 State Quarterly Trauma Program OTCPE Reports (Ongoing Trauma Center Performance Evaluation) within 30 calendar days of required date. State Office of EMS and Trauma records will determine compliance to this criterion. (5% value)
- 8) Participation by trauma program staff member in ONE Georgia Committee for Trauma Excellence (GCTE) official subcommittee: Injury Prevention, Registry, Resource Development/Special Projects/Specialty Care, Education and Performance Improvement. GCTE chair will verify satisfaction of this criterion. (5% value)
- 9) Trauma Center's current Trauma Medical Director to be a member of the Georgia Chapter Committee on Trauma (COT). Membership will be assessed in April 2021. (5% value)
- 10) Participation in Trauma Medical Director & GQIP Conference Calls. Seventy-five percent (75%) call attendance by TMD or another designated physician representative is required to satisfy this criterion. Meeting attendance roster will be used to verify attendance. (5% value)
- 11) Surgeon response time will be tracked from patient arrival, the maximum acceptable response time is fifteen (15) minutes. An Eighty percent (80%) threshold must be met for highest level activation response within 15 minutes to be in compliance with this criterion. Average response threshold over a calendar year, beginning January 1, 2020 through December 31, 2020 determines compliance. Surgeon response times are to be reviewed by the Trauma Center monthly and reported quarterly as part of the Ongoing Trauma Center

Performance Evaluation (OTCPE) report. State Office of EMS and Trauma records will determine compliance to this criterion. (5% value)

- 12) In Level I and II trauma centers, the TPM must be full-time and dedicated to the trauma program (CD 5-23) (10% value)
- 13) One full-time equivalent employee dedicated to the registry must be available to process the data capturing the NTDS data set for each 500–750 admitted patients annually (CD 15–9). (10% value)
- 14) Achieve and maintain continuous Level I or Level II Trauma Center Verification on or before June 30, 2023. (0% value)
- 15) Participation by registrar or equivalent role in one external data validation visit to be conducted during the FY 2021 under the coordination of the TQIP Program Manager. The criterion is satisfied after the visit is completed and the required materials (validation tool) are submitted to the TQIP Program Manager. (0% value)
- 16) Timely email submission of facility-specific TQIP performance matrix and drill-down exercises for 2020 summer and 2021 spring GQIP meetings. This criterion is met when the submission is received by the TQIP program manager by August 1, 2020 for the summer meeting and March 1, 2021 for the spring meeting. TQIP Program Manager to determine compliance with this criterion. (5% value)
- 17) Attendance at the 2020 Summer “Day of Trauma” meeting in St. Simons by both the Trauma Medical Director (or designated physician) and the Trauma Program Manager (or designee). Meeting sign-in roster will be used to verify attendance. (0% value)
- 18) Attendance at the 2020 Trauma Quality Improvement Program (TQIP) Annual Scientific Meeting and Training by the Trauma Program Manager (or designee) and Trauma Medical Director (or designee) with strong consideration to support for Performance Improvement Coordinator and Registrar attendance. (0% value).

B Registry Services Program

- 1) Funding provided to assist Trauma Center in maintaining trauma registry services during the course of this Agreement.
- 2) Trauma Center will submit trauma registry data and trauma program reports as required by the Georgia Department of Public Health.

C Both Parties Agree:

- 1) Trauma Center will participate and provide technical support and leadership in Regional Trauma Advisory Committee (RTAC) development activities in respective EMS Region.
- 2) A member of the trauma service will participate on the hospital’s disaster committee.

- 3) The amount of funding allocated to each “Trauma Center” shall be determined through statistical analysis of data submitted to the Commission. The calculation shall determine the amount payable to the Trauma Center and physicians.
- 4) Trauma Center will not charge administrative fees to manage this Agreement. It is understood the cost claimed by the Trauma Center is all-inclusive.
- 5) The Commission will proportionately increase Agreement amount for all Trauma Centers should there be additional funds available to the Commission for reallocation **during FY 2021.**
- 6) The Commission will proportionately reduce Agreement amount for all Trauma Centers should there be additional budget reductions recommended by the Governor’s Office of Planning and Budget.

LEVEL III TRAUMA CENTER CRITERIA

EXHIBIT 1

Trauma Center shall complete the following actions, tasks, obligations and responsibilities.

A Readiness Services Program

The Trauma Center agrees readiness services costs covered by this agreement are for the period **01 July 2020 through 30 June 2021** and include the following requirements for funding:

- 1) Maintain “Trauma Center” designation by the Department of Public Health (DPH) throughout the duration of this Agreement.
- 2) Ensure that at least 25 percent of “Readiness Services Program” funds will be or has been paid to eligible physicians providing trauma related services to trauma patients receiving such services at Trauma Center’s facility during covered period.
- 3) Provide to Commission a final report at end of agreement period documenting the use of Readiness Services Program funding provided through Agreement.

