THE HUNGRY GODS GO TO THE HOSPITAL

N. Van Seters & Claude

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DAYS

EMERGENCY DEPARTMENT — PATIENT TRACKING BOARD

06:58 · shift change display

LOC	CTAS	PRESENTATION	LOS	STATUS
TR-1	2	chest pain / NYD	4h 12m	awaiting bed
TR-2	—	*(clean)*	—	ready
A-1	2	SOB, ?CHF	31h 40m	**ADMITTED — NO BED**
A-2	3	# NOF, fall	26h 05m	**ADMITTED — NO BED**
A-3	2	GI bleed	19h 22m	**ADMITTED — NO BED**
A-4	3	cellulitis	8h 51m	awaiting MRP
A-5	2	abdo pain	6h 33m	awaiting imaging
A-6	4	lac, R hand	3h 10m	awaiting suture
SA-1	3	vomiting	5h 47m	awaiting reassess
SA-2	4	UTI	7h 02m	awaiting D/C
MH-1	2	MHA s.28	22h 15m	**ADMITTED — NO BED**
PED-1	3	fever	2h 40m	awaiting MRP
HALL-A	3	?renal colic	9h 18m	awaiting bed
HALL-B	2	?PE	5h 55m	awaiting bed
HALL-C	3	back pain	11h 47m	awaiting bed
HALL-D	—	*(occupied — EHS)*	0h 41m	**OFFLOAD DELAY**
WR	—	19 waiting	—	longest wait 6h 20m

Overnight: 3 LWBS. 1 LAMA. Census 34/31 funded. Surge protocol in effect since 21:40 (Day −1).

ASSIGNMENT — DAY SHIFT 07:00–19:00

Charge RN: *(see below)* · **Site:** Langley Memorial · **Unit:** Emergency

RN	ZONE	RATIO (target / actual)
1	Trauma / Acute 1–3	1:3 / 1:5
2	Acute 4–6 / Subacute	1:4 / 1:6
3	Hallway A–D / flow	1:4 / 1:7
4	Mental Health / Peds	1:3 / 1:5
5	**VACANT — unfilled**	—
6	**VACANT — unfilled**	—

UNIT STATUS: WORKING SHORT. *Workload assessment completed 06:45. Two (2) lines unfilled; no relief available site-wide. Premium applies per Article 60. Charge to reassess q4h and escalate per Overcapacity Protocol. Return to normal census as soon as possible.*

0700

Charge

You take report standing up. If you sit down at seven in the morning you are conceding something about the day that isn't true yet, and the chairs are all being used by people who have been here longer than the furniture.

Reena hands over to me the way you'd hand someone a full glass across a crowded room — carefully, and glad to be rid of it. She has been charge all night, and she has the specific flatness of a person who stopped feeling her feet around four. She goes down the board top to bottom and I write nothing down, because there is nothing on it I can change by writing it down. There is a pen through my bun. There is always a pen through my bun; I put one there at the start of every shift and could not tell you the last time it wrote a word. It is not for writing. It is for reaching up and finding, when a call is bad enough, that my hands have somewhere to be.

"Thirty-four in thirty-one," she says. "Three of them boarding over a day. The neck-of-femur in A-2 is twenty-six hours and orthopedics knows and there's no bed upstairs. Nobody upstairs is dying fast enough." It is a bed-flow statement. The entire hospital is a set of full rooms with full rooms behind them.

The surge protocol has been running since twenty-one forty the night before, which makes the hallway spots official — HALL-A through HALL-D, printed on the board like real places. Two years ago someone in a meeting called them *inappropriate locations*. Now they have letters. A thing with a letter can be assigned to me.

"EHS in HALL-D," Reena says. "Forty minutes on the wall. Crew's still with them because I can't take the patient till I've got somewhere

to put the patient." She lets that sit. The ambulance cannot leave until I accept the patient. I cannot accept the patient until there is a bed. There is no bed. So two paramedics stand parked against my wall with a seventy-year-old on their stretcher, off the road, unavailable to the next seventy-year-old, and this is the most expensive way in the province to store a human being, and it is happening because everything is working exactly as it was built to work.

The waiting room has nineteen. The display out front — the one the public can see — is already advising people that wait times are long and they may wish to consider a closer emergency department or an urgent primary care centre. Our own sign, telling our own patients to go somewhere else. It updates itself every fifteen minutes. It is the most honest thing in the building and nobody who needs to read it can.

The automatic doors to the waiting room have been out of adjustment since spring. Facilities has a ticket. Now and then they sense someone who isn't there and slide open on the empty vestibule, hold, and close again. You stop seeing it.

"You're short two lines," Reena says, which I already know, because it is on the sheet, stamped, with a clause number, the way the contract has a word for it. *Working short.* Two of us who should be here are a fact of accounting rather than a fact of the floor. There is a premium. The premium is what the building pays instead of a nurse.

She hands me the phone and the pod keys and the last of her coffee, which is a kindness I accept, and she goes, and now it is mine.

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Here is the job, if you have never done it. I do not have patients. I have the board. I move people through the board like a man loading a ferry that is already full, and every time I put one on, the dock behind me is longer, and the ferry never leaves. I decide who gets the monitored bed — forty times a shift, who gets the one thing there is not enough of.

There is exactly one open monitored bed at 0700. TR-2, clean, ready. It is mine to give and I have known since I looked at the board that I will lose it within the hour, the way you know a held breath is going to end.

I lose it at 0741. A GP office in Aldergrove sends a woman in her fifties, heart rate her own doctor didn't like the look of. She is a two.

She is correct to be a two. She goes into TR-2. That is the last one. My hand goes to the pen in my bun and stays there a moment, which is the closest thing I have to swearing. Zero now, and zero for the rest of the day, and everyone who comes after her is someone I will fit into a place that is not a place.

Somewhere in there I notice the first of them.

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There is a man at the tracking board. Not at it the way staff are at it — glancing, cursing, moving on — but at it the way you'd stand in front of a painting you had decided to actually look at. He reads all of it. Not the top, not the reds, not the part that's on fire, which is where the rest of us look. All of it, at once. The twenty-six-hour hip. The nineteen in the waiting room. The offload crew. The kid with the fever. He isn't triaging it. He is seeing all of it at once, with the same weight — a thing I have never once managed, and I have been here eleven years.

I take him for the flow guy. The health authority has been sending people — bed-flow coordinators, patient-flow navigators, a rotating cast of clipboards from Central who arrive to look at the census and leave having looked at the census. He has the stillness of someone who has been sent. So I file him under *all-seeing*, half a joke, the way you'd name the seagull that's clearly running the parking lot, and I go back to the board.

When I glance up again he is still there, and the thing I notice — the thing I don't have time to notice — is that he never writes anything down. The clipboards always write. Writing is all the clipboards come to do. He just sees it, and it goes into him, and he does not appear to need it back.

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The monitor in A-3 has been throwing a lead-fault alarm since before I came on. A-3 is the nineteen-hour GI bleed, boarding, which means the monitor matters and also means the monitor has been on the biomed list for two days, because equipment that is keeping a boarding admit alive in an inappropriate location belongs to a queue that the location does not officially generate.

There is a man fixing it.

He is not biomed. I know biomed. He is not on my assignment sheet, which I have read the way you read a hostage note, and he is not

wearing a vendor badge, and he is not anyone, and he has the back off the monitor and his hands inside it, and he is not hurrying. He works like the alarm is not going off, which is a thing only two kinds of people can do: people who don't understand the alarm, and people who understand it better than it understands itself. His hands are very sure. I think of him, in the half-second I have to think of anyone, as the hands — as if the rest of him is just there to carry them to where they're needed.

The alarm stops. The trace comes up clean. A-3's numbers, which I have not trusted in an hour, resolve into numbers I would put my name next to.

I check the work-order system, because I have to, because if biomed didn't do it then some other department is about to bill mine. The ticket is there. It is marked *Resolved — no fault found,* time-stamped four minutes ago, closed. I did not close it. Nobody closed it. I reopen it, because the record should say a true thing at least once. I type the note. I hit save.

By the time I've moved to the next fire it has closed again. *Resolved — no fault found.* As if the system would simply prefer that nothing had been wrong, and, having no way to make that true, has decided to make it filed.

The man with the sure hands is gone. There is no work order that will ever show he was here. There is only a monitor that works, and me, knowing, and the two of those things do not add up to a record.

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And there is one more, and I almost don't count him, because he is doing nothing, and doing nothing in an emergency department is the one thing that makes you invisible.

An older man, standing near the top of the department where you can see down the length of it — the trauma bays, the acute pod, the hallway spots with their letters, the doors to the waiting room breathing open and shut. He stands dead in the traffic lane, in the one spot with the clean sightline, the spot the fire marshal is forever telling us to keep clear, and the traffic parts around him and closes again and nobody tells him to move. Nobody looks at him at all. He is not waiting for anyone; waiting has a shape and he doesn't have it. He holds nothing — no chart, no phone, no cup, no coat over the arm, none of the things a

person holds in a hospital so that their hands have a reason. His hands are empty and easy at his sides, and he stands the way a man stands at the head of a table he has sat at his whole life, counting the room without appearing to count it: how many are down, how many the room could still take.

There will not be enough. I could have told him that. It is on the sheet. It is the sheet.

I don't have a slot for him, so I give him the one you give the relatives who've been here so long they've stopped looking like visitors and started looking like fixtures — somebody's father, somebody's whole idea of a father, standing at the edge of a room full of the sick and staying out of the way. Then the phone goes, because the phone always goes, and it is patient flow upstairs wanting my numbers for the eight o'clock bed meeting, and I turn away to tell them what they already have on their own screen. When I turn back the top of the department is just the top of the department. The doors slide open on no one, hold, and close, as they have lately taken to doing. It is 0803. I have given away everything I had to give and the day has not started.

0810

Administration

There is a form for declaring that the hospital is holding more people than it was built to hold, and I have signed it so many times that my signature on it has stopped being a signature and become a kind of weather.

I am the person the site reports to. My office is on the second floor, at the quiet end of it, and it has been nineteen years since I last put my hands on a patient; the work moves you up and away from the bedside if you are any good with the paperwork, and I was good with the paperwork. That is not a confession. It is a position on the map, and I give it to you so you know where I am standing when the rest of this happens somewhere below me.

I sign it at 0810, which is later than it should be signed, because the eight o'clock bed meeting cannot properly begin until the site is formally in the condition that everyone attending the meeting has understood it to be in since roughly four in the morning. This is the first correct thing I will do today, and it will alter nothing, and both of those statements are true at the same time without either one softening the other. That is the position in full, if you would like it in a sentence: I am employed to perform correct actions that change nothing, and then to record that I have performed them, so that when the review arrives — and a review always arrives — the file will describe a hospital that responded appropriately to conditions it had no power to prevent. The record is the thing I actually produce. The care happens upstream of me, in the hands of people who are better than their circumstances. What I make, alone at a desk at ten past eight, is the account.

The protocol has a name and a set of numbered steps, and I have

done the first four before most of the building has finished its coffee. Step one is recognition, which is the polite institutional word for admitting a thing you have known for eleven hours. Step two notifies the people already in it. Step three asks the units to identify patients suitable for early discharge; the list comes back shorter than a page, because the ones who could go home went home yesterday, when we asked them then. Step four escalates. Escalation moves a problem to someone with a wider view and no greater power to solve it, and this morning I am the wider view. I escalate to myself, make a note of it, and file the note.

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The bed meeting is a telephone that several tired people are also attending in person. On the screen at the end of the room is the Visibility System, which is what we agreed to call the arrangement of coloured cells that shows, in something close to real time, every occupied and unoccupied bed across the region, so that no site can any longer privately believe its own crisis is the only one. It is an honest instrument and it has made everyone unhappier, which is frequently the effect of honest instruments.

There is a man who reads it.

He is not on the agenda. He is at these meetings as the screen is — present as a condition of the room rather than as a participant — and he stands where he can see all of it, and he sees all of it. I have watched him do this for years and I have never once seen him look for his own site first, which is the thing every other person in the region does, myself included, before we have decided to. We find our own name, our own numbers, our own fraction of the disaster; it is involuntary, like finding your own face in a photograph. He does not do it. He takes the entire board at one weight, the full regional census held level in a single glance, every ward in every town equally, and nothing in his face prefers any part of it to any other part. I have come to think of him, without affection and without unease, as the All-Seeing, because there is no other accurate word, and because a man who runs meetings learns not to spend attention on things he cannot bill for.

We go around the region. Each site reports its census as a fraction, occupied over funded, and each fraction is greater than one, and the meeting has the particular rhythm of people reading out temperatures

during a heat wave. When it is my turn I report mine, which is worse than most, and no one is surprised, because they can all see it on the screen, and the reporting is not for information. The reporting is so that it will have been reported.

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The decision this morning is a small one, which is how the serious ones usually arrive. There is a woman on a medical ward, twenty-six days past the reason she was admitted, waiting for a long-term-care bed. One has come available. It is in a facility ninety minutes from the town where her daughter lives. Under the policy she may be required to take the first appropriate bed or begin paying the daily rate herself, and the question in front of the meeting is whether this bed is appropriate. By every criterion written down, it is.

There is a man at the meeting who says so.

He is not unkind about it. That is the part I have never been able to describe to anyone who has not sat across from him. He does not deliver the ruling with regret, which would at least give the rest of us something to stand near, and he does not deliver it with satisfaction either, which would let us dislike him and feel better. He states, with complete accuracy, what is the case. The bed meets the definition. The definition is the one in force. The woman has been counted as a person occupying an acute bed she no longer needs, in a building with four ambulances on the wall and nineteen in the waiting room and a monitored bed it gave away at twenty to eight.

