

R ADAMS COWLEY SHOCK TRAUMA CENTER

February 9, 2005

Mr. Thomas McCord Chief Executive Officer Think Sharp, Inc. 539 Rock Spring Road Bel Air, Maryland 21014

Dear Mr. McCord:

The Shock Trauma Center was born out of an innovative idea of one man with a clear vision and a dream. In the early 1960's Dr. R Adams Cowley had a vision that critically injured patients could be transported rapidly to a trauma center, he called it definitive care, just as the military had demonstrated in Korea and Vietnam. The military used helicopters to rapidly evacuate soldiers from the battlefield to field hospitals and M.A.S.H. units where they could receive the care they needed to survive. Dr. Cowley believed that if you could get the injured patient to definitive care in under an hour the patient could be saved. Thus the "Golden Hour" was born. Dr. Cowley was even so bold to suggest that patients with gun shot wounds also be taken to trauma centers instead of the closest emergency department. Many of his colleagues criticized these bold ideas.

Today, the R Adams Cowley Shock Trauma center stands as a testament of visionary thinking. The Shock Trauma Center is the Primary Adult Resource Center (PARC) for trauma patients throughout the state of Maryland and treats more then 7,200 trauma patients per year.

Our doctors and nurses are among the best in the world. However, unless EMS is able to get the patient to the Shock Trauma Center in a timely manner, their skill is of no benefit. The American College of Surgeons reported that to prevent missed injuries, some centers may have to endure an over triage rate of nearly 50%. In the event of a mass casualty incident, resources are stretched to their limits and over or under triage could result in lives being lost.

Our experts agree that current triage methods are flawed. The START (Simple Triage and Rapid Transport) triage system is widely accepted however, it is unreliable. START is applied uniformly regardless of available resources and is dependent on the experience of the provider to determine when to evacuate casualties from the scene. In general it takes "the worst first" approach. This approach may work for a small number of casualties. However, this approach in an Mass Casualty Incident could be time consuming and cost lives.

As medicine has progressed over the years there has been a shift toward evidence based medicine. We live in an informed society that demands scientific evidence to support the standards by which we practice medicine. Those that choose to practice against the evidence are often subject to great scrutiny as well as litigation.

In August of 2004 Dr. Sacco and the team at Think Sharp came to us with their new approach to triage. The Sacco Triage method (STM) is the first such program to take a scientific approach to the complicated problem of triage. The Sacco Triage Method offers an innovative and systematic approach to triage that provides scientific evidence to support what the gut instinct of experienced providers has demonstrated for years. We have had many discussions with you and your team regarding the merits of the STM. STM is a versatile triage tool that can easily be used on a daily basis and be integrated into existing systems. Like any new idea or product it will take time to develop and mature. We believe that STM shows great promise and offers an evidence based approach to triage that no other triage system has ever done.

It has been said that, "the only way to discover the limits of the possible is to go beyond them into the impossible." That is what true vision requires. If Dr. Cowley would have decided to not pursue his vision we would not be where we are today in trauma medicine.

We are pleased to support Dr. Sacco and the team at Think Sharp as they continue to develop the Sacco Triage Method. We believe that the STM offers a valid response to this age old problem. We would expect that a jurisdiction utilizing STM as part of their standard of care should have a greater chance of delivering the appropriate patients, to the appropriate facilities while maximizing the available resources for the greatest outcome during a mass casualty incident. STM offers a means to rapidly assess and identify critical patients that have the greatest statistical chance for survival to be rapidly transported to trauma centers like ours inside the golden hour.

We have no financial investment or obligation to this company but like Dr. Carlton and the people at Okaloosa County EMS we believe STM is a step in the right direction and are pleased to support them as they develop and mature.

Please call me if you have any questions.

Sincerely,

John H. Spearman, MBA

Vice President

R Adams Cowley Shock Trauma Center

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