Frank R. Howard Memorial Hospital HMH

Adventist Health

Received & Inspected

MAY 11 2015

FCC Mail Room

One Madrone Street
Willits, CA 95490
707 - 459 - 6801
Fax: 707 - 459 - 1531

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 Facility Director of Frank R. Howard Memorial 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 in Willits, a relatively rural area in California. The primary hospital building is two stories tall, and our wireless telemetry system is installed throughout the building, including twenty one patient rooms as high as the second story of the hospital. Our hospital was built in 2015 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 high risk patients. 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,

Tom Peterson

Mount Desert Island Hospital

Received & Inspected

MAY 11 2015

FCC Mail Room

May 1, 2015

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 Telecommunications Specialist of Mount Desert Island Hospital ("MDIH"). MDIH 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. MDIH is located in Bar Harbor, a relatively rural area in Maine. The primary hospital building is 3 stories tall, and our wireless telemetry system is installed throughout the building, including 23 patient rooms as high as the 3rd story of the hospital. Our hospital was built in 1962 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 patient conditions requiring cardiac monitoring. As a general matter, our WMTS system allows a single nurse to monitor as many as 13 patients. If our WMTS system was impacted by radio interference from an external source

Mount Desert Island Hospital
Critical Access to Quality Care

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Bar Harbor, ME 04609-0008

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mdihospital.org

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such as a TVWS device, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, we would be unable to care for the patients appropriately and would put them at risk (clinically and financially) in transferring them to another hospital. 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,

Scott Hughes

Scott Hughes, Telecommunications Specialist
Mount Desert Island Hospital

COMMUNITY HOSPITALS AND WELLNESS CENTERS
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121 Westfield Drive Archbold, OH 43502-1061 Ph (419)445-4415 Fax (419)445-4418
909 E. Snyder Ave. Montpelier, OH 43543-1251 Ph (419)485-3154 Fax (419)485-3833
www.chwchospital.org

April 30, 2015

EX PARTE OR LATE FILED

Received & Inspected
MAY 11 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

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c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 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 at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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. CHWC is located in Bryan, Ohio, a relatively rural area in Ohio. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 10 patient rooms on the 4th story of the hospital. Our hospital was built in 1976 and completely remodeled from 2009-2011. The patient care area include wide windows throughout. We periodically experience interference in wireless audio on televisions mounted in our exercise room. This interference is low power, unlicensed, in the 900 MHz band and renders the audio unusable. If unlicensed, low power use is allowed on the WMTS band, the results could be extremely dangerous to our patients, and costly.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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, it would directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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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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Sincerely,

Philip L. Ennen, President/CEO
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131, ext. 14305
philennen@chwchospital.org

Adventist Health

Walla Walla General Hospital

1025 South Second Avenue
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Walla Walla, WA 99362
Tel 509-525-0480
Fax 509-527-8225

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EX PARTE OR LATE FILED

May 4, 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 Chief Medical Officer at Walla Walla General 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 in Walla Walla a relatively suburban area in Washington. The primary hospital building is one story tall, and our wireless telemetry system is installed throughout the building, including 30 patient rooms as high as the first story of the hospital. Our hospital was built in 1977.

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, emergency services and trauma patients. As a general matter, our WMTS system allows a single nurse to

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monitor as many as 13 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 unable to care for our patients. It would impact almost all of our functions and put all our patients at risk. The safety impact would be similar to a disaster. 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,

G. Thomas Underhill, MD
Chief Medical Officer

Adventist Health

Walla Walla General Hospital

1025 South Second Avenue
P.O. Box 1398
Walla Walla, WA 99362
Phone (509) 525-0480
Fax (509) 527-8225

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May 4, 2015

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

DOCKET FILE COPY ORIGINAL

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 at Walla Walla General 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 in Walla Walla a relatively suburban area in Washington. The primary hospital building is one story tall, and our wireless telemetry system is installed throughout the building, including 30 patient rooms as high as the first story of the hospital. Our hospital was built in 1977.

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, emergency services and trauma patients. As a general matter, our WMTS system allows a single nurse to

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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.