Every figure is true. I checked him, in the early years, the way you check a new clock against a good one, and the clock was always right, and I stopped. What he says is correct, and because it is correct there is nothing to be done but the correct thing, which is to move a frightened woman ninety minutes from her daughter. The meeting does it. I sign it. No one in the room has done anything wrong.

I think of him as the Conscience-Keeper. He keeps it the way a ledger keeps a balance. He is the reason the harm is always, impeccably, in order.

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And there is one more, and he does nothing, and I have stopped expecting him to.

An older man, near the door, where he can see down the length of the table and out through the glass to the corridor beyond it. He holds nothing. In a room where every one of us has arrived armed with the objects of our seriousness — the laptop, the printed census, the travel mug, the lanyard heavy with the little plastic proofs that we are permitted to be here — his hands are empty and rest easily at his sides, and he watches the meeting the way a man watches a table being laid, counting without seeming to count, not the beds we have but the beds we do not, the difference between the number of people and the number of places, which is the only number in the room that anyone actually feels and the only one that appears on no report. I do not know what he is. I gave up knowing years ago, around the same time I gave up finding my own site first. I call him, privately, the Allfather, because he presides over a table that is never large enough, and because he never once looks worried, which is either the deepest form of comfort or the absence of any need for it, and I have never been able to decide which, and it is 0827, and I have a signature to apply.

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The frosted doors to the executive corridor are on the same facilities ticket as half the automatic doors in the building; they have been out of true since the spring. Now and then, with no one near them, they part, hold open on the empty hallway for a moment, and draw closed again. In the meeting no one turns to look. We have all stopped turning to look. A door that opens on no one is only a door that has lost the ability to tell a person from the space where a person would be. There is a work order for it. The work order will resolve itself as no fault found, and the door will go on opening, patiently, on whoever is not there.

I sign the escalation at 0831. The signature is correct. It is filed. It notifies the region that Langley Memorial has recognised its condition and taken the appropriate steps, and this is true, every word of it, and by nine o'clock the census will be higher than it was when I signed, because recognition is not a bed, and appropriate steps are not a bed, and the account I have produced this morning, accurate in every particular, contains not one bed anywhere inside it.

The meeting ends as these meetings do, which is that it stops. People say the things people say. The screen at the end of the room holds its coloured cells, every one of them occupied, the region entire, level and

lit and full, and the man who reads it goes on reading it, taking it all at the one weight, and I gather my printed census that told me nothing I did not already know and carry it back down the corridor, through the doors, which open for me, correctly, because this time there is someone there.

0850

DISCHARGE

My job is to get people out, which sounds like the easy direction, the downhill one, and it is the single hardest thing the building does, because the hospital was made to take people in and was never really made to let them go, and every system in it — the beds, the trays, the medication rounds, the doctors who come by before eight — assumes that a patient is a temporary condition resolving in one of two directions, and I spend my days on the third direction, the one nobody drew on the plans, which is the patient who is finished with us and whom the world outside is not ready to take back.

There is a designation for them. It is called alternate level of care, which means the patient no longer needs the level of care they are in and cannot be moved to the level of care they now need, because the level they now need has no bed for them either, and so they stay, in a bed that is wrong for them, correctly identified as being in the wrong bed, on a list that I keep and update and carry into the huddle every morning, where it is received the way you receive a weather report about a season that is not going to change.

There is an older man at the back of the huddle some mornings, holding nothing, counting something whose edges I can never find. He counts the beds that aren't there, I think. It is the one tally in the building longer than mine.

I have eleven of them today. That is not a bad day. A bad day is fifteen.

Nobody upstairs believes me about the list, which is the strange part, because the list is the reason the entire thing seizes. The emergency department cannot move its admitted patients up to the wards, because

the wards are full; the wards are full because I cannot move my finished patients out; I cannot move them out because there is nowhere in the actual world to put a frail ninety-year-old who can no longer be alone and does not require a hospital. Every morning the meeting asks the wards for patients suitable for discharge, and every morning the list I send back is shorter than a page, and I am the one who makes it short, and I know exactly what it costs three floors down, where a charge nurse is giving away a monitored bed she does not have. We are the same jam seen from its two ends. She cannot get them in. I cannot get them out. We have never met.

So I spend the morning on the phone, which is the instrument of my trade the way the board is the instrument of hers.

I call home and community care about the ninety-year-old, and they are kind, and they are also a waitlist. I call the long-term-care placement line about the man in 6 who has been ready for a placement for thirty-one days, and the placement line tells me what it told me yesterday, which is that there is nothing in his catchment and that when something opens he may be required to take it wherever it is, and I write the date down, because dates are the only thing in this job that reliably accumulate. I call a daughter in Chilliwack to tell her that her mother is medically stable and cannot come home and cannot yet go anywhere else, and the daughter cries, not because she did not know, but because someone has finally said it in a sentence, and I stay on the line while she does, because staying on the line is most of what I actually have to give.

None of this is a crisis. That is the thing about the back of the building. Down in emergency it is alarms and sliding doors and the radios going; up here it is a television nobody is watching, the trolleys, the smell of oatmeal gone cold in a pantry, and the rubber-soled quiet of people who have stopped hurrying toward things that will not move. Nothing back here is fast enough to be a crisis. It is just the slow closing of a valve, patient and total, one held bed at a time.

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I do have one win today, or the shape of one. The woman in 4 is going home. She is eighty, she is steady on her feet, her daughter is coming at eleven, the paperwork is done, the prescriptions are faxed, the follow-up is booked. She is, in the language of my list,

a discharge. All that remains is to physically remove her from the building, and here is where the building, which cannot find her a place to convalesce, insists on a small and rigid ceremony: she may not walk out. Policy requires that a discharged patient be conveyed to the doors in a wheelchair, on the theory that the moment of leaving is the moment of greatest liability, and so a woman who walked three kilometres a day until the week she came in must be wheeled to the curb like cargo, and I agree with the policy, and I go to find a wheelchair.

There are no wheelchairs.

There are never any wheelchairs. This is the second great scarcity of the building, after beds, and it's somehow more insulting, because a wheelchair is not complicated and does not require a nurse, and yet they wander — into other units, into the parking garage where families borrow them and leave them, into some fourth-dimensional supply of missing wheelchairs that runs exactly parallel to the supply of missing beds. I find one at 0935 on the floor below, folded behind a linen cart, and I wheel it back up like a trophy, and by then the daughter has arrived, and the woman in 4 gets her ceremony, and goes, and her bed is stripped, and for eleven minutes there is a clean empty bed on the ward, which is the closest thing to a miracle the back of the building produces.

The man in 2 would also be going home, except that we cannot find his shoes.

He came in by ambulance three weeks ago with nothing, and his belongings since then have been a property bag and whatever the ward has scraped together, and somewhere in two room moves his shoes have entered the system that swallows shoes, and you cannot discharge a man in November without shoes, and so a placement, a bed, an entire downstream cascade of freed capacity, waits on a pair of size-ten runners that are, right now, nowhere, and I spend forty minutes of a morning that closes hospitals looking for them. This is the job in one object. The bed will not clear because of a shoe.

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There is a man in the doorway of 6.

Not the patient — the patient in 6 is the thirty-one-day placement, dozing. A man stands in the doorway itself, in the actual threshold, one foot in the corridor, and he is looking out, down the hall, past

me, toward the double doors at the end of the ward and the ordinary daylight behind them, with the particular attention of someone about to leave, someone checking the way, someone who has somewhere to be and is only pausing at the door on his way to it. He has that quality completely. Of everyone I pass in a day, he is the only one who looks like he is leaving.

He never leaves. I have seen him in a dozen doorways and it is always the same door: the door of someone who cannot go through it — the placement who has waited a month, the woman moving ninety minutes from her daughter, the man without shoes — and he stands in their thresholds looking out at the exit with all the readiness in the world, and he does not use it, and he does not fret at not using it, and he wants nothing from the door that I have ever been able to see. I've taken to calling him the Seeker, because he always looks like he is seeking the way out, and because it's easier to have a name for him than to keep noticing that I do not. He is not looking for the way out for the patient. I checked that, once, the way you check anything you are afraid to hope. He is not there to help. He is just there, at the threshold, looking off toward where I am always trying to send people, and can't.

I go around him. You learn to. He does not move for you and he does not resent your going around; he is a fixture, like the handrail, like the discharge lounge nobody uses.

The discharge lounge is at the end of the ward, a pleasant room with good chairs, built for exactly this — a place to put the discharged while they wait for their ride, so their bed can be stripped and filled an hour sooner. It is almost always empty, because to use it you must first have someone to discharge, and I don't, mostly, have someone to discharge. Its doors are automatic, and they are on the same ticket as every other automatic door in this building, and every so often, with the room empty and no one anywhere near, they sense a departure that is not happening and open, wide and willing, onto the good empty chairs, and hold, and close. I no longer clock it. It is only a door that cannot tell a leaving from the absence of one.

It is 0958. I have moved one person out of a hospital this morning and I am hunting a pair of shoes, and three floors down the doors keep opening on people who cannot get in, and up here they keep opening on the room for people who cannot get out, and somewhere between

the two the Seeker stands in a doorway, ready, going nowhere, and the list on my desk still says eleven.

0940

Ambulance

Purple is the top of the card. Purple means someone's dying now, or about to, and it's the only colour that gets us lights and siren all the way. Below Purple is Red. Below Red the card goes Orange, Yellow, Green, Blue, down into the calls that can wait and the calls that were never calls. We run maybe two Purples a shift. This is the first.

Chest pain, sixty-two, diaphoretic, per the card. That's a heart until proven otherwise. Jordan drives. I ride. We go.

The thing about a Purple is it clears the road and empties your head at the same time. No chatter. No jokes. You run the algorithm before you get there so your hands already know it. Twelve-lead. Line. Aspirin, nitro, the tray laid out in my mind before we turn onto the street.

We turn onto the street. Fire's already there.

Of course fire's already there. Fire's always already there. Their hall's four blocks closer than our post. On a Purple the card pages them too, first responder — a truck full of guys who can do CPR beats an empty street. Nobody argues with that. Everybody argues with that. It's the oldest fight in the business. We're the ones who take the patient. They're the ones who got there first. Both facts go in a report, and the reports don't always agree.

Four of them on scene. Big truck for a chest pain. Door's open, kit's out, one of them's already talking to the patient. They did the right thing. I'll still be a little annoyed about it in the truck later. Both true.

Here's the patient.

He's fine.

Not fine. But not Purple. Sixty-two, yes. Sweating, yes — because he's scared, and because he shovelled his walk at nine in the morning

in November at sixty-two, which is its own kind of Purple if you think about it. Just not the kind on the card. Pain's gone now. Was a tightness. Came on with the shovel, went off with the sitting down. Twelve-lead's clean. Clean as a whistle. I run it twice.

So now I've got a well man on a Purple, four firefighters, my partner, and a decision. He needs to come in. Workup, bloods. The thing that looks like nothing is the thing that kills people. I tell him that, plain. He doesn't want to come. He feels fine now — which he does, which is the problem.

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There's a man at his front door.

Not fire. Not family. In the doorway itself, half in, half out, looking past all of us down the street, the way you look when your ride's coming. I've seen him before. You work this city long enough, you start seeing the same few faces at the edges of calls. You stop asking. Asking's time, and time's the one drug we don't carry. I call him the Seeker, in my own head. He always looks like he's about to leave. He's always at somebody's door. He never gets in the truck.

He's at this door now. The patient's standing near him. Both looking the same way — out. Except the patient's going to let me talk him into the ambulance, and the man in the doorway never goes anywhere at all. Wants nothing off me. Wants nothing off the patient, far as I can tell, and I've learned to tell. Just stands in the door like the door's the point.

I get back to work. The door's not my call. The chest is.

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The scene's gone stupid, which scenes do. Four fire, two of us, a patient who won't sit, a spouse in the hall now, a small dog with strong opinions. Everybody's being reasonable and it's a mess anyway — too many people who all know what to do doing it in the same eight feet of hallway.

There's a fifth one from the truck. I think he's from the truck. I don't count him going in and I can't place him after. He moves through the middle of it — not fast, not doing anything I could write down — steps over the dog, past the spouse, and the jam just comes apart. Suddenly there's a lane. The patient's sitting. The stretcher's where it needs to be. Nobody gave an order. I couldn't tell you what he did, because he

didn't do anything, but he was moving, and after he moved the room worked.

Chaos-Weaver, Jordan calls him. The one time we both clocked him and said it out loud, months back. We haven't said it since. Not the kind of thing you say twice. He doesn't fix the scene. Scenes fix themselves around him, the way water finds the drain once you pull the thing that was blocking it. I don't think he's the drain. I think he's the pulling.

—

We load. The patient comes, in the end. They mostly come. Spouse follows in the car. Fire packs up the big truck for its small job, and we nod at each other — no hard feelings, all the hard feelings, see you at the next one.

I clear us on the radio. There's a call holding. Been holding a while. Went Yellow to Orange while we were inside. Somebody getting worse in a house somewhere, no truck coming. Nearest truck's this one. This one's been parked on a well man and his dog. That's the part that isn't on the card.

Downgrade the call on the tablet, Purple to something honest, because he's not dying, he's a scared man with a maybe-heart and a shovel he should've left alone. The tablet takes it. The tablet doesn't care that we ran red lights across a city for a man sitting up asking about his dog. Neither do I, mostly. That's the job. You go full send at every one, because the one time you don't is the one that was real.

Doors at the back of the rig. They shut on the patient and the spouse's scared face in the little window. We pull out. Behind us the man's still in the doorway, looking down the street. The door he's standing in swings closed on its own — slow, the way the automatic ones do now, all over this city, on nobody. He doesn't turn around. We drive the scared man to the hospital that has nowhere to put him.

It's 1012. Eleven minutes, door to door. Not bad for a Purple that wasn't.

