Dimensions Healthcare System
Prince George's Hospital Center

March 25, 2008

Robert R. Bass, M.D., Director
Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201-1536

Dear Dr. Bass:

We are writing this letter on behalf of the Prince George's Hospital Center Trauma and Emergency services, to ask that MIEMSS evaluate how best to implement the Sacco Triage Method (STM) in Maryland.

The current triage protocol in Maryland is START. In two peer reviewed and published medical papers, its limitations have been identified and it has been reasonably demonstrated that its strategy of taking the most severely injured immediates first would significantly increase the number of preventable deaths in large events. We believe there is now ample evidence that START doesn't work, including results from MIEMSS' April 2007 parallel triage exercise, an AHRQ expert panel report on altered standards of care in mass casualty events, the April MIEMSS exercise, and FEMA Incident Management System subject matter experts evaluation of STM.

There is a strong and growing emphasis to develop "best practices" based on evidence-based medicine, to question why we do what we do and to validate our practices by subjecting all we do to objective scientific scrutiny. Best practices is a dynamic concept and change is expected as technology and knowledge increases. It has been stated that prior to STM, no existing triage system appears to have had the benefit of a scientific approach to its development, or any real attempt at validation. We applaud MIEMSS' landmark April exercise for this reason, and believe it is most important that the results be made available to our EMS system and other systems.

We believe that adopting STM would provide a greater chance of delivering the appropriate patients, to the appropriate facilities, while maximizing the available resources for the greatest outcomes during a mass casualty situation. STM offers a better means to rapidly assess and identify critical patients that have the greatest statistical chance for survival to be transported to trauma centers like ours inside "the golden hour."

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Strategically, triage is mission critical for EMS and for hospitals. A core part of MIEMSS mission is for Maryland's statewide emergency medical services (EMS) system to function optimally and to provide effective care to patients by reducing preventable deaths. MIEMSS vision is to be a state EMS system acknowledged as a national leader for providing the highest quality patient care and to be sought out to help other EMS systems attain the same level of quality care. Hospitals have a strong vested interest in prehospital triage since it determines their patient flow and performance, both in terms of survivor outcomes and resource utilization. START's issues represent mission critical issues for Maryland, MIEMSS and for our hospital. STM's elements are integral to all of our stated missions, visions and objectives.

Thank you for your consideration.

Sincerely,

John A. O'Brien
President

Carnell Cooper, MD
Chief, Trauma Surgery

Gary Little, MD
Director, Emergency Medicine