



Toolkit

Addressing Older Adult Falls Through
Coordinated Collaboration Between
Community-Based Organizations and
Emergency Medical Services

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For questions related to this toolkit, or older adults falls in Wisconsin, please contact falls@wihealthyaging.org.

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BACKGROUND INFORMATION

Emergency Medical Services (EMS) are often a trusted pillar in communities throughout the state and nation. EMS services vary from full-time, paid staff to reliance on part-time volunteers. EMS providers are often staffed at fire departments, healthcare systems, and ambulance services. Community-based organizations (CBOs) are organizations that address needs in a local area and aim to improve the health and well-being of residents, and work hand-in-hand with consumers, and local, regional, state, and national partners to achieve their goals.

In the case of older adult falls prevention, CBOs and EMS agencies may partner to address this issue. There are many CBO-EMS partnerships that already exist in Wisconsin to address falls, some that are currently getting off the ground, and others that haven't yet started the conversation. Regardless of the type of EMS provider or CBO, fall-reduction and falls prevention is oftentimes just one of the many services that they provide to a community. Depending on the capacity, scope, and funding of the organization, the level at which they are able to respond to this growing issue varies. This toolkit aims to help bridge the gap and offer step-by-step instructions and guidance for strategies for CBO-EMS partnership to prevent falls.

According to the Wisconsin Department of Health Services (DHS), in Wisconsin in 2022, EMS responded to over 130,000 falls, making it the #1 injury response and those numbers are increasing by nearly 10,000 a year statewide.¹ The Centers for Disease Control and Prevention (CDC) reports that more than 1 in 4 older adults falls each year and 1 in 10 falls result in injury that causes a restriction in daily activities or healthcare visit.² A leading cause of injury and death in Wisconsin, older adult falls can be prevented, and EMS and CBOs can work together to make a real difference and reduce the burden and consequences of falls.

This information provided in this toolkit was gleaned from a number of listening sessions that were held in the summer of 2024 with EMS providers, and conversations with CBOs throughout Wisconsin. The goal of the listening sessions was to learn from the local EMS partners who respond to older adult falls and brainstorm ways that EMS and CBOs can work together to reduce and prevent falls. Numerous strategies that identify different ways that EMS and CBOs can work together to prevent falls were identified and are outlined in the following pages. This work was led by the Wisconsin Institute for Healthy Aging, convener of the **Falls Free® Wisconsin Coalition**.

HOW TO USE

This toolkit outlines tested and untested ideas for local CBO-EMS collaborations to reduce falls among older adults. The toolkit could start to be used by either a CBO or an EMS agency, with the goal being to a) engage the other; b) look through the toolkit to identify what strategies might be feasible to implement; and c) work together to implement the chosen strategy locally.

Collaboration between CBOs and EMS provide an important opportunity to expand falls prevention efforts by utilizing each other to provide information and engage in policy, systems, and environmental changes, like making home environments safer, and/or referring individuals into community-based programming or other supports. EMS is inundated with lift-assist calls, with some agencies in Wisconsin reporting 50% or more of their calls for help are related to falls, which utilizes resources and time and potentially causes harm to EMS personnel through repeated lift-assists. Expanding falls prevention outreach through a collaborative approach between CBOs and EMS agencies who see firsthand into the homes of people who fall will help to increase promotion and utilization of falls prevention programming, increase knowledge of [FallsFreeWI.org](https://www.fallsfreewi.org) and other resources, and ultimately, aims to reduce older adult falls and related injuries and deaths.

At any point throughout the process, Falls Free Wisconsin is available for assistance and guidance. Technical assistance can be requested via email at falls@wihealthyaging.org.

STRATEGY

Community EMS (CEMS)/Mobile Integrated Health (MIH)

Community Emergency Medical Services (CEMS), sometimes called Community Paramedicine, or Mobile Integrated Health (MIH), work collaboratively with partners and stakeholders within their healthcare system and communities to address the needs of their patients. According to the Wisconsin Department of Health Services (DHS), “CEMS programs facilitate integration with primary care services, reduce hospital readmissions, and re-route unnecessary emergency department visits. CEMS paramedics and practitioners center the social determinants of health in their practice to effectively mitigate healthcare needs and to improve efficiency in the system”.³

Oftentimes, CEMS practitioners are responding to lift-assist calls and going above and beyond to help the patient prevent future falls by engaging in home safety assessments, balance assessment, referrals to things like falls prevention programs or physical therapy, and more.

