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### **Experience in restructuring of the rapid response team and implementation in pediatric hematology oncology outpatient area**

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The health care organizations today have to be constantly on their toes to improve the health conditions of its patients and provide with holistic health care and treatment. Moreover, with the awareness among health care consumers and patient centered approach, the safety of patients has become one of the primary concerns of health care organization. Hence, it is the core responsibility of medical settings to provide with customer wellbeing and satisfaction at all levels, since failure to rescue the patients and recognizing deterioration of their health can immediately increase the mortality rate of the health care center. In the United States, the '100,000 lives campaign' started the facilitation of Rapid Response Teams or RRT to ensure that the patients are safe and being provided with holistic approach of wellbeing through across all hospitals and medical centers. The Rapid Response Team was initially set up to ensure that hospitals maximize their service and ensure that their patients are safe. It also helps to reduce death rates in the medical centers and prevents cardiac arrests that usually occur after the symptoms of physiological deterioration. The system of RRT is a team based approach that supports the patients with the objective of instant attention and quick service to those patients who suffer from various clinical health deterioration conditions such as cardiac failure, hypotension, pulmonary edema, respiratory failure, difference in consciousness, sepsis and arrhythmias. With our hospital experience implementation, data reveals that this team based process has significantly reduced mortality rates and transfer of patients to PICU department. Hence, various health care settings have decided to install the RRT system as it provides with great advantages to the hospitals. These include: Increase in rescue incidents; less number of pediatrics codes outside critical care departments and limited unplanned transfer of patients to PICU.

#### **Biography**

Hassan Athamneh has completed his Bachelor's degree in Nursing with Postgraduate Diploma in Oncology, adding to that a 15 years of Pediatric Hematology Oncology experience as staff nurse, Charge Nurse, Manager and Clinical Nurse Educator. He is currently enrolled in a Master's degree program in Health Care Administration and Management. In addition, he is a certified AHA Instructor for Basic Life Support and also for Pediatric Advanced Life Support. He is currently working as a Clinical Nurse Educator in King Faisal Specialist Hospital and Research Centre.

Ashraf Al-Rawashdeh is a Graduate from University of Jordan with a Bachelor's degree in Nursing, working in Emergency Department in Amman. He has then joined King Faisal Specialist Hospital-Pediatric Cancer Center as Staff Nurse-I, Charge Nurse. In 2006, he started working as a Clinical Nurse Coordinator for Neuro-Oncology and Lymphoma Program as a Specialist Nurse to provide support and education to staff and patients in the specific specialty areas and in the year 2011, he has become the Head Nurse for OPD-Treatment Area with the main responsibility to direct and supervise nursing staff in provision of nursing care and ensure the availability of support services which facilitate this care. He has also worked on various projects with his team such as Patient flow project, Treatment Area Streamlining Project, Walk-in Guide line project and Restructure of Rapid Response team Process & coverage at KFNBCC.

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