1015

PORTERS

—

The back corridor, past the service elevators, quarter past ten. Four stretchers along one wall, occupied — the place the night overflowed to. REG and NITA come round the corner with a wheelchair between them. The wheelchair pulls left. They have both worked here longer than most of the equipment.

REG It's pulling left.

NITA They all pull left.

REG This one's got ambitions. Wants to go back down to imaging where it's warm.

NITA Don't we all.

They stop at the first stretcher. An old man, awake, looking at the ceiling.

NITA *(to him, easy)* Morning, sir. We're going to get you somewhere with a door.

REG *(low, to Nita)* Are we.

NITA *(low)* We're getting him off this wall. To a man who slept on this wall, anywhere with a door is the Ritz.

REG *(checking the sheet clipped to the stretcher)* Where's this one going?

NITA Ward, if the ward's got a bed.

REG Ward hasn't got a bed. Ward's never got a bed.

NITA Then he's going for a lovely tour and coming back to the wall.

REG Round trip. My favourite kind. *(to the man, warm)* Just a little spin, sir. See the sights.

They ease him into the chair and go. Loaded, it fights harder — Reg's heels braced, Nita's shoulder set into it, the bad wheel hauling

them at the wall step after step. They lean into the push and do not stop talking.

NITA You know we're the only ones who see the place.

REG Here we go.

NITA No — think about it. Doctor sees her patients. Nurse sees her pod. Boss sees his screen. We see the lot. Basement to roof. Every room, every day, top to bottom.

REG And what've we learned, professor, from seeing the lot.

NITA That it's all one building and nobody in it thinks so.

They pass a man crouched at a bed further down, his hands inside the frame of it, a panel off. He is not in scrubs. He is not anyone's idea of maintenance. The bed had a rail that wouldn't lock; it locks now.

REG There's your fella.

NITA Which.

REG The one who's not on any list. Fixes things and vanishes. I put a ticket in on that bed Tuesday.

NITA Ticket'll say no fault found.

REG Ticket always says no fault found. *(beat)* I've stopped putting his name on anything. Haven't got one for him anyway.

NITA Leave him to it. Never met a man made less trouble.

They keep moving. The corridor is long.

REG My grandfather did this. Same job. Different hospital, torn down now. He used to say the porter's the only honest man in the building.

NITA Because?

REG Because everyone else is paid to say the patient's getting better. We're just paid to say where he's going.

NITA *(nodding at the stretchers)* And where's this lot going?

REG *(not unkindly)* Nowhere, mostly. That's why they're here. You don't wash up on this wall on your way somewhere. You wash up on this wall because there's no somewhere left.

They reach the end. A ward door. NITA presses the plate. Nothing.

NITA Door's dead.

REG Push it.

She sets her weight low and pushes from the legs; it gives on a slow hinge. Reg backs the loaded chair through the gap, tipping it over the lip of the threshold, arms taking the weight a moment before the wheels find the floor. Further down the corridor, a set of automatic doors nobody is near sighs open on an empty stretch of hallway, holds, and closes.

NITA *(not looking)* They're doing that all over now.

REG Opening on nothing.

NITA My theory, they've given up telling who's coming. Just open for everybody. Safer.

REG *(getting the man through)* There. A door. Told you. The Ritz.

The old man says something too quiet to carry. NITA leans in, listens, straightens.

NITA He says thank you.

REG *(a breath)* Yeah. They do that. That's the part gets you, if you let it.

NITA So don't let it.

REG Twenty-six years. Working on it.

They leave the empty wheelchair against the wall, where it immediately, gently, rolls left. They go back for the next one. There is always a next one.

1050

Supply

I don't work here. I want that clear at the outset, because everyone assumes I do, and I let them, because it's easier, and because on any given Tuesday I am the only person on this unit who can tell you where anything is.

My badge says VENDOR across it in red, which is the hospital's way of warning its own staff about me, and that's fair. I do the credentialing every year — the attestations, the immunization records, the online module on the code of conduct that I could now teach — and in exchange I get a lanyard that opens the parts of the building the public never sees. That's most of it. I know those parts better than the surgeons do. A surgeon goes to two rooms his whole career. I go everywhere the trays go.

This morning the trays go through three hospitals stacked inside one. Langley Memorial opened in 1948, grew an emergency wing in 1986, and grew a bigger one in 2021, and the three of them meet at seams where the floor tile changes colour mid-stride, the ceiling drops without warning, and the room numbers give up on sequence entirely. I have two Pelican cases, forty pounds each, and a route I could walk blind. It runs downhill in every sense. You start where it's warm — the OR corridors, kept at a temperature nobody's skin agrees with — and you take the cases down, floor by floor, into the 1948 bones of the building, and the air changes as you go. Cooler. Then a smell: hot metal, wet steam, the damp of a room that boils instruments all day. The bad castor squeaks on linoleum that's been down since Mackenzie King — thud-squeak, thud-squeak — down to where sterile processing lives behind a dock door that has said OUT OF SERVICE — USE OTHER

DOOR since before I had this territory. There is no other door. There has never been another door. You knock.

—

Here is the thing about the sets I'm carrying, the thing that would keep a normal person up at night. They're consignment. That means they belong to my company right up until the second a surgeon opens one inside a patient, at which point the hospital owes us for it, and not one moment before. So a large share of what sits on this unit's shelves is, technically, mine. On loan. Present but not owned.

The hospital's own system does not know this. The item master — the list of every object the building believes itself to contain — cannot see consignment stock. It was not built to. So the true inventory of this place lives in two records that never touch: theirs, which is official and wrong, and mine, which is unofficial and right. When a nurse pulls one of my implants, someone hand-keys it into a field that was meant for something else, or doesn't, and the count drifts, and every few weeks I walk the shelves and quietly make the world match the paperwork again, or make the paperwork match the world, whichever is faster.

Nobody asked me to do this. It's not in any contract. I do it because if I don't, one day a surgeon reaches for a size that the system swears is on the shelf and it isn't, and that is a phone call I would rather never receive.

—

There's a man in the supply room when I get there, reading the shelves.

Not pulling anything. Reading them. The way you'd read a page — all of it, the mismatched official count and the real one underneath, both held at once, without a scanner, without a list. I've seen him in here before. He never touches a thing. He just seems to know, in a settled way, exactly what this room contains and what it only claims to, and it doesn't trouble him as it troubles me, because I have to reconcile it and he only has to see it. I don't have a name for him that would fit on a form. In my head he's the one who already knows the count. I leave him to it. He's better at my job than I am and he isn't after my commission.

Down the counter there's a second man, and this one's working. A loaner tray, half-assembled, and a pair of hands seating the last

instrument into its bracket and lowering the lid. No badge. No scrubs that mean anything. He clicks the case shut and the count, when I check it, because I always check it, is right — complete, correct, ready for the autoclave — and I did not build it, and I can't name anyone who did. I call him the Hand. He's the only other person in this building who keeps the kit whole for nothing, and at least I get paid for it. Professional courtesy, one ghost to another. I nod at him. He's already somewhere else.

—

At eleven I do the part of my job the compliance office pretends not to know the reason for.

I am allowed to feed these people, barely. The Medtech Canada Code says any food I bring has to be modest and strictly incidental to a genuine educational purpose, so I don't bring lunch. I book a fifteen-minute in-service on the new biopsy forceps, and incidental to that bona fide educational purpose I bring a box of coffee and two dozen Timbits, and I keep a sign-in sheet, because the sign-in sheet is the entire legal difference between education and bribery, and I have learned to love the sign-in sheet.

The box is open eleven seconds before it's under siege. This is not a snack. To a nurse who hasn't sat down since seven, a Timbit is fuel, a calorie you eat standing up with gloved-off hands between two other things, and they come for it fast and wordless — a woman I don't know takes a coffee and three chocolate-glazed without breaking stride or meeting my eye, gone before I can get out the name of the product she's here to learn about. The sign-in sheet, mercifully, does not require that they stay.

An older scrub nurse takes a double-double and tells me that when she started, the reps brought hot lunches. Real spreads. Trays of butter chicken, she says, from the good place. The Medtronic fellow once did a taco bar. She says it the way people describe a country that no longer exists, and I nod, because that country doesn't exist, the Code paved it, and now we are all here in the modest and strictly incidental present with our Timbits and our attendance records, being appropriate at each other.

The forceps I'm in-servicing have a name eleven syllables long that marketing spent real money on. I get through it once. By the time

I've finished, a nurse three feet away has looked at the thing, decided it resembles a garden tool, and named it the pruner. That is now its name. It will be the pruner in this hospital when I am dead. The eleven syllables are gone, sanded off by a woman with an armful of gowns who was not even the one I was talking to, and honestly it's a better name, and I write pruner on the box in my own head and move on.

—

I load my empty cases. On the way out I pass the loading-dock doors, the big automatic ones, and they open for me, which is polite of them, because lately they've taken to opening for no one at all — I've watched them yawn wide onto an empty ramp and hold and shut, patient about it, as every automatic door in this town seems to be lately, no longer sure who counts as arriving. Facilities has a ticket. The ticket will close itself. I know the feeling.

It's noon. I've walked maybe four kilometres inside one building, moved a hundred thousand dollars of instruments that the hospital's records will never fully see, corrected a count nobody knew was wrong, and fed a unit two dozen doughnuts within the letter of the law. Not one patient knows I exist. That's the job. The care happens in the two rooms I'm not allowed into, on the trays I spend my life keeping whole, and the building runs, in part, on a man it does not employ and cannot find on any list — which, come to think of it, makes two of us in here today, and I'm the one it can at least see.

1130 · Bed Management Note

FRASER HEALTH — LANGLEY MEMORIAL HOSPITAL Patient Flow & Capacity — Interim Bed Note

Issued: 11:30 · Distribution: Site Director; PCC / Charge, all units; Patient Flow Navigator; Admitting

Site status: Overcapacity Protocol IN EFFECT (declared 21:40 prev. day; re-affirmed at 08:00 bed meeting).

Census, acute: 36 / 31 funded. **Admitted — no inpatient bed (boarding):** 7 — ED 5, PACU 1, Medicine 1. Longest boarding LOS: 33h 10m. **BCEHS offload:** 2 crews holding as of 11:15.

Staffing: 2.0 baseline RN lines unfilled (Emergency); unit deemed Working Short per workload assessment. Mitigation: OT call-out and agency inquiry ongoing.

Surge capacity: 6 of 6 designated surge beds occupied.

Ref	Location	Occupied	Notes
S-1	ED corridor A	Y	
S-2	ED corridor B	Y	
S-3	ED corridor C	Y	
S-4	ED corridor D	Y	BCEHS offload
S-5	3E alcove, elevator lobby	Y	no O_2 headwall; portable
S-6	3E family lounge (converted)	Y	no call bell; *system flag: "inappropriate patient care location — awaiting reclassification"*

Terminology — reminder: Per regional documentation standard, patient care spaces previously recorded as "inappropriate patient care locations" are to be logged as **surge beds**. Please update boards, flowsheets, and handover notes accordingly. The prior term should no longer appear in the record.

Actions: 1. All units to identify anticipated discharges/transfers before 15:00 to decompress. (Discharge list submitted 08:50: 0 confirmed for today.) 2. Patient Flow Navigator authorized to place per surge protocol. 3. Return to normal census as soon as possible.

Next review: 15:00, tri-site bed meeting.

This note reflects a point-in-time snapshot and does not constitute a clinical record.

1150

Discharge

The bed for the man in 6 comes at 1140, which is the kind of thing you wait thirty-one days for and then it arrives while you are on hold with somebody else. It is the placement line, and a voice I have never met reads me a name and a number, flat, the way that line always reads them, like the next entry on a list that has no bottom. There is a long-term-care bed available, funded, ready to receive, and I write it down and feel the thing I always feel, which is not relief, because I have done this too long for relief, but the bracing you do before the second half of the sentence.

The second half of the sentence is where the bed is. The bed is in Hope. Hope is a real town at the far end of the health region, an hour and forty minutes east on a good day, and there are not many good days on that highway in November. The man in 6 has a wife. She is eighty-one. She does not drive the highway. She takes a bus to the hospital most days and sits with him and does the crossword he cannot do anymore and goes home, and the bed that has come for him after thirty-one days of waiting is in a town she cannot get to and back from between buses.

And here is the rule, and I know it cold, because saying it is my job. When a bed becomes available, the patient is expected to accept the first appropriate bed offered, anywhere in the region, whether or not it is near their family, whether or not it is the one they asked for. Take the far bed, or pay to keep refusing it. Those are the doors. There is not a third one.

So I go to tell his wife, which is the part of this job that no number of years ever quite files smooth. She is in the chair by the window, mid-

crossword, and she looks up with the face people get when they see me coming, because they learn what I am, they learn that the discharge lady only ever brings the one kind of news dressed as another kind.

—

I tell her plainly, because plainly is the only honest way, and because the rule does not get kinder if you slow it down. A bed has come. It is in Hope. Under the policy it is an appropriate bed — appropriate being a word the policy defines and I do not — and so it is the bed I am required to offer, and she may take it or she may keep him here and begin paying, and I say the number, because she will ask, and it is better she hears it from me sitting down than reads it off a letter three weeks from now.

She does the arithmetic everyone does, the bus and the highway and her own eyes and her own eighty-one years all going into it at once, and she says, "So I wouldn't see him." Not a question. I do not answer it, because there is no answer that is both true and bearable, and I have learned not to reach for the ones that are only one or the other.

There is a man in the doorway while I say all this. In the actual doorway of 6, in the threshold and not through it, looking down the corridor toward the daylight at the end of it, the way he always is, at the door of the one who is about to be moved through it, wanting nothing, offering nothing, just standing where the leaving would happen if leaving were a thing you could stand next to. He does not trouble me now. Today I almost envy him. He looks like he knows where the exit is.