The first step to get started in Wisconsin is to contact the CEMS coordinator. For more information and to find the DHS CEMS Coordinator’s contact information, go [here](#).

Once a CEMS program is established, see [Appendix A](#) for resources from Baldwin Area EMS, WI that a CEMS practitioner may use when responding to an older adult fall. Sample MIH program policies and protocols from Palm Beach County, FL and Milwaukee County, WI can be found in [Appendix B](#).

STRATEGY

Integration with Healthcare System

According to the Centers for Disease Control and Prevention (CDC), less than half of all older adults that fall each year tell their doctor.³ Healthcare providers are often trusted professionals that regularly provide care for older adults. This strategy aims to provide communication through a patient's electronic health record (EHR) from EMS (at the point of a lift-assist call) to the patient's healthcare system. The healthcare system can then connect the patient with staff for screening, assessment, and intervention to reduce risk and prevent future falls.

As part of the development of this toolkit, Kenosha County, Wisconsin hosted an EMS listening session. EMS partners in Kenosha County that were present at this listening session included key staff from six local fire departments, the Medical Examiner's office, the Wisconsin EMS Association, [Kenosha Joint Services](#), the Medical College of Wisconsin, and two local hospitals.

One of the many things discussed at the listening session was how to connect individuals who call EMS for a lift-assist call to their primary care provider (PCP), who could then refer the patient to things like physical or occupational therapy. Healthcare and EMS providers at the table decided to take action on this immediately following the listening session to make this happen in Kenosha County. This strategy started with a simple discussion between local falls prevention champions that turned into action. To set this process in motion, you should go through a number of steps, outlined on the following page.

Other ways to partner with your healthcare system to prevent falls can include:

- Providing flyers for local falls prevention programs, like [Stepping On](#), in older adult patients' electronic medical record (i.e. MyChart).
- Educating the healthcare system on [CDC's Stopping Elderly Accidents, Deaths & Injuries \(STEADI\)](#) Initiative.
- Invite them to join a local falls or injury prevention coalition (see more about coalitions on page 9).

STRATEGY

Integration with Healthcare System

1. **Identify partner organizations and champions** within your local fire/EMS agency and healthcare systems to drive this initiative forwards.
2. **Discuss what agreements you'll need in place.**
 - a. Run the process through your legal department and discuss compliance and HIPAA (Health Insurance Portability and Accountability Act).
 - b. Develop data sharing agreements. Data sharing agreements should be in place for each fire department/EMS agency and the healthcare system. See **Appendix C** for a sample agreement.
3. **Set up ImageTrend for referrals** and add the healthcare system in as a destination. See **Appendix C** for a sample ImageTrend buildout.
4. **Determine where within the healthcare system the report will be sent to.** This could go to the social work team, nursing department, community health workers, or other designee.
 - a. Work with Information Technology (IT) to set up an email inbox, if needed, where the report coming from EMS will be sent to.
 - b. When a report is generated, the next morning it goes to the designated healthcare system inbox (if consent is obtained from patient). See **Appendix C** for a sample report.
 - c. The designee at the healthcare system checks the inbox. When a report is received, they should then determine if the patient is affiliated with their system, and if so, the report feeds into patient portal (i.e. EPIC) and the primary care provider (PCP) is notified that the patient had a fall and request a follow-up visit and/or refer to physical or occupational therapy, for a medication review, or other appropriate resources.
 - i. If the patient isn't affiliated with their system or doesn't have a PCP, designee at the healthcare system could request establishment with PCP or local federally qualified health center (if applicable).

Integration with the healthcare system aims to bridge the gap and help the patient secure resources that they may not have otherwise received if their healthcare provider wasn't informed of the fall.

