

# Evaluating Hospital-Based Emergency Room (ER) Triage System in Mass Casualty Events in Taiwan

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This presentation resulted from research funded by the Ministry of Science and Technology of Taiwan for Disaster Research (MOST 108-2625-M-002-018-)

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## Key Research Questions

This study assesses the misclassification of patients in hospitals in Taiwan over a period of nine years during mass casualty incidents (MCIs) triage.

## Methods

We identify 1,097 MCIs spanning nine types of disasters, which result in 39,468 emergency room (ER)-admitted injuries. We assess patients' emergency severity and resource utilization using the ER's 5-level triage system, which assigns triage levels 1 and 2 to severe cases, discharging non-severe cases on the same day. We focus on hospitalization and outcome tracking.

## Results

We found misclassification rates of 63.6% across 9 disaster categories, with higher misclassification rates in earthquakes (60.9%) and tropical cyclones (69.7%) compared to traffic accidents (45.7%) and fire/explosions (52.1%). MCI scale and emergency medical personnel misclassifying non-serious patients as triage levels 1 and 2 correlated. Misclassification rates were higher for large-scale fire and explosion incidents with more than 41 people, which could be attributed to the surge of patients overwhelming emergency rooms. Misclassification rates for earthquakes and tropical cyclones appeared dependent on incident characteristics such as location, magnitude, and impact period.

