

# Seven Days, One Mission

Redefining Patient Care Beyond the 9-to-5 Mindset

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NO. 2 | APRIL 15, 2025

Culture, Care and Cost Working Together

## Key Learnings

- **The mission of the health systems never pauses, and neither should ancillary services.** Operating seven days a week goes beyond convenience, it's central to patient safety. Removing weekend and evening bottlenecks minimizes dangerous delays in diagnosis and treatment, turning “do no harm” from a lofty promise into everyday practice.
- **24/7 coverage drives tangible impact.** Hospitals embracing continuous ancillary services simply do better by the patient. They also see shorter patient stays, fewer readmissions, and lower overall costs. When technology, staffing, and culture align for an all-week approach, trust rises—and so does the bottom line.
- **Culture doesn't eat strategy, it IS strategy.** By challenging traditional beliefs—like “Weekends are downtime”—leaders open the door to innovative scheduling, telemedicine, and teamwork solutions. Hospitals that embrace this transformation will not only save more lives but also elevate their reputation as patient-focused organizations unafraid to break with convention.

## We are Patient Centric, Right?

Picture this: A patient's life teeters on the brink. The condition is time-sensitive, the diagnosis unclear, and the weekend has just begun. But the lab has reduced staffing by 7 p.m. and increases batching of tests, the radiology department has a skeleton crew, and the physical therapy staff is reduced until Monday. This scenario isn't just inconvenient – it's a profound betrayal of our commitment to patient-centered care. Illness doesn't punch out on Friday; why should our essential services?

Despite decades of medical advances, many hospitals remain trapped in a tradition that treats weekends like an afterthought. Modern hospitals must run their ancillary services 24/7, not because it's a trendy idea, but because anything less leaves patients—and your hospital's future—at risk. Building on insights from pioneers who have challenged outdated models of care (Institute of Medicine, 2001), we're confronting a deep-seated belief that it's “okay” to let crucial services pause. We'll show why that belief no longer holds and how a new way forward can not only save lives but also transform hospital performance and financial viability.

## When ‘Do No Harm’ Becomes Doing Nothing

The Hippocratic Oath commits healthcare professionals to serve patients without delay or compromise. Yet what happens when urgent needs collide with weekend closures or reduced staff? If “do no harm” is our north star, then limiting essential services on certain days undercuts that core promise. The following examples reveal just how deeply these gaps in coverage can affect patient outcomes—and the very credibility of modern medicine.

### ***Diagnostic Delays: The Quiet Saboteur***

Waiting for lab results or imaging shouldn’t feel like a sentence handed down by the calendar. Yet in many institutions, weekend bottlenecks can stall diagnoses for strokes, sepsis, or other emergencies—often with tragic consequences (Pines et al., 2003). If we truly value human life, how do we justify telling a patient their treatment might have to wait until Monday? The cold reality is that delayed diagnostics cost us more than time; they erode trust, satisfaction, and patient safety (Otani et al., 2005).

### ***Treatment Delays: The Unseen Cost of “It Can Wait”***

Imagine a patient battling respiratory distress who can’t get the full support of respiratory therapists over a weekend. Or a case requiring urgent blood transfusions, only for the blood bank to be short-staffed (Landefeld et al., 1995). These aren’t hypothetical inconveniences; they’re real, life-altering events. By operating ancillary services every day, hospitals can provide consistent therapeutic interventions that prevent small problems from becoming crises.

### ***Ballooning Length of Stay: The Real Price Tag***

Delays don’t just affect the critically ill. Even routine procedures deferred from Friday to Monday extend hospitalization, increasing the chance of hospital-acquired infections (Vincent et al., 1995). This prolonged stay doesn’t just harm the patient; it ripples through the entire system, tying up beds and driving up costs. Implementing 7-day services isn’t another line item on the budget—it’s a powerful way to reduce these hidden “weekend surcharges.”

## So, How Do We Remedy the Situation?

### ***Ending the Bed Blockade***

Few things strangle hospital operations like bed shortages. A single logjam in radiology or the lab can delay discharges, flooding the ED with patients who can’t move upstream. When diagnostic results and therapy sessions happen seamlessly all week, hospital flow stops feeling like a battle against the clock. Freed beds mean faster admissions and a healthier bottom line.

### ***Consistent Resource Use and Staffing***

It may sound counterintuitive, but staffing ancillary departments seven days can *reduce* long-term expenditures. Instead of spiking workloads on Mondays—and paying for expensive overtime to “catch up”—hospitals can distribute the patient load more predictably across the week. The result is an organization that hums with efficiency, rather than creating weekend lulls and Monday morning chaos.

