



Risk Management Investigation/FOIA Document Request

From: louisaloin@usa.com
To: "McKenzie P Sherman" <mckpsher@uw.edu>, "Amanda Williamson" <awilliamson@kitsap.lawyer>, "Brian F. McGing" <bmcging@uw.edu>, "Cooper, Dayna (HUM)" <Dayna.Cooper@hum.wa.gov>, crmhhelp@uw.edu, HSQAComplaintIntake@doh.wa.gov, jmoravec@bifd.org, "Joe Clark" <jclark@bainbridgewa.gov>, "PATIENT RELATIONS PROGRAM" <uwmcares@uw.edu>, "Sara McCulloch" <sara@saramccullochlaw.com>, tabatha.payton@dshs.wa.gov, atbiggs@uw.edu, lkwiese@uw.edu
Date: Jun 18, 2025 8:43:24 AM

McKenzie and Risk Management Investigators....

This is a FOIA request for Complete Documents,
Medical Staff Interviews recording/notes,
radiology images, phone contacts,
list of medical staff involved in patient Jean Hoffman care,
incident reports,
daily assignment sheets,
list of medication and
any and all information compiled that you or your investigation team are relying on
as facts of determination, **to which you made your factual determination of facts
in the killing of patient Jean Leonie Calliet Alloin Hoffman.**

Respectfully,

Louis Charles Hoffmann Alloin, KI7AGD
321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110
Txt: 206-280-1267
Desk: 206-780-6885 OUT OF SERVICE
Email: louisaloin@usa.com

Video Meetings: Zoom or Video eMail Capacity
VHF/UHF Radio: PSRG: KI7AGD/General Class/Freq 146.960
IRLP Node #: 7774
Echolink #: 447770 (44-PSR-0)
Allstar #: 24

Sent: Tuesday, June 17, 2025 at 10:54 AM
From: "McKenzie P Sherman" <mckpsher@uw.edu>
To: "louisalloy@usa.com" <louisalloy@usa.com>
Subject: Re: UWMC-ICU-Aligations/Patient Rep Responce

Good morning Louis,

I received your email correspondence below, in you have communicated that you believe the review is unsupported in claims and includes false statements. UWMC provides patients and families the ability to file a grievance appeal, in the case they do not agree with the initial outcome of the grievance review. If you would like to file a grievance appeal, please notify myself and/or crmhelp@uw.edu of your appeal and the specific areas you are appealing and consicely why.

Thank you Louis and I hope you are doing well,

McKenzie Sherman, MFT



Risk Manager
Clinical Risk Management | **UW Medicine**

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For scheduling: crm-ops@uw.edu



Pronouns | She, Her, Hers

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From: louisalloy@usa.com <louisalloy@usa.com>

Sent: Monday, June 16, 2025 4:54 PM

To: UWM Clinical Risk Management <crmhelp@uw.edu>; Brian F. McGing <bmcging@uw.edu>; Cooper, Dayna (HUM) <Dayna.Cooper@hum.wa.gov>; jcfriiday@hotmail.com <jcfriiday@hotmail.com>; Jim Daniel <jamesldaniel55@gmail.com>; Joe Clark <jclark@bainbridgewa.gov>; jmoravec@bifd.org <jmoravec@bifd.org>; josh@crosssound.org <josh@crosssound.org>; tabatha.payton@dshs.wa.gov <tabatha.payton@dshs.wa.gov>; Will.S.Fitzsimmons@HUD.GOV <Will.S.Fitzsimmons@HUD.GOV>; DOH Public Disclosure <PublicDisclosure@doh.wa.gov>; medicorum@usa.com <medicorum@usa.com>; PATIENT

RELATIONS PROGRAM <uwmcare@uw.edu>; McKenzie P Sherman <mckpsher@uw.edu>; DOH HSQA Complaint Intake <HSQAComplaintIntake@DOH.WA.GOV>; s u <sulloa33@yahoo.com>

Subject: UWMC-ICU-Aligations/Patient Rep Responce

UWMC VIA EMAIL: June 9, 2025

JUNE 16, 2025 PATIENT REPRESENTIVE RESPONSE
NO REFERENCE TO SUPORT UWMC-ICU CLAIM WERE INCLUDED
THIS UWMC-ICU REVIEW IS MOOT AND UNSUPPORTED

Killing Of Jean Obituary

www.atdlines.com/jean-obituary

ATN: ALL PARTIES HAVING INTEREST IN THIS CASE/DOH CASE 2025-5960:
DOH, USDOJ, BIPD, WSHRC, REVIEW, KING/KITSAP MEDICAL EXAMINERS,
NOT LIMITED TOO

