

***Feather River Hospital***

Received & inspected

MAY 12 2015

FCC Mail Room

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

EX PARTE OR LATE FILED

c/o Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

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 at Feather River Hospital. Feather River 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. Feather River Hospital is located in Paradise, California, a relatively rural area in Butte County. The primary hospital building is 2 stories tall, and our wireless telemetry system is installed throughout the building, including many patient rooms on both floors of the hospital. Our hospital was built in 1966, is wood frame construction, 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 54 acre campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for fetal monitoring, trauma patients, cardiac rehabilitation and patients in the Emergency Department. As a general matter, our WMTS system allows a single nurse to monitor all the telemetry patients in each unit. Overall, we can have as many as 71 patients monitored simultaneously on our telemetry systems. 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,

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***Feather River Hospital***

additional nursing staff would need to be hired to individually monitor these patients. This change represents an unacceptable and unsustainable financial impact to the organization. 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,



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Martin Wiedemann, MBA, CHFM  
Director, Facilities Management  
Feather River Hospital  
5974 Pentz Road, Paradise CA 95969  
503-812-4400  
[Martin.wiedemann@ah.org](mailto:Martin.wiedemann@ah.org)



www.chwchospital.org

**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

April 30, 2015

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MAY 12 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

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 Chief Operating Officer 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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White County Medical Center

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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

EX PARTE OR LATE FILED

c/o Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
Washington, D.C. 20554

BUCKET FILE COPY ORIGINAL

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

Ladies and Gentlemen:

I am the Senior Tech in The Biomed dept. at Unity Health / White County Medical Ctr. and currently hold a Second Class Radio Telephone Operators License # P2-8-22750. Also hold an INARTE Senior Certified TeleCo. Technician Certificate, # T2-00585. Our hospital is a member of the American Hospital Association ("AHA"). Unity Health / White County Medical Ctr. and our South Campus transmitter frequency usage are currently registered on the WMTS data base.

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. Unity Health / White County Medical Ctr. hospital is located in Searcy, Arkansas, a relatively suburban area in Arkansas. The primary hospital building is 5 stories tall, and our wireless telemetry system is installed throughout the building, including 390 patient rooms as high as the 4th story of the hospital. The newest addition to our hospital was built in 2003. All patient rooms, even those built before 2003 feature wide glass windows. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our South campus.

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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 monitoring Cardiac Rehab patients. As a general matter, our WMTS system allows a single monitor tech to monitor as many as 45 patients and in turn notify the patients' nurse if needed. 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 as irregular heartbeat and worst of all fibrillations or no heart beat such as flat line where a immediate medical intervention is needed. 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,

*Larry Wetzel* CBET  
5-2-15

Received & Inspected

MAY 12 2015

FCC Mail Room



Scott H. Perra, FACHE, President/CEO

EX PARTE OR LATE FILED

Mohawk Valley Health System  
PO Box 479 | Utica, NY 13508-0479  
(315) 624-6000 | www.mvhealthsystem.org

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 OTHER

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

Ladies and Gentlemen:

I am the Director of Clinical Engineering of Mohawk Valley Health Systems. MVHS 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 Utica and NewHartford NY a relatively urban area in New York State. The primary hospital building is 6 stories tall, and our wireless telemetry system is installed throughout the building, including 589 patient rooms as high as the 6th story of the hospital. Our hospital was built in 1950 and 1930's and 250 [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 Home Care campus.

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 rehab, and emergency department and Trauma patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 111 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

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**Beverly Hospital**

A member of Lahey Health

85 Herrick Street  
Beverly, MA 01915

978.922.3000 P  
beverlyhospital.org

May 4, 2015

**EX PARTE OR LATE FILED**

**Received & Inspected**

**MAY 12 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

EXCISE 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 Associate Vice President of the Support Services Department of Beverly Hospital, a member of Lahey Health ("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. Beverly Hospital is located in Beverly, Massachusetts, a relatively urban area in Massachusetts. The primary hospital building is 24 patient rooms, and our wireless telemetry system is installed throughout the building, including 364 patient beds as high as the 4th story of the hospital. Our hospital was built in 1960s and features wide glass windows in most patient rooms. In addition to its use at Beverly Hospital, we utilize wireless medical telemetry in other facilities on our Addison Gilbert Hospital (AGH) in Gloucester and Lahey Outpatient Center, Danvers (LOCD) campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for acute care, labor and delivery, birth

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center and cardiac rehabilitation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 24 patients in our acute care setting. 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 interferences can cause telemetry signal distortion, output, reading errors, transient error messages and error message displayed that requires manual reset of the monitoring system. If vital telemetry signals are interfered with or lost during serious adverse health event such as cardiac arrhythmia of a monitored patient, it could cause delayed or missed medical response from clinical staff. 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 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,

**BEVERLY HOSPITAL**  
*A Member of Lahey Health*

  
Edmund Lydon, Associate Vice President  
Support Services Department