STRATEGY

Referral to Aging & Disability Resource Center/Other Agency

EMS and Aging & Disability Resource Centers (ADRCs) are often in close communication as the population they serve overlaps. ADRCs often have vast knowledge of community resources and capability to serve older adults including, but not limited to, providing adaptive equipment, access to nutritious meals, facilitating evidence-based health promotion and falls prevention programming, chore services, and more. To set up a referral from EMS to your local ADRC, there are a number of steps you should take, outlined below. The steps may look slightly similar to the strategy outlined above (integration with healthcare system).

1. **Begin the conversation** to establish a referral system between the ADRC and local EMS or fire department.
2. **Discuss what documentation and resources you will need in place** including, but not limited to, ImageTrend, Jotform or related program, consent forms, memorandum of understanding (MOU), leave-behind resources, and staff to follow-up on referrals. See [Appendix D](#) for example policy and procedure (which also serves as an MOU), ImageTrend worksheet, and leave-behind, from La Crosse, WI.

Additional resources:

- Example referral process using Jotform from Brown County, WI can be found [here](#) (under the Public Safety drop down).
- View this [video](#) that Kenosha County, WI developed to train EMS staff in their county on their referral system.
- See [Appendix H](#) for an ImageTrend referral form developed by the [Regional Trauma Advisory Council](#) (RTAC) Coordinators and the Wisconsin Department of Health Services (DHS) to aid in referring fall patients to agencies that can provide resources.

STRATEGY

Using the Medical Reserve Corps/Volunteers

A unique strategy that should be implemented in conjunction with a referral program (as listed above), using trained volunteers to reduce the burden on EMS and CBOs to follow up on older adults that have fallen and provide resources can be a huge benefit. According to the Wisconsin Department of Health Services (DHS), the Medical Reserve Corps (MRC) uses volunteers in Wisconsin and throughout the country to “prepare for and respond to emergencies, as well as promote healthy living throughout the year”.⁴ MRC volunteers include medical/public health professionals.

To establish a post-fall follow-up using the MRC, follow these steps:

1. **Implement a referral program** from EMS to ADRC/other agency (see strategy listed above).
2. **Contact DHS to connect with a local MRC in your community** or to establish an MRC if one doesn’t already exist. Find the contact information [here](#).
 - a. MRC units may be regional or county-based and are often led by the health/human services departments.
 - b. Work with MRC unit to create a volunteer group if one doesn’t already exist.
3. **Determine protocol for MRC activation to follow-up** after EMS responds to an older adult fall. See [Appendix E](#) for an example process from La Crosse County, WI.
 - a. Develop a memorandum of understanding (MOU) between the agencies involved (this may already be in place if EMS/ADRC referral program is established, but may need to be expanded to include MRC/volunteer group).
 - b. Develop a waiver for falls patient to sign (this may already be in place through EMS/ADRC referral program).
 - c. Create a flow chart and policy/procedure for volunteer MRC to be activated post-fall.
 - d. Provide training to EMS crews, ADRC (or agency who receives referrals), and MRC volunteers.
 - e. Adjust based on lessons learned.

While using an already established and vetted volunteer group, like the MRC, is a good start, there may be other volunteers in your community that you can use. For example, the ADRC of Brown County, WI uses volunteer students through a local medical college for in-home falls screenings and [AgeBetter, Inc.](#) in Dane County, WI uses volunteer students and retired occupational therapist volunteers to provide free home safety assessments. Saskatoon Fire Department in Saskatoon, Canada uses volunteers to implement their Steps to Safety™ Program (see strategy below).

STRATEGY

Community-Driven Change (Falls Prevention Coalition)

Change often comes from passionate champions within communities. Community falls/injury prevention and/or healthy aging coalitions are one way to get all of the stakeholders at the table to drive falls prevention efforts in your county or region. Falls prevention coalitions can:

- Provide awareness and education on a variety of topics that impact falls risk.
- Facilitate **falls prevention or strength and balance programs**.
- Host **falls prevention awareness events**.
- Collect local data to determine focus of efforts.
- Write for grants or provide funding to help sustain the work.
- Implement the **Steps to Safety™ Prevent Fire and Falls at Home** program. See **Appendix F** for an example job description, application form, and code of conduct for program volunteers in Saskatoon, Canada.
- Connect with local organizations for assistance with home safety modifications.
- Advocate for policy change at the local and state level.
- And more!

