

**"MIDLEVEL PROVIDERS" IN THE
EMERGENCY DEPARTMENT: DON'T
FORGET PARAMEDICS!**

To the editor: The recent article by Kevin Klauer entitled "Innovative Staffing in Emergency Departments: The Role of Midlevel Providers"¹ made no mention of the role of emergency department (ED)-based paramedics in the provision of emergency care. Since 1998, the ED team at the Queen Elizabeth II Health Sciences Centre has included paramedics acting in three different roles: triage providers, facilitators of the care of lower-acuity patients and a position that includes administering procedural sedation and assisting with resuscitation and transport of critically ill patients.

The advantages of this innovative and cost-effective model of care include matching patient need with specific paramedic skill sets while freeing up scarce nursing resources to provide emergency nursing care and enhancing patient flow by withholding nursing care where it is not

required (including repeating triage vital signs in patients with minor injuries). As "physician extenders," as opposed to "physician substitutes," paramedics in our "minors" treatment area work in close association with a physician to assist with many of the procedures that consume physician time, including casting and suturing, and provide protocol-driven care, such as the evaluation of patients with suspected deep vein thrombosis.² A full third of our ≈ 75,000-patient census is managed in this area.³ With almost 5,000 procedural sedations in our database, our advanced care or critical care paramedics have become expert at provision of ED procedural sedation.⁴ Our paramedic group also has an active research team, and we continue to improve and expand this role in the provision of emergency care.

Any discussion of how to address the predicted shortfall of emergency specialists and emergency nurses that does not consider the

use of paramedics is ignoring a valuable opportunity for emergency patient care of the future.

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