The Pandemic
Responding with Resilience and Service to Community

Presented by the AHA Living Learning Network
This book …

… reveals and honors the extreme conditions that hospitals, health systems and communities have faced throughout the COVID-19 pandemic. It reflects the enormous fight health care workers continue to face across the U.S. Go behind the scenes to experience the remarkable journey lived by hospitals and health systems through commentaries, stories and images.

The Living Learning Network (LLN)
American Hospital Association | Health Research & Educational Trust | U.S. Centers for Disease Control and Prevention

Funded by the Centers for Disease Control and Prevention, the LLN is a virtual AHA community for hospitals and health systems to discuss, ideate and reform health care in response to COVID-19 with other health care leaders from across the field. The participating hospitals and health systems have access to a curated network of respected subject matter experts and distinguished colleagues to participate in real-world discussions, expand perspectives and problem-solve together.

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MILESTONES
Since publishing The Pandemic: A Time of Challenges and Champions, COVID-19 has continued its worldwide spread spurred by emerging variants. Here’s a closer look at the pandemic milestones from the past year.

- Children ages 5-11 are now able to get the Pfizer vaccine.
- FDA authorizes booster doses of the Pfizer vaccine for people 65 and older and younger people with weakened immune systems.
- FDA and CDC authorize use of Pfizer and Moderna booster shots six months after initial series for all adults.
- Omicron variant surge begins in the U.S.
- U.S. government offers free at-home COVID-19 tests.
- COVID-19 death toll in U.S. hits 900K.
- Average U.S. monthly death rate due to COVID-19 drops to 2,000.
- FDA approves first COVID-19 drug, remdesivir, for children under 12.
- More than 100 million Americans have received their first booster shots.
- FDA authorizes an extra dose of the Pfizer or Moderna vaccine for anyone age 50 and older and others with severely weakened immune systems.
- Moderna seeks emergency use for vaccines for children under 5.
- COVID-19 death toll in U.S. hits 1 million.
- FDA approves use of Pfizer vaccine for children 5 and under.
- Children from 6 months to 4 years old are able to get the Pfizer and Moderna vaccines.
Dear Members of the AHA Living Learning Network,

One of the most rewarding parts of my tenure at the Centers for Disease Control and Prevention — which will be 30 years next fall — has been the invaluable partnerships of so many like-minded organizations, exemplified here by the American Hospital Association and our collaborative venture with its Living Learning Network. The CDC and AHA are aligned through a guiding philosophy of ensuring the best possible outcomes for patients, protecting our health care professionals and improving the overall quality of the field.

I write today to acknowledge and applaud the uncanny dedication and passion of the front-line health care and public health personnel. A career in health care is not just about having the technical skills, it is about having that commitment to really make a difference in people's lives. These past two-and-a-half years have been beyond challenging. Yet, I consistently have found inspiration from all those who unflinchingly have taken care of patients, even at the risk of exposing themselves and their families.

One of the many reasons I value our partnership with the Living Learning Network is because the CDC relies on feedback from the field. The LLN not only provides this feedback but does so by meeting its members where they are — whether on the front lines, in communities or behind the scenes — while communicating this information in real time and advocating on their behalf.

The best recommendations and the best data are inconsequential if we don't communicate the humanity behind them in a way that people will understand. That is why projects like this book are so important in facilitating conversations within a network. It is not just talking: It is listening, reflecting and acting on the information received.

People often ask me what my concerns are, what keeps me awake in the middle of the night. My answer is the same now as it was before the pandemic: the things that we don't know, and taking things for granted. The LLN addresses these concerns by reimagining how we hear from the field and considering the best way to facilitate change. It is not just the knowledge the LLN represents that is so valuable; it is the creation of the system for shared learning that truly is noteworthy.

COVID-19 has reinforced that the way to make a difference is through partnerships that continually adapt and move forward. The ways we have learned from each other are more than just a concept or a process because they have allowed us to develop a trust. Relationships are the system.

With gratitude and admiration,

Denise Cardo, M.D.
Director of the Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (INCEZID) at the Centers for Disease Control and Prevention (CDC)
A PILLAR OF STRENGTH

Throughout the pandemic, the strength of the health care field has been on full display — from moving images of struggle and perseverance during extreme conditions to stories of workforce resiliency.

“We muscled through some tough times. In the wake of the pandemic, our new department focus is on workforce resilience.”

Northwestern Memorial Hospital, Chicago, Illinois

“When the daffodils bloom, we will remember those who have passed. It will be a sign of a brighter day.”

Middlesex Hospital, Middletown, Connecticut
“I fell victim to physician burnout during the pandemic. Participating in music, especially the AdventHealth Orchestra, during such an uncertain time, has helped improve my overall well-being. When playing an instrument, I can focus on the present and engage with other orchestra members in a meaningful way.”

