FORREST GENERAL HOSPITAL
Forrest Health®

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APR 28 2015
FCC Mail Room

April 27, 2015

EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

C/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Chief Operating Officer of Forrest General Hospital ("Hospital"). The Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in the City of Hattiesburg, a relatively suburban area in Mississippi. The primary hospital building is nine stories tall, and our wireless telemetry system is installed throughout the building, including three hundred ninety-five (395) patient rooms as high as the ninth story of the hospital. Our hospital was built in 1953 with the last major addition occurring in 1998 and features wide glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities and / or campuses.

P.O. Box 16389 • Hattiesburg, MS 39404-6389
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Our primary use of wireless telemetry is associated with heart patients located in our critical care and patient care units, although our wireless telemetry system is also used for other areas including: patient monitoring in our Emergency Department; monitoring of patients in the surgical areas; monitoring of patients in the pre and post-operative areas; monitoring of patients in endoscopy; monitoring of patients in radiology; monitoring of patients in the dialysis unit; fetal monitoring on our labor and delivery unit; monitoring in our Neonatal Intensive Care Unit; monitoring of patients undergoing cardiac rehabilitation; and monitoring of patients at The Orthopedic Institute (free-standing orthopedic hospital). As a general matter, our WMTS system allows a single nurse to monitor as many as forty-eight (48) patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, the type and number of patients we could accept and treat as well as our staffing would be severely impacted. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against <u>any</u> interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Douglas A. Jones
Chief Operating Officer

EX PARTE OR LATE FILED

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APR 28 2015
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JOHNSON COUNTY COMMUNITY HOSPITAL

Mountain States Health Alliance

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

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c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th. Street, S.W.
Washington D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am Site Manager of Johnson County Community Hospital. Hospital is a member of the American Hospital Association. I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission is currently considering rules that would allow unlicensed devices (so called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Mountain City, a relatively rural area in Tennessee. The primary hospital building is one story tall, and our wireless telemetry system is installed throughout the building,

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including six patient rooms and physical therapy department. Our hospital was built in 1997 and features wide glass windows in some patient rooms and all of physical therapy department.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other purposes such as cardiac rehabilitation. As a general matter, our WMTS system allows a single nurse to monitor as many as 10 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of the patients would have a severe impact on patient care and safety. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against <u>any</u> interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Larry Stout

WILSON MEMORIAL HOSPITAL

EX PARTE OR LATE FILED

Received & Inspected
APR 28 2015
FCC Mail Room

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Plant Operations of Wilson Memorial Hospital. WMH is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. WMH is located in Sidney, a relatively rural area in Ohio. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 26 patient rooms as high as the 3rd story of the hospital. Our hospital was built in 1974 and features wide glass windows in most patient rooms. Our building also features very large window areas facing to the West. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our 12 acre campus.

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Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for fetal monitoring in our Birth Center. As a general matter, our WMTS system allows a single nurse to monitor as many as K patients. If our WMTS system was impacted by radio from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against <u>any</u> interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Greg Freistuhler
Wilson Memorial Hospital
Plant Operations Director

EX PARTE OR LATE FILED

HSHS
St. Joseph's
Hospital

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April 21, 2015

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

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c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Plant Services for HSHS St. Joseph's Hospital in Chippewa Falls, Wisconsin. HSHS St. Joseph's Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. HSHS St. Joseph's Hospital is located in Chippewa Falls, a relatively suburban area in northwestern Wisconsin. The primary hospital building is five (5) stories tall, and our wireless telemetry system is installed throughout the building, including over 50 patient rooms as high as the 4th story of the hospital. Our hospital was built in 1975 and features wide glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our 46 acre campus.

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Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other services such as fetal monitoring, cardiac rehabilitation, and in the emergency department. As a general matter, our WMTS system allows a single nurse to monitor as many as seven (7) patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, the costs of additional staff to monitor patients and the costs of alternative technologies in place of wireless telemetry would severely impact our overall financial performance and put us at a disadvantage in our market. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Thank you,

Roger W. Elliott
Director of Plant Services
HSHS St. Joseph's Hospital
2661 County Hwy I
Chippewa Falls, WI 54729
715.717.7331
roger.elliott@hshs.org

"To reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry."