FY 2021 Performance Based Program Services (PBP)

For FY 2021, the Commission has determined **sixty percent (60%)** of Readiness Services Program funding available to Level III Trauma Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to Trauma Center will include the PBP funding determined by the satisfaction of PBP criteria. The PBP Scorecard included in the contract must be submitted to the Commission office on or before 1 April 2021. Trauma Centers will be notified in May 2021 of compliance to PBP criteria, and total amount of Readiness Services Program funding to be awarded for FY 2021.

****As of June 30, 2024, Level III Trauma Centers must be ACS verified to be eligible for Georgia Trauma Commission Funding. This is inclusive of readiness funding, uncompensated care and Performance Based Program Services (PBP). ****

Performance Based Program Service Criteria for Level III Trauma Centers are:

- 1) Participation in Trauma Medical Directors (TMD) Conference Calls. Seventy-five percent (75%) call attendance by TMD or another designated physician representative is required to satisfy this criterion. (5% value)
- 2) Participation by trauma program manager or other designated representative in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by trauma program manager or other designated representative at GCTE meetings is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value)
- 3) Attendance at the 2021 Spring Symposium, COT & TQIP Collaborative meeting at Chateau Elan by both the Trauma Medical Director (or designated physician) and the

Trauma Program Manager (or designee). Meeting sign-in roster will be used to verify attendance. (5% value)

- 4) Participation in Trauma Administrators Group by senior executive accountable for the trauma program or designated executive that is not the Trauma Program Manager equivalent. Seventy-five (75%) call attendance by Trauma Administrator or designated executive representative is required to satisfy this criterion. Meeting attendance roster will be used to verify attendance. (0% value)
- 5) Each member of the Multidisciplinary Trauma Peer Review Committee must attend at least 50% of the Trauma Center Peer Review Committee meetings. Multidisciplinary Trauma Peer Review Committee membership is defined by most recent publication of the Resources for Optimal Care of the Injured Patient. Member attendance is tracked by the trauma center monthly or quarterly, depending on meeting frequency. The compliance timeframe is defined as a continuous twelve-month period between Janu 1, 2020 and March 31, 2021. Compliance will be self-reported by the trauma center. (5% value)
- 6) The trauma registry must be concurrent. At a minimum, 80 percent of trauma registry records must be closed within 60 days of discharge to be in compliance with this criterion. State Office of EMS and Trauma records will determine compliance to this criterion. (10% value). Compliance is based on average record closure rate over a twelve-month calendar year beginning January 1, 2020 through December 31, 2020. (5% value)
- 7) Submit all FY 2021 State Quarterly Trauma Program Reports within 30 calendar days of required date. State Office of EMS and Trauma records will determine compliance to this criterion. (5% value)
- 8) Participation by trauma program staff member in Rural, Level III/Level IV workgroup. Meeting rosters will be used to verify attendance (5% value).
- 9) Trauma Center's current Trauma Medical Director to be a member of the Georgia Chapter Committee on Trauma (COT). Membership will be assessed in April 2021. (5% value)
- 10) Surgeon response time will be tracked from patient arrival, the maximum acceptable response time is thirty (30) minutes. An Eighty percent (80%) threshold must be met for highest level activations. Surgeon response times are to be reviewed by the Trauma Center monthly and reported quarterly as part of the Ongoing Trauma Center Performance Evaluation (OTCPE) report. State Office of EMS and Trauma records will determine compliance to this criterion. Compliance is based on average over a twelve-month calendar year beginning January 1, 2020 through December 31, 2020. (5% value)
- 11) Participation in American College of Surgeons Trauma Quality Improvement Program. Compliance will be formal receipt from ACS TQIP that TQIP contract executed. (5% value)
- 12) One full-time equivalent employee dedicated to the registry must be available to process the data capturing the NTDS data set for each 500–750 admitted patients annually (CD 15–9). (5% value)

- 13) Achieve and maintain ACS Verification by June 30, 2024. (0% value)
- 14) Schedule an American College of Surgeons Consultative Visit by June 30, 2021 for visit to occur within the FY 2022 timeframe (July 1, 2021 to June 30, 2022). (5% of value)

B Registry Services Program

- 1) Funding provided to assist Trauma Center in maintaining trauma registry services during the course of this Agreement.
- 2) Trauma Center will submit trauma registry data and trauma program reports as required by the Georgia Department of Public Health.

