

Sharp Chula Vista Medical Center

MAY 18 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 Engineering at Sharp Chula Vista Medical Center, Chula Vista, CA. Sharp Chula Vista Medical Center is a member of the American Hospital Association. 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 the City of Chula Vista, densely populated suburb of California. The primary hospital building is 5 stories tall, and our wireless telemetry system is installed throughout the building and serves 88 patient beds in the Medical Surgical nurse stations. Our hospital was built in 1975 and 1992 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 any patient that needs vital signs monitoring any location at our medical center. The hospital has portable cardiac monitoring machines that are used all over the entire hospital. As a general matter, our WMTS system allows a single nurse to monitor as many as 48 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. Vitals signs monitoring would be impossible with the present hospital medical equipment. Such interference would

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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. Converting away from telemetry would likely cost Chula Vista Medical Center more than 1 million dollars in equipment and wired network costs.

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, reading "Lewin J. Hughes". The signature is written in dark ink and is positioned below the "Sincerely," text.



# FLORIDA HOSPITAL WATERMAN

Received & Inspected

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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 Donald Nasko of Florida Hospital Waterman . 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 Tavares, a relatively rural area in Florida. The primary hospital building is 6 stories tall, and our wireless telemetry system is installed throughout the building, including 269 patient rooms as high as the 6 story of the hospital. Our hospital was built in 2003 and 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 Cardiac Rehab Center.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other patients as needed. As a general matter, our WMTS system allows a single nurse to monitor as many as 210 patients. If our

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# FLORIDA HOSPITAL WATERMAN

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, failure to do so could result in patient harm up to and including death. 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,



**Northland**  
 1222 E. Woodland Ave.  
 Barron, WI 54812  
 715-537-3186  
 mayoclinichealthsystem.org

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

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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 Facilities Services Director of Mayo Clinic Health System Northland. 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 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 hospital is located in Barron, a small city in Wisconsin. The primary hospital building is one (1) story tall, and our wireless telemetry system is installed throughout the building, including 25 patient rooms on the 1<sup>st</sup> floor. Our hospital was built in the late 1970s and early 1980s and features dual, large glass windows in many of the patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for trauma patients, stroke patients, fetal monitoring in our OB department, emergency department and our cardiac rehabilitation program. The large glass windows in many of our patient rooms and treatment areas cannot deflect the radio signals that the TVWS devices would generate. Interference from TVWS devices would clearly put our patients at risk and jeopardize the confidence that patients,

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<b>Barron</b> 1222 E. Woodland Ave. Barron, WI 54812 715-537-3166	<b>Cameron</b> 2049 15th Ave. Cameron, WI 54822 715-458-4380	<b>Chetek</b> 220 Douglas St. P.O. Box 27 Chetek, WI 54728 715-924-4811	<b>Maplecroft Independent &amp; Assisted Living</b> 1333 Memorial Drive Barron, WI 54812 715-537-9200	<b>Northland Nursing Home</b> 1222 E. Woodland Ave. Barron, WI 54812 715-537-5322	<b>Rice Lake</b> 331 S. Main St. #H Rice Lake, WI 54868 715-236-8500
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staff and physicians place in our telemetry systems. This would negatively impact the delivery and cost of patient health care, whether short or extended interference was experienced.

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, like ours, 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.

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Sincerely,



Terry Sullivan  
Facilities Services Director  
Mayo Clinic Health System Northland