### ***The Financial Upside You Might Have Missed***

Critics argue that adding weekend staff is too expensive. Yet the numbers tell another story. Reducing the length of stay and preventing complications can offset the extra labor costs (Kaplan & Porter, 2011). Consider the price of one readmission or extended ICU Day: it often dwarfs the investment in weekend coverage. Patients benefit, and so does the hospital balance sheet.

Additionally, many ancillary services may have extended wait lists or lose volume due to their inability to schedule procedures on the weekend for those who are employed during traditional business hours. The ability to have a broader outpatient schedule available on weekends not only reduces wait times for procedures but also increases volume.

## **Creating a Purpose-Driven Team**

Yes, staffing matters. But it's not about "filling shifts"; it's about forging a culture that values every hour as critical. Crosstrain people who want a challenge – those who see off-hour coverage as a mission, not a burden. Use telemedicine strategically for radiology or pharmacy consultations. Embrace per diem staff who thrive in flexible roles (Lichtig et al., 1999). This isn't standard HR talk; it's an approach that says, "We're here for patients. Always."

## **Technology to Bridge the Weekend Gap**

In the age of remote work and care, we no longer need to lock lab doors after dark or shut down imaging. Automated analyzers, digital image sharing, and robust EHRs can run 24/7—if we choose to let them. It's not about buying the newest gadget; it's about boldly deciding that healthcare's digital transformation shouldn't pause on Saturday. Being digital is often not about being technology centric but being human centric.

## **Culture IS Strategy**

It's easy to dismiss talk of organizational culture as "touchy feely" or secondary to budgets and staffing rosters. Yet a growing body of research shows that intangible, culture-focused efforts often yield the most concrete results in patient care. For instance, a study in the *Patient Experience Journal* found a direct correlation between staff engagement, patient satisfaction, and improved clinical outcomes (Berkowitz, 2016). Put simply, the more unified and supported your teams feel—through genuine communication, shared values, and mutual respect—the more likely they are to handle 24/7 coverage without burnout or costly mistakes. By investing in a culture that energizes employees and keeps them mission-focused, hospitals actually reduce turnover, streamline operations, and ultimately save money. It's not just a warm, fuzzy idea; it's good business strategy that translates into better care and stronger bottom lines.

## **Myths That Continually Birth Self-Fulfilling Prophecies**

Several powerful myths pervade health system cultures today which end up becoming self-fulfilling prophecies. Below are key myths and the true reality of those mindsets.

### **"My Staff Deserves Weekends Off"**

Absolutely—they deserve rest. They also deserve a system that doesn't exploit them with sudden Monday surges or frantic on-call demands. By rotating schedules and distributing workloads, hospitals can respect staff work-life balance and deliver continuous care.

### **"We Don't Have the Money"**

Hospitals are strapped, no question. Yet every delayed treatment or extended stay costs real dollars—often more than creating a sustainable 7-day model. Smart administrators see weekend coverage as an investment that pays for itself over time, not a new drain on resources.

### **"Patients Can Wait Until Monday"**

This is the most dangerous myth of all. People don't schedule emergencies around hospital convenience. The unwavering truth is that optimal outcomes hinge on timely diagnosis and intervention, no matter what the day. If our mission is to heal, can we genuinely afford to wait?

## **The Long View**

**Culture is the ultimate prize.** The idea of 7-day ancillary services might feel radical—until you consider the alternative. We have a moral and professional duty to meet patients where they are, whenever they need us. By unshackling ourselves from the 9-to-5 mindset, hospitals can deliver swifter, safer care; unlog vital resources; and ultimately fortify their financial health. Even more compelling, they can rekindle the very soul of healthcare – a commitment to treat every patient's life as precious, every hour of the week.

So, here's the call to action: Don't let tradition trap patient care and your hospital's potential. Seize the opportunity to stand out in an industry aching for fresh ideas and genuine transformation. Monday morning, gather your team. Start small if you must but start. Because when the rest of the world is taking the weekend off, your patients still deserve the very best—and your hospital can be the one to stand out.

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## About the Authors



Tammy Gavin is a seasoned health system executive with 30+ years of experience navigating transformation elbow-to-elbow with front line clinical staff or leading from the front. She has a unique ability to develop and execute a vision and strategy that improves revenue generation and achieves operational efficiency while being a champion of the patient and maintaining strong business alliances among the medical staff, clinical staff and administration. She has proven results of changing culture and impacting outcomes across several health systems. For any questions, contact [tgavin@longgame.com](mailto:tgavin@longgame.com).



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