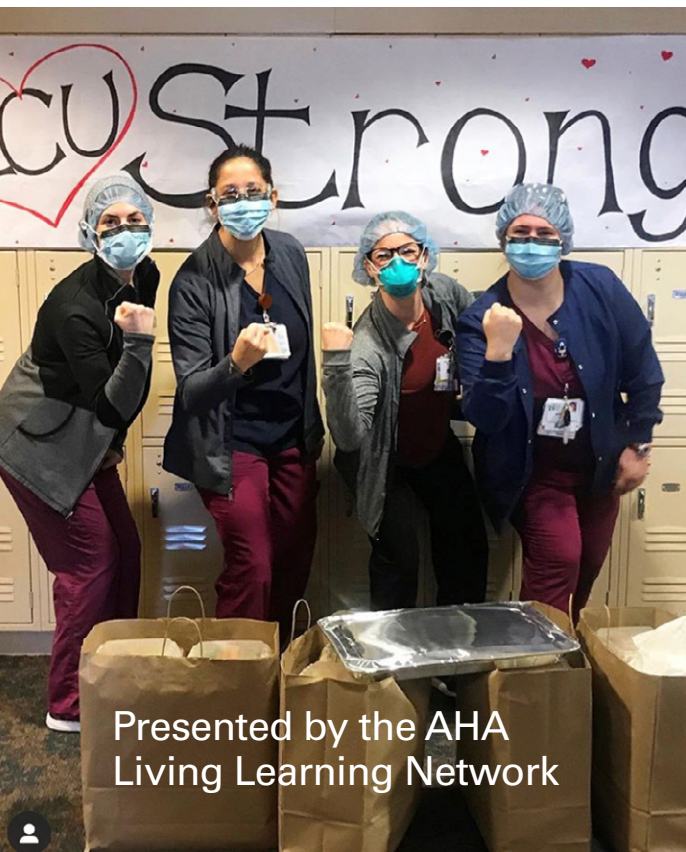




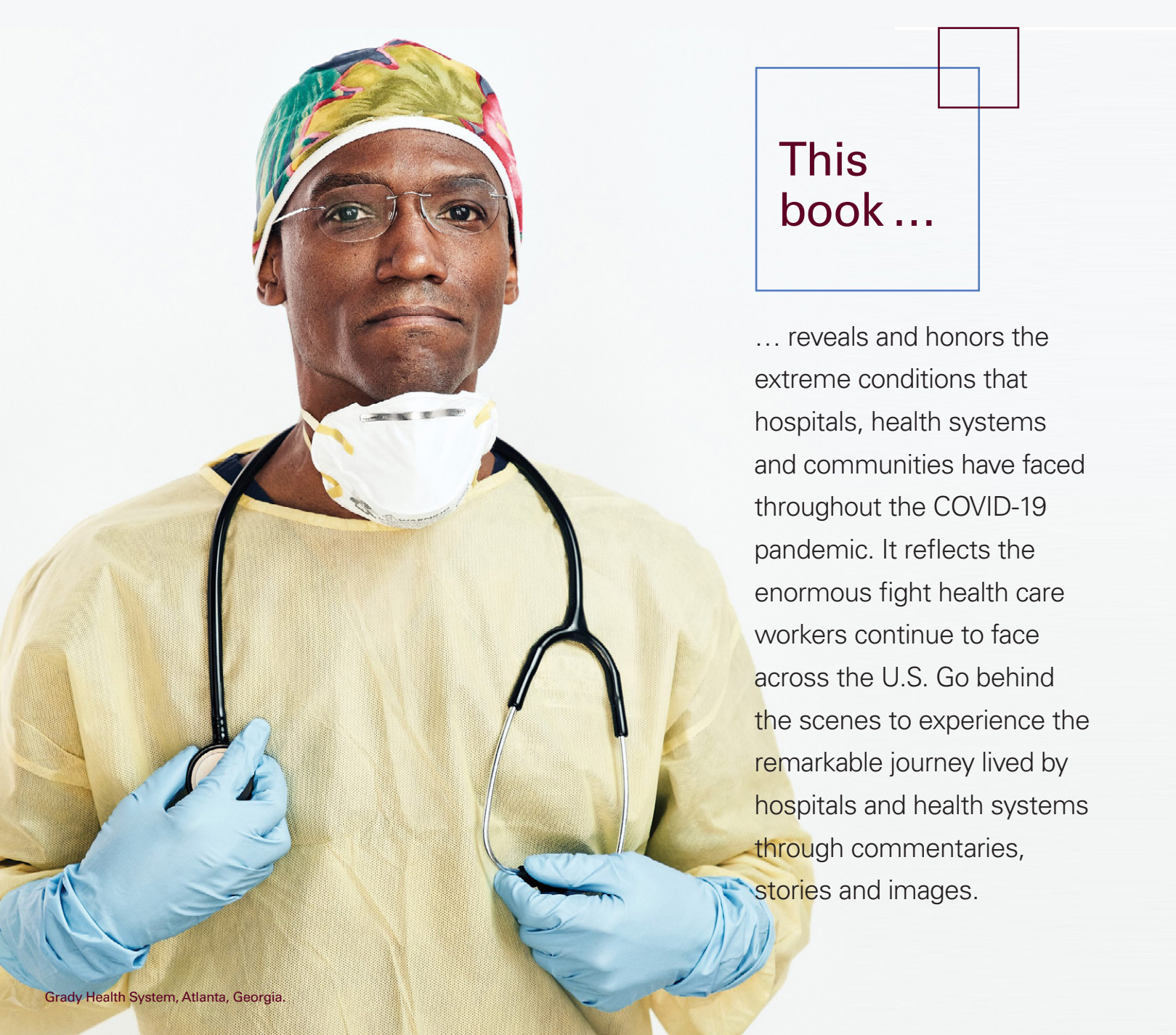
# The Pandemic

Responding with Resilience  
and Service to Community



Presented by the AHA  
Living Learning Network





Grady Health System, Atlanta, Georgia.

## 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.

*The AHA LLN is funded by a cooperative agreement with the Centers for Disease Control and Prevention (grant number 6 NU50CK000477-04-01). The contents of this resource do not necessarily represent the policy or position of CDC, and should not be considered an endorsement by the CDC.*

Cover (clockwise from upper left): Sutter Santa Rosa Regional Hospital, Santa Rosa, California; White Plains Hospital, White Plains, New York; Atrium Health, Charlotte, North Carolina; Lumini Health Anne Arundel Medical Center, Annapolis, Maryland; Spectrum Health, Grand Rapids, Michigan

# 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.

- NOV 2021**
  - 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.
- DEC 2021**
  - Omicron variant surge begins in the U.S.
- JAN 2022**
  - U.S. government offers free at-home COVID-19 tests.
- FEB 2022**
  - COVID-19 death toll in U.S. hits 900K.
  - Average U.S. monthly death rate due to COVID-19 drops to 2,000.
- APR 2022**
  - 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.
- MAY 2022**
  - COVID-19 death toll in U.S. hits 1 million.
  - FDA approves use of Pfizer vaccine for children 5 and under.
- JUNE 2022**
  - Children from 6 months to 4 years old are able to get the Pfizer and Moderna vaccines.



White Plains Hospital, White Plains, New York

**Dear Friends and Colleagues,**

As I take this opportunity to reflect on the past year, my mind is filled with stories of resiliency and service to community, carried out during trying and difficult times. It has been inspiring to see health care professionals still motivated by the same intrinsic and empathetic stimuli that drove many of us to be part of this field in the first place.

The powerful images and stories in this book illustrate that the battle against COVID-19 is not over yet. But it is waning, and there are glimmers of hope for an endemic future for this virus.

As the field reemerges from the pandemic, the transitions around quality improvement will be critical. We must continue to address head-on the pressing issues of health care-associated infections, healthy equity, age-friendly care, rural health, data and technology modernization, and the mental health and well-being of our dedicated workforce. As such, the work of the Living Learning Network and our partnership with the CDC remains paramount to achieving the AHA's vision of a just society of healthy communities, where all individuals reach their highest potential for health.

This book shows us that we — advocates for the health and safety of our communities — persevered throughout this pandemic and did so in a way in which we can be proud.

In closing, I offer my continuing admiration for the work represented in these pages and beyond. It is powerful to think about hospitals and health systems, public health departments, and communities working together for a common cause. And while there will continue to be challenges related to this virus, I am confident in our ability to adapt and persevere in any situation.

With gratitude,



A handwritten signature in blue ink that reads "Michelle".

**M. Michelle Hood**

Executive Vice President and Chief Operating Officer  
American Hospital Association

**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,



A handwritten signature in blue ink that reads "Denise Cardo".

