



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

EX PARTE OR LATE FILED

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, Building Services at St. Anthony's 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. The Hospital is located St. Louis, a relatively suburban area in Missouri. The primary hospital building is eight stories tall, and our wireless telemetry system is installed throughout the building, including 465 patient rooms as high as the eighth story of the hospital. Our hospital was built in 1975 with major additions in 1991 and 2008, 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 other purposes including fetal monitoring, cardiac rehabilitation, trauma patients in the Emergency Department, cardiac observation patients and patient fall monitoring for all high risk patients, all in patient rooms as high as the eighth story of the hospital.

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As a general matter, our WMTS system allows a single nurse to monitor as many as thirty 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, patients would need to be closely monitored at a higher staffing ratio of one nurse for every two 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 restrict 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,

A handwritten signature in black ink, appearing to read 'Brad Taylor', with a stylized flourish at the end.

Brad Taylor, MBA, CHFM  
Director Building Services  
St. Anthony's Medical Center