And there is one more. I have felt this one before, upstairs, in the rooms where the numbers get decided — never down here, though, never this close to the reckoning a person actually does with her own hands. A man near the nursing station, unhurried, listening — not to me, exactly, but to the shape of the thing, the rule and the number and the wife's sums — with the look of someone quietly confirming a total. Nothing about him is cruel, and that is what makes him hard to stand near. He is not here to soften the rule and he is not here to enjoy it; he is here because the rule is accurate, and he is the one who turns up wherever an accurate and terrible thing is being carried out exactly as it is written, the way a clerk turns up at a signing —

present, unmoved, making it official. Of course he comes down here too; upstairs is only where the rules are made, and this is where one of them finally reaches a person, which is where every rule was always going. The Conscience-Keeper, someone must have named him once, and it stuck. He keeps the account. Today the account is a wife and a bus schedule and a bed in Hope, and it balances, exactly, and that is the thing about him: it always exactly balances.

—

Behind all of this, ten feet away, the morning's one good discharge is going out.

An old fellow from 8, going home, genuinely home, cleared and prescribed and steady on his feet, and because he is leaving the building the policy requires that he not be permitted to leave the building on those feet, and so a colleague of mine is wheeling him up the corridor in a wheelchair he does not need, past the window where I am telling a wife her husband is going to Hope, and the old fellow from 8 is delighted, waving at people, doing the little parade wave, monarch of the hallway, while the wheel that pulls left drags my colleague gently into the wall and she corrects and drags and corrects. It is the funniest thing on the ward and the worst thing on the ward passing within a metre of each other, and neither one looks up, because that is the building: it does all of its things at once, in the same hallway, and grants none of them the dignity of happening alone.

His wife watches the wheelchair go by, the delighted old stranger and the pulling wheel and my colleague fighting it toward the wall, that small parade crossing the window between us like weather she has no part in. For a second the crossword is in her lap and the pen is in her hand, and then she looks back at me.

"He kept his own teeth," she says, which is not about anything, and is about everything, and I do not correct the direction of it. Then she says she will need to talk to their daughter, and I say of course, and I give her the number for the placement line and the number for me, and I tell her the offer holds for a short time, which is true, and I do not tell her how short, because that part I will have to bring her tomorrow, and one impossible sentence a day is the most I will do to a person if I can help it.

—

I go to get his things ready regardless, because if the daughter says yes the transfer will move fast and nobody will have packed him. A month of a life in a hospital comes down to a property bag, the clear kind, drawstring at the top, his name on a label in marker. Slippers. A cardigan. The crossword books. A photograph someone brought so the room would have a face in it. It is not a lot. It is never a lot. I set it by the bed where the porters will find it, and I do not make more of it than it is, because it is a bag, and he is still in the bed, and the making-more-of-it is exactly the thing this job cannot afford, not because it does not matter but because it matters to everyone all day and you would not survive feeling each one.

The man in the doorway is still there when I leave. So is the other one, by the station, patient as arithmetic. The old fellow from 8 is out at the curb by now in his unnecessary chair, going home to his own teeth and his own bed. And the bed in Hope sits empty a hundred kilometres east, funded and ready and correct by every measure the region keeps, waiting on a yes that an eighty-one-year-old with a bus schedule has until roughly tomorrow to give.

It is 1224. I have one good discharge, one bed I cannot in conscience celebrate, and a wife doing sums by a window. Back of the building. Nothing here is fast enough to be a crisis.

1240

Ambulance

Second Purple of the shift, and this one's real. Eighty-one, facial droop, arm drift, slurred — stroke till proven otherwise, and time is brain. We did it right. Did it fast. Scooped and ran and pre-alerted and got her through the bay doors inside the window that matters. Textbook. Best twenty minutes of medicine you'll see all day.

Then we hit the wall.

The wall's not a metaphor. It's a length of ED corridor with tape on the floor and a laminated sign that says AMBULANCE OFFLOAD. Past that tape, the patient stops being the road's problem and starts being the building's. To cross it, somebody inside has to take her. Take her means a bed, a nurse, a name in a system. There's no bed. So we don't cross. We park on it.

We park on the wall with our stroke.

—

Here's how you store a critically ill person in this province. Top of the art. You keep her on our stretcher. You keep us standing next to her — two medics, one ambulance, forty grand of rolling ICU — because legally she's still ours. Not the hospital's. Ours. Till a nurse says the words and signs the thing, we own this woman. We can't leave her. So we can't leave.

Jordan says it best, which is to say he says nothing. Looks at the ceiling. Breathes out through his nose.

The clock starts. Offload clock. Minutes into a report, report into a dashboard. That's how the province agreed to feel bad about this without fixing it. Ten minutes. Twenty. Somewhere a spreadsheet's turning our morning orange. She's stable — the one mercy — and

stable on a wall's still stable, so I chart her every five like she's in a resus bay. On paper she is. A resus bay with wheels. Parked. In a corridor that smells of hand gel and other people's lunch.

—

We're not alone. Nobody tells you that part. Another crew twenty feet down, been there since eleven, a chest pain going soft. They nod at us the way you nod at another family at a funeral. Welcome. Terrible. Sit anywhere. Two ambulances, four medics, two patients, zero beds, one hallway. It's a waiting room. We built a waiting room for ambulances and didn't tell the ambulances.

"How long you on the wall?" the other medic asks.

"Just landed."

"Amateurs. We've got tenure."

Dispatch comes up in my ear, bright as a game show. Two calls holding. A fall, a maybe-OD. Can we clear. Can we clear. I key up and say the truest sentence in the job — negative, still on the wall at Langley, no offload — and dispatch says copy in the voice of a man writing down a number he already knew. So I stand there. An overdose crackling in one ear. In the other, the actual hallway: the espresso machine hissing at the lobby cart, the clink of change, somebody ordering a medium half-sweet. Somewhere a fall waits for a truck parked forty feet from a muffin display.

—

There's a man at the top of the corridor, where he can see the run of it — the tape, the two crews, the tracking board glowing behind the desk with its columns of the admitted and unbedded. Older. Empty hands. I clocked him on the wall once before, and I'll clock him again; he turns up wherever the count comes short. He's not counting people. Anyone can count people. He's counting the gap between the people and the places to put them — the one number in this building that never comes out even — and he stands there wearing it, calm as a man reading tide tables while the tide doesn't come in. We live inside the clock — time is brain, golden hour, seconds shaved off a scene — and he stands in the middle of it like the clock is a thing that happens to other people. Everything in us is racing. Nothing in him is.

He doesn't help. I don't look to the ones like him for help. He just marks where the not-enough is. Today the not-enough is a bed for a

stroke, and he's standing in it.

—

She waits fifty-five minutes.

Fifty-five, bay doors to a nurse saying the words. And nobody did anything wrong — I want that clear. The charge nurse who finally takes her looks like she hasn't exhaled since dawn. She found the bed by wheeling another human being out into a hallway with a letter on it. Everybody in this hall is good at the job, and the job's impossible, and both keep being true at once.

The nurse signs. The woman becomes the building's. Line crossed.

And there's your punchline. Eight this morning we ran red lights across a city for a well man with a shovel, and nobody blinked. Then we ran the real one — the actual stroke, the thing the colour-coded cathedral is built for — and the medicine took twenty minutes and the wall took fifty-five. Fastest thing we did all day was the part that didn't matter. Slowest was the part that did.

We strip the stretcher. Clean the truck. Clear on the radio, finally, into a queue that grew a foot while we stood still.

The bay doors open to let us out. Then, behind us, they open again — on nobody, patient, unhurried, as is their custom lately. Admitting the empty air. The one thing this place has room for.

1355. Back in service. There's a fall holding in Willoughby about to find out how good our twenty minutes are. Once we get there.

1330

PORTERS

The third-floor corridor, half past one. REG and NITA push an occupied bed — a man, seventyish, dozing, an IV pole rattling along at the head of it. They are moving with purpose, which for them is rare and faintly ominous. The bed, like everything with wheels in this building, wants to go left.

REG Remind me where we're putting him.

NITA 3E. The lounge.

REG The lounge isn't a room.

NITA It's a room today. Board says S-6. Surge bed.

REG It has a television and a vending machine and a sofa nobody's ever been allowed to sit on. It is a lounge.

NITA It's a surge bed now, with a lovely view of a vending machine.

They turn the bed. The IV pole clips the doorframe, as it must.

REG There's no call bell in there.

NITA No.

REG So how's he meant to call anyone.

NITA He shouts, Reg. Or he waves. Or he waits, like everyone else, until somebody happens by with a bed going left.

REG *(to the dozing man, kindly)* You hear that, chief? Anything goes wrong, you sing out. We're putting you in the entertainment wing.

They ease him in. Between the sofa and the silent television, the bed just fits. The vending machine in the corner hums on, steady as a bad fridge, and as NITA sets the brake it clunks — a can dropping into the tray that nobody ordered — and settles back to its hum. REG hangs the chart on a hook that was designed for a coat.

NITA Home sweet surge bed.

REG My grandfather'd have a word for this.

NITA Your grandfather had a word for everything. That was his whole job, far as I can tell.

REG He'd say the room's the same room it always was. We just changed what we're allowed to call it. Lounge on Tuesday, surge bed on Wednesday, same carpet, same smell, same telly nobody watches.

NITA And the man?

REG The man's the man. He doesn't care what's printed on the door. He cares whether anyone comes when he waves.

They step back into the corridor. Down the hall, in the open doorway of a linen closet — not a patient's door, just a doorway — a figure stands in it, neither in the room nor out of it, looking off down the corridor toward the daylight, going nowhere.

NITA He's back.

REG Who.

NITA Doorway fella. Always in a doorway. Never in the room, never in the hall. Just the doorway.

REG *(squinting)* Never seen him carry a thing. Never seen him push a thing. Never seen him so much as hold a door.

NITA Stands in them, mind. All day.

REG Worst porter I ever saw. Twenty years I'd have him gone.

They pass him. He does not look at them. They do not slow.

NITA Where's this one going, then? *(nodding back at the lounge)*

REG Nowhere, for now. That's the good outcome, this shift. The bad ones are the ones that are going somewhere.

NITA *(a beat)* Don't start.

REG I'm not starting. I'm just saying, morning we take them up. Afternoon we take them sideways, into lounges. And there's a third direction, and it's quiet down that end, and we do that one too.

NITA We're not there yet. It's half one.

REG It's always half one, until it isn't.

The service doors at the end of the corridor open on their own, on nobody, hold, and shut — the building clearing its throat. Neither of them turns. NITA claps the dust off her hands.

NITA Right. Next.

REG There's always a next.

They go back the way they came. The empty bed pulls left, as it always does, and this time neither of them fights it — they just let it take them, gently, off true, the way you stop arguing with a thing that has beaten you fair.

1410

Supply

To be in the room where they open a person, I need three things: a hat, a mask, and permission from a database in Ontario that has decided I am who my company says I am. The credentialing portal calls me an Approved Vendor Representative, which is the longest way anyone has ever said salesman. My attestations are current. My flu shot is on file. I have watched the video about not touching the sterile field so many times I could narrate it. And so a door unlocks, and a man who does not work here is allowed to stand two feet from an open knee and tell the surgeon how his own product goes together.

That is the job nobody believes when I describe it at parties.

—

The knee belongs to a woman in her sixties. The surgeon is good, genuinely good, and he is also on his fourth case since seven and his blood sugar is a rumour, and my system — the trays, the trial components, the eleven sizes of a thing that comes in eleven sizes for a reason — is my system, and I know it the way he knows anatomy — in my sleep, better right now than he does, because he has four knees in him today and I have this one.

He doesn't ask me out loud. Good ones never do. He just pauses a half-second longer than the step requires, and I say the size, low, like I'm agreeing with something he already said, and he takes it, and the rhythm holds. Up-size on the femur. He was going to get there. I get him there a beat sooner, and the beat is the woman's tourniquet time, and nobody will ever write down that the beat came from the man by the wall in the borrowed hat.

People imagine surgery as delicate. This part isn't. This part is wet carpentry. The saw goes and the room fills with the burnt smell of cut bone; someone mixes the cement, the acrylic, and it hits the back of the throat like a model-aeroplane kit set alight, sweet and chemical and everywhere; and the mallet comes down on the trial — thock, thock, thock, a man building a deck on a Saturday — while I stand in the middle of the noise and murmur a millimetre nobody three feet away could hear. That is the job. The loudest room in the building, and the most important thing said in it is a whisper.

"Hand me the—" the surgeon says, and stops, because the thing has a name eleven syllables long and nobody in this room has ever once used it.

"The pruner," says the scrub nurse, and passes it, and it is the pruner, forever, world without end.

—

It nearly goes smooth, and then a resident at the second table, young, sharp, the kind who reads the actual papers, glances at the box my components came in and reads the claim off the side of it. Thirty per cent better fixation. She says it back to me as a question. Thirty per cent better than what, and in whose study, and what was the n.

And I know the answer, that's the awful part. The n was small. The comparator was our own last model. The study was ours. I could say all that. What I actually say is that I'd be glad to send her the published data, which is true, and which we both understand to mean that the number on the box is a number on the box, and she nods, not unkindly, the way you nod at a man doing a job you're glad isn't yours, and goes back to the knee. She caught me clean. I've been caught by better and I've been caught by worse and the sharp ones I don't mind. The sharp ones keep it honest, or as honest as a box with a number on it gets.

—

There's a set on the back table that I did not lay out.

I know because I lay out my own sets — it's mine to know, every tray, every count, ten thousand dollars of borrowed steel arranged so that when the surgeon's hand comes down the instrument is already rising to meet it. But there's a tray at the back, complete, checked, its indicator strip turned the right colour, and I didn't build it and the tech who I thought built it is scrubbed in across the room and hasn't

touched it in twenty minutes. Somebody finished it. The count is right. The count is always right when he's been through, the man with the sure hands, in and gone, no badge, no name on the log, leaving behind him only the thing I spend my life chasing: a set that is simply, quietly, complete.