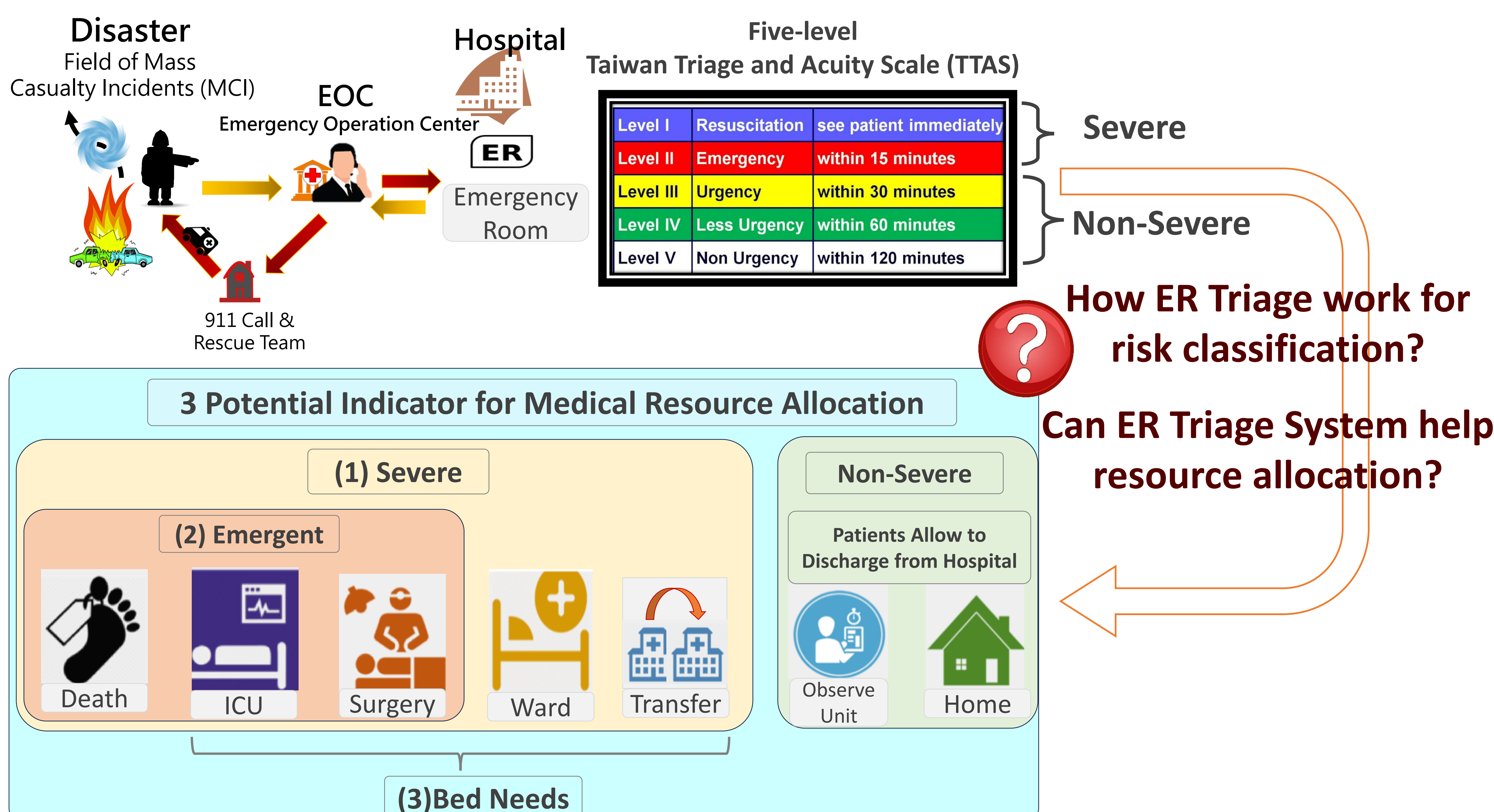


Figure 1. Mis-classification rate of severe conditions in mass casualty incidents (percentage of non-severe affected people within ER triage level 1 and 2)

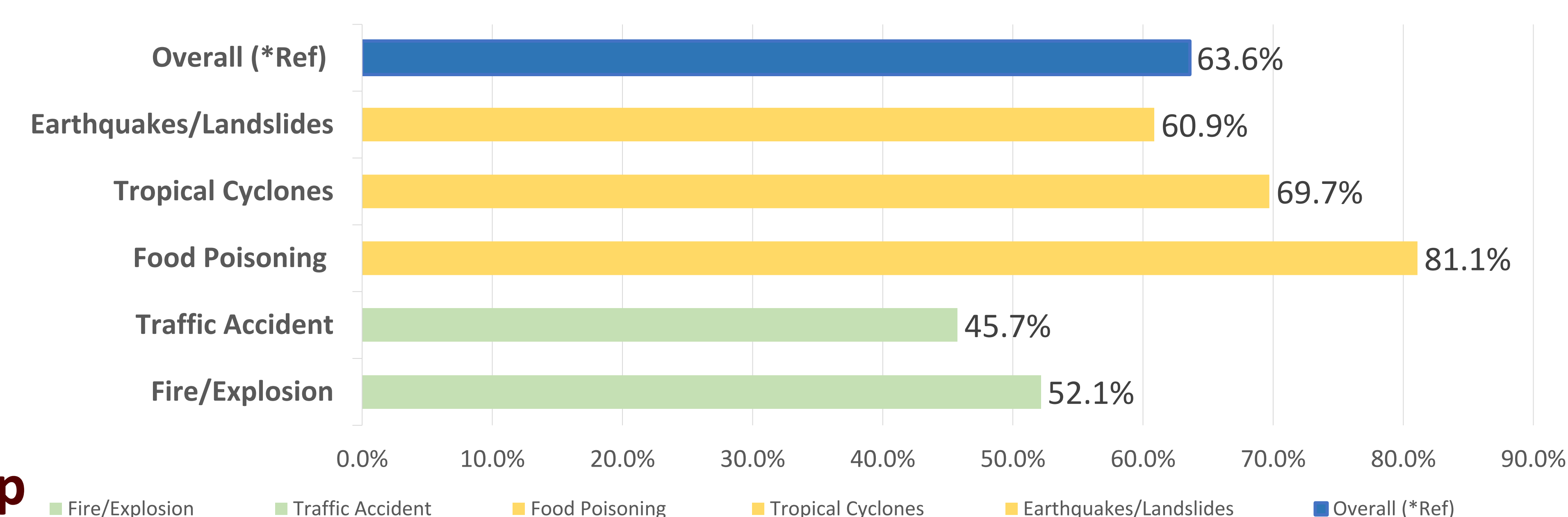


Figure 2. Mis-classification rate of severe conditions in mass casualty incidents in Taiwan (percentage of non-severe affected people within ER triage level 1 and 2)