Louis Charles Hoffmann Alloin
C/O: Patient Jean Leoine Calliet Alloin Hoffman, Deceased
321 High School Road NE
Ste D3292
Bainbridge Island, WA 98110

Dear Louis,

I am writing in follow-up to the concerns you shared with our Patient Relations Department, related to your mother Jeanne Hoffman's care. The concerns you expressed were forwarded to Clinical Risk Management and we have been asked to coordinate a review on your behalf. We are very sorry to hear of your concerns regarding your mother's care at the University of Washington Medical Center (UWMC)-Montlake Main Hospital.

The following is a summary of the concerns you have shared as I understand them:

- You believe the medical team had limited training in methods of effective communications, as your mother was hearing impaired, and no hearing devices were provided. You believe this was due to their determination that your loved one was worthless. (Louis had to give instruction to medical staff on how to communication, each time a staff entered room/etc..)

- You believe medical issues occurred due to ?ve atempts to insert a nasogastric tube failed, which struck her lungs and coiled in the mouth's oral cavity, causing serious injuries.

- You believe her paro?d gland/duct was injured, causing an infec?on in which the 3 out of 5 an?bio?cs prescribed and administered had no e?ect on trea?ng the infec?on a?er it was discovered. You believe this allowed the gland infec?on to manifest, un?l her death

- You believe further treatment for her paro?d gland infec?on was denied and she was placed on terminal death status, in which all treatment was stopped, and she was le? to succumb to the infec?on.

- You stated samples were taken of your mother's discharge ?uids from her oral cavity for pathology lab and culture tes?ng to determine the bacterium and an?bio?c treatment, but they were denied and discarded in the trash.

- You believe your mother's care was discriminatory and abusive, (PROFILING) and perform forced death/'DNR orders', due to your mother's age.

On April 14th, 2025, a grievance review was initiated on your behalf by the Clinical Risk Management Department regarding your mother's care. Your concerns were reviewed by UWMC's Medical Director of Palliative Care and Risk's internal review was concluded on June 9th, 2025. Our findings are below:

Effective communication

Your concerns regarding communication were reviewed. According to the review, your mother's hearing and communication assessments were completed by multiple clinicians throughout her care,(FALSE STATEMENT) in which it was determined she was able to best communicate with loud vocalization in her left ear, communicating by use of a white board in large print with the addition of her glasses, or by deferring to you for assistance. According to the review, communication methods were appropriate and internal protocols were followed.

Nasogastric tube attempts

Your concerns regarding (5) multiple attempts to place a nasogastric tube were thoroughly reviewed. Our review indicated that although (5 Different Days, in Each Nasal, total 9 and one to oral cavity) multiple attempts were made to place the nasogastric tube, no infections or injuries were caused by the attempts to place the tube. (FALSE STATEMENT)

The radiology

1/5 #5

Parotid gland treatment

Your concerns regarding a parotid gland infection and the subsequent treatment were thoroughly reviewed. Your mother's severe weakness (FALSE STATEMENT) and inability to swallow may have led to dry mouth, which could have caused a possible infection. (FALSE STATEMENT) Based on a review of your mother's medical record, to treat the possible infection a 5-day course of crushable antibiotics (FALSE STATEMENT) (HAD NO EFFECT) (SAMPLE OF ORAL CAVITY WERE TRASHED BY STAFF/REFUSED TO TAKE SAMPLE FOR LAB ANALYSIS) was successfully given to treat the possible infection. (WHOLE GEL-TABS ADMINISTERED) There is no documented evidence to support that the possible infection led to your mother's deconditioning or a change in the trajectory of her treatment. (NR COILED IN ORAL CAVITY 3rd Day Attempt /WITNESSED)

Fall and injury

Your concerns regarding your loved one's fall, injury, and subsequent treatment were thoroughly reviewed. (FALSE STATEMENT) Your mother sustained a ground level-fall from her bed, (STAFF NEGLIGENCE/MATS PLACED AFTER FALL) in which it was noted that the fall mat was not in place next to her bed and the bed alarm was found turned off (FALSE STATEMENT)

"BED ALARMS WERE ALWAYS ON AND FUNCTIONAL, Bed was reported defective/nothing done to correct"

You were documented as having turned off the bed alarm on multiple occasions, (FALSE STATEMENT) despite education on the importance of the alarm signaling staff members' timely response to patient movement. (FALSE STATEMENT)