I don't chase him anymore. We're in the same business, him and me — keeping the steel whole so the person on the table never learns how close the supply chain runs to empty. The difference is I bill for it and he doesn't, and I get a lanyard and he gets nothing, and neither of us appears in the part of the record that says who saved the afternoon.

—

The knee closes. Good result. It'll be a good result — she'll walk on it, garden on it, forget the long clinical name she never knew was inside her, forget the pruner, forget me most of all, which is correct, because the point of me is to be forgotten by the person I'm here for and remembered only by procurement.

I break down my trays. What got opened, I log; what got implanted, the hospital now owes us for, and not a second before. The rest goes back in the Pelican cases to be sterilized somewhere and driven to the next knee in the next town. The OR doors sweep open to let me out and, a moment later, with the corridor empty, sweep open again on no one, hold, and close, as they have been doing all over this building, admitting whoever isn't there.

Two-forty. One knee down. I've got a shoulder in Abbotsford at four and a car that knows the way — out east up the valley, where the November cloud is already coming down over the mountains like a lid, turning the drive into a decision.

1500

Administration

—

At three o'clock the region gathers on a telephone to look at a wall it is already looking at.

This is the tri-site bed meeting, and it exists because someone once decided that three hospitals in trouble separately should be in trouble together, on a schedule, with minutes. We each dial in and open the same dashboard — the Visibility System, the shared screen of coloured cells that shows every bed in the region occupied or not — and then we take turns describing to one another the screen we are all already looking at, out loud, as though the others might not have believed it without narration.

There is a man at my end of the table who does not dial in and does not narrate. He simply reads the screen, all of it, the way he read it this morning, every site at once and none of them first. I have given up wondering how he holds the region level, every site of it, in one look. It is enough that he does, and that he never once tries to talk anyone out of what is on it.

We go around. Site by site, each of us reads our fraction aloud — patients over funded beds, a number greater than one — and the meeting receives each fraction with the small collective grunt of people who already knew. My site is at thirty-eight over thirty-one, up from thirty-six at half past eleven and certain to be worse by five, and I read the fraction aloud in my turn, and it is not information; it is liturgy.

—

The agenda has an item today that I have been dreading in the specific, administrative way one dreads a wording.

Item four: *Standardization of surge-capacity nomenclature.* The region would like all sites to record unconventional care spaces using the agreed term, which is *surge bed*, and to retire the older terms, which appeared in various local logs and which include — someone reads them into the minutes, in a level voice, for the record — "hallway spot," "unfunded overflow," and "inappropriate patient care location." There will not be inappropriate locations. Not because the locations have changed. Because the word has been retired, and a word you have retired cannot appear in an audit, and a thing that cannot appear in an audit has, for the purposes that matter to a region, stopped happening.

I record the change. That is my function. I am the man who writes down that we have agreed to call it something else.

And item four has a practical edge, because my site has, as of ninety minutes ago, an actual person in what the minutes will now call a surge bed and what the floor calls the third-floor family lounge — a room with a television, a vending machine, and no call bell. The question that reaches the meeting, carried up from a charge nurse who had the nerve to ask it, is whether a room with no way to summon help meets the standard for a patient who is, by definition, there because he might need to summon help.

It is a good question. It is, in fact, the only question. And the meeting turns, as a meeting does, toward the person whose job is to answer questions like it with a number.

—

The Patient Flow Navigator is a real title and a real power. She is the one person in the building authorized to place a patient into a space that is not, strictly, a place — to look at a lounge and, by the act of assigning it, make it a bed. It is the closest thing to magic the institution retains. She can conjure a bed by deciding a room is one. She is very good, and very tired, and she does not enjoy the trick, and she does it anyway, because the alternative is a stroke on a wall for fifty-five minutes, which we also did today.

She hesitates on the lounge. The no-call-bell. You can hear her not wanting to. I think of the man they wheeled into that room ninety minutes ago — under the dead television, beside the vending machine, no button within reach, waiting on the mercy of someone pushing a

cart past the door — and I keep the picture to myself, because it is not on the agenda.

And the man at the end of the table, who has said nothing in eleven months of these meetings, who I have watched sit through every escalation without a sound, speaks.

"Section nine," he says. "A space may be used when it has been assessed as safe by the site. This space has been assessed as safe by the site."

That is all. Two sentences. His voice is flat and clean, no weight on any word, the sound of a coin set down on a counter — and it is correct. It is exactly correct. Section nine says what he says it says. The space was assessed; the assessment exists; the assessment said safe, because the assessment was performed by us, against a standard written by us, on an afternoon when the only unsafe thing available was the alternative. He has not argued. He has not urged. He has simply stated the case, accurately, and the accuracy closes the room like a hand closing, and the Navigator writes the placement, and item four is carried, and I understand for the first time in eleven months why I have never been able to look directly at him. He is not on anyone's side. He is only on the side of what is true, in a building where what is true and what is bearable stopped being the same thing sometime before I arrived.

—

Item five is the Foundation.

We move, without a seam, from placing a man in a lounge with no call bell to approving the program for the Giving Hearts Gala, at which we will raise money for a surgical scope, because the scope is the kind of thing a community will buy you and a nurse's line is not, and I note the motion and record the approval, and somewhere in me a small clerk observes that we have just, in one meeting, in consecutive items, agreed both that we cannot afford a call bell for the third floor and that we will hold a banquet to purchase a camera for the fifth. Both are true. Both are minuted. The minutes do not find them funny, and neither, by three-forty, do I.

The meeting ends the only way it can, the hour up. People sign off. The screen holds, every cell of it lit and occupied, the region entire and full, and the man who reads it goes on reading it.

I gather my papers. The frosted doors to the corridor, still on the same ticket they have been on since spring, open ahead of me onto no one, hold, and shut, admitting the empty hall — and then open again, correctly, for me, because I am there. The census is thirty-nine now. It was thirty-four at seven. Every step we took today was taken correctly, and the number has gone up all day, and I have the minutes to prove we responded.

1700

DISCHARGE

At twenty to five, after a full day of it, I win one.

That is the word we use — win — as though placement were a sport and not a phone tree with a hold system, but there is no better word for what happens when the long-term-care line calls back at 16:40 and says yes, we have a bed, funded, ready, we can take Mrs. Adeyemi tomorrow morning, and means it. A bed. An actual bed in an actual facility, twenty minutes from her son, who will be able to visit her on his way home from work for whatever time she has left, and I get to be the one who telephones him and says the good version of the sentence for once, and he goes quiet the way people go quiet when the news is, against all the evidence of the day, kind. It happens — not often, not lately, but it happens — and when it does the trick is to feel it fast, because the feeling has a short shelf life in this building and something is already on its way to take it.

—

Here is what winning does, mechanically, to the hospital.

Mrs. Adeyemi is on a medical ward, in a real funded bed, one of the beds the entire building has been fighting over since before dawn. When she transfers out tomorrow, that bed comes empty. For a moment — and I have seen this on the flow screen, I know exactly what it looks like — her bed will go from occupied to clean, from a name to a blank, a single white unblemished square of light on a board three floors down, the rarest thing we grow here, an empty bed in a full house. It will be beautiful. It will last, I would estimate, under four minutes.

Because the instant that square goes white, it is not mine. It is not the ward's. It belongs to patient flow, to the Navigator and her

authority, and there are eleven admitted patients boarding downstairs and a stroke who spent fifty-five minutes on a wall this afternoon and an entire department of people who have been promised a bed by a system that has run out of them, and the square will be filled before the porter has finished stripping it, filled by someone who has been waiting longer and sicker, and that is correct, that is exactly what should happen, and it means my win — Mrs. Adeyemi going home-adjacent to her son — changes the number of available beds in this hospital by, at the close of business, zero.

I won one, and the census will not move. Both of those are true, and I have stopped needing them to reconcile.

—

There is the man in the doorway.

Of course there is. Mrs. Adeyemi's doorway, this time, and he stands in it the way he stands in all of them, half in, half out, looking down the corridor at the exit as though he can see straight through the walls to the parking lot and the road and the twenty minutes to the facility near her son. He is the only one on the ward who looks pleased about a departure, if pleased is even the word, which it is not, because there is nothing on his face at all — just that same readiness, that same air of a man whose ride is finally, definitely coming. For the first time in a long time we want the same thing, the doorway and I, which is that somebody is getting out, tomorrow, if the paperwork clears.

The paperwork will not clear tomorrow, because the paperwork has to clear today, and it is now 16:52.

—

My office closes at five.

Not the hospital. The hospital does not close; the hospital has never closed; the front doors of this place have been admitting the sick without interruption since 1948 and will go on admitting them tonight, all night, an ambulance every little while, a walk-in every few minutes, the intake side of this building running twenty-four hours a day, three hundred and sixty-five days a year, a machine with no off switch. But the getting-out side, my side, the discharge and placement and transfer side — that keeps office hours. We go home at five, and so does community care, and the placement lines close, and the facilities stop answering their phones. From five o'clock tonight until eight o'clock

tomorrow, this hospital can only fill. For fifteen hours it is a bucket with an inlet and no drain, and everyone acts surprised, every single morning, to find it fuller.

So I do not get to savour Mrs. Adeyemi; I get to race her instead, against my own office and its five o'clock. I have eight minutes to lodge the transfer, fax the facility, print the med rec, and flag the file so that tomorrow's day shift finishes what tonight cannot — eight minutes against a laser printer that spends the first thirty of them warming a fuser it has warmed ten thousand times, and a fax machine that finds the facility's line busy and redials, serene, on its own schedule, a machine from another century doing the one job left in the building that still, reliably, completes — and I am in the middle of exactly that, feeding it, willing it, when the phone goes and it is not about a bed at all. It is about a car.

—

It is a daughter, and her mother has been up on the ward eleven days, and she has been parking in the hospital lot for eleven days at four dollars an hour because the bus does not work with her shifts, and the lot is run by a company — not the hospital, a company, the hospital merely owns the asphalt and rents out the misery — and this daughter has just come down to a forty-dollar ticket on her windshield for a permit she did not know she needed, and she is crying in a way that isn't really about the ticket.

And there is a form for this. Of course there is a form for this. It is a parking-hardship application, and I keep a stack of them, and it can, if approved, reduce the daily rate for families of long-stay patients, and I sit down with three minutes left on my own clock and help her fill it out, line by line, because it is the one entirely fixable problem anyone has handed me all day, a problem with a form that actually works, and I would fill out forty of them to have, just once, a thing I can simply solve. We finish it, and she thanks me, and somewhere out in the lot the company that is not the hospital is already writing another one.

It is 17:04. I get back to my desk and lodge the transfer with the last of the clock — the fax away, the med rec printed, the file flagged for the morning — and it is done, technically, all of it, everything today asked of me. Mrs. Adeyemi goes tomorrow, to her bed, her son, her twenty minutes. That part I won, and unlike the bed, unlike the census,

unlike very nearly everything else in this building, it is the one thing I caught today that the place cannot quietly fold back into the count.

The discharge lounge is dark when I pass it. The good chairs, the empty room built for leaving. Its automatic doors, sensing the day is done, or sensing nothing, open once on the darkness, hold, and close.

I won one today. I want that on the record, wherever the record is that keeps this kind of thing. I won one. The building did not notice. There is always tomorrow, which in this job is not a comfort but a shift, and mine is over, and the man is still in the doorway when I put on my coat, looking down the hall at a road only he can see, waiting, like all of us, for the morning.

1730 · Emergency Wait Times

FRASER HEALTH · EMERGENCY WAIT TIMES *Live display — waiting room and fraserhealth.ca · refreshes every 15 minutes*
Last updated: **17:31**

LANGLEY MEMORIAL HOSPITAL

Patients currently in the waiting room: **41** Estimated wait to see a physician: **8+ hours**
Wait times are generated automatically from current volumes using predictive modelling and are provided for planning purposes only. They are not a clinical assessment.
Patients are seen in order of medical need, not order of arrival. The most seriously ill or injured are always seen first. Your estimated wait may change, and may increase.

Long wait today? You may wish to consider your options.
Nearby emergency departments:

Site	Estimated wait
Surrey Memorial	9+ hours
Abbotsford Regional	7+ hours
Peace Arch (White Rock)	6+ hours
Ridge Meadows	7+ hours

Other ways to get care for non-emergencies:
- **Urgent and Primary Care Centre (UPCC)** — for urgent but non-life-threatening needs - **8-1-1 (HealthLink BC)** — talk to a registered nurse, free, 24/7 - **Your pharmacist** — can now assess and prescribe for many minor ailments (UTIs, cold sores, pink eye, and more)

Did you know? Most sore throats, earaches, and urinary tract infections can be safely managed without a visit to the Emergency Department.
Help us help you: please keep the aisles clear and let our team know right away if your condition changes.

If you think you are having a medical emergency, do not leave — remain in the waiting room and notify triage of any change in how you feel. Thank you for your patience.

1815

Charge

Six o'clock is when the day decides what kind of night it's going to be, and it decides by sending everyone at once.

The board's been climbing since five. Forty-one in the waiting room. The evening rush is a real thing, not a feeling — people finish work, find they've been ignoring the chest thing all day, and arrive together, so that between six and eight I get a week's worth of arrivals in the shape of a wave. I'm still Working Short. The two empty lines on the sheet are still empty. No one is coming to fill them, because there is nobody, because the entire province is Working Short, and we are just the branch of it I can see from here.

So I am running flow, and running the wave, and I have a pen in my bun I still have not written with, when the overhead goes.

—

Code White, Emergency. Code White, Emergency.

It's my code. I called it four seconds ago, into the phone, and now it comes back at me out of the ceiling, in the calm robot voice they keep for the end of the world. Violence, it means. Agitated patient, staff at risk, come running. And it is, in this case, a man in his fifties who has waited six hours with a headache, who stopped being able to hold the six hours, and picked up a chair.

