THE PANDEMIC

The Defining Moments of COVID-19 as told by AHA's Living Learning Network

Photos: clockwise from upper left: IU Healthcare System, Ind.; White Plains Hospital, White Plains, N.Y.; Atrium Health, Charlotte, N.C.; LMH Health, Lawrence, Kan. Background image: Lincoln County Medical Center, Ruidoso, N.M.

A Time of Challenges and Champions
Dear Members and Friends of the American Hospital Association,

It can be difficult to talk about this pandemic without using overwrought words, like unprecedented, crisis, isolation or devastation. These times certainly have been unlike anything I’ve seen in my forty years in the field, experiences that previously have included fires, floods and Ebola outbreaks, among others. Yet, as I absorb the images and stories in this retrospective, it is only life-affirming words that come to mind: collaboration, strength and pride.

As you will see throughout this book, the impact from COVID-19 has been enormous and has permeated every part of this country, but this pandemic also has brought about unparalleled levels of collaboration and communication. Here, at AHA, we realized early on that interdisciplinary teamwork was paramount to battling this virus and supporting our members. Gone are the days of endless committee meetings and analysis. That’s why user-generated communities, like AHA’s Living Learning Network (LLN), represent the future of our field.

The LLN resonates with me because it unleashes the opportunity for medical professionals to connect with each other in real-time. From innovative procedures being created on the front lines all the way up to health policy changes occurring at the macro level, this cross-disciplinary network has proven that we can quickly and expertly adapt to new and challenging circumstances when we work together and trust each other.

This pandemic has displayed the strength of our field and shown the resolute character of its leadership. It has removed barriers to access that had been in place for generations. I have had countless phone calls over the past year and a half with military generals, White House senior advisors, governors and other key policy makers. Every one of those calls was met with honest concern for health system employees and with sincere gratitude for all the difficult work being done.

Allow me to extend my appreciation as well: Thank you for all that you have done and the sacrifices you have made, and continue to make on behalf of your patients. I am fortunate to work with such dedicated, smart people who always are considering ways to improve the services provided. The AHA is so proud of the heroic work represented in this book. It is a privilege to know so many people who are committed to the health and well-being of humanity.

With admiration,

M. Michelle Hood, FACHE
Executive Vice President and Chief Operating Officer
American Hospital Association
Dear Valued Members of the LLN Community,

I remember the moment vividly: Friday, March 13, 1:30 pm. That was when AHA had its all-team call to say we would be working from home indefinitely. I knew then that this novel coronavirus was unlike anything experienced during my life-long career in health care. My immediate thoughts were of my soon-to-be 90-year-old father, my cardiologist husband, my brother and his teenage children, and my now distanced co-workers. My concerns for their safety were immense.

My thoughts soon turned to the devastating impact on our colleagues in the hospitals and health care systems—people whose lives had suddenly been upended in real and dramatic ways.

The AHA became laser focused on a strategy of relief, recovery and rebuild. This made it easy to prioritize what work needed to be done to support our members. Thus, the creation of the LLN.

Our industry has needed something like the LLN in quality and patient safety for some time. It has allowed members to connect to strategic plans and align values across disciplines. It has embraced the role of data to take ideas beyond health care systems and into our communities.

Because of our strong relationship with the CDC, the LLN has nimbly supported the ever-changing needs of hospitals and embodied the true meaning of a collaborative space—a group of people working together for a special purpose—to fight this virus and emerge healthy and well, with long-lasting improvements to health care.

I see the LLN as a virtual think tank, where we can brainstorm ideas among peers and rapidly cycle them back into the field. AHA’s goal is to keep this program alive as a space where folks can come together and ask each other how we can be more efficient, effective, equitable and focused on the patient.

The battle against this virus is not over. But thanks to your hard work and participation in the LLN, there are flickers of light at the end of the tunnel. As you can see in the membership map to the right, you are not alone, we are all connected. I hope that the LLN continues to serve you and your colleagues as a safe and innovative space for the foreseeable future.

With gratitude,

Marie Cleary-Fishman, BSN, MS, MBA
Vice President, Clinical Quality, AHA Center for Health Innovation
American Hospital Association

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“Being a close-knit community made it natural for our employees to work in unison. The sentiment was, ‘It’s here; now let’s show the world how effective we can be’.”