In addition, many of the strategies listed above, like beginning a referral program or discussing integration with a local healthcare system, can be spearheaded by a local falls prevention coalition.

In Wisconsin, to date there are nine county-level falls prevention coalitions, in addition to the statewide **Falls Free® Wisconsin Coalition**. The Falls Free Wisconsin Coalition developed a **Coalition Quick Guide** in 2022 (most recently updated in 2024) that lays out the steps to not only start a local coalition but also maintain efforts. The Coalition Quick Guide provides practical tools, resources, strategies, and examples to assist in coalition-building efforts and provides the framework, infrastructure, and guidance to establish community partnerships and implement falls prevention interventions. The guide is available in an interactive format and can also be downloaded as a PDF.

Technical assistance is available for those interested in developing a local falls prevention coalition by contacting **falls@wihealthyaging.org**. We encourage participation in the Falls Free Wisconsin Coalition, which provides opportunities for partnership, education, promotional resources, data, advocacy, and more. Join **here**.

STRATEGY

ISTUMBLE® & Lifting Cushions

ISTUMBLE® is a free post-fall assessment app developed by paramedics originating from the United Kingdom (UK). The app is meant to determine what to do after someone falls and provides clear, step-by-step instructions on when to call for additional help (i.e. call EMS for a lift-assist or for transport) or use an aid (i.e. a **Lifting Cushion**) to lift someone from the floor. This is beneficial for a number of reasons a) it allows someone to be lifted from the floor in a matter of minutes and reduces the length of time they are on the floor; b) it reduces the amount of times EMS is called for lift-assists; and c) it allows for the person using the app and lifting cushion to refer the faller to additional resources to prevent future falls.⁵

See the steps outlined below for how to use Mangar Health's Lifting Cushion and the ISTUMBLE® app to reduce burden on EMS, refer people who have fallen to appropriate resources, and prevent future falls.

- 1. Identify a facility to partner with.** The facility could be a nursing home, retirement community, assisted living facility, or other facility that serves older adults and has the ability and capacity to have staff use the ISTUMBLE® app and Lifting Cushion. Note that some facilities may require approval from their legal department.
- 2. Order a Lifting Cushion.** Lifting Cushions can be ordered from **PHASE**, supporter of the UK-based manufacturer, Mangar Health. There are 3 main Lifting Cushions:
 - a. Eagle:** The Eagle will both sit up and lift a fallen person. It has a small footprint and can be used in tight spaces such as a bathroom.
 - b. Camel:** The predecessor to the Eagle. It has a slightly lower price point and a slightly higher lifting capacity, but it is heavier and bigger than the Eagle.
 - c. Elk:** With the Elk, the person assisting the lift needs to provide some manual stabilization for the patient more so than with the Eagle. The Elk is more commonly used by EMS providers.
 - d.** When you order a Lifting Cushion from PHASE it will come with a written instructional guide and links to online training videos. You will also be assigned to an account manager who will ensure you have a successful experience with the product and can also support virtual training if needed.
- 3. Download the ISTUMBLE® app** onto your smartphone in the Apple or Google Play App Store.

STRATEGY

ISTUMBLE® & Lifting Cushions (Cont'd)

4. **Train appropriate staff on how to use the ISTUMBLE® app and Lifting Cushion.**

Consider what staff will be trained and what policies and procedures you'll need in place when using the app and Lifting Cushion, for example: where the Lifting Cushion will be stored for easy access, how many staff should be present when using the Lifting Cushion, who will have access to the app, etc. See [Appendix G](#) for a sample ISTUMBLE® work flow.

5. **Continue conversations with facility partner.** Will they provide data about the use of the ISTUMBLE® app and Lifting Cushion to you (how many times the app and Lifting Cushion is used, reduction in number of calls to EMS, resources provided to faller, etc.)? Could you establish a referral system? Could they be involved in a local falls prevention coalition (see previous strategy)? Continue engaging your partners dedicated to falls prevention. Consider establishing a Memorandum of Understanding (MOU) with your facility partner to outline clear expectations See [Appendix G](#) for a sample MOU.

