



Colorado Pediatric Preparedness for the Emergency Room (COPPER)

WHAT IS COPPER?

Colorado Pediatric Preparedness for the Emergency Room (COPPER) is a voluntary pediatric readiness recognition program for emergency departments. The program has two tiers of recognition: Pediatric Prepared and Pediatric Advanced. The main difference between the two tiers is the presence of a physician Pediatric Emergency Care Coordinator (PECC), which is required for Pediatric Advanced but not for Pediatric Prepared. COPPER was developed by EMS for Children Colorado in collaboration with several statewide partners. The program strives to help emergency departments achieve a higher level of pediatric readiness by providing key resources, support, and education.

MISSION

To help Colorado emergency departments ensure the delivery of safe, competent, and effective pediatric care by providing resources, support, guidance, and site verification.

VISION

All Colorado emergency departments will have the capability to provide safe, competent, and effective pediatric emergency care.

WHY DID WE DEVELOP COPPER?

- 69.4% of children seeking emergency care are cared for in emergency departments (EDs) that see fewer than 15 pediatric patients per day.¹
- The 2013 National Pediatric Readiness Assessment results affirmed the importance of pediatric readiness recognition programs. Hospitals recognized as being pediatric ready scored 22-24 points higher on the assessment.¹
- Presentation to hospitals with a high pediatric readiness score is associated with decreased mortality.²
- Approximately half of EDs lack a physician or nurse PECC. The presence of a PECC is strongly correlated with improved pediatric readiness.¹
- 55% of EDs report the absence of a quality improvement (QI) plan in which they address pediatric care. Among those with a QI plan, 41.7% lack specific pediatric quality indicators.¹
- In the absence of participation in a pediatric verification program, trauma center status is not predictive of higher pediatric readiness scores.¹
- Approximately half of hospitals report lacking disaster plans that include specific care needs for children.¹
- Children can't decide their circumstances or where they live. They cannot influence how the emergency medical system works when they are ill or injured... but, TOGETHER, WE CAN.

For more information:

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HOW DOES IT WORK?

1

If your hospital is interested in obtaining COPPER recognition, we recommend using the [COPPER checklist](#) to perform an initial self assessment. Use the results of the self assessment to help you decide the level of recognition you want to apply for and to identify the gaps that you will need to address to meet the criteria for that level of recognition.

2

Use the [resources](#) available from the COPPER program and the national EMS for Children [pediatric readiness toolkit](#) to help your hospital address the gaps identified in step 1. If you have questions or would like assistance addressing gaps, please feel free to contact the EMS for Children Colorado program manager using the information provided at the bottom of this page.

3

Submit the online [COPPER application, letter of commitment, and checklist](#).

4

EMS for Children staff will contact you to schedule a site visit.

5

COPPER site reviewers will conduct an in-person or virtual site visit to review various aspects of your ED's pediatric readiness.

6

COPPER site reviewers will follow up with your ED to award COPPER recognition or to provide a recommended plan of correction.

WHO DEVELOPED COPPER?



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REFERENCES

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1. Ames, S. G., Davis, B. S., Marin, J. R., Fink, E. L., Olson, L. M., Gausche-Hill, M., & Kahn, J. M. (2019). Emergency department pediatric readiness and mortality in critically ill children. *Pediatrics*, 144(3), e20190568.

DISCLAIMER

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