AdventHealth, Altamonte Springs, Florida

“There was nothing fun about the pandemic. However, the artistic talents of mask makers brought a daily lightness to our newly required attire.”

Providence Alaska Medical Center, Anchorage, Alaska
“We cannot help but feel hopeful that the agility and creativeness that we have seen over the last two years will lead to continued changes and innovations.”

Holton Community Hospital, Holton, Kansas

As COVID-19 variants spread across the country, the scientific community reacted quickly with advancements and changes in the field: rapid diagnostic tests; respiratory and biological revelations; engineering feats to supply chains; and newly discovered treatments and vaccines.

FOUNDATION OF SCIENCE

An 88-year-old man was referred to our palliative care program due to functional and cognitive decline. He had immigrated to the U.S. from South Asia and lived in subsidized housing with his daughter, whom he named as his health care agent. The palliative care team remained in close contact with the member and daughter, providing support via telemedicine and in-home visits with appropriate personal protective equipment when in-person assessment was necessary. The combination of member- and family-centered palliative care, the agility to respond to shifting circumstances, and the respect for, and attention to, specific cultural obligations served to promote his stability and goals of care.

Commonwealth Care Alliance, Boston, Massachusetts

ChristianaCare created a new way to bring care to where people needed it through the launch of new mobile health services vans to provide a variety of medical services, including COVID-19 vaccines.

ChristianaCare, Newark, Delaware

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ChristianaCare, Newark, Delaware

LifeCare Medical Center, Roseau, Minnesota

STORY
More than 20% of Americans reside in rural areas. As COVID-19 spread throughout the country, these communities faced increasing hardships from the pandemic with viral transmission and death rates outpacing those of urban communities.

“Our message was ‘stay home’ when we were short of PPE. Our community donated items, food and notes of encouragement.”
San Luis Valley Health Regional Medical Center, Alamosa, Colorado

“Donations of PPE poured in from businesses and individuals. Local restaurants and residents donated food to keep hospital staffed.”
Harrison Memorial Hospital, Cynthiana, Kentucky

“We should have been prepared and COVID-19 exacerbated the situation, but we recognized it as an opportunity to accelerate a solution to the problem.”
Samaritan North Lincoln Hospital, Lincoln City, Oregon

“We’re receiving calls from many of our colleagues around the area; we’re sending each other our plans, algorithms and whatever could help them.”
Katherine Shaw Bethea Hospital, Dixon, Illinois
Communities of color have been hit disproportionately hard by the pandemic, and deploying vaccines to populations that are more vulnerable has been a key component of public health messaging.

Johns Hopkins Medicine, Baltimore, Maryland
“A big misconception about homebound residents is that they don’t need the vaccine because they’re already at home. But what they don’t consider is that these people haven’t been able to see their families, grandkids, friends for more than a year.”
Torrance Memorial Medical Center, Torrance, California

“Over the past two years, we’ve seen that people of color are less likely to be vaccinated and more likely to die from COVID-19. The reasons for these inequities are complex, but as health care professionals, we know how to approach complex problems and develop solutions.”
Luminis Health Anne Arundel Medical Center, Annapolis, Maryland

“Our goal was to maximize our efforts to reach as many people as possible. COVID-19 cases were surging in Michigan at the time, so it was a race to save as many lives as possible.”
Henry Ford Health, Detroit, Michigan
About the LLN and Its Communities

The second year of the LLN has been a time of profound growth, highlighted by an expanded purview into the areas of public, community, rural and equitable health as well as into topics concerning palliative care, nursing workforce and health care-associated infections. Through virtual events, real-time peer-to-peer sharing, blog series and more, the LLN is connecting the field in new and exciting ways.

Much of the network’s growth is thanks to new and innovative user-driven virtual events — including a custom smartphone app — which feature an ultramodern experience that can easily distribute information, promote networking and grow membership.

To learn more about the LLN and join its 400+ membership, visit www.aha.org/center/living-learning-network.

PARTICIPATING LLN ORGANIZATIONS

“COVID-19 has posed a steep learning curve for health care providers over the past two years. Hospitals and health systems have responded by sharing more knowledge, insight and best practices with each other than ever before. The AHA supports and encourages these exchanges in every way we can. One example is our Living Learning Network, a project in partnership with the Centers for Disease Control and Prevention, that has worked throughout the pandemic to foster continued dialogue between providers and to keep the exchange of helpful information flowing.”

Rick Pollack, President and CEO
American Hospital Association

“We need 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. I see the LLN as a virtual think tank, where we can brainstorm ideas among peers and rapidly cycle them back into the field. It’s a space where folks can come together and ask each other how we can be more efficient, effective, equitable and focused on the patient.”

Marie Cleary-Fishman, Vice President of Clinical Quality
American Hospital Association

Living Learning Network App
Connect with your peers and share information from anywhere!
THANK YOU!