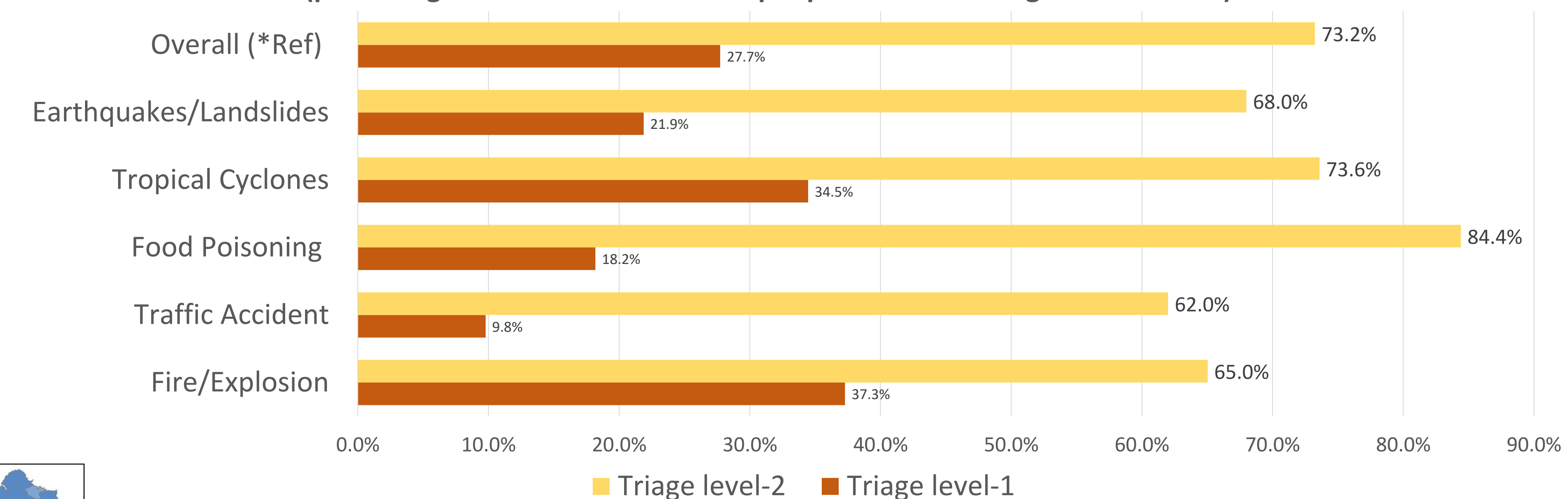
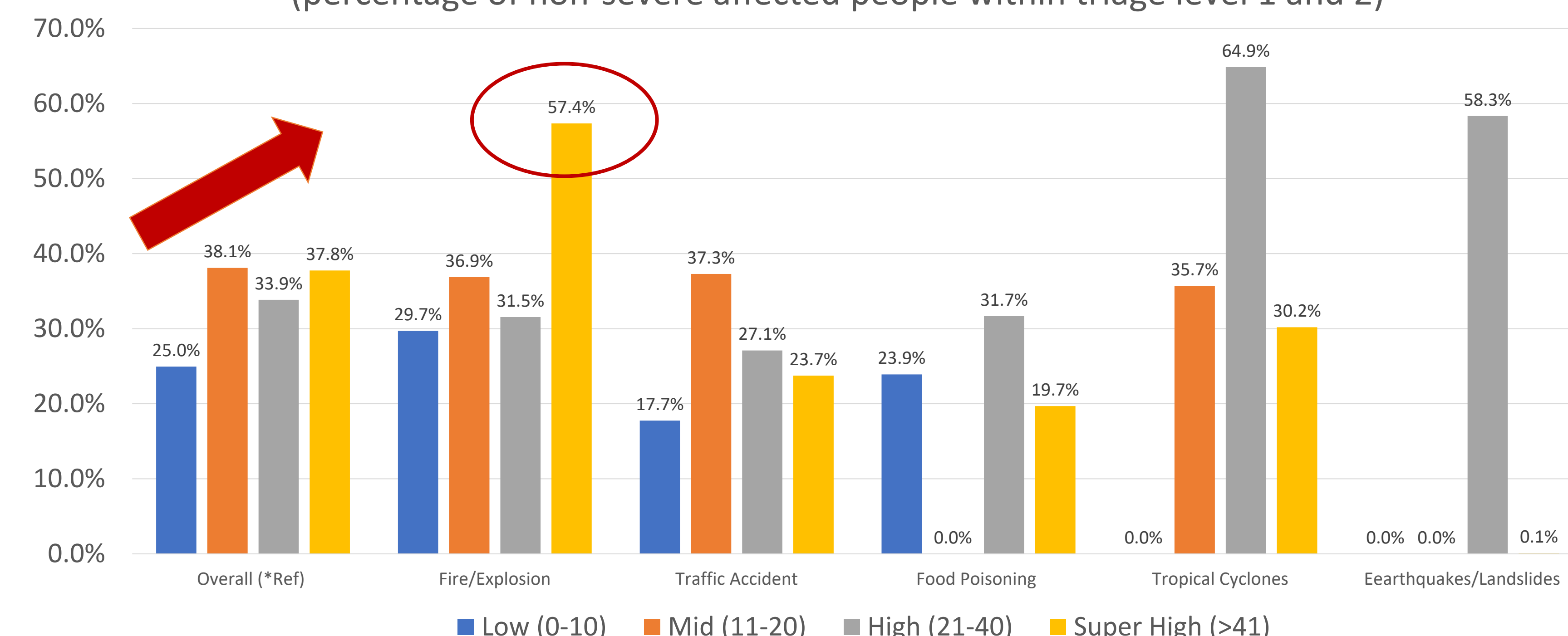