RESOURCES

FallsFreeWI.org: Falls Free Wisconsin provides falls prevention tips at the click of a button! Learn what can increase the risk for a fall and how to prevent them with screening, an interactive Home Safety Challenge, printable materials, videos and more. Promotional resources are available to spread the reach of this resource.

Local Aging & Disability Resource Center/Specialist (ADRC/ADRS): ADRCs and Tribal ADRS provide information on a variety of programs and services and can connect you with falls prevention resources like adaptive equipment, home-delivered meals, housekeeping and chore services, housing options, long-term care programs, home safety updates, transportation, and more.

Local or Tribal Health Department: Health departments have a variety of resources and can assist with falls prevention efforts, including collecting data, providing education to consumers, assisting or leading coalition efforts, and more.

Wisconsin Department of Health Services (DHS): DHS oversees the **Community EMS Program** and provides falls data via the **Wisconsin Interactive Statistics on Health (WISH) Query System**,

Wisconsin EMS Association (WEMSA): WEMSA supports and empowers EMS providers through advocacy, education and community within the EMS field to enhance service delivery and professional development.

Wisconsin State Firefighters Association (WSFA): WSFA provides firefighters throughout Wisconsin with expert assistance, peer networking, legislative support, and educational opportunities.

Wisconsin Institute for Healthy Aging (WIHA): WIHA coordinates the **Falls Free Wisconsin Coalition** and is the national disseminator of the **Stepping On** and **Pisando Fuerte** falls prevention programs.

NEXT STEPS

Work together! Use this toolkit to lead discussion and planning on collaborative ways that CBOs and EMS providers in your area can work together to prevent and reduce falls among older adults.

Did you find a strategy that works for you? Are you working collaboratively on a strategy not listed in this toolkit? We'd love to hear about it. Please contact falls@wihealthyaging.org to share.

Join the [Falls Free Wisconsin Coalition](#) if you're interested in networking with CBOs, EMS providers and others dedicated to falls prevention throughout Wisconsin.

REFERENCES

1. Wisconsin Department of Health Services. Wisconsin EMS and Falls Report (2023): <https://www.dhs.wisconsin.gov/publications/p03493.pdf>
2. Centers for Disease Control and Prevention. Facts About Falls (2025): <https://www.cdc.gov/falls/data-research/facts-stats/index.html>
3. Wisconsin Department of Health Services. Community EMS (2025): <https://www.dhs.wisconsin.gov/ems/community-ems.htm>
4. Wisconsin Department of Health Services. Wisconsin Medical Reserve Corps (2025): <https://www.dhs.wisconsin.gov/preparedness/mrc/index.htm>
5. Winnicare. ISTUMBLE® (2025): <https://mangarhealth.com/us/by-winnicare/why-falls-management-is-important-to-us-2/using-health-assessment-tools-2/>

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APPENDICES

Appendix A: Community EMS (Baldwin, WI)

- [Community Paramedic Assessments](#)
- [Leave-Behind Magnet](#)

Appendix B: Mobile Integrated Health

- **Palm Beach County, FL**
 - [Intervention Program](#)
 - [MIH Door Hanger](#)
- **Milwaukee County, WI**
 - [Policy & Standards of Care](#)

Appendix C: Integration with Healthcare System (Kenosha County, WI)

- [Data Sharing Agreement](#)
- [ImageTrend Buildout](#)
- [Sample Report](#)

Appendix D: Example Fall Prevention Referral Program (La Crosse, WI)

- [Policy & MOU](#)
- [ImageTrend Elderly Fall Worksheet](#)
- [ADRC Magnet Leave-Behind](#)

Appendix E: Using the Medical Reserve Corps/Volunteers (La Crosse, WI)

- [MRC Activation Protocol](#)

Appendix F: Steps to Safety Prevent Fire and Falls at Home (Saskatoon, Canada)

- [Volunteer Job Description](#)
- [Volunteer Application Form](#)
- [Volunteer Code of Conduct](#)

Appendix G: ISTUMBLE® and Lifting Cushions

- [ISTUMBLE Sample Work Flow](#)
- [Sample MOU](#)

Appendix H: Wisconsin DHS Falls Worksheet

- [ImageTrend Worksheet - Falls Referral One-Pager](#)
- [Fall Referral Worksheet Job Aid](#)