
LETTER TO THE EDITOR

SEVEN-DAY HOSPITAL MODEL: A FUTURISTIC ACTUALITY

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As medicine realizes and accepts that it has been theoretically and financially surviving on corporate business menu card for some time now, it will have to eventually imbibe the futuristic actuality of seven-day hospitals that will run full-fledged round-the-clock (a full-fledged advancement on New York University Langone Medical Center's concept of working weekends)¹. Firstly, it is time to understand that there has been a lot of data²⁻¹⁰ suggesting that patients may be likely to face higher risks of in-hospital morbidity and mortality during weekends most likely secondary to the fewer human resources during weekends. Then there is the other side of the coin wherein hospitals are potentially losing money¹ because of non-functioning to minimally functioning weekends suggesting hospital infrastructures are primarily-to-exclusively utilizing 5-out-of-7 days in each week with personnel's vacationing/weekending forcing worksites' major shutdowns on weekends every week. To complicate it further, there is constant non-resolving debate about deeming appropriateness to electivity of procedures/interventions¹¹ and separating elective procedures-from-emergency procedures¹². Finally, there is innovative/creative concept of doing "free" elective surgeries/procedures on Sundays and Saturdays¹³⁻¹⁴ for non-insured or poorly insured patients so as to avoid the costs borne by the hospitals in the event of elective surgeries/procedures deteriorating into emergencies and presenting into emergency rooms for non-covered/insured immediate-mandated medical management.

The futuristic seven-day MODEL should be based on the "Three Patterns for all" (each and every personnel working in the hospital): Mon-Fri AND Tue-Sat AND Sun-Thu. For non-biased rotation across the three patterns, the personnel will be mandated to follow monthly change: Mon-Fri THEN Tue-Sat THEN Sun-Thu. If somebody is only working four-days-a-week, then they will have to choose similarly but the monthly rotation will have to include at least one true weekend day per rotation cycled over every four months rather than the cycled rotation every three months in the case of five-days-a-week workers. So four-days-a-week workers will have to follow Mon-Thu THEN Tue-Fri THEN Wed-Sat THEN Sun-Wed. This will ensure that each person has one true weekend day. Additionally, mandatory monthly rotation will have to accommodate annual rotation so as to take long weekends' months into consideration. Moreover, if a person is working less than 7-days in a month due to any reason (like long vacations), that month will have to be excluded from the monthly rotation's account.

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As all seven-days will be deemed as weekdays for hospital personnel, there will not be any requirements for extra incentives/payments for working on true weekend days. The rationale behind this is that each personnel will be mandated to have 2-contiguous-days off each week (their personal “weekend” each week) plus their annual job-specific vacation days. Now the situation may arise that despite opening the scheduling for all seven days-a-week for elective admissions/procedures/surgeries, the true weekend days (Saturdays and Sundays) may see less patient/clientele traffic in the hospitals if patients want to enjoy their own weekends instead of being in a hospital; however, that will not preclude those true weekend days from acting as weekdays for the hospital personnel’s staffing. The only thing that can be accommodated irrespective of it being a true weekday or true weekend day will be the option of paying per hour across the board so that when relieved from duty due to paucity of clientele traffic, the hospital personnel can enjoy home. Coming to work and going home early will not mean that it was NOT a holiday because there will be a mandatory personal weekend per week anyway. As far as immovable infrastructure of the hospitals is concerned, the only true holidays for them will be for regularly mandated maintenance (and an additional bonus of vacations for the personnel during that maintenance periods if those time periods are NOT miniscule).

Alternately in terms of limitations of the seven-day hospital MODEL, it may happen that true weekend days may see increased footfalls of the patients in the hospitals to take advantage of the fully functioning hospitals being open on true weekend days so that patients can avoid wasted sick-leave days in the event of elective procedures being scheduled on true weekdays. Moreover, the additional reasons why true weekends may not be considered and may not evolve as weekdays for the hospital personnel is that though the equipment costs will be the same, the personnel costs may be demanded higher because true weekends were invented to accommodate the humane need for “weekly” break off the work-routine (some may even

say that they could have been invented to match to even out with the seven-day lunar phases of waxing crescent, waxing gibbous, waning gibbous and waning crescent) and simultaneous advent of weekend social activities to rejuvenate exhausted personnel for their next weekly work-routine. So even though personal weekends will ensure the “weekly” break off for the hospital personnel but these personal weekends may frequently fall on non-Saturdays-non-Sundays when everyone else is working and they are “holidaying” and vice-a-versa. How hospital personnel will enjoy “weekends” with paucity of week-end activities as week-end activities will not be planned according to the hospital personnel’s working patterns until and unless “Three Patterns for all” percolates into all business activities of the societies so that there are always long weekends’ activities from Fridays to Mondays round-the-year for accommodating the work-schedules of Sun-Thu AND Mon-Fri AND Tue-Sat across the societies. The pro-business aptitude of the society may further want to envisage a future of opening even night-times for scheduling the elective admissions/procedures/surgeries (converting fully functioning seven-day hospitals to fully functioning 24x7 hospitals). However, this model or any model for that matter will NOT be able AND should NOT be allowed to override the physiological needs of maintaining daily circadian rhythms of the human beings including the patients themselves because even the inanimate equipment and infrastructure needs a daily downtime (nighttime that is by nature devoid of sunlight) for proper functioning day-in-day-out and human brains and bodies are no different from the computerized brains and robotic hands.

In summary, the time may be ripe to consider this futuristic actuality of seven-day hospitals model wherein complete hospital’s infrastructure is functional round the year with each day being non-unique as far as for catering/welcoming the patients/clientele while accommodating and non-compromising the provisions of weekly personal “weekends” of the hospitals’ personnel.

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