



## Office of *E*mergency *S*ervices

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RE: Letter of Support

To Whom It Concerns;

I wholeheartedly and emphatically endorse the Sacco Triage Method. I served twenty years in the Air Force medical service as a readiness planner and combat medicine trainer. Serving as the head of readiness training for Wilford Hall Medical Center and later as the head of Contingency Training for the U.S. Air Force School of Aerospace Medicine at Brooks AFB, TX, I dealt extensively with the frustrations, limitations and subjectivity of our triage systems. Our system did a good job of sorting patients at the scene but failed to provide consistent prioritization of transport and also failed to recognize the levels of definitive care available and affects of travel time, etc. We struggled for years on how to enhance our triage process, but not until 2005, when I was introduced to the Sacco Triage Method, did I find a truly significant advancement in triage methodology.

In June of 2007 we began the implementation of the Sacco Triage Method (STM) throughout the county. This included the training of four transport agencies, 21 non-transport response agencies, staff from the local trauma center, and staff from the county Health Department. The training ThinkSharp provided on STM was well received and virtually all of the feedback was positive. Without a doubt the most common remark we heard during the training was "this sure takes all of the guesswork out of triage". The EMS crews, hospital ED staff, first responders, firefighters, nurses and physicians were excited about having this common ground that will get the right patient to the right facility in the right order to increase survivability and potentially decrease the wasting of healthcare resources (time, equipment, and dollars).

We appreciated the opportunity to participate in the development of the system as it evolves to meet the specific demands of field utilization. ThinkSharp's willingness to customize the system for our needs without compromising the Sacco Triage Method benefited us and potentially all future users. The current system, as evaluated by FEMA subject matter experts, is an improved version over what they introduced in 2004, and ThinkSharp continues to fine tune their system.

STM provides significant advancements in the areas of objectivity, evidence and scientific based, data collection, and evaluation and validation over current protocols such as START and all other START-like products. Medical experts including FEMA Subject Matter Experts and Dr. Lou Romig, the Founder of JumpSTART Triage are now concluding that:

- goal of mass casualty response is to maximize the number of lives saved; there must

be specific methods, protocols, tools and training that achieve this goal, that can be modeled and scientifically evaluated, which is the basis for STM

- best predictive physiological field measures are respiratory rate (R), radial pulse (P) and best motor response (M), which are used by STM
- triage decisions can not be made in isolation; must consider availability of resources and differentiation of patients within broad categories, which are bases of STM
- decision on whom to treat first and/or transport first and how best to use resources and need to identify patients unlikely to survive; should be resource based and dynamic, depending upon magnitude of event, available resources, and changes during incident, which are bases of STM
- need for patient deterioration and ages to be considered, which are bases of STM
- worst first triage will negatively affect outcomes, which is basis of START and is solved by STM
- need to address infrequent use of triage protocols, which is addressed by STM with data gathering and ongoing performance improvement benefits

The implications of ignoring the dangers that START and other broad color coded triage methods create, constitute a de facto strategy of tragedy.

SACCO Triage is a quantum advancement in trauma care, ensuring maximum patient survivability and effective use of valuable resources in overwhelming casualty situations. Our medics use the method on every patient every day and will be proficient in its use during the high stress of a mass casualty incident. This was the easiest implementation decision of my civilian career and it has proven to be the right one.

Sincerely,

*Mark Peck*  
(electronic signature)

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