

Mrs. Senator Larry Salmans

104 S. Hwy St. • Hanston, KS 67849 • 254-715-0119 • Hodgeman Co. • KS Senate District 33

March 27, 2021

Re: In Support of SB 303

Dear Chairman Hilderbrand and Senate Public Health and Welfare Committee Members:

My husband, Senator Larry Salmans (served 1996-2004), contracted neuroinvasive West Nile Virus (WNV) in the fall of 2020 and has been hospitalized for nearly six months. He has received care at seven Kansas facilities ranging from acute care hospitals to a skilled nursing facility. Each institution has allowed varying degrees of visitation, from 24/7 access to no access, including windows.

Senator Salmans, was a very healthy 82-year-old prior to hospitalization. He walked 2.5 miles/day and even served as a volunteer EMT/fireman. Almost overnight, he became paralyzed, intubated, unable to eat or speak, and comatose, making him completely dependent upon family for advocacy. Mercifully, while he still can't walk, his condition has improved over the past six months to the point that we are planning to take him "home" on April 1.

At some facilities, advocacy looked like standing outside a window in winter elements with a cell phone asking Senator Salmans yes or no questions via the phone on his shoulder, which he answered by slight nods, still paralyzed and unable to speak. At others, we had FaceTime but no window. However, even that access was limited by some facilities that erroneously cited HIPAA.

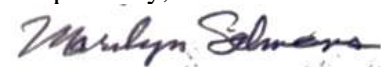
A number of Senator Salmans' current issues are hospital-acquired but could have been avoided or lessened by family presence and in-person observation. For example, a minor bed sore progressed to a Stage 4 wound without our knowledge, leaving Senator Salmans' tailbone exposed and infected by at least five bacteria. We understand this could have been avoided by the facility(ies) turning him every two hours, as was the standard of care, but we were unable to observe whether this was their practice or not.

In another facility, I could hear over the phone that Senator Salmans was distraught and gasping for breath, but I was unable to locate a nurse who could tell me what was happening. Eventually, less than 48 hours after arriving, the facility called to say that they were sending him to the ER. That next facility did not allow visitors either and did not know who he was or what he needed. Neither could he speak for himself. He was completely alone and at the mercy of his uninformed caretakers.

Some facilities did not permit personal grooming by staff, such as shaving, trimming nails, or removing ear wax, so these needs went unmet while we were prohibited entry. We were also unable to inspect him, stretch him, or care for other basic needs that were being neglected. Even when we were able to visit, we noted so many inconsistencies and unawareness of Senator Salmans' particular needs that we have often wondered what level of care he had received in our absence.

The fight for information has also been exhausting and, often, inadequate. No facility from which we have been shut out has volunteered regular, meaningful information or conversations with providers. Rather, we have had to pursue almost every informative interaction we have had. In short, we have noted a decrease in accountability among facilities and an increase in the burden to already burdened loved ones and advocates.

Respectfully,



Marilyn Salmans