

My name is Jenny Salkeld. I am the widow of Keith Salkeld, who died on September 12, 2021, following his hospitalization for COVID-19 pneumonia at Temecula Valley Hospital in Temecula, California. I am submitting this statement to share my firsthand experience as his spouse and to describe how hospital visitation and communication protocols affected our family.

Keith attended a business conference in Dallas, Texas, and shortly after returning home developed a high fever. Over the next two weeks he struggled with persistent fever and declining oxygen levels. In the early morning of August 29, 2021, I drove him to Temecula Valley Hospital. When we arrived around 4:30 a.m., hospital staff immediately took him into the emergency department. Because of the hospital's COVID visitation restrictions, I was not allowed to accompany him or even say goodbye with a hug or kiss.

I was instructed to wait outside under the hospital canopy while registration staff collected insurance information. After that, I was told to go home. I was not provided information about how I would receive updates regarding his condition or how to communicate with his medical team.

Fortunately, Keith had his cell phone and was able to text and call me during the early part of his hospitalization. He later told me he had been diagnosed with COVID-19 pneumonia and was receiving high-flow oxygen through a nasal cannula. Throughout his hospitalization, the hospital did not proactively contact me with updates. Instead, I called daily, often reaching the night nurse because it was the only time I was consistently able to speak with someone. I found it difficult to obtain detailed information about his condition, treatment plan, or prognosis.

Because I was unable to be with my husband, I could not observe his condition firsthand, ask questions in real time, or advocate for him during his care.

After Keith passed away, I obtained his medical records. I noted documentation indicating plans for discharge earlier in his hospitalization before changes in his treatment and condition. I also saw documentation that he received remdesivir during his hospitalization. I cannot speak to the medical decisions surrounding his treatment, but I can state that after reviewing the records, I observed changes in his clinical course that raised questions for me as his surviving spouse.

On Friday, September 10, after providing proof of a negative COVID-19 test, I was finally allowed to visit Keith in the hospital. This was the first time I had been able to see him since dropping him off nearly two weeks earlier. During that visit, a nurse told me, "We are not going to make this rosy because cases like your husband's do not survive." I immediately asked, "Are you telling me he is dying?" This was the first indication I had received from any healthcare professional that his condition was considered life-threatening.

The following day Keith was transferred to the Intensive Care Unit. On the morning of September 12, he called me and urgently asked me to come to the hospital because his oxygen levels were falling and the medical team planned to intubate him. He was frightened.

I arrived around 9:30 a.m. By approximately 10:30 a.m., Keith had been intubated. Over the next several hours he experienced multiple cardiac arrests, his lungs collapsed, and I was handed his wedding ring. Despite everything that occurred, no one clearly communicated to me that he had only hours left to live until those final moments.

Losing my husband was devastating. Equally traumatic was experiencing his hospitalization from a distance, with limited communication, little opportunity to participate in discussions about his care, and almost no ability to advocate for him during the final weeks of his life.

My hope in sharing this testimony is that no spouse or family member will again experience the isolation, uncertainty, and trauma that resulted from these visitation and communication protocols.