**Denise Cardo, M.D.**

Director of the Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) 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



Henry Ford Health, Detroit, Michigan

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

Middlesex Hospital, Middletown, Connecticut



Middlesex Health, Middletown, Connecticut

A PILLAR  
OF STRENGTH



AdventHealth, Altamonte Springs, Florida

“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



Providence Alaska Medical Center, Anchorage, Alaska

# FOUNDATION OF SCIENCE

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.

“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



Holton Community Hospital, Holton, Kansas

## STORY

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**



LifeCare Medical Center, Roseau, Minnesota

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



ChristianaCare, Newark, Delaware

# PILLARS OF THE COMMUNITY

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.

Wash hands. Cover coughs. Stay home.

"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



Luminis Health/Arundel Medical Center, Annapolis, Maryland



"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



Margaret Mary Health, Batesville, Indiana

"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

# EQUITY OF CARE

The health care field has taken many steps to address disparities that came to light during the pandemic. Hospitals are taking actions to ensure that patient populations are receiving equitable care through education, data collection and community partnerships.

**“We understand the comorbidities: African Americans have more cardiovascular disease, renal disease, diabetes and hypertension, and all of these risk factors play a role in the outcomes of COVID-19. Keeping that in mind helped us tailor our approach a little differently.”**

Grady Health System, Atlanta, Georgia



Grady Health System, Atlanta, Georgia

Atrium Health, Charlotte, North Carolina



**“The goals are to acknowledge the history of health injustice in communities of color, collaborate with partner organizations, educate and inform individuals in making decisions to best protect their health and well-being, and increase the vaccination rate in underserved communities.”**

Atrium Health, Charlotte, North Carolina



Johns Hopkins Medicine, Baltimore, Maryland

**“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



EQUITY OF CARE



Torrance Memorial Medical Center, Torrance, California

“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

Luminis Health Anne Arundel Medical Center, Annapolis, Maryland



“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



Henry Ford Health, Detroit, Michigan



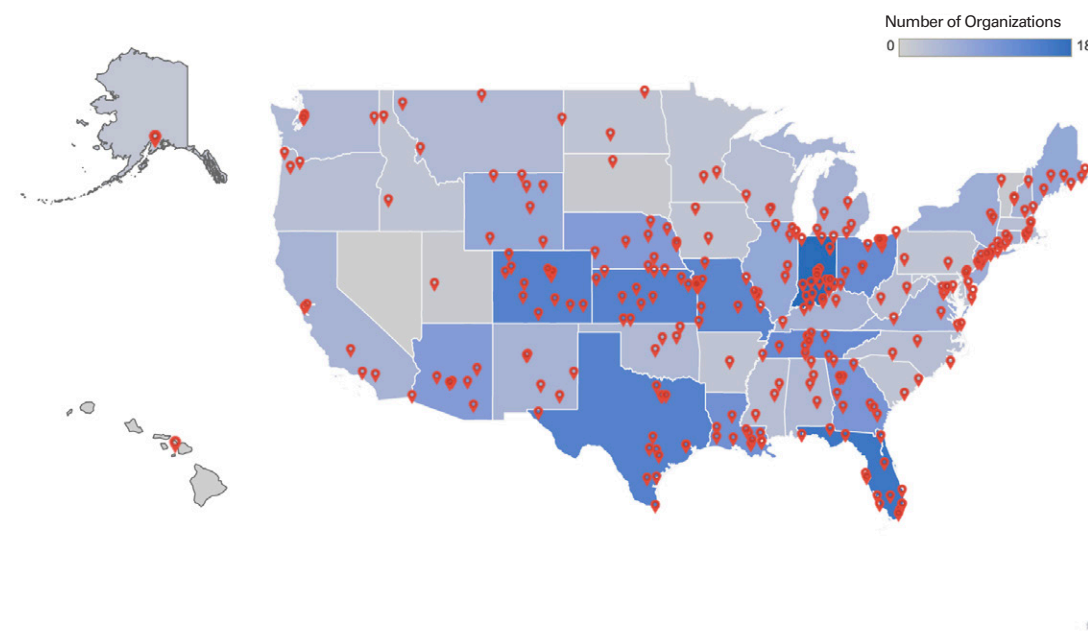
# About the LLN and Its Communities

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](http://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



“Our field 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. 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!

Download on the App Store | GET IT ON Google Play



# THANK YOU!



Living Learning  
Network



Advancing Health in America