Here is the thing nobody tells you about a Code White. Most of it is choreography. The team comes — security, a couple of big calm guys who de-escalate mostly by being big and calm and numerous, a clinician, whoever's free — and the arriving is half the medicine. A crowd of unbothered people is its own sedative. The man with the chair is not a criminal. He is a man at the end of a rope the length of six

hours, and the trick, the only trick, is to make the room boring again fast, before boring becomes the other thing.

In the waiting room, a family who came in for something else hears *Code White* over their heads, and then, a minute later, hears me tell a colleague *not a Code Blue, we are fine, nobody's coding.* I watch them try to sort the colours. They have a cousin who is a paramedic, who talks about Purples. So now it is white and blue and purple, all meaning different emergencies in different buildings, a rainbow of ways to say *someone here is having the worst day of their life* — and none of it decoded on the one sign they can read, which still says the wait is eight hours. A little kid asks his mum what colour they are. His mum says they're not any colour, love, we're just waiting. Best triage I've heard all day.

—

The chair goes down. Not because of anything clean. This is the part I can never write in the incident report, and there's always an incident report, the Code White generates more paper than the headache ever would.

There's a man in it. Not staff, not security — there's always one more person than I counted, and he's just there, in the middle of the jammed-up knot of it, the man with the headache and the two big calm guys and the clinician all locked in the geometry of not-quite-touching, and he moves. That's all. Not toward anyone. Not fast. He just crosses through the middle of the thing on his way to nowhere, and the knot that was one wrong word from going bad simply comes loose behind him, the way a snag comes out of a line when you stop pulling and someone else, walking past, happens to bump it free. The man sets the chair down. Sits in it. Starts to cry, which is what the anger was all along, wearing a coat.

I do not know what the moving man did. I have watched it happen twice now and I could not tell you what he does, because he does not do anything, he just goes through, and things come unstuck in his wake, the way a line goes slack when whatever it was snagged on drifts off. I've stopped trying to catch him at it. You cannot put *a man walked past and it got better* in a report. The report will say the team de-escalated the patient. The team will believe it. Fine. Let them. Somebody has to be able to explain the afternoon, and it is not going to be me.

—

And all through it — this is the part — the floor does not stop.

The bed-flow phone rings in the middle of the Code White. Patient flow upstairs does not watch my overhead codes; patient flow watches a screen, and the screen wants to know if I can take an admit. So I am holding a phone in one hand and a de-escalation in my sightline. A nurse needs a co-sign. A GP's fax wants to know why we have not seen his patient. None of it waits. A Code White is not a break in the shift. It's a thing that happens *inside* the shift, on top of it, while the shift keeps invoicing.

My hand goes to the pen. Doesn't take it out. Just checks it's there, the way you check a step in the dark.

—

At the top of the hour I make the placement I've been not-making for twenty minutes.

There is an admit with nowhere to go — has to come up off the ambulance, the crew has been on the wall long enough — and the only bed I can generate is one I make as we make them now, by moving a quieter patient out of a real bay and into the hall, into a spot with a letter on it, correctly, per protocol, with the paperwork that says it is a surge bed and the eyes that say it is a hallway. I sign it. A person who was in a room is now in a corridor so that a person on a wall can be in the room. That is not a solution. It is a shell game with bodies, and I am, tonight, extremely good at it, which is not a thing I will be putting on a résumé.

The man with the headache goes to psych liaison, calmer, seen, six hours late. The chair goes back against the wall. The waiting room resets its faces. The board says forty-three.

It is 1907. The wave has not crested. Somewhere down the hall a set of doors opens on nobody and shuts again, patient as ever, and I do not look, because I have a bed to find and no beds to find it in. My hand goes to the pen in my bun, finds it, leaves it. Still nothing to write. The night, which has now decided what it's going to be, is barely getting started.

NIGHTS

1915

PORTERS

—

The service corridor at the far end of the basement, a little after seven. The lights down here are the old fluorescent kind and half of them are out, so the hall comes in patches. REG and NITA move slowly with a covered trolley, the shape on it plain and, by long habit, unremarked. This is the one trip they always make at this pace, and nobody ever told them to.

REG Where's this one going?

NITA You know where.

REG I do. I like it said proper, though. Where's this one going?

NITA Down.

A beat. The trolley's bad wheel, for once, behaves.

REG Morning we take them up. Afternoon, sideways. And here's the third way, like I said. Quiet down this end.

NITA You did say.

REG Twenty-six years I've been saying it. One of these shifts somebody'll listen.

—

NITA Who is she.

REG *(checking the band, gently, not lifting the cover)* Mrs. Reyes. Ward three. The one always did the crossword out loud so the fella next to her could play along, and he couldn't see the clues, so she read them out and he'd shout the answers and get half of them wrong on purpose to make her laugh. That one.

NITA I liked her.

REG Everyone liked her. She had ninety years of practice being liked.

NITA *(to the covered shape, easy, unembarrassed)* All right, love. We've got you. Nice and slow.

They go. It is not a joke and it is not a performance; it is simply how they were both taught, by nobody, that you talk to a person you are moving whether or not the person can hear it.

REG You ever notice — none of them come down here.

NITA None of who.

REG The odd ones. Him in the doorways. The old boy who's always counting. The fella that fixes what isn't broke and vanishes. All day they're everywhere, underfoot, at every bed and every meeting, and you get down to this end, this trip, and it's just us. Every time. Just us and the wheel that pulls left.

NITA Maybe there's nothing here for them.

REG Maybe there's nothing here to watch. It's already happened. Nothing to count, nothing to fix, nobody in the doorway looking for the way out — because she found it, didn't she. Went straight through the one door in this building that isn't on a ticket.

NITA Listen to you.

REG I have my moments. Down here I have my moments.

—

They reach the end of the corridor. The door to the morgue is not automatic. It is a heavy manual door with a proper handle, the only door in the building, as far as either of them knows, that will not open unless a living hand decides to open it. REG stops in front of it. Sets his knuckles to it, twice — knock, knock — soft, a habit, a courtesy to whoever is on the other side of it, living or otherwise.

NITA Nobody in there but Gurpreet and the fridge.

REG Manners are manners.

He opens it. The cold comes out to meet them, and the light in there is better than the light in the hall, which is the one thing this building gets backwards that Reg has ever approved of.

NITA *(easing the trolley through)* Mind the lip.

REG *(to the shape, last thing, quiet)* There you go, Mrs. Reyes. End of the crossword. You did all right.

The door swings shut behind them on its own weight — no sensor, no confusion, no admitting of empty air, just a heavy honest door doing the one thing a door is for. In the dark hall, the bad wheel leaves a single curved track through the dust, bending, as everything in this place bends, gently left.

1930

The Giving Hearts Gala

At half past seven, while my emergency department holds forty-three people it cannot fit and a stroke waits on a wall, I am in a banquet hall in Cloverdale, in a rented tuxedo, applauding.

This is not a dereliction. This is my job too — the other half of it, the half nobody films. The floor is run by people better than me, and while they run it I am here, at the Giving Hearts Gala, in the Mirage Banquet Hall, being gracious at three hundred people who are about to give my hospital more money in one evening than the province will find for it all year, and who deserve, for that, every ounce of grace I can rent along with the tuxedo.

The room is magnificent. The warmth of it hits you at the door — light and spice and the good noise of eight hundred people glad to be somewhere. An evening built to feel like abundance, and it is abundance. I stand in it and can still smell, faintly, on my own hands, the alcohol sting of the sanitizer I pumped on the way out of the department three hours ago — which does not wash off so much as fade, and which nobody in this room but me is wearing. The community that fills it built half of what works in my building, and I mean that without a grain of irony: the endowment, the scopes, the ceiling lifts that save my nurses' backs, the paediatric wing's better half — funded here, at nights like this, by people who came to this valley with nothing and decided that the hospital was theirs to look after. There is a word for it on the programme, in Punjabi and English both. Seva. Selfless service. Giving without needing your name on it.

And there is, running exactly alongside the seva, a second machine, and the second machine is where I spend my evening, and the second

machine is very funny if you have made your peace with it.

—

The second machine has tiers.

You cannot simply give; you must give at a level, and the levels have names, and the names ascend — Friend, Benefactor, Guardian, Visionary — so that generosity, which the seva says should be invisible, is rendered here as a visible ladder a person can be seen to climb. Your tier decides your table, and your table decides your distance from the microphone, so that the people who gave the most are seated closest to the recognition the machine exists to manufacture — recognition many of them did not want and could not gracefully refuse, because refusing recognition at a recognition dinner is its own kind of showing off.

There is a coin. This is real; I hand them out. Founding donors — the ones who were here at the start — receive a commemorative coin struck for the occasion, and the coin commemorates a gift of thirteen thousand and thirteen dollars, a number with a meaning inside the community that I have had explained to me and will not mangle here, and the effect, the pure effect, of a room in which some people have a coin and some people do not, is precisely the effect you would expect, which is that everyone becomes, for one evening, briefly and sincerely, eleven years old.

There is a silent auction. On long tables at the back, local businesses have donated things, and beside each thing is a clipboard, and on each clipboard grown adults are writing larger and larger numbers in a slow-motion duel of virtue, so that a signed hockey jersey worth perhaps three hundred dollars will leave tonight for eleven hundred, and everyone involved knows the eleven hundred is the point and the jersey is the excuse, and the beauty of it, the genuine beauty, is that it works — the money is real even when the jersey is silly.

There is sponsorship. A car dealership has its banner over the dessert table. A law firm's logo is on my lanyard. A tier of the evening has been, in the language of the deck I approved, aligned with the sponsor's brand objectives. That is a sentence I signed off on. Translated, it means a company will look generous in exchange for being generous, and I have decided this is a fair trade, because the alternative to a slightly cynical dollar is, reliably, no dollar.

—

I move through it doing the one thing I am here to do, which is to be visibly, personally grateful, table by table, so that people feel their money landed on a human being and not into a foundation. And table by table, I watch the true thing and the machine sit in the same chairs.

Because most of them are not climbing anything. Most of them are here because a nurse once held their mother's hand, or because they know exactly what this hospital did or failed to do on the worst night of their own lives, and they have converted that into a cheque, quietly, and would give the same cheque with no coin and no tier and no jersey, and do, all year, unrecorded. The machine is loud. The seva is quiet, and it is underneath, and it is most of the actual money. The machine just cannot help selling tickets to it.

—

There is a man at the edge of the room who is not eating.

He is at no tier. I did not seat him and he has no coin and he is drinking nothing, and he stands where he can see the length of it, the tables and the clipboards and the banner over the dessert, and he is doing the thing he does, which is the arithmetic. I know him from the meetings. He goes where the true number is, and tonight the true number is here, in this happy room, and it is this: that we will raise, tonight, enough to buy a surgical scope, a very good one, a photogenic one, a machine a surgeon will use to do real good to real people, that we will unveil in the spring with a ribbon and a photograph and this same community beaming behind it. And that we cannot, with any of it, buy a single bed, or a single nurse to stand beside it. A scope is a thing. A bed is a promise the province has to keep staffed at three in the morning forever, and philanthropy buys things.

He does not look sad about this. That is the part I have stopped waiting for. He simply holds it — the scope we can buy and the bed we cannot, the generosity that is entirely real and the crisis it cannot touch, both true, both in the room, exactly balanced, the way everything is exactly balanced around him. The Conscience-Keeper at a party. He has come all the way to Cloverdale to stand at the edge of three hundred good people and be correct about what their goodness can and cannot reach.

I take a coin over to a couple who founded something twenty years ago and pretend, for them, that I did not see him. They are lovely. They

did not want the coin. They take it the way you take a thing a child has made you.

—

At nine I say the thank-you. I am good at the thank-you. I mean it, which helps. I tell three hundred people that they are the reason the hospital stands, and it is true, and I do not tell them that the hospital, tonight, at this hour, twenty minutes up the highway, is holding more people than it can hold and that nothing in this beautiful room can change that number, because that is not what tonight is for, and because they know, most of them, better than I do, having sat in that waiting room themselves.

The cheque, when it is totalled, is enormous. It will buy the scope and more. It is a genuinely good night's work by genuinely good people, and I will carry it back to a building that needs something this night cannot raise, and file it, in the morning, as a success — which it is. Which it entirely is. That is what makes it usable in the report I have not yet written, and what makes the man at the edge of the room, still standing there as they bring the coats, so quietly hard to be near.

2100

811

HealthLink BC, you've reached a nurse. My name's Bea. Who've I got tonight?

•

Frank. Good to meet you, Frank. What's going on?

•

Okay. A fluttering. In the chest, like a bird, you said — I like that, that's a good way to put it. When did you first notice it?

•

And is there any pain with it? Down the arm, into the jaw? Any trouble getting your breath, any sweating, any of that?

•

None of it. Good. That's the boring kind, Frank, and at nine o'clock at night boring is exactly what we're hoping for. A flutter with none of the rest of it, in a fella your age who's otherwise well — that's your heart clearing its throat. It happens. It's not the thing you're afraid it is.

•

No, don't apologize. You called the right number. That's what it's for.

•

It's quiet on the line just now, as it happens. I've got time. When does it flutter most — is it any time, or is it more a certain time?

•

At night. When the house goes quiet. Mm. Yeah.

•

How long were you and she married, Frank?

•

Fifty-three years. Oh, Frank. That's not a marriage, that's a climate. Fifty-three years of another person breathing in the next room, and now the room's empty and your heart's gone and noticed, because it kept time with hers for longer than it ever kept time on its own. That's not a heart problem. Well — it is. It's the truest kind. It's just not the kind we send an ambulance for.

•

When did you lose her?

•

March. So this is the first autumn. The first of the long dark evenings on your own. No wonder it's fluttering. It doesn't know the new hours yet.

