



Longview Regional

MEDICAL CENTER

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

Received & Inspected

APR 29 2015

FCC Mail Room

EX PARTE OR LATE FILED

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 Biomed Supervisor of Longview Regional Medical Center ("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 Longview, a relatively urban area in Texas. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 86 patient rooms as high as the fourth story of the hospital. Our hospital was built in 1983 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 in our 709 Hollybrook, Medical Office Building on the Hospital's campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Bedside ECG Monitors used for on our Pediatric Patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 40 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, this could result in a monitored patient experiencing a cardiac event (heart attack), receiving delayed treatment that could result in at the very least permanent heart damage, or result in a patient death. 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.

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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,

Michael O. Dillon, BMET III

Received & Inspected
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FCC Mail Room

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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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 Senior Vice President of St. Barnabas Health System ("Hospital"). 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 Bronx, a relatively urban area in New York. The primary hospital building is 7 stories tall, and our wireless telemetry system is installed throughout the building, including 10 patient rooms as high as the 5th story of the hospital. Our hospital was built in 1969 and features wide glass windows in all patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our 9 1/2 acre campus.

Our primary use of wireless telemetry is associated with critical care heart patients.. 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 these

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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 Senior Vice President of St. Barnabas Health System ("Hospital"). 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 Bronx, a relatively urban area in New York. The primary hospital building is 7 stories tall, and our wireless telemetry system is installed throughout the building, including 10 patient rooms as high as the 5th story of the hospital. Our hospital was built in 1969 and features wide glass windows in all patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our 9 1/2 acre campus.

Our primary use of wireless telemetry is associated with critical care heart patients.. 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 these

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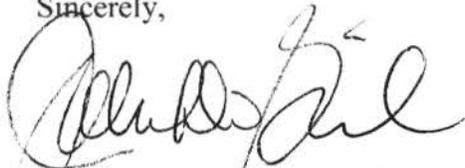
patients, additional critical care nursing staff would be required, thereby increasing healthcare costs and reducing efficiency. Such interference would clearly put patients at risk during the immediate interference incident, but would continue to impact patient care (and the cost of health care) until 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.

Sincerely,



John DiGirolomo, MBA, CHFM, CHSP, FASHE
Senior Vice President



1960 2010



Platte Valley Medical Center

Received & Inspected

APR 29 2015

FCC Mail Room

April 23, 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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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 Plant Services at Platte Valley Medical Center ("Hospital"). 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 Brighton, a relatively suburban area in Colorado. The primary hospital building is three stories tall, and our wireless telemetry system is installed throughout the building, including 60 patient rooms as high as the five story of the hospital. Our hospital was built in 2007. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our 50 acres campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other general patient care. As a general matter, our WMTS system allows a single nurse to monitor as many as 36 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 with a reasonable cost and staffing level. 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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Baptist Memorial Hospital-Memphis
6019 Walnut Grove Road
Memphis, TN 38120

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Honorable Mignon Clyburn, Commissioner
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Federal Communications Commission
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Washington, D.C. 20554

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

Ladies and Gentlemen:

DOCKET FILE COPY ORIGINAL

I am the Lead Biomed Tech at Baptist Memorial Hospital-Memphis. This 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 Memphis a relatively Suburban area in Tennessee. The primary hospital building is 5 stories tall, and our wireless telemetry system is installed throughout the building, including 350 patient rooms as high as the 5th story of the hospital. Our hospital was built in 1973 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 cardiac rehabilitation. As a general matter, our WMTS system allows a single nurse to monitor as many as 6 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, 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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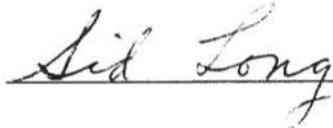
It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those rules do not protect the many, many hospitals that 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,

Sid Long, Lead/BMET





Reston Hospital Center

HCA Virginia Health System
An HCA affiliate

Received & inspected
APR 29 2015
FCC Mail Room

April 24, 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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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 Reston a relatively rural area in Virginia. The primary hospital building is 6 stories tall, and our wireless telemetry system is installed throughout the building, including most patient rooms as high as the 5th story of the hospital. Our hospital was built in 1986 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 14 acre campus.

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Page Two

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for fetal monitors, Neonatal monitors, trauma patients, and in the intensive care units. As a general matter, our WMTS system allows a single nurse to monitor as many as 4 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, interference would cause a loss of vital signs and any alarms needed to provide patient care. 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.

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Sincerely,

A handwritten signature in cursive script, appearing to read "Jane Raymond", with a long horizontal flourish extending to the right.

Jane Raymond
Chief Operating Officer