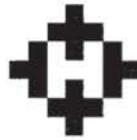


EX PARTE OR LATE FILED



HUTCHINSON  
REGIONAL MEDICAL CENTER

April 21, 2015

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

Received & Inspected  
MAY 08 2015  
FCC Mail Room

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 Vice President of Patient Care Services at Hutchinson Regional Medical Center. HRMC 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 Hutchinson, a relatively rural area in Kansas. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 120 patient rooms as high as the fourth story of the hospital.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other, seriously ill patients. As a general matter, our WMTS system allows a single nurse to monitor as many as six 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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A Member of the Hutchinson Regional Healthcare Family

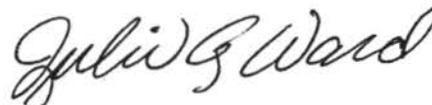
620.665.2000 ▪ 1701 East 23rd Avenue, Hutchinson, KS 67502 ▪ www.hutchregional.com

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,

A handwritten signature in cursive script that reads "Julie R. Ward". The signature is written in dark ink and is positioned above the typed name and title.

Julie R. Ward, RN, MSN, CENP  
Vice President Patient Care Services

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♦2669 Kinard St. ♦PO Box 497 ♦Newberry, SC 29108  
♦ (803) 276-7570 ♦ (803) 276-6885 fax ♦www.NewberryHospital.org

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MAY 06 2015

FCC Mail Room

April 30, 2015

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

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

Ladies and Gentlemen:

I am the CEO of Newberry County Memorial Hospital. Newberry County Memorial 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 Newberry, a relatively rural area in South Carolina. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 90 patient rooms as high as the third story of the hospital. Our hospital was built in 1976 and features wide glass windows in most patient rooms.

*Exceptional People. Exceptional Care.*

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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 ten (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 patients, these patients would have to be moved to our Intensive Care Unit to be monitored constantly which would require additional staffing. 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 that reads "Bruce A. Baldwin". The signature is fluid and cursive, with a long horizontal line extending to the right from the end of the name.

Bruce A. Baldwin  
CEO

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**Manatí  
Medical  
Center**

April 24, 2015

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MAY 08 2015

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MAY 08 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

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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 of the Manatí 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 Manatí a relatively urban area in Puerto Rico. The primary hospital building is six (6) stories tall, and our wireless telemetry system is installed throughout the building, including Medicine and Neurosciences Departments patient rooms as high as the four (4) story of the hospital. Our hospital was built in 1984 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 cardiac rehabilitation, patients with surgeries, trauma patients, vital signs monitoring, and different treatments monitoring. As a general matter, our WMTS system allows a single nurse to monitor as many as twenty two (22) patients. If our WMTS system was impacted by radio interference from an external source such

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www.manatimedical.com

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

**Page 2**

**April 24, 2015**

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,



José S. Rosado Santos, MHSA, FACHE  
Administrator

**Murphy Medical Center**  
3990 East US Hwy 64 Alt.  
Murphy, NC. 28906  
(828) 837-8161

**EX PARTE OR LATE FILED**

**Patrick Wikstrom, CHFM**  
**Plant Operations Manager**  
(828) 835-7684  
(828) 835-7543 Fax

pwikstrom@murphymedical.org

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4/27/2015

MAY 08 2015

MAY 08 2015

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

**FCC Mail Room**

**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 Plant Operations Manager of Murphy Medical Center in Western North Carolina. Our 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 facility is located in Murphy a relatively rural area in Western North Carolina. The primary hospital building is just one story tall, and our wireless telemetry system is installed throughout the building, including the ICU, L&D, ER, Same Day Care Unit, Cardio Pulmonary, four OR rooms, Recovery, Cardiac Rehab unit, and 57 patient beds. Our hospital was built in 1979 and feature wide glass windows in most patient rooms making them especially susceptible and sensitive to overlapping radio signals within the WMTS.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for neonatal monitoring and Cardiac Rehab patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 8 to 10 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device it might ruin the 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.

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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,

A handwritten signature in cursive script, reading "Patrick J. Whiston". The signature is written in dark ink and is positioned above a horizontal line that spans the width of the signature.