

# Overstretched to Overcapacity

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As we enter the third year of the pandemic, and the Omicron variant threatens our health care system (again), none of us want to hear about “resiliency” or “pivoting” anymore. We are rightfully exhausted from dealing with the disruption to our professional and personal lives. When exhausted, the short-term treatment needs to be rest, and the longer-term strategy should have us reflecting and re-evaluating where our future energies are best applied.

Writing this in early 2022, much of the discourse is about capacity in our health care systems. Omicron quickly overwhelmed testing and tracing capacity. Hospital capacity is also threatened, in part, from decades of structuring our systems to provide a vast array of services as leanly as possible. With growing populations and advancements in practice, pharmacy practice has grown. We see these trends reflected in the Hospital Pharmacy in Canada Survey—we have expanded clinically into ambulatory clinics and emergency rooms, we have added clinical duties for pharmacy technicians, and distribution services are providing more unit dose and integrating more technology. With an eye to efficiency, we have cultured ourselves to offer these services as thinly as possible.

Looking forward, we may wish to rethink the idea of the notion that all growth is good, and that leaner is always better. Have we spread ourselves too thinly? If we have no flexibility in our systems, no redundancies, we are susceptible to small surges, causing us to cut back on services we will advocate as “essential” in good times, but “expendable” during times of crisis (e.g., cutting back clinical services to support distribution if someone calls in sick). Can we realistically be all things to all patients while providing quality services, always?

Imagine a department where strategic redundancies allowed for innovation—time for project work, quality assurance efforts, precepting, or research. Would this enhance staff satisfaction and alleviate burnout as well?

Similarly, the Canadian Society of Hospital Pharmacists has been having conversations about what exactly our core businesses are, and how we determine the best way to prioritize them to enhance what we have, as opposed to growing into more. There are many excellent ideas of what we *could* do and of what we might be pretty great at doing. But the real question is whether we *should* be pursuing those activities, and if we have the resources to do them well in addition to our core businesses. Examples like government lobbying, large public education campaigns, specialized clinical practice tools—these are costly, could be done better by others, or have unclear benefits. We may be wiser to make strategic investments in solid infrastructure to share developed resources (as opposed to developing them ourselves), and to invest in strategies that will enhance current member value (as opposed to chasing ideas for new members).

It’s all about values, priorities, and choices—all worthy of our reflection to place ourselves in a position of greater strength for the future.



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