

Richmond hospital battles COVID-19 to save 'sickest of the sick'

By [Kristi Nix](#)

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Photo: Kristi Nix

IMAGE 1 OF 14

ICU nurses at Richmond's Medical Center work 12-hour shifts wearing multiple layers of uncomfortable personal protective equipment while being challenged to provide not only medical care but emotional support to COVID-19 patients separated from family and friends by infection control measures.

Behind the front lines in the battle against COVID-19, a team of ICU and emergency room nurses face tremendous personal risk every time they mask up and report for a 12-hour shift at Medical Center.

“As ICU nurses, we are used to caring for our critically ill patients as they slowly, gradually get better and leave our unit. But, this is different because COVID patients are often very, very sick and we lose many of them. My staff is not used to dealing with death as much as we’ve had to in the last couple of months. It’s tough,” said Jamie LeBlanc who serves as Clinical Manager for the Intensive Care Unit. “From the very beginning, my team has been unstoppable. At the beginning, there were days when we were leery and scared because this is something we’ve never had to deal with before and there was so much that was unknown. But every single person has stepped up with the attitude of ‘This is what we went to school for, we’re here to take care of the sickest of the sick and we’re going to do everything we can to make them better.’ I feel like our team has really come together. They’ve really made me proud.”

Medical Center is a 274-bed, independent, nonprofit medical facility that operates three campuses in Richmond and Wharton. LaBlanc said in addition to the intense mental stress and physical challenge of long hours wearing multiple layers of hot and uncomfortable personal protective equipment, nurses who care for COVID-19 patients must also provide a sense of support in a way that’s unprecedented.

“We’re dealing with this virus that we’ve never seen before and it’s all new and very deadly and then because family members can’t be there, my staff must provide emotional support to the patient,” she said. “They have to talk to family members and provide updates and then help patients use Facetime to talk to them. It can be time-consuming.”

CEO Joseph Freudenberger said one of his biggest concerns is the toll the surge in COVID-19 patients has taken on his staff. “The last two or three months have been really tough and I worry about the mental and physical health of our staff. How long can we keep up a level of intensity that is unbelievable? These folks on the front lines are literally putting their lives at risk every day they go in to work and I worry about burnout and the physical and emotional toll this puts on people,” Freudenberger said in a telephone interview July 23 from his home where he spent weeks quarantined after testing positive. Contact tracing revealed he’d been infected not from contact with hospital patients, but during a quiet Sunday dinner with a few family members.

“I now also worry about people not taking the risk of infection seriously enough and about the unseen effects of a grandparent who doesn’t have the ability to fight it off like my wife and I did, catching it during a family dinner,” he said. “When COVID hit New York, they had this huge surge which ultimately created a crisis situation. People were alarmed to the point they became very diligent about wearing masks and doing other things to protect themselves and they got past it. But, we’ve not been as diligent about adhering to those rules in Texas. I hope we are getting there. But until then, we’re not going to slow the spread of this virus in any substantial way.”

In the coming weeks, thousands of Fort Bend County students are expected to return to school for face-to-face learning, which Freudenberger and other hospital officials say could potentially increase the infection rate across the state.

“I have seen some prototypes of how a school environment could be managed by keeping kids masked up. I think kids with proper leadership from teachers and others will be reasonably diligent about keeping a mask on and that will help, along with socially distancing kids, and also platooning classrooms so students are not together all at the same time. I think those are all ways to mitigate the risk to some degree, but I can’t see a scenario where we don’t have an increased number of community-acquired cases once schools begin in person,” he said.

“If you have one case, you theoretically have to isolate everyone who has been exposed to that one case which defeats the purpose of having in-person education because you’re almost inevitably going to have one case periodically,” Freudenberger said. “It’s going to be a journey. I don’t see any way to avoid the pain of the journey.”

Since the first cases were reported in Fort Bend County, outbreaks have sickened hundreds of nursing home residents and employees along with others who live and gather in similar communal settings.

“To my mind the story comes in two parts. There was the early-stage COVID surge which was many times the elderly coming out of institutional settings such as nursing homes. Then, we had a surge of cases coming out of the prison system. We also saw a

surge of cases coming out of the Richmond State Supported Living Center,” he said. Those surges gave way to cases emerging from the wider community, which he classified as stage two with stage three to bring a second surge of COVID patients coming from the nursing homes.

“But, here’s the other side of the story relative to COVID, there’s some evidence that people are putting off critically-needed care and by the time they come to the hospital they’re in terrible shape. Normally, the ICU census declines in the summertime because the respiratory illnesses that typically put you into an ICU are less prevalent in the summer than in the winter” he said. “It’s a serious health crisis. We call it the COVID-19 pandemic but I’m going to call it a general health crisis because it’s affecting more than simply those folks that are getting COVID.”

Freudenberger also shared details of his personal experience with the virus.

“For me, it started with a lot of musculoskeletal pain. I have a bad back so I really didn’t think a whole lot about it. But, every aspect of my back and down my legs was hurting in a more extreme way than I normally experience and I hadn’t really done anything to trigger it,” he said. Later that day, he developed a fever and other flu-like symptoms. “I just thought it was my back pulling me down, but the next day I woke up with a cough,” he said. During a zoom teleconference with his staff that morning his coworkers took note of his cough and recommended he be tested. “So, the next day when I went to get tested I still had a low-grade fever and my cough was worse. I tested positive.” Doctors prescribed a regimen of prednisone and Zithromax. But, as soon as the five-day course of medications was complete, his cough and fever returned along with new symptoms such as feeling light-headed.

“Then, the next thing you know I’m having trouble taking deep breaths. Every time I take in a deep breath and I feel a constriction in my chest. I’m thinking: This is scary. Where did that come from?”

Within a few days, Freudenberger said he noticed he had lost much of his sense of taste and smell. Next, he started feeling extremely lethargic and had trouble getting through the work day without a nap. As a person who enjoys good health generally

without any chronic health conditions known to create risks like lung disease or heart disease, Freudenberger was diagnosed as having only a mild infection. Yet, his symptoms lingered for weeks as he began to feel a sense of anxiety wondering if his condition would worsen or if the virus might cause heart damage or lung damage or other lingering medical problems down the road.

“For me, the worst part about it is you just don’t know if the next evolution in the disease is a sign you’re going to get substantially worse or if it’s just another bump in the road. The unknown wears on you,” he said and voiced appreciation for support from his family, friends and hospital staff.

Medical Center wins support via daily COVID-19 updates

Since the beginning and continuing during his illness Freudenberger has connected with his staff and the community through daily video updates which are posted to the hospital’s social media detailing the number of positive cases and other related issues, along with details of his own illness. The video updates provide a lifeline of information for hospital staff and others in the community which has resulting in an outpouring of support for hospital workers, according to Alicia Padilla, who serves as Clinical Manager for the Emergency Room at the Jocelyn Street facility.

“It’s been amazing to see how people have come together to show their support for our staff.,” she said and shared a few examples. Congressman Pete Olson donated N-95 masks, googles and face shields. Then, Chick-Fil-A donated lunch to our staff and Aling’s Chinese Restaurant delivered lunches for our staff just recently, which everyone loved.”

The hospitals’ team of doctors also reached out to show their support and provided lunch for Padilla and her team of nurses, she said. “The entire community has been wonderful to us and as a team, everyone works to show their support and help out other departments that need help and that’s been awesome,” she said. “We’ve really appreciated their concern and all the donations from the community as well as from other departments here in the hospital and from our doctors. This entire experience has created a stronger bond between the hospital teams and the community we serve. In

the middle of all this, that has turned into something of a silver lining, which I think all of us has needed at one point or another.”

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