



**READING HOSPITAL**

READING HEALTH SYSTEM

Advancing Health. Transforming Lives.

**EX PARTE OR LATE FILED**

**Received & Inspected**

**MAY 05 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 Biomedical Lab Manager at Reading Hospital ("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 West Reading, a relatively urban area in Pennsylvania. The primary hospital building is seven stories tall, and our wireless telemetry system is installed throughout the campus, including seven building that contain patient rooms as high as the seventh story of the hospital. Our hospital was built in 1995 and features wide glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in another facility.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for fetal monitoring, cardiac rehabilitation, and patient transport. 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

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## READING HOSPITAL

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external source such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, it could be life threatening to critically ill 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 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,

Charles Donmoyer

MAY 05 2015

FCC Mail Room

Eastern Maine Medical Center / Eastern Maine Healthcare System

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

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 Ken Mitchell, the director of clinical engineering at Eastern Maine Medical Center & Eastern Maine Healthcare System. We are members 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 Bangor Maine, a relatively urban area in Maine. The primary hospital building is 8 stories tall, and our wireless telemetry system is installed throughout the building, including 64 patient rooms as high as the 4<sup>th</sup> story of the existing hospital and the 6<sup>th</sup> floor of the new tower currently under construction. Our hospital was built in 1974 and all rooms feature wide glass windows. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our 40 acre campus and many other hospitals in our network.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other critical post-surgical patients. As a general matter, our WMTS system allows a single nurse (or monitor tech) to monitor as many as 32 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, critical heart conditions would go undetected and patients would

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be in a life threatening situation. There is no back up or alternative available. No alarms or waveforms are available at the WMTS device. All WMTS systems communicate with centrally located monitor stations. 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,

Ker Mitchell DCE 4/20/15

# GUNDERSEN HEALTH SYSTEM®

Received & Inspected  
MAY 05 2015  
FCC Mail Room

April 23, 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**

To Whom It May Concern:

The purpose of this letter is to provide ex parte comments regarding ET Docket No. 14-165 and GN Docket Nos. 12-268 on the potential impact of modifying current rules for communication of important, life-saving medical devices.

My name is Ryan Motl, and I am the clinical engineering manager for Gundersen Health System. As a member of the American Hospital Association, Gundersen Health has been informed of potential Federal Communications Commission (Commission) rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry system (WMTS). 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 express our concern for the adoption of any rules that would threaten those services with harmful interference caused by newly authorized TVWS devices. This would potentially impact life saving devices that patients rely on for medical care.

It is our understanding 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. For background, our main campus is located in La Crosse, Wisconsin, a relatively urban community in western Wisconsin. The primary hospital facility is seven stories in height, and our wireless telemetry system is installed throughout the building, including patient rooms as high as the sixth story of the hospital. Our hospital was built in 2013 and features wide glass windows in most patient rooms. In addition to its use at our main campus, we utilize wireless medical telemetry in our smaller regional hospitals. We have invested significant finance and resources in our telemetry system, with an understanding that it resides in a protected bandwidth spectrum. It is critical that life-saving telemetry systems continue in a protected bandwidth.

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At Gundersen, our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other inpatient cases. As a general matter, our WMTS system allows a single technician 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, we could not rely upon our WMTS to provide immediate and reliable monitoring of these patients. This can have a direct and detrimental affect on our ability to monitor our patients. This may create a significant patient safety problem. 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.

Due to potential and significant negative consequences, we seek the Commission's assurance that the rules adopted will protect WMTS licensee against any interference. 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.

In addition, we have been advised that some parties commenting in this proceeding have suggested that each hospital utilizing a WMTS system should be required to enter various data into the ASHE database. This would include a detailed description of our campus perimeter, as well as a detailed analysis of the terrain surrounding the hospital campus. I urge the Commission to consider the tremendous burden that this type of mandate would impose on our hospital. Our personnel are dedicated to providing high quality health care, but requiring unnecessary burdens adds to healthcare costs. I ask that such proposals be rejected.

Also, I have learned 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 the Commission give priority consideration to patient safety and reject any proposed rules that would fail to satisfy this appropriate public interest objective.

In sum, we ask the Commission to consider potentially harmful impacts of opening up a protected bandwidth spectrum to unlicensed devices. We ask you to refrain from enacting policy that will negatively impact patient care.

I appreciate the opportunity to provide comments. Please feel free to contact me with any questions.

Sincerely,

*Ryan Motl* - CBET, BACS

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*A pass for putting*  
FCC Mail Room  
**Patients First**



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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

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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 engineering manager of West Georgia Health ("Hospital") and were are 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. We are located in LaGrange, a relatively rural area in Georgia. The primary hospital building is 6 stories tall, and our wireless telemetry system is installed throughout the building, including 40 patient rooms as high as the 6th story of the hospital. Our hospital was built in 1937 and has been added to throughout the years. The newest additions of the ICU and Labor and Delivery units feature wide glass in the patients care areas.

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1514 Vernon Road  
LaGrange, Georgia 30240  
706-882-1411 Tel  
706-845-8918 Fax  
www.wghealth.org

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for trauma and emergency patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 80 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 financial impact would be substantial. 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,

A handwritten signature in black ink, appearing to read "Eric Petrus", written over a horizontal line.

