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MAY 27 2015

FCC Mail Room

Community Memorial Hospital
W180 N8085 Town Hall Road
Menomonee Falls, WI 53051



froedtert.com

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

EX PARTE OR LATE FILED
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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 Facilities Services, Froedtert Health Community Memorial Hospital and 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 Hospital is located in Menomonee Falls, a relatively suburban Wisconsin area. The primary hospital building is 5 stories tall, and our wireless telemetry system is installed throughout the building, including 86 patient rooms as high as the 5th story of the hospital. Our hospital was built in 1964 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 the emergency department, trauma patients, fetal monitoring and cardiac rehabilitation. As a general matter, our WMTS system allows a single nurse to monitor as many as 32 patients. If our WMTS system was impacted by radio interference from an external source would not allow us to monitor our heart patients in ICU and newborns in our neonatal unit. This would limit our nursing staff response time to a potential cardiac incident. An external interference could lead to patient death!

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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,



Dean Pufahl, CHFM
Director of Facilities Services
Froedtert and The Medical College of Wisconsin
Community Memorial Hospital

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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 Assistant Vice President of Government Relations of Cincinnati Children's Medical Center. Cincinnati Children's 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. Cincinnati Children's is located in Cincinnati, a relatively urban area in Ohio. The primary hospital building is 10 stories tall, and our wireless telemetry system is installed throughout the building, including 340 patient rooms as high as the 10th story of the hospital. Our hospital was built in 1980 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 main campus.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for other conditions as well. 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, and thus could not be relied upon to provide immediate and reliable monitoring of these patients, it would make it more difficult to give optimum care to the children that are treated

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Palmer Lutheran Health Center

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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 Director of Support Services at Palmer Lutheran Health Center. Palmer Lutheran Health Center 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.

Palmer Lutheran Health Center is located in West Union, a relatively rural area in Iowa. The primary hospital building is 2 stories tall, and our wireless telemetry system is installed throughout the building, including 25 patient rooms as high as the 2nd story of the hospital. Our hospital was built in 1949 with renovations as late as 2014 and features wide glass windows in most patient rooms. In addition, our Cardiac Rehab area has the entire exterior west wall constructed of a glass panelized system.

Our primary uses of wireless telemetry are associated with critical care heart patients, fetal monitoring in OB, Emergency Department, trauma patients and our Cardiac Rehabilitation

112 Jefferson Street
West Union, IA

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department. As a general matter, our WMTS system allows a single nurse to monitor as many as 8 patients at the Nurses' Station, 2 patients in the ER , 3 babies in OB and as many as 8 patients in Cardiac Rehab at any 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, we would not be able to provide patient care to these patients until we redesigned the areas and added 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,


Kurt Chicken, CHFM