



Received & Inspected

MAY 20 2015

FCC Mail Room

901 East 18th Street  
P.O. Box 747  
Tifton, Georgia 31793  
229-382-7120  
www.tiftregional.com

**EX PARTE OR LATE FILED**

William T. Richardson, FACHE  
President/CEO

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 President and CEO of Tift Regional Health System. Tift Regional Health 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. Tift Regional Health System is located in Tifton, Ga. a relatively suburban area in Georgia. The primary hospital building is three stories tall, and our wireless telemetry system is installed throughout the building, including 181 patient rooms as high as the third story of the hospital. Our hospital was built in 1965 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 Cook Medical Center hospital campus in Adel, Ga.

No. of Copies rec'd  
List ABCDE

0

Our primary use of wireless telemetry is associated with critical care and noncritical heart patients, although our wireless telemetry system is also used for patients with a history of heart conditions, trauma patients and various other acute care conditions. As a general matter, our WMTS system allows a single nurse to monitor as many as 20 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 impact on our organization could be detrimental by manner of giving the caregiver and physician inaccurate clinical data to make a critical decision on the health of our patient. 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. The Facility, Engineering and Safety Management Department of Tift Regional Health System have informed me that our hospital's telemetry systems run in the Channel 37 range. I plead again that the Commission considers this a sensitive issue and keep the healthcare patient safe.

Sincerely,



William T. Richardson, FACHE  
President-CEO  
Tift Regional Health System

Received & Inspected

MAY 20 2015

FCC Mail Room

UF Health Shands Hospital

**Facilities**

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

EX PARTE OR LATE FILED

May 13, 2015

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

DOCKET FILE COPY ORIGINAL

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.

**Facilities**

P.O. Box 100866  
Gainesville, FL 32610-0866  
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.

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,



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



**FRANKLIN WOODS  
COMMUNITY HOSPITAL**  
Mountain States Health Alliance

300 Med Tech Parkway, Johnson City, TN 37604

May 13, 2015

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

Received & Inspected

MAY 22 2015

FCC Mail Room

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 Engineering Director for Franklin Woods Community Hospital. Franklin Woods Community 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 Johnson City, a relatively urban area in Tennessee. The primary hospital building is 4 stories tall, and our wireless telemetry system is installed throughout the building, including 120 patient rooms as high as the 4th story of the hospital. Our hospital was built in 2010 and 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 fetal monitoring, cardiac rehabilitation, emergency department, trauma, and observation patients. As a general matter, our WMTS system allows a single nurse to monitor as many as 40 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 immediate result of which would be life threatening. Not only would such interference clearly put patients at risk

No. of Copies rec'd 0  
List ABCDE



300 Med Tech Parkway, Johnson City, TN 37604

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,



---

Shay Rankhorn, SASHE, CHFM, CHC.  
Multi Facilities Director, Engineering Services  
Franklin Woods Community Hospital and Washington  
County Medical Office Buildings  
423-302-1037



# Huntington Hospital

Received & Inspected

May 13, 2015

MAY 23 2015

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

FCC Mail Room

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, Plant Services at Huntington Hospital (HMH), 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 (FCC) 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 like to provide the Commissioners an understanding of the way HMH uses wireless medical telemetry as we provide medical services. I voice my concerns against 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. My hospital is located in Pasadena, California; an urban area. The primary hospital building is 8 (eight) stories and our wireless telemetry system is installed throughout the buildings, including 272 patient beds as high as the 7<sup>th</sup> story. Our hospital was built in several stages, (1974, 1992, 1998, 2008 and 2013) and features wide glass windows in all patient rooms, except Neonatal Intensive Care Unit (NICU). Building standards requires/encourages natural light in the patient room. This natural lighting helps the patient's recovery. Please consider the last time you were a patient or visited a friend in the hospital, I'm sure the room had a "large" glass window to the outside.

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 16 (sixteen) patients. If our WMTS system was impacted by radio interference (such as a TVWS device); we could no longer relied upon our WMTS to provide immediate and reliable monitoring of these critical patients. Such interference would

No. of Copies rec'd  
List ABCDE



## Huntington Hospital

clearly put patients at risk (potentially death) 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 WMTS 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. I would ask the commission, would the average TVWS user (unlicensed user) take the time to access a database? Would they know how and where to access a database? Therefore, I 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.

There is no room for error; interference shall affect patient care, even potentially to death.

Sincerely,

Thomas N Romeyn, FACHE, CCE, CBET  
Director, Plant Services