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## Close call for strapped CHR

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When emergency and health officials first learned that a plane with injured passengers was coming in to land, they were very alarmed.

Fifty people had been badly hurt, they were told. Calgary's EMS and hospital system can't handle such a sudden flood of patients. A system already on a tightrope would have toppled into crisis.

"If it had turned out to be that bad, old people would have been going home, and acute care beds would have been emptied," says one CHR official, asking not to be named. "We just don't have the capacity."

Luckily, only 10 passengers needed hospital care -- very serious for them, but not enough to send the system into a spiral. Even so, it was close.

Four hospital patients still had to be moved out early to make way for the injured. In the middle of it all, a news release said the 10 patients were split among three hospitals "in order to avoid overwhelming any one hospital."

So there's a vivid snapshot of your health system: 10 patients can't be absorbed without moving four; no hospital can take 10 new patients without being "overwhelmed."

The CHR's Dr. Robert Abernethy says he's "totally confident" the region could handle a disaster.

Paradoxically, he's right. The first responders would do a brilliant job of helping dozens of injured people from a plane crash, major fire, toxic spill, pandemic, or any other kind of public crisis. They are superb at their job.

But a hospital system running at 98 per cent occupancy cannot handle all that and everything else, too. Calgarians would be turfed out of the hospitals in droves. No ambulances would respond to calls. Patients packed into emergency wards would face interminable waits.

By any reasonable definition, the system would break down. On Thursday, one more turbulent shake of the Air Canada plane could have plunged Calgary into this public health crisis, one officials have quietly dreaded for years.

The fear isn't unique to Calgary. Although the CHR is radically understaffed and underfunded, six other regions are also in rough shape. Only two of Alberta's nine regions don't run deficits: Northern Lights, centred on Fort McMurray, which benefitted from a special funding boost last year; and Premier Ed

Stelmach's home region, East Central. (Stelmach's region has by far the highest per capita funding in the province.)

The Tories are worried about health care as they head for a provincial election. They know it could become the stealth issue that derails their campaign. In Calgary, maybe it should. The fragile state of the CHR is appalling and inexcusable. On any given day, up to 80 beds are closed for lack of staff. Another 140 acute care beds are occupied by seniors who can't be placed in long-term care because there's no place for them.

Astonishingly, overtime pay accounts for \$63 million of the region's \$85 million deficit. That's bound to happen when you don't have enough regular staff to do the work. The CHR is short 500 registered nurses and 200 licensed practical nurses. Within a few years, it will need 3,500 new staff of all kinds to run the south hospital under construction.

Calgarians are finally paying for the destruction of hospitals, and devaluing of staff, the Tories thought was such a great idea in the mid-1990s. Thankfully, the big bill didn't arrive Thursday. But it will be paid someday, in suffering.

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