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FCC Mail Room



Allina Health

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June 18, 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

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

Dear Ms. Dortch,

On behalf of Allina Health, I appreciate the opportunity to comment on the Federal Communications Commission ("Commission") rules.

Allina Health is a family of urban and rural hospitals (11 IPPS and 2 CAHs), clinics, and specialty care services dedicated to meeting the lifelong health care needs of communities throughout Minnesota and western Wisconsin. We provide a continuum of care, from disease prevention programs, to technically advanced inpatient and outpatient care, to medical transportation, pharmacy, durable medical equipment, home care, palliative care, and hospice services. Our significant interest in this rule stems from the fact that collectively our 13 hospitals have over 2,200 monitoring and telemetry devices deployed and provide services to over 107,000 inpatient admissions each year. Allina Health is a recognized leader in cardiovascular care and has been recognized as one of the top five large health systems in the country by Truven Health Analytics.

Allina Health has 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. We are 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. Allina's 13 hospitals are multistory with wireless telemetry systems installed throughout the buildings, including patient rooms as high as the 8th story.

Our primary use of wireless telemetry is associated with critical care heart patients, although our wireless telemetry system is also used for cardiac rehab patients and other critical care patients, allowing them to ambulate unattached from their hard wire beds. As a general matter, our WMTS system allows a

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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, we couldn't safely monitor patients with critical arrhythmias, whose immediate treatment could be jeopardized. 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.

Allina Health has 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. We hope the Commission will consider the enormous burden that this type of requirement would impose on our system. 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. We, therefore, hope that such proposals will be rejected.

We have been 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. We 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.

Allina Health appreciates the opportunity to share our comments and thanks you for the opportunity to share our concerns and recommendations. If you have any questions regarding these remarks, please feel free to contact me at 612-262-4913.

Sincerely,



Tracey Stanich Witherow, RHIA
Director Organizational Integrity and Regulatory Affairs
Allina Health