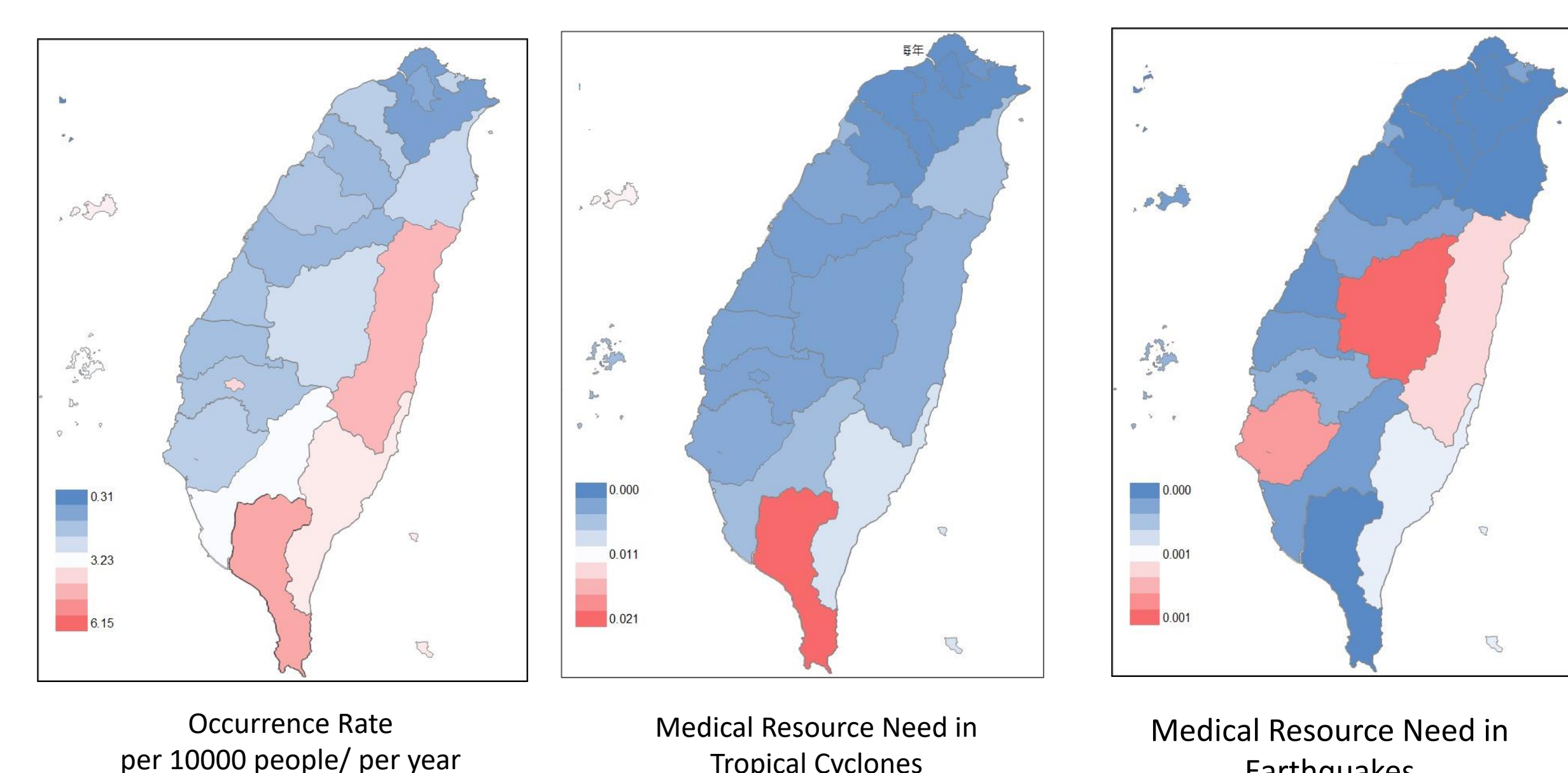


