



Sacco Triage Method

The Sacco Triage Method (STM) is an evidence based outcome driven triage and resource management system that maximizes expected survivors in consideration of the timing, availability and capability of transport and treatment resources. Based on a simple physiological score (i.e. respiratory rate, pulse, best motor response) that is computed routinely on every trauma patient and that is correlated to survival probability, triage decisions are made in response to the specific type and size of incident, and the resources that can be brought to bear on its resolution. STM explicitly prioritizes and tracks resource utilization and expected patient outcome during an incident, creates a triage and regional resource action plan, and provides real time situation and status reports.

Benefits

- **Saves lives.** Method maximizes expected survivors, producing optimal strategies. Simulations of large MCIs show increases in expected survivors by as much as 500% compared to current protocols.
- **Is used everyday, on every trauma patient.** Scoring trauma patients routinely enables outcome tracking and ensures MCI preparedness. There is no separate MCI protocol – responders score patients as they do everyday.
- **Is outcome driven and measurable.** Expected survivorship is known in MCIs, drills, simulations, and for routine care.
- **Takes the guess work out of triage.** The scoring is a quick, reproducible, and precise triage strategy. **No more “playing God!”**
- **Promotes interoperability.** Precision in scoring allows all responders to “speak the same language” and makes the patients’ survivability the top priority.
- **Balances patient loads and Surges.** Distributes patients across treatment centers within a region, not allowing the disaster to be simply “moved to the hospital.”
- **100% scalable.** Determines the optimal triage strategy when resources are taxed, or overwhelmed regardless of the size of the incident.
- **Manages/leverages resources.** Maximizes human, transport and treatment resource utilization.
- **Improves information flow.** Schedule of patient arrivals by treatment facility, incident resource utilization, and scene status.
- **Provides simulation analysis and capabilities.** Regional MCI simulations and surge analyses can be run in minutes.
- **Enables research-based improvements.** Objective data collection and analysis facilitating further research and publication.
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Evidence Based Triage

- Based on analysis of over 100,000 trauma victims (Pennsylvania Trauma Foundation database)
- Simple, precise physiological scores correlate to survivability and deterioration.
- Peer review publications “Precise Formulation and Evidence Based Application of Resource Constrained Triage” in *AEM* Aug 2005 and “A New Resource-Constrained Triage Method Applied to Penetrating-Injured Victims” in *JT* Aug 2007
- Ongoing applications research with US military and US and Canadian governments

Simple Scoring Method

- Physiological scores are based on respiratory rate, pulse and motor response and can be computed in 45 seconds.
- Scoring is easy to learn and requires little medical proficiency.
- Routine use on all trauma patients ensures accuracy and mass casualty preparedness
- Recent exercise demonstrated far better results scoring and clearing the scene *with only 20 minutes of training*

How It Works

- Victims are scored, and tagged with score-based, bar coded triage tags
- Victims are organized at the scene into three score groups, with similar prognoses: Group 1 - Low probability of survival (< 35%) and high rate of deterioration; Group 2 - Savable but transitional with accelerating deterioration; Group 3 - High survival probability (> 90%); low rate of deterioration.
- Real time resource information is updated (offline from scene communication).
- Scores communicated/ transmitted to Dispatch, Medical Command, or Incident Command depending on YOUR system.
- Precise and optimal triage strategy is determined based on number and severity of victims, and availability and timing of resources.
- “Zero” technology option available. A simulation driven rule-based strategy can be used in lieu of technology.
- Regional resource plan details patient severity and arrival schedule by treatment facility, so hospitals can prepare.

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