

ST. HELENA HOSPITAL
NAPA VALLEY

Adventist Health

May 8, 2015

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MAY 20 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

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 Regional Facilities Director for Adventist Health Southwest in northern California. Our hospital system 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. The hospitals I am responsible for are located in Willits, Ukiah, Clearlake, St. Helena, Paradise and Vallejo. They are in rural areas in northern California. Our hospitals are mostly single story with one 5-story building. Our wireless telemetry system is installed throughout the hospitals, which include over 500 patient rooms as high as the fifth story of our tallest hospital. Our oldest hospital was built in 1878, and our newest two-story facility will open in the fall of 2015. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our campuses. All patient rooms have medium to large windows which do not allow for increased shielding. Because of our hilly terrain, antennas are not necessarily low profile and we have concern of interference with our patient equipment.

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 department/trauma patients and

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ST. HELENA HOSPITAL
NAPA VALLEY

—Adventist Health

other medically necessary equipment. As a general matter, our WMTS system allows a single nurse to monitor several patients at one time. 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. This could potentially provide inaccurate readings from the equipment. 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 hospitals. 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,

Laurie Anseth
Regional Facilities Director
Northern California Region-Adventist Health
Howard Memorial Hospital
Ukiah Valley Medical Center
St. Helena Clearlake Hospital
St. Helena Napa Valley Hospital
St. Helena Behavioral Health Hospital
Feather River Hospital

May 12, 2015

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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

MAY 20 2015

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

DOCKET FILE COPY OFFER

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

Ladies and Gentlemen:

I am the Director of Biomedical Services for FirstHealth of the Carolinas, a four hospital system in central North Carolina. FirstHealth 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. FirstHealth Moore Regional, our flagship facility, is located in Pinehurst, a relatively rural area in North Carolina. The primary hospital building is 5 stories tall, and our wireless telemetry system is installed throughout the building, including 27 patient rooms as high as the 5th story of the hospital. Our hospital was originally built in 1928 and has had many major expansions and renovations, with the most recent being in 2012. Most rooms feature wide glass windows. In addition to its use in the main hospital, we utilize wireless medical telemetry extensively in our other hospitals in Raeford and Rockingham, NC.

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 and fetal monitoring purposes. As a general matter, our WMTS system

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allows a single nurse to monitor as many as 32 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, our operations would be severely impacted. 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,

FirstHealth of the Carolinas



Brian C. Lefler
Director, Biomedical Services

EX PARTE OR LATE FILED

 Hedrick
Medical Center
SAINT LUKE'S HEALTH SYSTEM

Received & Inspected

MAY 20 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

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 Ancillary Services for Hedrick Medical Center ("Hospital") and our Critical Access 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.

Hedrick Medical Center is located in Chillicothe, Missouri, a relatively rural area in Northwest Missouri. The primary hospital building is two stories tall and our wireless telemetry system is installed throughout the building, including all 25 patient rooms. Our hospital was built in 2013 and features wide glass windows in all of the patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other clinical care and treatment facilities on our campus.

Our primary use of wireless telemetry is to monitor our patient's vital signs, although our wireless telemetry system is also used for eHealth and several other Telemedicine based programs. As a general matter, our WMTS system allows a single nurse to monitor as many as four patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, the consequences could often be dire if not outright harmful to a patient's healthcare outcome.

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.

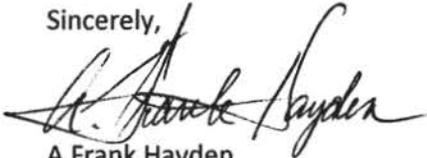
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It is for this reason that we seek the Commission's assurance that the rules adopted will assure against any interference to WMTS licensees. It simply will not be enough for the agency to develop rules that will protect the "typical" hospital if those 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,



A Frank Hayden
Director of Ancillary Services

Cc: Mr. Matt Wenzel, CEO, Hedrick Medical Center
Ms. Janet Buckman, CFO, Hedrick Medical Center

EX PARTE OR LATE FILED

Received & Inspected

May 4, 2015

MAY 20 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

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 Associate Vice President of the Support Services Department of Addison Gilbert 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. Addison Gilbert Hospital is located in Gloucester, Massachusetts, a relatively urban area in Massachusetts. The primary hospital building is 58-beds, and our wireless telemetry system is installed throughout the building, including 8 patient beds on the first floor of the hospital. Our hospital was built in 1990 and features wide glass windows in all patient rooms.

Our primary use of wireless telemetry is associated with acute care. As a general matter, our WMTS system allows a single nurse to monitor as many as 8 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

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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,

ADDISON GILBERT HOSPITAL
A Member of Lahey Health



Edmund Lydon, Associate Vice President
Support Services Department

EX PARTE OR LATE FILED

 Hedrick
Medical Center
SAINT LUKE'S HEALTH SYSTEM

Received & inspected

MAY 20 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

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 Risk Manager of Hedrick Medical Center ("Hospital") and our Critical Access 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.

Hedrick Medical Center is located in Chillicothe, Missouri, a relatively rural area in Northwest Missouri. The primary hospital building is two stories tall and our wireless telemetry system is installed throughout the building, including all 25 patient rooms. Our hospital was built in 2013 and features wide glass windows in all of the patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other clinical care and treatment facilities on our campus.

Our primary use of wireless telemetry is to monitor our patient's vital signs, although our wireless telemetry system is also used for eHealth and several other Telemedicine based programs. As a general matter, our WMTS system allows a single nurse to monitor as many as four patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, the consequences could often be dire if not outright harmful to a patient's healthcare outcome.

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,



Kathleen Radcliff
Risk Manager

Cc: Mr. Matt Wenzel, CEO, Hedrick Medical Center
Ms. Janet Buckman, CFO, Hedrick Medical Center



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

MAY 20 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

SECRET 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 ICU/Telemetry Unit Nursing 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.

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.

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,



Becky Weaver, RN, CCRN; ICU/Telemetry Unit
Nursing Supervisor
Community Hospitals and Wellness Centers
433 West High Street
Bryan, OH 43506

419-636-1131