Harrison Memorial Hospital, Cynthiana, Kentucky

Photo: White Plains Hospital, White Plains, New York

WHO announces mysterious, new illness.

CDC confirms first COVID-19 case in the U.S.
"Our team came together. We had to move all the non-COVID patients throughout the rest of the hospital. Our night shift came in, and it was just like clockwork. Within the hour, we had every one of those patients off the floor and it was ready-to-go and receive COVID patients."

Baptist Healthcare System, Arkansas

COVID-19 cases begin to multiply.

First COVID-19-related death reported in U.S.
An elderly couple was admitted to the ICU with COVID-19. Despite aggressive treatment, their lungs continued to fail and they were both placed on a ventilator on the same day.

They had spent 50 years together—first meeting as pen pals when she was a student at the Florida School for the Deaf and the Blind and he was at war recovering from an injury that left him with significant hearing loss. The couple’s children said they lived for each other—he was her eyes and she was his ears. As their condition worsened and recovery was unlikely, the ICU team moved the husband into the wife’s room and placed their beds side-by-side. They dropped the bedrails so that they could connect and place their hands together. They were extubated and for the next 20 minutes their heart rates matched each other while they listened to their favorite hymn by Jimmy Swaggart, “I’m on my way to Heaven.” They passed away within seconds of each other.

“I can’t tell you how hard it is to see that lonely patient in a bed. Our goal is have at least one person with them so they don’t die alone.”

Baptist Health, Jacksonville, Florida

WHO declares COVID-19 as a pandemic.

The world shuts down.
Rick Pollack, president, American Hospital Association, announced the Dynamic Ventilator Reserve program at a White House press conference.

“America’s hospitals and health systems always stand ready to care. This voluntary effort is a great example of their commitment to help one another, as well as their patients and communities.”

“Pre-COVID, we used about 36 N95 masks a day. And during COVID and post-COVID, we used about a thousand N95 masks a day. The difference between what it was and what it is today caused us to have to go into high gear in a time when the supply was really limited.”
"There has been an unprecedented level of deaths because of this virus. It is like nothing we have seen for years and years. COVID-19 has taken such an emotional and physical toll on my team.”
“We’re in This Together has remained the motto across our health care system and across the region, and these words continue to ring true today.

Thank you to our community for their ongoing and steadfast partnership, generosity and encouragement that has allowed us to continue to provide vital care and resources, regardless of the circumstances and challenges we may face.”
There were times where you stop and say, ‘as bad as this is and as hard as it is to figure out all these unique challenges with the pandemic, this is why we got into health care.’”

Photo: IU Healthcare System, Indiana
“Our caregivers have battled long hours and difficult conditions to skillfully, bravely and tirelessly care for our communities. Many experience the heavy burden of grief.”

Stillwater Medical Center, Stillwater, Oklahoma

“This country is noticing something we have all known: health care workers are heroes.”

Photo: UC Health, Cincinnati, Ohio

First known case of COVID-19 reinfection is reported in the U.S.
“Our small but mighty infection prevention and quality team faced 12 to 14 hour days, seven days a week, under significant pressure and uncertainty—yet banded together, heeded the call of action and persevered through the most difficult circumstances to ensure the protection of our patients, staff and hospital visitors.”
“Our success thus far is a testament to the culture of cooperation, collaboration and caring, it is also an example of the kind of dedication and commitment on display at the hospital every day.”
“When a nurse [from our team] expresses being exhausted and tired of death, we are there to help offer our support...we are all feeling the strain. And when she is at the bedside of a patient who expresses similar fear and sadness, she is inclined to hold their hand and say a prayer.”
“We had been overwhelmed by COVID-19 for nearly ten months. Hope was on the horizon, vaccines were coming and we had to get ready. But getting ready meant going beyond operations... vaccine hesitancy was high and misinformation was everywhere... our community had tons of questions. This was a communications challenge, too. One that would take everyone to solve: every team, every location, every skill set, marketing and communications. We came together as one system, and asked North Carolina to take your shot. Our co-workers led by example, taking their shots first and sharing the experience.”
As U.S. passed 20 million cases and 400,000 COVID-19 deaths, the national vaccine rollout begins.

