

**THE PHRASE “NO NURSE AVAILABLE” SHOULD NEVER BE HEARD**

Team Leader: Heather Livingston, RN, BSN, MBA, Director of Nursing Surgical Services  
St. Jude Children’s Research Hospital, Memphis, Tennessee

Team Members: Barbara David, RN, BSN, CPN, PACU Resource Nurse;  
LeeNedra Jackson, RN, BSN, MSN, CNL, CPN, Sedation Resource Nurse;  
Michele Pike, RN, BSN, Nurse Manager Sedation Team

Frustration over delays in getting patients sedated and on the table as scheduled were voiced by the Radiation oncology staff late fall 2012. Upon review of the statistical quality data, the numbers clearly reflected table time delays that resulting from RN unavailability. On average, RN unavailability accounted for 7% of the 550(+) monthly diagnostic imaging and radiation treatment case delays. The objective of the quality improvement initiative was clear; improve patient throughput and efficiency while reducing or eliminating the number of table time delays related to an RN not being available.

Restructuring the process by which nursing personnel were assigned to pre-op/induction rooms vs. next patient in line was the biggest hurdle to overcome. The solution was not going to be easy in a department where the sedation nurses were not the primary focus of the process. A Perioperative nurses’ focus should be assessing patients for potential patient care issues or concerns as they relate to anesthesia, teaching opportunities for post-operative care, or relieving the anxieties of parents.

Through a collaborative approach, with the anesthesia and radiology departments, the sedation nurses were successful, and reduced the 7% delay to 0% in only four months. The phrase “a nurse is not available” is no longer an option for use.