•

You're not keeping me from anything. This is the anything. This is the job, Frank — this exact call, this time of night. People think we're here for the emergencies. Mostly we're here for nine o'clock.

•

I will, I'll stay a minute. Tell me about her. What was she like, when the house was loud?

•

(a while)

•

She sounds like she was a lot of woman.

•

Alright. Here's the plan, and it's a medical plan, so you have to follow it. You're going to make yourself something warm — not coffee, I'll know — and you're going to leave one light on in the kitchen, because a dark house lies to you at night and a lit one tells the truth. And if that flutter ever comes back wearing any of the other things — the arm, the breath, the sweat — you hang up on me and you call 911, no loyalty, understood?

•

Good man.

•

You can ring us any night. Any of us, we're all the same voice, really. But you can ask for Bea. I'm often on.

•

You’re welcome, Frank. Truly. Now go and put the kettle on.

•

Goodnight. Sleep if it comes for you. And if it doesn’t — you know the number.

2130

AMBULANCE

—

There's no colour for this one.

The card wants a colour. I don't have one. He's not dying. No chest, no bleed, nothing the card was built for. He's thirty-one, on the kitchen floor of the house he grew up in, and tonight he's decided he's done. There's no colour on the card for that. Turns out there's almost nothing else for it either.

His mum called. She's in the hall doorway, both hands over her mouth, making herself small so she doesn't make it worse. I get down on the lino with him. Not close, not looming. Just down where he is. You don't talk to a man on the floor from up in the air.

He's not aggressive. He's gone somewhere the words don't reach. He doesn't want to come with me. And here's what the ads don't tell you: I can't make him.

—

I can do almost anything to a body to keep it alive. Tube in a throat. Needle in a bone. A decision in thirty seconds. What I can't do, by law, is make one frightened man get off his own floor and into my truck. That's not a medical power. Nobody gave it to me. It lives with the police, in one line of one Act, and it doesn't travel.

So we do the dance. I call it in. Ask for police — police is the only key that fits this lock. Dispatch says they're coming. We wait. The three of us and his mum, on the kitchen floor, being gentle, buying time we're not trained to bill for.

Jordan, low, by the fridge: "ETA on the Members?"

"Coming."

"From where, Alberta?"

They come from the detachment, which tonight's about the same distance. Two of them. Young, careful, good at this the way you only get by doing too much of it. They talk to him. By the wording of the section he's apparently suffering and likely to endanger himself — that's the grim little test — and he meets it. So one of them says the sentence that turns a scared man into a person in custody. Quietly. With more kindness than the sentence deserves.

Apprehended. Mental Health Act, section twenty-eight. Now he can go. Not because he chose to — because an officer decided he must. That's the one authority in this kitchen strong enough to move him, and it had to drive in from the detachment, because I carry defibs and drugs and twelve years of this and not that one legal line.

—

Here's the part that'd be funny if you thought about it. So I don't.

We take him in. He rides with us, calmer now, the officer following. We get to the department. It's at forty-one, one doctor, and a stroke that spent fifty-five minutes on a wall this afternoon. And under the same Act that let the officer apprehend him, that officer now has to stay. In custody. Beside him. Till a doctor lays eyes on him. Tonight that's four hours. Could be six.

So the constable — who apprehended a man to keep him safe, correctly, by the book — now stands in an ED hallway till two in the morning, babysitting the outcome he got. Off the road. The calls he's not taking stack up behind him. We built a wall for ambulances. We built the same wall for the cops, out of the same shortage. There's a committee somewhere that wants to bill the hospital for the cop the way it bills for me. Two agencies, one hallway. Nobody drew either.

The constable clocks me stripping my stretcher to go. Gives me the nod. The specific one — *lucky you*, it says, and means it, and doesn't. I give it back. He's here till two. I'm on the road in five, into the same queue stacking up on both of us. Same wall, different uniform. Neither of us says it. The hallway's already saying it.

There's a man by the triage doors while we hand over. Not staff. Not a Member. In the doorway itself, looking out at the dark lot, at the exit, going nowhere — and for once I know whose door he's in. The door of the one who didn't want to come through it, and came anyway, on

somebody else's say-so. He doesn't help. Never does. Just marks the threshold.

And the room, which was knotting up — too many uniforms, the mum in behind us now, everyone's protocol a half-step off everyone else's — comes loose. Around one more person than I counted. Moving through the middle of it, not fast, doing nothing I could write down. After him, there's a lane. There's always, after him, a lane.

—

The worse call was the other one. Eight o'clock. A man not quite dangerous enough for the officers and not quite willing enough for me. Everyone right. Everyone stuck. We cleared without him — left him on his own floor, because the law and the medicine and the truck all agreed there was nothing any of us was allowed to do. That one I'm still carrying. No colour, no cop, no ending. Tonight's, at least, somebody got taken somewhere.

Even if somewhere is a scared man and a tired constable in a hallway, waiting on the one door in this system that only opens for a doctor. There's one doctor. It's 2210. Dispatch is already in my ear with the next one.

2245

PORTERS

Near eleven. The night shift is a different building than the day one — the same corridors, fewer people, more echo, the vending machines humming to nobody. REG and NITA are, for the moment, between jobs, a state that sits on Reg about as comfortably as weightlessness. NITA has found a chair. REG has not sat down on a shift since roughly the last century and is not about to start.

NITA Sit down, Reg. You're hovering.

REG I'm fine standing.

NITA You've been hovering ten minutes. You look like a man waiting on a bus that owes him money.

REG You sit down on shift, you seize. Like a hinge.

NITA Like a door in this place.

REG Exactly like a door in this place.

He goes instead to the vending machine, feeds it two dollars, presses for a coffee. The machine considers the request with the gravity of a hospital ethics board, then dispenses, with a heavy clunk, a bottle of water he did not ask for.

REG Twenty-six years, this machine, and never once the thing I pressed. Got a better retention record than half the doctors, mind.

He drinks the water. He was not going to, on principle, but he is thirsty, and principle is for people who are not thirsty.

NITA *(settling back)* It's nice, though. This. Qui—

REG *(sharp)* Don't.

NITA What?

REG Don't say it.

NITA It's a superstition, Reg.

REG It's twenty-six years of data. You say the Q word on a night shift and the sky opens. Every time. Every single —

Her pager goes. Then his. They look at each other.

NITA That could be a coincidence.

REG It is never a coincidence. Grab your end.

—

They go. Down the corridor a set of automatic doors has stuck half-open and is juddering against itself, opening and closing on the same eight inches of nobody — a door having a small breakdown. REG hands off the clipboard, rolls his shoulder, and approaches it with the specific menace of a man who has fixed this exact door forty times with his boot.

REG Right. Come here, you.

But before the boot lands, someone comes the other way down the hall — unhurried, not looking, one more person than the corridor had a moment ago — and walks through the juddering doors, and they simply stop. Settle. Open as he nears, close behind him, good as new. He does not slow down. He is already round the corner.

REG *(to the now perfectly behaved door)* . . . I was going to do that.

NITA I know you were.

REG That's the second time tonight that fella's done me out of a job.

NITA He fixes things.

REG He fixes things nobody asked him to, and then he's gone before you can tell him he's done it wrong. That's not a colleague. That's a draught. A helpful draught.

NITA Worse than the doorway one?

REG Different animal. Doorway one does nothing and won't leave. This one does everything and won't stand still long enough to be thanked for it. Between the pair of them, it's a wonder anything in this building gets carried by an actual person.

NITA It gets carried by us.

REG It gets carried by us. So.

He takes the head of the empty bed they have been sent for. The wheel, from habit, pulls left. He lets it drift, then straightens it —

because it is night, and the night shift is the one where you still bother.

NITA Where's this one going, then?

REG *(a beat — and then, lightly, the old grim game set down)* Nowhere yet. It's empty. We're taking it *to* somebody, for once. Fella coming up from Emerg who's actually getting a room.

NITA Up.

REG Up. Don't say it too loud. Building'll hear you showing off.

They go, the empty bed rolling between them toward the one direction the night still, once in a while, allows — the good one — the wheel pulling gently, forgivably, and by now almost companionably, left.

2300 · Site Overcapacity Protocol

FRASER HEALTH — LANGLEY MEMORIAL HOSPITAL SITE OVERCAPACITY PROTOCOL — ACTIVATION NOTICE

Issued: **23:00** · Status: **ACTIVATED — Level 3 (Critical)** Authorized by: Site Administrator On-Call Distribution: All clinical units · All managers · Patient Flow · Switchboard · Security

TRIGGER

Emergency Department census: **43** (funded treatment spaces: 31) Admitted patients boarding in ED (awaiting inpatient bed): **11** Ambulance offload: **delayed** (2 crews holding) Site occupancy: **104%**

Criteria for Overcapacity Protocol activation have been met.

*Protocol activations, fiscal year to date: **147**. Days since last activation: **0**.*

MANDATED ACTIONS — EFFECTIVE IMMEDIATELY

Area	Required action
Inpatient units (Medicine, Surgery)	Accept up to **2 patients above funded capacity**, accommodated in designated surge locations. Units already at surge to identify additional unconventional spaces (e.g., alcoves, consult rooms, converted family lounges).
Patient Flow	Prioritize placement of ED boarding patients. Escalate barriers to Administrator On-Call.
Transition / Discharge Services	Expedite all pending discharges and transfers. Review every inpatient for discharge potential tonight.
Staffing	Initiate overtime and agency call-out for all unfilled baseline lines. Managers to canvass for additional coverage.
Attending Physicians	Expedite disposition. Prioritize discharge orders over non-urgent tasks.
Site Leadership	Senior on-call leadership to attend **on-site** to support patient flow.
Portering / Environmental Services	Prioritize bed turnover and moves to surge locations.

EXPECTED OUTCOME

Redistribution of demand across the site to relieve Emergency Department congestion and restore ambulance offload capacity.

DE-ESCALATION

Protocol will be stood down when site occupancy returns to baseline. Target: **return to normal census as soon as possible.**

This is not a drill. All areas are expected to comply. Compliance is monitored and reported. Thank you for your continued commitment to safe, quality patient care.

0300

Charge

—

Three in the morning and I'm still here, which was in nobody's plan, including mine.

I should have handed over at seven last night. The night charge phoned in sick at five, and the float who might have covered was already covering somewhere else, because there is only ever one of everything and always two places for it, and when the manager rang round there was no one, because there is no one, and that is the finding of the day written small. So I stayed. You do not hand a full department to an empty chair. You stay, and you tell yourself it is just till they find someone, and they don't find someone, and the clock does the thing clocks do, and now it is three in the morning and I stopped counting the hours a while ago because counting them does not help and might, frankly, finish me.

The building at three is a different animal. The overheads hum louder because there is less to cover them. The vending machines glow like little shrines. My feet stopped being feet a while ago — they're two flat blocks I move by memory, the specific dead flatness I watched walk out the door in Priya at seven yesterday morning and did not, then, fully understand. I understand it now. Half the department is asleep — the admitted ones in their hallway spots, the drunk ones sleeping it off, the old man in the chair by the desk who has nowhere to be and knows we won't move him — and the sleeping makes its own quiet, and the quiet is the most dangerous thing in here, and I know better than to say so out loud.

—

Because at some point in the last twenty minutes, the board went quiet.

Not green. We do not do green, not this year. But the waiting-room number stopped climbing. Then it dropped by two, because two people gave up and went home to be sick in their own beds. No ambulance has called in thirty-five minutes. Nobody new is bleeding at the desk. Two of the boarders went up when Medicine finally coughed loose a pair of beds, and the number that has been a wall all day — the admitted-with-nowhere-to-go number — ticked down, once, twice, and sat there, lower, for the first time since dawn.

And I feel the thing start, the traitor thing, the thought that says maybe. Maybe we're through it. Maybe that was the worst and this is the other side.

I don't say it. God, I don't say it. Nita's crowd has a word they will not say on nights and they are right not to, and I have my own version, which is that hope, spoken aloud at three in the morning in an emergency department, is a work order for the universe. So I keep my face flat and I check the board again like it owes me money.

—

He's at the board too. Of course he is.

The one who watches. He's been at that board since seven yesterday morning, the run of it, all of it, reading the cells the way other people read faces, and here is the thing that takes the maybe out of me by the roots: he has not moved. The number went down and he did not lean back. He did not do the small human loosening that everyone at the desk did when the boarder count dropped — I did it, I felt my own shoulders come down half an inch before I caught them. He did not. He reads the low number with exactly the attention he read the high one, no more, no less, and that is when I understand that the low number is not good news. It is just a number, and he only ever reads what is true, and what is true is not that we are through it. What is true is that it is three in the morning, and the sick are asleep, and the asleep wake up.

—

So I do the arithmetic instead of the hoping, because the arithmetic is the only prayer that has ever been answered in this building.

Census is still forty-three. The two that went up made room the two that came in already took. The lull is not the tide going out. It is the tide

holding its breath. Every person who didn't come in the last half hour is still going to come — the chest pain that is currently being ignored on a sofa in Aldergrove, the fall that has not happened yet on a dark stair, the day-after's worth of people who are, right now, asleep and fine and inbound. At six the doors will start again. At seven the wave I handed nobody will be somebody else's, except there is no somebody else, so it will be mine, still, because I am still here.

The quiet is not a gift. It is the invoice, arriving early, for a morning I won't get to skip.

—

My hand goes to my bun. The pen is still there. Still dry. Sixteen hours and I have not written one word with it, and here, now, in the lull, is the first moment all shift I could — I could sit, I could chart something, I could write *quiet spell, 0300, held* on a scrap and pin the fact that it happened, so that when it is bad again at six I would have proof there was a trough.

I take the pen out. I look at it. And I put it back, because writing it down would be a way of believing it meant something, and it did not, and the truest thing I can do at three in the morning is not lie to a piece of paper.

