

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

Received & Inspected

MAY 19 2015

FCC Mail Room

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

EX PARTE OR LATE FILED

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

DOCKET FILE COPY ORIGINAL

Ladies and Gentlemen:

I am the Manager of Biomedical Engineering for St. Mary's Health Care System, Inc. 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 Clark County a relatively rural area in Georgia. The primary hospital building is seven stories tall, and our wireless telemetry system is installed throughout the building, including 196 patient rooms as high as the seventh story of the hospital. Our hospital was built in 1967 and has 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 26 acre campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other areas such as Birthing units to monitor fetal activities, Cardiac Rehabilitation unit, Critical Care Unit for monitoring patient heart conditions, Step down Intensive Care Unit, Cath Labs, emergency Department for monitoring patients in trauma rooms, Surgery patients during operating procedures and any patient at risk during their stay in the hospital. As a general matter, our WMTS system allows a single nurse to monitor as many as 50-100 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

- St. Mary's Hospital
- Good Samaritan Hospital
- Home Health Care/Hospice Services
- Highland Hills Village
- Center for Alzheimer's and Dementia Care
- St. Mary's Medical Group
- Outpatient Diagnostic, Rehab & Wellness Center
- Industrial Medicine
- Center for Rehabilitative Medicine
- St. Mary's Foundation

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to provide immediate and reliable monitoring of these patients, this would require that each patient have one on one care 24/7 to insure their condition was stable, this need could not be supported as the amount of staff would exceed the ability of the hospital to provide and would create even greater financial burdens on the facilities that are currently operating off of a 1-2% profit margin.

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



L. Mark Hall
Manager, Biomedical Engineering
St. Mary's Health Care System, Inc.
Athens, GA 30606



An Affiliate of Methodist Health System

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Ladies and Gentlemen:

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I am the Biomed/Clinical Engineering's System Leader for Methodist Health System's Methodist & Methodist Women's Hospital's in Nebraska, and Methodist Jenny Edmundson Hospital in Iowa. Our hospitals are members of the American Hospital Association ("AHA"). I have been informed by the AHA and its engineering arm, the American Society for Healthcare Engineering ("ASHE"), that the Federal Communications Commission ("Commission") is currently considering rules that would allow unlicensed devices (so-called TVWS devices) to operate on the same frequencies as our wireless medical telemetry ("WMTS") system's. 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. Methodist Hospital and Methodist Women's Hospitals are located in Omaha, Nebraska a relatively urban area. The Methodist Jenny Edmundson Hospital is located in Council Bluff, Iowa, also a relatively urban area. The Methodist hospital building is nine (9) stories tall, and our wireless telemetry system is installed throughout the building, including approximately 200 patient rooms as high as the ninth (9th) story of the hospital. Our hospitals vary in age, ranging from the early 1900's for the Methodist Jenny Edmundson Hospital, late 1960's for the Methodist Hospital to our newest Women's Hospital built in 2000. Each of these hospitals 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 services such as Cardiac Rehab, and more mobile step-down patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 6 patients, with central arrhythmia monitoring of up to 24 patients

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by a single monitoring technician. 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, patient safety would be immediately jeopardized in the loss of the monitoring systems ability to provide important patient event and alarm conditions which if not quickly acted upon, could result in extreme negative outcomes for the patient. Even if interference is recognized, the time it would take to ramp up staffing to cover all patients would delay efficient monitoring of the patient, increase risk to the patient, and increase expenses related to additional labor expenses as more staff are brought on board to directly monitor patients at a higher ratio, up to one-on-one assignments. 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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Sincerely,

A handwritten signature in black ink, consisting of several overlapping, stylized loops and lines, positioned above a redacted area.



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Sincerely

A handwritten signature in cursive script, appearing to read "Thomas J. Kruer".

Thomas J. Kruer
Director Engineering
St. Mary's Health Care System, Inc.
Athens, GA 30606