“[As a health care worker] I wanted to be able to do my part to reduce the spread of COVID-19. I’ve seen a lot of people this year suffer and die from COVID-19, and I’d like to do whatever we can to slow that process and be an example to others to show that the vaccine is safe and worth getting.”
Middlesex Health, Middletown, Connecticut

“We played the “Rocky” theme song over the hospital intercom system as COVID-19 patients were discharged after a long stay, resulting in smiles and tears of joy as everyone paused to recognize the victory.”

U.S. Congress approves President Biden’s $19 trillion pandemic relief bill.

As more patients receive vaccinations, hospitals see decreased rates of COVID-19.

Photos: White Plains Hospital, White Plains, New York
“We rejoiced when our staff could come together again to celebrate Hospital Week, in a taste of normalcy that we had all been searching for. Through trials and tribulations, we have soared!”

Photo: IU Healthcare System, Indiana
Hyper-contagious Delta variant largely responsible for quadrupling infection rates since June.

AHA recommends COVID-19 mandatory policy statement, urges similar policies for all health care personnel.

As challenging as it’s been, we have learned so much that will serve us well in caring for patients in the future.”
About the AHA’s Living Learning Network (LLN)

Funded by the Centers for Disease Control and Prevention (CDC) in response to COVID-19, the LLN is a community of hospitals and health systems designed to reform health care. It considers and generates responses to the coronavirus and future public health emergencies, as well as infection control and prevention with an overall focus on quality and patient safety.

During a time so often defined by isolation, the LLN has connected health care professionals to each other in new and impactful ways. Through vibrant, peer-to-peer sharing platforms—such as message boards, email groups, video conferences and learning sessions—the LLN quickly identifies and shares the immediate needs and successful strategies occurring throughout the country.

The LLN’s services—crowd-sourced resources, trainings and even emotional supports—are needed by all health care professionals. Therefore, we are proud to announce that the LLN will be continuing for another year. There are many exciting things planned for year two!

**New members** | The LLN is now open to ALL employees of hospitals, health systems and advocates of community health. We currently are taking applications for the second year, which will officially begin in September 2021.

**New look** | Coinciding with the year two, the LLN interface will be completely overhauled to a new, user-driven experience with an innovative system that is designed to help build courses, membership and further networking.

**New focus** | As we continue to work with our valued partners at the Centers for Disease Control and Prevention to defeat COVID-19, the LLN also seeks to leverage this community to address myriad topics relating to the field.

Help us continue to grow the membership by inviting your colleagues to join the community, post topics for discussion and help answer peer-submitted questions. Visit the **LLN website** to learn more.

The LLN’s nearly 300 members have been kept up-to-date with the latest COVID-19 news and practices, including just-in time virtual learning events with industry leaders. The events – which totaled over 3,800 registrants – were presented on the following dates and topics:

**Hospital Operations during the Pandemic**
- NYU Hospitals
  - August 6, 2020 | 115 registrants

**Enabling Operating Room Agility in the COVID-19 Environment**
- Emory University School of Medicine
  - September 3, 2020 | 192 registrants

**Effective Strategies to Coordinate a Rural Community Response during COVID-19**
- Opelousas General Health Systems
  - September 24, 2020 | 264 registrants

**COVID-19 Personal Protective Equipment Preservation Strategies**
- HHS Healthcare Resilience Working Group
  - October 15, 2020 | 636 registrants

**Temperature Checks**
- White Plains Hospital
  - October 29, 2020 | 262 registrants

**Surge Capacity**
- Providence Health Care (Eastern Washington)
  - November 19, 2020 | 413 registrants

**IPC Protocols in the ED**
- Indiana University Health
  - December 10, 2020 | 717 registrants

**Visitation Practices**
- Middlesex Health
  - January 21, 2021 | 754 registrants

**Building Confidence in COVID-19 Vaccines**
- Oschner Healthcare System and Covenant Healthcare
  - February 25, 2021 | 366 registrants

**Optimizing Equitable Access to the Vaccine**
- UCLA Health
  - March 25, 2021 | 173 registrants