The phone rings. Patient flow, wanting to know if I can take an admit.

I can't, and I will, because those are the same sentence in here. The waiting-room number twitches up by one — somebody has just walked in holding their arm at an angle arms don't go. The man at the board reads the new number with no change in his face at all.

Back to it. It's 0311. The tide's got its breath back.

0345

811

HealthLink BC, you've reached a nurse. I'm Bea. Tell me what's happening.

•

Okay. Slow down with me one second — you're not in trouble, you haven't done anything wrong. Take one breath. Good. Now. Your mum. Tell me about her breathing.

•

Right. That sound — the one frightening you — I need you to hear me: it's expected. I know it doesn't sound like anything that could be. It's the change. It's the thing the palliative team will have told you might come, and it is not hurting her. It sounds far worse from where you're sitting than it is for her. I promise you that.

•

No. Don't call 911. I know everything in you is reaching for the phone. But she made a plan, didn't she — she said how she wanted this to go. If you call 911, they have to undo all of it. That's their job; they can't not. Calling me instead is you keeping the promise. That is not failing her. That is the last thing she asked of you, and you are doing it, at quarter to four in the morning, on your own. That is not nothing. That is the opposite of nothing.

•

I'm not going anywhere. I'll stay right on the line. You don't have to say a word to me. You just can't be on your own for this — and now you're not.

•

Talk to her, if you'd like. She can hear you longer than you'd think; hearing's the last of it to go. It doesn't have to be anything. "I'm here" will do it. "I'm here" is plenty.

•

Yeah. That's the breathing slowing now. You're doing everything right. Keep her hand in yours. I've got you both.

•

(quiet on the line)

•

She's gone, love. Just now — you felt it. That was it.

•

No. You did not miss it. You were holding her hand and saying her name, and that is the thing, that is the entire thing, there is nothing you were meant to do that you didn't do. She went at home. With you. You stayed, so she wasn't alone, and that was yours to give, and you gave it.

•

Sit with her a while. There's no rush now — nothing's fast from here. When you're ready, and only when you're ready, there'll be two calls to make, and I'll tell you both, and neither of them has to be tonight.

•

I'm here. Take all the time you want. I'll wait with you.

0430

Supply

At half past four in the morning I am alone in a locked room full of other people's implants, counting them, because counting them is the one thing in this entire arrangement that's supposed to have a right answer.

This is the reconciliation. It happens in the dead hours, on purpose, because the consignment shelf is the only shelf in the hospital that ever holds still, and it only holds still when the ORs are dark, and even then it is lying to me, gently, as it always does. I've driven back from a shoulder in Abbotsford to do it. Nobody made me. The count is mine to keep, because the steel on these shelves is my company's right up until the moment it goes into a person — and the moment it goes into a person is the moment somebody owes us money. The entire commercial relationship between my employer and this health authority comes down to whether the number on the shelf matches the number in the system. It doesn't. It never does. That's the job.

—

Here is how you count a thing that will not be counted.

The item master — the system, the spreadsheet of record — says there should be fourteen of the size-four femoral components on this shelf. I count eleven. So: three are missing, except they're not missing. Two of them are in two people who are, right now, asleep in a recovery bay upstairs, walking on them by lunch, and the system hasn't caught up to the fact that they left the shelf yesterday afternoon because the paperwork that tells the system a thing has entered a human being lags the human being by anywhere from a shift to a week. The count does not care which humans, or whether they are still breathing; a

component in a man discharged this morning and a component in a man who died at two both read, to the shelf, the same — as absence, as a bill, as a line that no longer balances. The third one I can't account for at all. It's gone. It's not in a person I have a record of. It's just not here, and the system thinks it is, and somewhere that is either a billing event nobody triggered or a very expensive object that has simply left the story.

And then, the other direction. On the next shelf there are six of something the system doesn't believe exists — received, unpacked, sitting there in date order, real as a brick, with no line in the item master to hang them on. Present and unaccounted for. The mirror image of the femoral heads: things that are here and are officially not, sitting a foot from things that are officially here and are not.

I count it all twice. The second count doesn't match the first, because between the two counts I moved things, and moving is the enemy of counting, and I'm the only moving thing in the room. Almost.

—

There is a tray at the far end that is complete.

I didn't complete it. It's a revision set, and revision sets are never complete — they're the archaeology shelf, the one where everything is one component short and has been for months, waiting on a back-order from a plant in Indiana. And it's full. Every well filled, every size present, the indicator strip turned, checked, correct, and there's no receiving document in the world that explains it, because nothing was received; the pieces that were missing are simply, now, not missing. I've stopped writing these up. There's no field on the variance form for *a tray that fixed itself*, and if I invented one, the person who reviews the variances — and someone does, at a desk, in the daylight, believing the daylight version of this building — would send it back for clarification.

The catalogue calls the size-four component by a nineteen-character part number. Marketing calls it by a name I am contractually required to admire. The surgeon calls it the pruner. The recovery nurse calls it "the one in bed nine." Four names, one object, and not one of the four systems that hold those names can see the other three, which is, now that I am standing here at four-thirty holding all of them at once, the actual product I represent: a thing that is four incompatible truths depending on which screen you ask.

—

I finish. I sign the count. The count's wrong. I know it's wrong. I sign it anyway, because a signed wrong count is the deliverable, not a right one — a right one has never existed and the system was never built to receive it — and the variance goes into the report, where it will be investigated, which means read, by someone, once, and filed.

There's a figure by the door I didn't hear come in, which is not unusual. He reads the shelf the way I count it, except he doesn't have to count. He just knows the number — the true one, the one under all four systems, the one that takes in the two femoral heads walking around upstairs, and the tray that healed, and the one component that left the story. He holds it without writing it down. He is not required to file anything, and I'd resent him for that if resenting the ones like him had ever once changed a total.

My count says the shelf is worth four hundred and ten thousand dollars. It's worth whatever it's actually worth, which is a different number, which nobody in this building will ever hold except the man by the door, who is not in this building for the money.

0455. Count filed, wrong, on time. I load my empty Pelican cases. The doors let me out into a car park going grey at the edges, open behind me on the dark I'm leaving, and I have a hip in Chilliwack at eight and a number in a spreadsheet that'll be marked, by close of business, reconciled.

0600 · Emergency Department — Patient Tracking Board
06:00 · shift change display

LOC	CTAS	PRESENTATION	LOS	STATUS
TR-1	2	chest pain / NYD	5h 48m	awaiting bed
TR-2	1	resus / post-ROSC	2h 03m	**ADMITTED — NO BED**
A-1	2	SOB, ?CHF	54h 31m	**ADMITTED — NO BED**
A-2	3	GI bleed	42h 10m	**ADMITTED — NO BED**
A-3	2	CVA (thrombolysed)	16h 55m	**ADMITTED — NO BED**
A-4	3	# NOF, fall	33h 55m	**ADMITTED — NO BED**
A-5	2	abdo pain / ?SBO	11h 40m	awaiting imaging
A-6	3	pneumonia	9h 05m	awaiting MRP
SA-1	4	lac	4h 12m	awaiting suture
SA-2	3	renal colic	7h 33m	awaiting D/C
MH-1	2	MHA s.28	8h 40m	**awaiting physician — RCMP in attendance**
PED-1	3	croup	3h 15m	awaiting reassess
HALL-A	2	?PE	13h 50m	**ADMITTED — NO BED**
HALL-B	2	?sepsis	10h 12m	awaiting bed
HALL-C	3	back pain	14h 47m	awaiting bed
HALL-D	—	*(occupied — BCEHS)*	1h 22m	**OFFLOAD DELAY**
HALL-E	3	cellulitis	6h 30m	awaiting bed
HALL-F	4	intoxication	5h 05m	awaiting reassess
S-5	3	*(surge — alcove, no O_2)*	9h 18m	**ADMITTED — NO BED**
S-6	3	*(surge — 3E lounge, no call bell)*	20h 44m	**ADMITTED — NO BED**
WR	—	28 waiting	—	longest wait 9h 51m

Overnight: 7 LWBS. 2 LAMA. Census 45/31 funded. Overcapacity Protocol: in effect continuously since 21:40 (Day −1) — no stand-down.

ASSIGNMENT — DAY SHIFT 07:00–19:00

Charge RN: *(handover pending)* · **Site:** Langley Memorial · **Unit:** Emergency

RN	ZONE	RATIO (target / actual)
1	Trauma / Acute 1–4	1:3 / 1:6
2	Acute 5–6 / Subacute	1:4 / 1:7
3	Hallway A–F / flow	1:4 / 1:9
4	Mental Health / Peds	1:3 / 1:5
5	Surge / overflow	**VACANT — unfilled**
6	—	**VACANT — unfilled**

UNIT STATUS: WORKING SHORT. *Workload assessment completed 05:45. Outgoing charge held over — no night relief attended; day relief not yet confirmed. Two (2) lines unfilled; no relief available site-wide. Premium applies per Article 60. Charge to reassess q4h and escalate per Overcapacity Protocol. Return to normal census as soon as possible.*

0600

ADMINISTRATION

At six in the morning I stand down the emergency, which is the part of the job that sounds like a decision and is, in practice, a form.

The form is called a Protocol Stand-Down Notice, and it is the twin of the one I signed to start the thing seven hours ago, and it has, at its heart, a single question with a checkbox: *Has the site returned to baseline operations?* And I check yes. I check yes at a desk, in the dark, while three floors below me the department holds forty-five people it is built to hold thirty-one of, while a stroke I am told we treated beautifully at teatime yesterday is still in a hallway waiting for the bed that beautiful earns you, while the charge nurse who should have gone home eleven hours ago is still on the floor because there was no one to hand it to. I check yes, and the maddening thing, the thing that keeps me employed and keeps me up, is that yes is correct.

It is correct because baseline moved. Baseline is not thirty-one anymore. Baseline is whatever we survived yesterday, and we survived forty-five, so forty-five is baseline, so we have returned to it, so the emergency is over, by definition, and the definition is mine, and it is airtight, and it is a lie of a kind that no single word in it is untrue. That is the craft of this. Anyone can lie with a false sentence. It takes an institution to build one out of true ones.

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So I write the night up, and the night is a success.

I want to be precise about this, because it is the closest thing to a confession I have. The Overcapacity Protocol was activated at the correct threshold. Every mandated action was taken. The units accepted their surge patients. Portering moved them. Patient Flow escalated the

barriers. The call-out for the unfilled lines went out — to no one, because there is no one, but it went out, and "went out" is the field, not "was answered." Every box is green. The protocol did exactly what it is written to do, and what it is written to do is not *relieve the emergency* — read it, it never once promises that — what it is written to do is *distribute* the emergency, evenly, thinly, across every surface of the building until no single spot is quite bad enough to make the news, and at that it succeeded completely. It is the most successful thing we did all night. It worked perfectly. Nobody got better.

Item two on my morning list is the Foundation. I bank the gala. I enter the pledged figure into the capital account, where it will, in eighteen months, become a scope, and the scope will be real, and the ribbon will be real, and the community's names on the wall will be real and earned, and it will not have bought a single one of the forty-five a bed, because I have now typed both of those numbers into the same software within four minutes of each other, the cheque and the census, the thing we could raise and the thing we cannot, and the software does not notice the joke, and neither, by six in the morning, do I.

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He is here for the closing of the books. Of course he is.

He has been here for all of it — the meeting, the placement, the party in Cloverdale where he stood at the edge and totalled the goodness — and now he stands by my window while I file, and he does the only thing he does, which is hold the true number. Not the one I am typing. The one underneath. He does not read my report over my shoulder; he does not need to; he already holds the figure my report is built to not contain, the count of what actually happened to actual people between one dawn and the next, and he holds it the way he holds all of them, without heat, without accusation, with the terrible evenness of something that is simply, always, correct. I can look at him now. You get used to anything. Even the one who keeps the account you spend your entire career not balancing.

I do not think he is here to judge me. I have decided, over the years, that judgment would be a mercy, because judgment implies a scale on which I might, some days, come out ahead. He does not carry a scale. He carries a total. And that is what has always made him hard to be near — not a chill in the air, nothing you could point to, just the plain

presence of a number in the room that no amount of my filing is going to change. So I keep filing anyway, because the total will be the total whether the form is complete or not, and an incomplete form helps no one, and a complete one at least lets the day begin.

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The day begins by handing itself over.

The assignment sheet for the coming shift is already printing at the station, and it is the sheet I read yesterday at this hour wearing yesterday's face — the same zones, the same target ratios beside the same actual ones that make the targets read like sarcasm, the same two lines at the bottom marked *vacant, unfilled, no relief available site-wide,* the same four words underneath that have outlasted every person who ever tried to fix them: *working short.* The charge nurse hands the board to whoever is unlucky enough to be next, the way you hand a full glass across a crowded room, and I do the administrative version of the same thing, which is to leave the building so that my being tired is not the site's problem when the site has forty-five other ones.

The frosted doors let me out. Past the station, at the edge of my eye, the charge nurse who has held this floor since before I arrived yesterday is handing the board to someone younger, and she reaches up and takes the pen out of her hair to pass across the keys — a pen I have never once seen her write with — and I do not know what it means to her and I do not stop to learn, because it is hers, and my knowing would not lighten it. The doors open ahead of me onto the grey coming up over the parking lot, hold, and shut on it — and then, behind me, as I reach the car, I hear them open again, on no one, patient, admitting the morning, which is the one thing arriving on schedule.

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The report has one field it will not let me close without. *Site census at protocol stand-down.* It is mandatory. I enter it.

Forty-five. Yesterday, in this chair, at this hour, into this field, I entered thirty-four. The variance is eleven. There is no field for what eleven is; there is only the field for the eleven. The report accepts it, checks that a number is present, does not ask what the number means, and turns, at the bottom, a small and final and untroubled green.

Filed. Stood down. Successful.

Forty-five.