

Fall Risk Assessments in MIH-CP

In the U.S., falls from adults result in:



\$55 billion in healthcare costs annually



32,000 deaths annually

Falls Can Cause:

- Broken wrists, arms, ankles
- Hip fractures
- Head injuries
- Brain Trauma

Fear of falling can lead to reduced activity, which causes weakness and raises the risk of future falls.

What increases a person's risk of falls?

Low Bone Density

Eyesight

Poor Balance

Medication

Community Paramedics As a Solution:

- Community Paramedics prioritize proactive care, oftentimes in a patient's home, rather than a hospital.
- They see what doctors and, most important, elderly

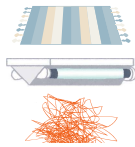
Fall Risk Assessment Steps:

1) FALL RISK ASSESSMENT (BEFORE AN INJURY)

- Identify individuals most at risk of falling, such as older adults, those

patients may not see:

- loose rugs
- poor lighting
- cluttered walkway



- They can assess can assess medical history, medications, and mobility **on the spot**.
- They're not just a responder, they're a support beam for their patients making them feel safer.

SWOT: Community Paramedics in Fall Prevention

Strengths:

- Older adults trust EMS more than other healthcare providers.
- CP's can spot risks and/or implement easy safety changes on the spot.
- Patients get more personalized care
- Great for older adults whose family members live far away.

Weaknesses:

- Requires extra training and fundings.
- Older adults may feel uneasy having EMS vehicles or personnel regularly visiting.

Opportunities:

- Reduces unnecessary hospital trips.
- CP's can share insights directly with doctors.
- Provide home safety advice in people's living spaces.
- Education and training opportunity on fall prevention resources

Threats:

- Without reimbursement, it's hard to sustain these prevention visits.
- Records from CP's may not integrate well with doctor systems.
- Some patients may resist help.

with balance issues, or mobility challenges.

- Review recent medical procedures (e.g., joint replacements, sedation) that make individuals more susceptible to falling

2) HAZARD REDUCTION

- Assess both environmental and physical risk factors and mitigate risks wherever possible.

3) EDUCATION ON EQUIPMENT AND ENVIRONMENT

- Recommend adaptive equipment or home modifications to reduce fall risk.
- Provide training on mobility aids, such as proper cane or walker usage
- Suggest changes like relocating medication to minimize the need for bending or reaching.

4) CONTINUAL REASSESSMENT OF HIGH-RISK PATIENTS

- Regular follow-ups help ensure the patient remains safe over time.
- Reassessment also helps evaluate whether interventions have been effective.
- Ongoing monitoring allows for new risks to be addressed promptly.

5) MINIMIZE TRAVEL, MAXIMIZE SAFETY

- For patients with limited mobility or wheelchair dependence, community paramedics can deliver care in-home.
- This includes contacting physicians, managing medications, and performing basic assessments, reducing the need for frequent travel.

(National Institute of Health)