Based on documentation in your mother's medical record, you were notified of the fall. (FALSE STATEMENT)

Medical record documentation also indicates you turned off the bed alarm as a Nursing staff member was completing the post-fall documentation. (FALSE STATEMENT)

At that time, you were re-educated on fall precautions. (FALSE STATEMENT) The initial post-fall assessment did not reveal any concerns for injury, but in the following hours you alerted staff of potential (FALSE STATEMENT) injury to your mother's right leg. Subsequent imaging demonstrated a closed right peri-implant femur fracture. Orthopedic surgery was consulted, in which non-operative treatment was recommended. (FALSE STATEMENT)

At a review of the fall, actions items were developed which include:

1. The consideration of permanent fall mat options.
2. Staff education on documentation requirements and inclusion of providers when patient's visitors/family interfere with fall risk interventions.
3. Providing nursing education on falls.

DNR Orders

Your concerns regarding your mother's Do Not Resuscitate (DNR)/Do Not Intubate (DNI) orders at UWMC were thoroughly reviewed.

JEAN REPEATEDLY AND CONTINUOUSLY FILLED OUR RESUSCITATE ORDERS.

DEMANDED REMOVAL OF DO NOT RESUSCITATE.

JEAN ORDER ALL NDR PLACE CARDS AND OTHER DNR NOTICES TO BE REMOVED.

PENDING POSTING JPG/PDF PROOF of Signed Resuscitate orders

On 2/18/2025 you took part in a discussion regarding CPR and the use of ventilator support, in which your mother's status was changed to DNR/intubation (STAFF CHANGE AGAINST PATIENT'S WELL AND CAREGIVER ADVISING JEAN'S REFUSED DNR ORDERS) OK. On 2/24/2025, you took part in a discussion regarding CPR and intubation, in which you assented to DNR/DNI. (FALSE STATEMENT) (UNLAWFUL PROFILING PATIENT)

Conclusion of Review

While we understand the findings of this review may not reflect your perspective of the care your mother

received, I want to thank you for sharing your concerns and allowing us an opportunity to critically examine the care she was provided. Additionally, we extend our condolences to you and your extended family for the loss of your loved one.

For your information, I have included the UWMC grievance appeal process on the following page, should you disagree with this review.

Please note we are recommending that any requests for compensation be directed and addressed by UW Claim Services, upon the completion and submission of a claim form accessible at: <https://risk.uw.edu/sites/default/files/UWClaimForm21.pdf>. Please follow the directions as indicated on the form itself.

Please note the hold placed on your mother's associated billing account will now be removed. If you have any billing questions or concerns regarding your mother's account, please contact our Patient Accounts and Support Services office, Monday-Friday between the hours of 8:00AM and 5:00PM at 206.520.0400.

Please visit the UW Medicine Billing and Insurance website at

[https://www.uwmedicine.org/patient-](https://www.uwmedicine.org/patient-resources/billing-and-insurance)

[resources/billing-and-insurance](https://www.uwmedicine.org/patient-resources/billing-and-insurance) for information on eligibility for financial assistance.

We continually seek to improve the care that we provide at UWMC and are committed to learning from patient experiences. If you have questions or additional thoughts, please do not hesitate to contact us at 206.598.1346 or MckpSher@uw.edu.

Sincerely,

McKenzie Sherman, MFT
Clinical Risk Manager

GRIEVANCE APPEAL PROCESS

We take patient complaints very seriously and try to ensure that we have fully reviewed and discussed relevant issues with our staff. If you disagree with this response, you may request an appeal of your concerns to the UWMC Grievance Committee. If you would like to pursue this option, please address your request for a grievance appeal in writing within 90 days from the date of this letter, stating your areas of disagreement with this response and the resolution you are seeking. Your written appeal request should be addressed to:

crmhelp@uw.edu

Subject: Grievance Appeal

or

Clinical Risk Management

University of Washington

325 9th Avenue

Box 359706

Seattle, WA 98104-2499

Respectfully,

Louis Charles Hoffmann Alloin, KI7AGD

321 High School Road NE

STE D3 PMB 292

Bainbridge Island, WA 98110

Txt: 206-280-1267

Desk: 206-780-6885 OUT OF SERVICE

Email: louisalloin@usa.com

Video Meetings: Zoom or Video eMail Capacity
VHF/UHF Radio: PSRG: KI7AGD/General Class/Freq 146.960
IRLP Node #: 7774
Echolink #: 447770 (44-PSR-0)
Allstar #: 24

Attachments

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