Eric Petrus  
Engineering Manager  
West Georgia Health

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

MAY 05 2015

FCC Mail Room

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 & Construction at St. Mary's Medical Center and Palm Beach Children's 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 City, a relatively urban area in Florida. The primary hospital building is five stories tall, and our wireless telemetry system is installed throughout the building, including Turner 3 South 36, Turner 3 North 16 and Waters 3 16 patient rooms as high as the 4th story of the hospital. Our hospital was built in 1938, 1974 and 1990 and features wide glass windows in most patient rooms. The exterior walls of the two buildings where Telemetry is present are metal frame and concrete and stucco.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Cardiac patients and ICU Step down Patients. As a general matter, our WMTS system allows a single nurse to monitor as many as Turner 3 South 36, Turner 3 North 16 and Waters 3 16 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, if the radio band is shared with WMTS systems a false reading could

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occur and cause mis-information concerning the patients physical status and possibly cause an error in treatment. 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,



---

Greg Dalton, Director of Facilities & Construction



**FLORIDA HOSPITAL  
FLAGLER**

**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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FCC Mail Room

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 for Florida Hospital Flagler. Florida Hospital Flagler 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. Florida Hospital Flagler is located in Palm Coast, a relatively Rural area in Florida. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 99 patient rooms as high as the 3rd story of the hospital. Our hospital was built in 2002 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 100 acre campus.

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 rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 50 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

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Florida Hospital Flagler  
60 Memorial Medical Pkwy  
Palm Coast, FL 32164  
386-586-2000

Florida Hospital  
Health Care Partners  
60 Memorial Medical Pkwy  
Palm Coast, FL 32164  
386-586-2000

Florida Hospital Hospice Care  
770 W. Granada Blvd. #304  
Ormond Beach, FL 32174  
386-671-2138

Florida Hospital Memorial  
Home Health  
770 W. Granada Blvd. #319  
Ormond Beach, FL 32174  
386-673-3121

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,



David Kovacs, Facilities Director  
Florida Hospital Flagler  
60 Memorial Medical Plaza  
Palm Coast, Fl. 32164  
386-586-4555  
david.kovacs@ahss.org

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MAY 05 2015

FCC Mail Room

Arkansas Heart Hospital  
1701 So. Shackleford Rd.  
Little Rock, AR 72211

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 Biomedical Coordinator at Arkansas Heart Hospital. Arkansas Heart 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 Little Rock, a relatively urban area in Arkansas. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 138 patient rooms as high as the 3rd. story of the hospital. Our hospital was built in 1997.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Emergency room, Day Patient pre and post op and Short Stay patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 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, serious consequences could result. Telemetry is used to ambulate patients who are recovering from open heart surgery and to encourage mobility prior to discharge. It is utilized on almost every patient at some point. Such

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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,



---

Dennis Callahan  
Biomedical Coordinator  
Arkansas Heart Hospital



ST. HELENA HOSPITAL  
NAPA VALLEY

—Adventist Health

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FCC Mail Room

April 27, 2015

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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 President/CEO of St. Helena Hospital Napa Valley ("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 St. Helena a relatively suburban area in CA. The primary hospital building is six (6) stories tall, and our wireless telemetry system is installed throughout the building, including seventy-three (73) patient rooms as high as the fifth (5<sup>th</sup>) story of the hospital. Our hospital built in 1948 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 80 acre campus.

10 Woodland Road, St. Helena, CA 94574 Phone 707-963-6433

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Directors: Randy Eikermann, President  
Janet LaBoube, Vice-President  
Karin Wolking, RN, BSN, Treasurer  
Gordon Gerber

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FCC Mail Room

Administrator: Dan McKinney, CPA, MBA

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April 27, 2015

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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 Administrator for the Hermann Area District Hospital. We are 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. We are located in Hermann, MO, a relatively rural area in Missouri. Our hospital has two levels, and our wireless telemetry system is installed throughout the building, including twelve patient rooms. While our hospital was originally built in 1967 with our most recent renovation being completed in 2008, which has wide glass windows in all the patient rooms.

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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 emergency room patients. As a general matter, our WMTS system allows a single nurse to monitor as many as ten 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.

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,



Dan McKinney  
Administrator



**SULLIVAN COUNTY**  
COMMUNITY HOSPITAL

EX PARTE OR LATE FILED

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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 Facility Manager of Sullivan County Community Hospital ("SCCH") a Critical Access Hospital. SCCH 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. SCCH is located the town of Sullivan, a relatively rural area in Indiana. The primary hospital building is single story building and our wireless telemetry system is installed throughout the building, including the following: 8 exam rooms - ER, 6 - Out Patient Surgery, 4 - Intensive Care, 3 - OB, 8 - Cardiac Rehab and 8 - Med Surg. Our hospital was built in 1999 and most of the patient rooms served by the telemetry have wide glass windows in the rooms.

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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 blood pressure, respirations, concentrations of carbon monoxide in exhaled air (capnography - CO<sub>2</sub>), heart rates, and oxygen saturation levels (SpO<sub>2</sub>). 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, additional staff would be required and or replaced by another technology thus increasing cost and decreasing 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,

Ron Shake  
Facility Manager  
Sullivan County Community Hospital  
Ph # 812 268-2594