C Both Parties Agree:

- 7) Trauma Center will participate and provide technical support and leadership in Regional Trauma Advisory Committee (RTAC) development activities in respective EMS Region.
- 8) A member of the trauma service will participate on the hospital's disaster committee.
- 9) The amount of funding allocated to each "Trauma Center" shall be determined through statistical analysis of data submitted to the Commission. The calculation shall determine the amount payable to the Trauma Center and physicians.
- 10) Trauma Center will not charge administrative fees to manage this Agreement. It is understood the cost claimed by the Trauma Center is all-inclusive.
- 11) The Commission will proportionately increase Agreement amount for all Trauma Centers should there be additional funds available to the Commission for reallocation **during FY 2021**.
- 12) The Commission will proportionately reduce Agreement amount for all Trauma Centers should there be additional budget reductions recommended by the Governor's Office of Planning and Budget.

LEVEL IV TRAUMA CENTER CRITERIA

EXHIBIT 1

Trauma Center shall complete the following actions, tasks, obligations and responsibilities.

A Readiness Services Program

The Trauma Center agrees readiness services costs covered by this agreement are for the period **01 July 2020 through 30 June 2021** and include the following requirements for funding:

- 1) Maintain “Trauma Center” designation by the Department of Public Health (DPH) throughout the duration of this Agreement.
- 2) Ensure that at least 25 percent of “Readiness Services Program” funds will be or has been paid to eligible physicians providing trauma related services to trauma patients receiving such services at Trauma Center’s facility during covered period.
- 3) Provide to Commission a final report at end of agreement period documenting the use of Readiness Services Program funding provided through Agreement.

FY 2021 Performance Based Program Services (PBP)

For FY 2021, the Commission has determined **nineteen percent (19%)** of Readiness Services Program funding available to Level IV Trauma Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to Trauma Center will include the PBP funding determined by the satisfaction of PBP criteria. The PBP Scorecard included in the contract must be submitted to the Commission office on or before 1 April 2021. Trauma Centers will be notified in May 2021 of compliance to PBP criteria, and total amount of Readiness Services Program funding to be awarded for FY 2021.

Performance Based Program Service Criteria for Level IV Trauma Centers are:

- 1) Participation by Physician Leader responsible for the Trauma Program in Trauma Medical Directors (TMD) Conference Calls. Seventy-five percent (75%) call attendance by physician responsible for the trauma program or other designated physician representative is required to satisfy this criterion. (5% value)
- 2) Participation by trauma program coordinator/manager or other designated representative in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by trauma program manager or other designated representative at GCTE meetings is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value)
- 3) Attendance at the 2021 Spring Symposium at Chateau Elan by both the Physician Leader responsible for the Trauma Program or other designated physician AND Trauma Program Coordinator/Manager or designee. Meeting sign-in roster will be used to verify attendance. (5% value)

- 4) Participation in Trauma Administrators Group by senior executive accountable for the trauma program or designated executive that is not the Trauma Program Manager equivalent. Seventy-five (75%) call attendance by Trauma Administrator or designated executive representative is required to satisfy this criterion. Meeting attendance roster will be used to verify attendance. (0% value)
- 5) Each member of the Multidisciplinary Trauma Peer Review Committee must attend at least 50% of the Trauma Center Peer Review Committee meetings. Multidisciplinary Trauma Peer Review Committee membership is defined by most recent publication of the Resources for Optimal Care of the Injured Patient. Member attendance is tracked by the trauma center monthly or quarterly, depending on meeting frequency. The compliance timeframe is defined as a continuous twelve-month period between Janu 1, 2020 and March 31, 2021. Compliance will be self-reported by the trauma center. (5% value)
- 6) The trauma registry must be concurrent. At a minimum, 80 percent of trauma registry records must be closed within 60 days of discharge to be in compliance with this criterion. State Office of EMS and Trauma records will determine compliance to this criterion. (10% value). Compliance is based on average record closure rate over a twelve-month calendar year beginning January 1, 2020 through December 31, 2020. (5% value)
- 7) Submit all FY 2021 State Quarterly Trauma Program Reports within 30 calendar days of required date. State Office of EMS and Trauma records will determine compliance to this criterion. (5% value)
- 8) Participation by trauma program staff member in Rural, Level III/Level IV workgroup. Meeting rosters will be used to verify attendance (5% value).
- 9) Center host and participate in, including Physician Leader responsible for the Trauma Program and Trauma Program Coordinator/Manager or designee, in one Rural Trauma Team Development Course to be held during FY 2021 (July 1, 2020 through June 30, 2021). (5% value)

D Registry Services Program

- 1) Funding provided to assist Trauma Center in maintaining trauma registry services during the course of this Agreement.
- 2) Trauma Center will submit trauma registry data and trauma program reports as required by the Georgia Department of Public Health.

