

timely reminder that secure patient safety.

However, I was not used to pushing such a cumbersome cart at first, especially when the cart is taller than I, obstructing my view forward, a slight distraction and the cart can ram into walls or people. Some patients' families thought the cart was moving by itself. My hands and back often ached from pushing the cart all morning. When dispensing medication, I have to hold the barcode scanner to verify the drug, and again the barcode on patient's wristband, before confirming the correct medication to complete the procedure. The procedure could take up to an hour and half. If the Internet signal is lost during the scanning, and very often due to the unstable Internet system, the system will crash, and rebooting the system is lengthy. I was irritated by the dispensing method. I

was not familiar with the equipment and the operating system, any instability and crash would severely cripple the workflow. I would vent my anger at the IT guys as I call them over to fix the issue.

The information system is now stable and work flow smoother than ever. It only takes 30 minutes for dispensing medication, and the error rate has reduced. With nursing record automated, each shift has their own mobile cart, which decreases the instance of competing with doctors over limited computers. As long as we have the cart, we can input nursing records in the ward; not only can we spend more time observing patients, we can deal with any issues and document it in a timely manner. One cart has multiple uses. I am thankful to have such safe and fully equipped working environment.

Been Through Throes to Approve the e-Nursing Cart

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It is the second year since we implemented mobile nursing cart in East 26 Ward. Starting from December 2012, we went from novice to pro, and the complex emotions marked the process of our growth.

We should have been thrilled when given the opportunity to use this luxurious mobile cart worth approximately a million dollars (TWD). However, its "side effects" could not to be ignored: it was hard to push

due to its weight; the battery only lasted two hours; the trash can was too small; and in some areas there were no internet connection. Therefore, in the beginning, everyone was very displeased with it.

I, opposed the change simply for the sake of opposition, was agitated. I vent on the cart for any inconveniences. Fortunately, my supervisor, who was fairly tolerant, encouraged me to solve the issue instead of venting.

We began to adjust the workflow. It was difficult to verify the medicine in the beginning, and we suggested revamping it. With constant communication with the IT department, the medication administration flow was increasingly convenient, and the internet signals became stable. The system was later modified to display the drugs directly on the cart screen, hence transparent medication dispensation, and the result reflected on our medication error report: the error rate continued to plummet. The result illustrated our accomplishment and pride in utilizing mobile nursing cart, for which we are grateful, to have the opportunity to grow under a safe working environment.

There are only a few special departments not yet implemented with the mobile cart. I worked in one recently and discovered a sense of insecurity as I dispense medications, afraid that the medication would be discontinued the second I dispense it. I would always reconfirm with the 2nd generation drug

dispensing system before I redispense any medication. I was, therefore, appreciative towards the advantages of the mobile nursing cart. The implementation of new strategies would inevitable bring pain at first, but I believe that every one of us has wisdom to face the challenge, as long as we have faith.

