Paramedics in the Hospital Setting: Analysis of a Novel Operational Model Integrating Paramedics Into the Routine Workflow of a Large Tertiary Emergency Department in Israel

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INTRODUCTION

Emergency departments are increasingly challenged by rising patient volumes, workforce shortages, and growing clinical complexity. During the COVID-19 pandemic, paramedics, who traditionally work in the prehospital setting and experience high rates of occupational burnout, were integrated into the routine workflow of the Emergency Department at Shamir Medical Center, a large ED in Israel, as part of a flexible workforce model. This model may offer mutual system-level benefits: supporting ED teams facing increasing operational demands, while providing paramedics with an additional hospital-based professional pathway. This study aimed to evaluate the implementation of this novel hospital-based paramedic model by assessing ED staff perceptions of paramedic's scope of practice, main clinical and operational roles, perceived contribution, and differences in perception across professional sectors.

METHODS

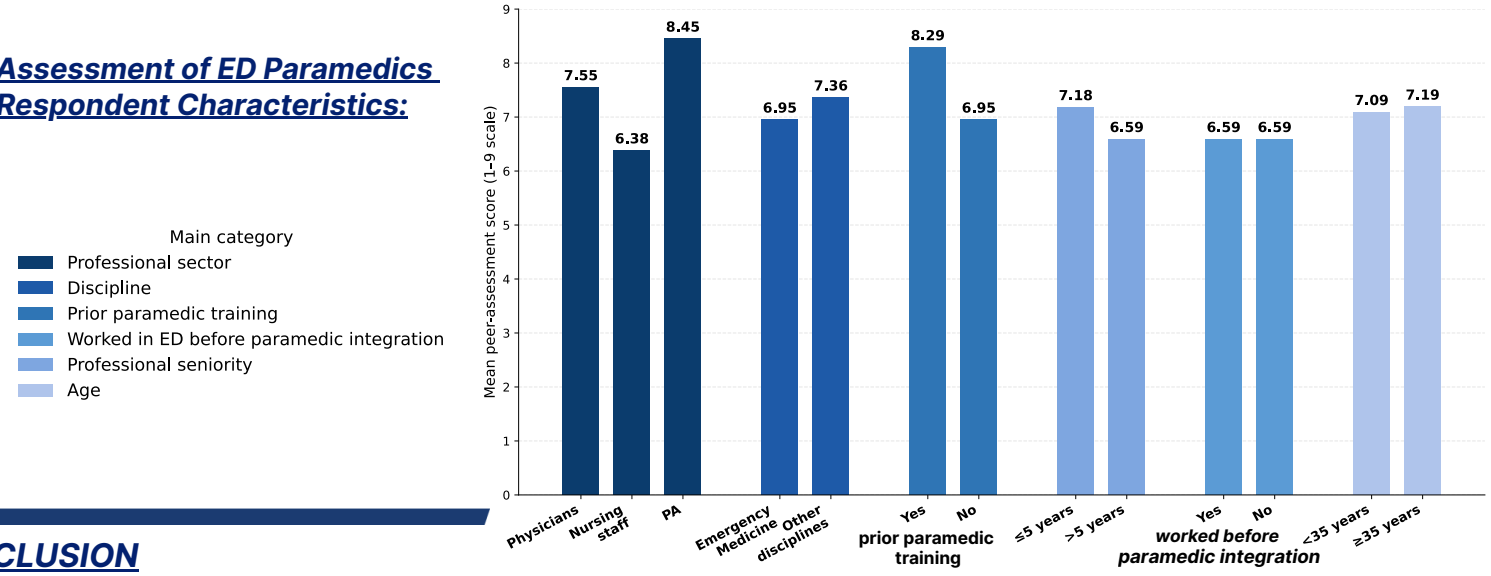
A single-center, observational cross-sectional study in the Emergency Department of Shamir Medical Center made of 3 survays-

1. Demographic Questionnaire Collected data on professional sector, age, gender, seniority, managerial role, medical discipline, and previous paramedic training.
2. Role Perception and Task Questionnaire Assessed perceived areas of responsibility, performed tasks, frequency of activities, primary workstations, and the professional sectors perceived to benefit from paramedic integration.
3. Peer Assessment Questionnaire A 1–9 rating-scale questionnaire based on the ABIM Peer Assessment tool, adapted to evaluate professional and behavioral attributes of the paramedic sector as perceived by emergency department staff.

RESULTS

Results: Among 118 ED staff members, peer assessment of paramedics showed high overall professional ratings. Mean scores were 7.55 among physicians, 6.38 among nursing staff, and 8.45 among physician assistants, with a significant difference between physicians and nursing staff ($p<0.001$) and significant differences in 8/12 assessed domains. A significant difference was found in the perceived main paramedic activity during shifts ($p=0.012$): paramedics reported mainly technical procedures, while non-paramedic staff attributed to them critical patient care. Differences were also found in perceived scope of practice

Peer Assessment of ED Paramedics by Respondent Characteristics:



CONCLUSION

Structured integration of paramedics may strengthen multidisciplinary emergency care, improve operational efficiency, and provide an additional career pathway for an experienced workforce facing high rates of burnout.

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