Figure 3. Mis-classification rate in different affected scale of incidents (percentage of non-severe affected people within triage level 1 and 2)

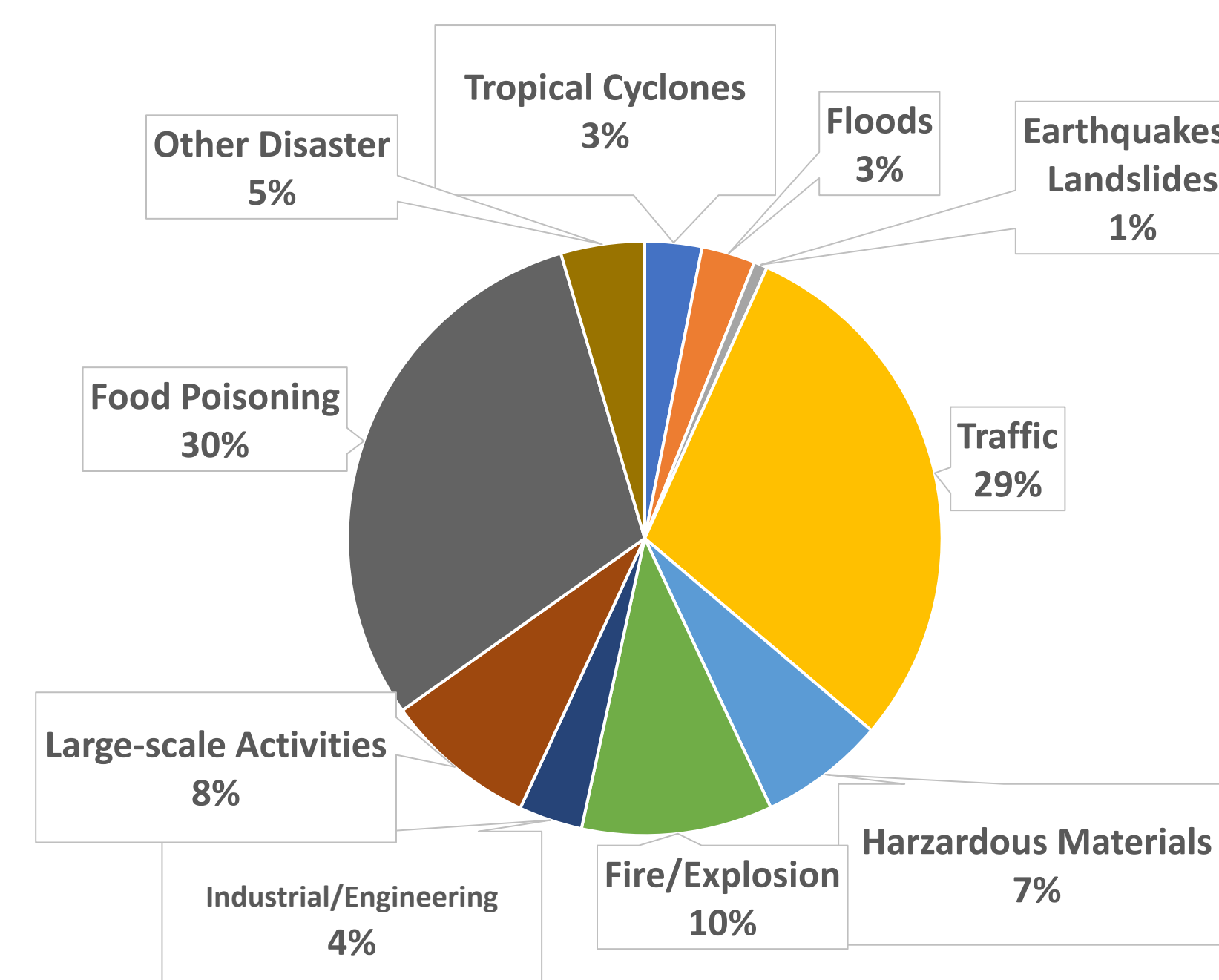


**Table 1. Category and Impact of Disaster**

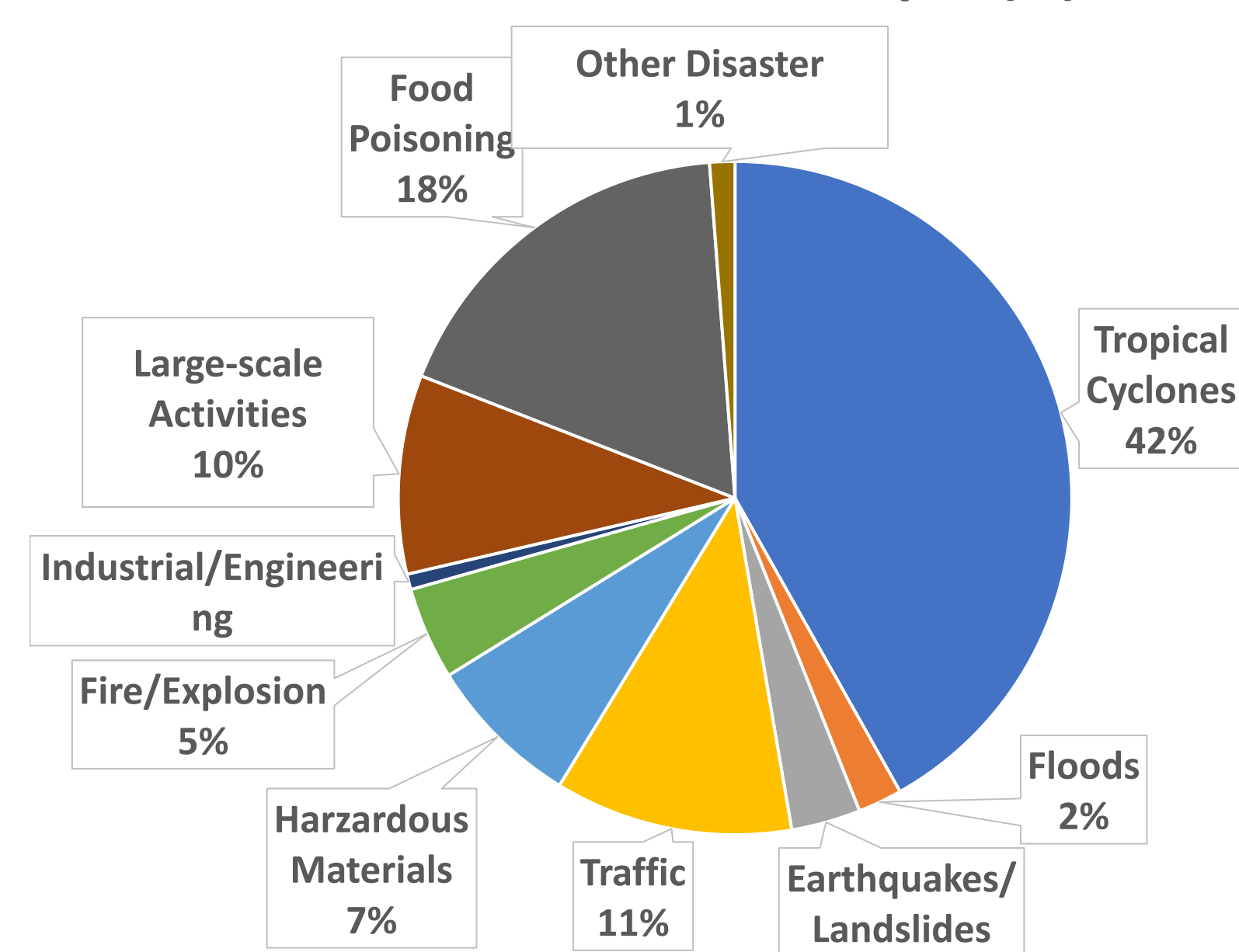
Disaster Type	Disaster Category	Affected People (N)	Mass Casualty Incident (n)	Average No. of affected people per incident (N/n)
Natural	Tropical Cyclones	16,517	34	3.1%
	Floods	838	32	2.9%
	Earthquakes/Landslides	1,315	8	0.7%
Technical	Traffic	4,509	323	29.4%
	Harzardous Materials	2,939	75	6.8%
	Fire/Explosion	1,755	114	10.4%
	Industrial/Engineering	295	38	3.5%
Civil	Large-scale Activities	3,767	91	8.3%
Bio	Food Poisoning	7,056	332	30.3%
Other of 4 type	Other Disaster	477	50	4.6%
Total		39,468	1097	100.0%



### Disaster Events (n)



### Disaster Affected People (N)



## Practical Implications

The study highlights the limitations of current triage methods during MCIs and emphasizes the need for more effective predictors to optimize resource allocation. Misclassification can increase morbidity and mortality, so efforts should be made to develop an emergency incident risk stratification system, possibly through a machine learning model using past MCI records. Efforts should also be made to understand misclassification in the United States through similar types of research.