E Both Parties Agree:

- 13) Trauma Center will participate and provide technical support and leadership in Regional Trauma Advisory Committee (RTAC) development activities in respective EMS Region.
- 14) A member of the trauma service will participate on the hospital's disaster committee.

- 15) The amount of funding allocated to each “Trauma Center” shall be determined through statistical analysis of data submitted to the Commission. The calculation shall determine the amount payable to the Trauma Center and physicians.
- 16) Trauma Center will not charge administrative fees to manage this Agreement. It is understood the cost claimed by the Trauma Center is all-inclusive.
- 17) The Commission will proportionately increase Agreement amount for all Trauma Centers should there be additional funds available to the Commission for reallocation **during FY 2021.**
- 18) The Commission will proportionately reduce Agreement amount for all Trauma Centers should there be additional budget reductions recommended by the Governor’s Office of Planning and Budget.

BURN CENTER CRITERIA

EXHIBIT 1

Burn Center shall complete the following actions, tasks, obligations and responsibilities.

B Readiness Services Program

The Burn Center agrees readiness services costs covered by this agreement are for the period **01 July 2020 through 30 June 2021** and include the following requirements for funding:

- 1) Maintain “Burn Center” designation by the American Burn Association (ABA) throughout the duration of this Agreement.
- 2) Ensure that at least 25 percent of “Readiness Services Program” funds will be or has been paid to eligible physicians providing trauma related services to trauma patients receiving such services at Burn Center’s facility during covered period.
- 3) Provide to Commission a final report at end of agreement period documenting the use of Readiness Services Program funding provided through Agreement.

FY 2021 Performance Based Payment (PBP) Program

For FY 2021, the Commission has determined **fifty percent (50%)** of Readiness Services Program funding available to Burn Centers will be linked to the Performance Based Program Services (PBP). Total Readiness Services Program funding awarded to the Burn Center will include the PBP funding determined by the satisfaction of PBP criteria. The PBP Scorecard included in the contract must be submitted to the Commission office on or before 1 April 2021. Burn Centers will be notified in May 2021 of compliance to PBP criteria, and total amount of Readiness Services Program funding to be awarded for FY 2021.

Performance Based Program Service Criteria for Burn Trauma Centers are:

- 1) Participation in Trauma Medical Directors (TMD) Conference Calls. Seventy-five percent (75%) call attendance by Burn Center Medical Director or another designated physician representative is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value).
- 2) Participation by Burn Program Manager or other designated representative in Georgia Committee for Trauma Excellence (GCTE) meetings. Seventy-five percent (75%) attendance by burn program manager or another designated representative is required to satisfy this criterion. Meeting attendance rosters will be used to verify attendance. (5% value)
- 3) Attendance at the 2021 Spring Symposium, COT & TQIP Collaborative meeting at Chateau Elan by both the Burn Center Medical Director (or designated physician) and the Burn Program Manager (or designee). Meeting sign-in roster will be used to verify attendance. (5% value)

- 4) Participation in Trauma Administrators Group by senior executive accountable for the Burn program or designated executive that is not the Burn Program Manager equivalent. Seventy-five (75%) call attendance by Burn Center Administrator or designated executive representative is required to satisfy this criterion. Meeting attendance roster will be used to verify attendance. (0% value)
- 5) Each member of the Multidisciplinary Peer Review Committee must attend at least 50% of the Multidisciplinary Peer Review Committee meetings. Multidisciplinary Trauma Peer Review Committee membership is defined by most recent publication of the Resources for Optimal Care of the Injured Patient. Member attendance is tracked by the trauma center monthly or quarterly, depending on meeting frequency. The compliance timeframe is defined as a continuous twelve-month period between Janu 1, 2020 and March 31, 2021. Compliance will be self-reported by the trauma center. (5% value)
- 6) Identify two quality metrics, with associated registry-generated reporting for tracking and sharing as part of the GQIP statewide quality collaborative. Metrics to be validated and approved by GQIP Program Manager & Medical Director (CD 9.13). (5% value)
- 7) Regular participation by the burn program in regional education related to burn care as described in CD 17.2. Participation validated by Office of EMS and Trauma as part of OBCPE. (5% value)
- 8) Attendance at regional, national or international burn continuing education meetings by burn surgeon, burn nursing leader & burn therapists (CD 3.11, 6.7, 7.8). (5% value)
- 9) Submit all FY 2021 State Quarterly Trauma Program Reports within 30 calendar days of required date. State Office of EMS and Trauma records will determine compliance to this criterion. (5% value)
- 10) Participation by burn program staff member in Burn Center Workgroup. Meeting attendance rosters will be used to verify attendance. (6.25% value)
- 11) Current Burn Center Medical Director to be a member of the Georgia Chapter Committee on Trauma (COT). Membership will be assessed in April 2021. (6.25% value)