LOGANSPORT Memorial HOSPITAL

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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MAY 22 2015
FCC Mail Room

c/o Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 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 Plant Engineering Supervisor of Logansport Memorial Hospital. Logansport Memorial 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 the city of Logansport, a relatively rural area in Indiana. The primary hospital building is five stories tall, and our wireless telemetry system is installed throughout the building, including 83 patient rooms as high as the third story of the hospital. Our hospital was built in 1925 and features glass windows in most patient rooms. In addition to its use in the hospital, we utilize wireless medical telemetry in other facilities on our twenty six acre campus.

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1101 Michigan Avenue • Logansport, IN 46947
574.753.7541 • 800.243.4512
www.logansportmemorial.org

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. As a general matter, our WMTS system allows a single nurse to monitor several 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. The employees of Logansport Memorial Hospital care about the well-being of our 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.

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.

Brian Crawford BSM, CHFM
Plant Engineering Supervisor
Memorial Hospital Logansport | 1101 Michigan Avenue | Logansport IN 46947

UFHealth
UNIVERSITY OF FLORIDA HEALTH

UF Health Shands Facilities Operations

Clinical Engineering
Maintenance
Utilities
P.O. Box 100366
Gainesville, FL 32610-0366
Phone: 352.265.0056
Fax: 352.265.0209
UFHealth.org

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Washington, D.C. 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 Director of Clinical Engineering of UF Health Shands 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 Gainesville, Florida, a relatively suburban area in Florida. The hospital buildings are between 8 and 11 stories tall, and our wireless telemetry system is installed throughout the buildings, including 542 patient rooms as high as the 11th story. Our hospital buildings were built between 1965 and 2009 and over half of our rooms feature wide glass windows. Over 95% of our wireless telemetry system is installed on floors 4 or higher. My hospital is installing an OUTDOOR WMTS system for patients who are well enough to get the positive benefits, both physical and mental that natural light, air and space provide to the healing process. This system will NOT have any building structure to protect it from the effect of TVWS devices and we are relying on the WMTS spectrum guarantee for safe use.

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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 other patients like those recovering from surgical and non-surgical procedures, CHILDREN being treated for cancer, adults being treated for cancer, all patients in our emergency room that are being initially reviewed, and patients who are in a rehabilitation program after heart surgery. As a general matter, our WMTS system allows a single nurse to monitor as many as 60 patients CONTINUOUSLY 24 hours a day. 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 have to install systems that are 5 to 6 times the cost of a WMTS system and hire additional staff. Please be aware the staffing cost is the largest cost of a hospital and this will erode our financial operating 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. We currently rely on the fact that throughout the entire existing WMTS spectrum that we can be GUARANTEED that there will be NO INTERFERENCE in our ability to CONTINUOUSLY monitor our patients. Think of yourself in a hospital being monitored by a WMTS system and how horrible the hospital staff and your family would feel when they missed your heart stopping because of temporary interference. These are people's lives that we are dealing with, and that is more precious than extra bandwidth for unlicensed TVWS.

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 MY hospital that does not fit into the "typical" model – particularly with an outdoor WMTS implementation.

Some manufacturers offer systems that operate in the unlicensed ISM bands and we have found those to be more difficult to implement and to be less available for use by a factor of 50 in comparison to a WMTS system. We strongly prefer the stability and reliability of a WMTS system.

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 understands that this increases our cost and the cost of healthcare, becomes a regulatory burden and does not provide any value for our hospital. Our personnel are dedicated to providing high quality health care, and not providing detailed information for a database and regularly update it as we expand facilities or the environment around the hospital changes. I, therefore, require that such proposals 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 health care objective.

Sincerely,

Craig Bakuzonis

Craig Bakuzonis, CCE, MEng, BS BME
Director, Clinical Engineering
UF Health Shands Hospital

HUNTINGTON BEACH HOSPITAL

Honorable Tom Wheeler, Chairman
Honorable Mignon Clyburn, Commissioner
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Re: Ex Parte Comments in ET Docket No. 14-165 and GN Docket Nos. 12-268

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Ladies and Gentlemen:

I am the Biomed Account Coordinator of Huntington Beach Hospital. Huntington Beach 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. Our Hospital is located in Huntington Beach, a relatively urban area in Southern California. The primary hospital building is 4 stories tall, and our wireless telemetry system is installed throughout the building, including 30 patient rooms as high as the 4th story of the hospital. Our hospital was built in 1967 and features wide glass windows in most patient rooms.

Our primary use of wireless telemetry is associated with critical care heart patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 28 patients. If our WMTS system was impacted by radio interference from an external source such as a TVWS device, and thus

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could not be relied upon to provide immediate and reliable monitoring of these patients, our patients would potentially be put in dangerous situations that could threaten their lives. In addition our nurses would not feel comfortable while monitoring the patients as they wouldn't know if the data they are looking at would be completely accurate. This could cause additional stress in their work environment causing more mistakes and again affecting quality of patient care. 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,

Andrew Uffmann

BSI Account Coordinator/Huntington Beach Hospital

UFHealth
UNIVERSITY OF FLORIDA HEALTH

UF Health Shands Hospital

Facilities
P.O. Box 100366
Gainesville, FL 32610-0366
Phone: 352.265.0088
Fax: 352.265.4624
UFHealth.org

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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 Vice President, Facilities of Shands Teaching Hospital and Clinics, Inc. ("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 Gainesville, a relatively urban area in Florida. The primary hospital building is 12 stories tall, and our wireless telemetry system is installed throughout the building, including 875 patient rooms as high as the 11th story of the hospital. Our hospital was built in 1956, 1979 and 2009 [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 campus.

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UNIVERSITY OF FLORIDA HEALTH

UF Health Shands Hospital

Facilities
P.O. Box 100366
Gainesville, FL 32610-0366
Phone: 352.265.0088
Fax: 352.265.4624
UFHealth.org

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 patients recovering from surgical and nonsurgical procedures, children and adults being treated for cancer, ER patients, etc. As a general matter, our WMTS system allows a single nurse to monitor as many as 60 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 have to install systems that are 5 to 6 times the cost of a WMTS system and hire additional 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, 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.

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Sincerely,

Bradley S. Pollitt, AIA
Vice President, Facilities
UF Health Shands Hospital

UFHealth
UNIVERSITY OF FLORIDA HEALTH

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Bradley S. Pollitt, AIA
Vice President, Facilities
UF Health Shands Hospital