Current practice not cost-effective for air medical triage

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(HealthDay)—Current practice is not cost-effective compared with the Air Medical Prehospital Triage (AMPT) score for trauma patients, and the field triage system undertriage rate for patients with severe injuries exceeds 20 percent, according to two studies published online Nov. 1 in *JAMA Surgery*.

Joshua B. Brown, M.D., from the University of Pittsburgh Medical Center, and colleagues examined the cost-effectiveness of current practice compared with the AMPT score for helicopter emergency medical services scene triage for trauma patients. The researchers found that for current practice versus the AMPT score, the base case—estimated using national data—had an incremental cost-effectiveness ratio of $255,333 per quality-adjusted life-year. In probabilistic sensitivity analysis, current practice was found to be inferior in 85 percent of the iterations, becoming favored when the cost-effectiveness threshold exceeded $310,000 per quality-adjusted life-year.

Frank J. Voskens, M.D., from the University Medical Center Utrecht in the Netherlands, and colleagues examined the quality of the field triage system for identifying severely injured adult trauma patients. A total of 8.8 percent of the 4,950 trauma patients evaluated were severely injured. The researchers found that the undertriage rate was 21.6 percent based on actual destination facility, with an overtriage rate of 30.6 percent. Regardless of destination facility, analysis of the protocol itself resulted in under- and overtriage of 63.8 and 7.4 percent, respectively. For patients with a level 1 indication, compliance to the field triage trauma protocol was 73 percent.

"This finding indicates the need for improvement of the prehospital triage protocol," Voskens and colleagues write.

More information: Abstract/Full Text—Brown
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