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APR 28 2015
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Honorable Tom Wheeler, Chairman
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Honorable Jessica Rosenworcel, Commissioner
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Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

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Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Facilities Management at Sacred Heart Hospital. The hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. Hospital is located in Eau Claire a relatively suburban area in Wisconsin. The primary hospital building is 9 stories tall, and our wireless telemetry system is installed throughout the building, including 210 patient rooms as high as the 9th story of the hospital. Our hospital was built in 1964 and features wide glass windows in most patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for walking CV patients & other critical care patients, monitoring Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 48 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, we would be putting patients' lives at risk if their wave forms are not transmitted and received a patient can code and no one would have seen it and called the code to save their lives. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient

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Sacred Heart
HOSPITAL
EAU CLAIRE, WISCONSIN
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

900 West Clairemont Avenue • Eau Claire, WI 54701
715.717.4121 • www.sacredhearteauclaire.org

care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against <u>any</u> interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Sacred Heart
HOSPITAL
EAU CLAIRE, WISCONSIN
AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

900 West Clairemont Avenue • Eau Claire, WI 54701
715.717.4121 • www.sacredhearteauclaire.org

PANA
COMMUNITY
HOSPITAL

101 East Ninth Street
Pana, IL 62557
(217) 562-2131
www.panahospital.com

EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

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c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

Pana Community Hospital is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices. ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference.

Our Hospital is located in rural central Illinois whereby as many as 16 patients could be monitored on the acute care areas within the Hospital; ie, the Med-Surg Unit and the Emergency Department. In addition to its use in the hospital, we utilize wireless medical telemetry in our Cardio-Pulmonary Rehab center that could monitor as many as an additional 8 patients.

Our primary use of wireless telemetry is associated with acute care heart patients, although our wireless telemetry system is also used for patients with a previous history of cardiac conditions that warrant a closer observation of their heart rate and rhythm during activity. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients a potential risk to the patient could be encountered. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

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PANA
COMMUNITY
HOSPITAL

101 East Ninth Street
Pana, IL 62557
(217) 562-2131
www.panahospital.com

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care and not to the type of database implementation that would appear to be needed and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

CARDIOPULMONARY MANAGER

Reg Hager RN
Nurse Manager Outpatient Services

Nora H Washburn RN
Inpatient Services Manager

Victor Cox CCO/CNE
Pana Community Hospital

UNIVERSITY OF SOUTH ALABAMA
HOSPITALS

MEDICAL CENTER
PLANT OPERATIONS

Received & Inspected
APR 28 2015
FCC Mail Room

TELEPHONE: (251) 471-7191
2451 FILLINGIM STREET
MOBILE, ALABAMA 36617-2293
FAX: (251) 471-7498

April 21, 2015

EX PARTE OR LATE FILED

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
Honorable Ajit Pai, Commissioner
Honorable Michael O'Rielly, Commissioner

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

Ladies and Gentlemen:

I am the Director of Facilities Management of the University of South Alabama Medical Center. The Medical Center is a member of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system. I am writing to provide the Commissioners with an understanding of the way we use wireless medical telemetry in our provision of medical services to patients, and to voice our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices.

ASHE advises that the Commission will be considering the types of environments in which wireless medical telemetry systems are being operated today in determining the requirements that must be imposed on TVWS devices in order to protect WMTS systems from interference. The Medical Center is located in Mobile, Alabama a relatively urban area in Mobile County. The primary hospital building is eleven stories tall, and our wireless telemetry system is installed throughout the building, including 150 patient rooms as high as the 9th story of the hospital. Our hospital was built in 1964 and features wide glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our hospital campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for patient care equipment. As a general matter, our WMTS system allows a single nurse to monitor as many as six individual patients. If

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our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, we could experience intermittent data reporting on valuable required reports. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until we could be assured that the system would operate free of such interference.

It is for this reason that we seek the Commission's assurance that the rules adopted will assure against <u>any</u> interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that do not fit into a "typical" model.

I have also been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter into the ASHE database a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I do hope the Commission will consider the enormous burden that this type of requirement would impose on our hospital. Our personnel are dedicated to providing high quality health care, and not to the type of database implementation that would appear to be needed, and regularly updated as we expand facilities or the environment around the hospital changes. I, therefore, hope that such proposals will be rejected.

I am told that the Commission has assured the health care community that it would only allow unlicensed devices to operate in Channel 37 after developing rules that would assure that WMTS licensees would be protected from interference from such devices. I write to ask that the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

Sincerely,

Lawrence A. Gardner

Lawrence A. Gardner
Director, Facilities Management