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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,

Karen L. Kellar

Karen L. Kellar, RN, MSN, CENP, FACHE
Vice President of Patient Care

Adventist Health

Walla Walla General Hospital

1025 South Second Avenue
P.O Box 1398
Walla Walla, WA 99362
Tel 509-525-0480
Fax 509-527-8225

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May 4, 2015

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Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
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Federal Communications Commission
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Sincerely,

Monty E. Knittel, MBA, FACHE
President & CEO

COMMUNITY HOSPITALS AND WELLNESS CENTERS

433 W. High St. Bryan, OH 43506-1690 Ph (419)636-1131 Fax (419)636-3100
121 Westfield Drive Archbold, OH 43502-1061 Ph (419)445-4415 Fax (419)445-4418
909 E. Snyder Ave. Montpelier, OH 43543-1251 Ph (419)485-3154 Fax (419)485-3833

www.chwchospital.org

April 30, 2015

Received & Inspected
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Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
Honorable Jessica Rosenworcel, Commissioner
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Honorable Michael O'Rielly, Commissioner

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Federal Communications Commission
445 12th Street, S.W.
Washington, DC 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 Bio-Med Supervisor at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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.

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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 Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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, it would directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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CHWC
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COMMUNITY HOSPITALS AND WELLNESS CENTERS

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121 Westfield Drive Archbold, OH 43502-1061 Ph (419)445-4415 Fax (419)445-4418
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Washington, DC 20554

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Ladies and Gentlemen:

I am the Biomed Technician at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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.

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Sincerely,

Thomas J. Crouse, Biomed Supervisor
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-630-2127
tomcrouse@chwchospital.org

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,

Dave Kneebush, Biomed Technician
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131
davekneebush@chwchospital.org

COMMUNITY HOSPITALS AND WELLNESS CENTERS

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www.chwchospital.org

April 30, 2015

Received & Inspected

MAY 11 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, DC 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 the Compliance Department at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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. CHWC is located in Bryan, Ohio, a relatively rural area in Ohio. The primary hospital building is four stories tall, and our wireless telemetry system is installed throughout the building, including 10 patient rooms on the 4th story of the hospital. Our hospital was built in 1976 and completely remodeled from 2009-2011. The patient care area include wide windows throughout. We periodically experience interference in wireless audio on televisions mounted in our exercise room. This interference is low power, unlicensed, in the 900 MHz band and renders the audio unusable. If unlicensed, low power use is allowed on the WMTS band, the results could be extremely dangerous to our patients, and costly.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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, it would directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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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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Sincerely,

Cathy Day RN C-OB, MSN, CNML, CJCP

Cathy Day, RN, C-OB, MSN, CNML, CJCP
Director of Compliance Department
Community Hospitals and Wellness Centers
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Bryan, OH 43506

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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, DC 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 Maintenance and Environmental Services at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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.

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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 Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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, it would directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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Sincerely,

Rick Thormeier, Director of Maintenance
and Environmental Services
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131
rickthormeier@chwchospital.org

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April 30, 2015

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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, DC 20554

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

Ladies and Gentlemen:

I am the Environment of Care Coordinator at Community Hospitals and Wellness Centers ("CHWC"). CHWC 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.

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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 Cardiac Rehab. As a general matter, our WMTS system allows a single nurse to monitor as many as 12 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, it would directly impact the monitoring of patients receiving a new pacemaker and/or cardiac cath. Such interference would clearly put patients at risk during the immediate interference incident, but

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Sincerely,

Dave Schairbaum, Environment of Care
Coordinator
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

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daveschairbaum@chwchospital.org

Central Maine Medical Family

Received & Inspected

MAY 11 2015

FCC Mail Room

May 5, 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

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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 Engineering and Facilities at Central Maine Medical Center, (CMMC). CMMC 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. CMMC is located in Lewiston, a relatively urban area in the state of Maine. The primary hospital building is (5) stories tall, and our wireless telemetry system is installed throughout various floors and clinical areas of the hospital complex, including approximately 85 patient rooms, some located as high as the 5th story of the hospital. Our hospital is comprised of buildings dating back to the early 1900's and as recent as 2002, and comprised of a variety of building construction components and types.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for new born infants in our NICU, in our ICU, and Medical Step-down Unit, we also use in our Cardio Pulmonary Unit and in our

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Central Maine Medical Center
300 Main Street, Lewiston, ME 04240
www.cmmc.org

Rumford Hospital
420 Franklin Street, Rumford, ME 04276
www.rumfordhospital.org

Bridgton Hospital
~~South High Street, Bridgton, ME 04009~~
www.bridgtonhospital.org

Emergency Department, all areas where critical care patients can be served.. 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, staff ratios will need to be increased greatly in an effort to safely monitor the patients. Unreliable monitoring will create not only potential safety issues for our patients, but a financial burden to the hospital. 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.

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Sincerely,

Daniel Bickford CHFM, CHC