

**BEFORE
THE PUBLIC UTILITIES COMMISSION OF OHIO**

In the Matter of the Commission's Review of)	
Chapter 4901:1-10, Ohio Administrative Code,)	Case No. 12-2050-EL-ORD
Regarding Electric Companies.)	

**COMMENTS OF
THE OHIO HOSPITAL ASSOCIATION**

Pursuant to the Entry issued by the Public Utilities Commission of Ohio (“PUCO” or “Commission”) on November 7, 2012, the Ohio Hospital Association (“OHA”) respectfully submits these comments regarding the Commission Staff’s (“Staff”) proposed rule changes to Ohio Administrative Code (“OAC”) Chapter 4901:1-10.

The OHA is a private, nonprofit trade association with 162 hospitals and 19 healthcare system members that have more than 700 electricity accounts statewide. Collectively, OHA members annually spend well in excess of \$150 million for electric services—approximately \$4,500 a year for each staffed hospital bed. OHA’s mission is to be a membership-driven organization that provides proactive leadership to create an environment in which Ohio hospitals are successful in serving their communities.

The OHA recommends that the Commission adopt the following modifications to its rules applicable to Electric Companies in an effort to improve the reliability of the electric distribution systems serving critically important acute healthcare facilities. The OHA recognizes that the Commission’s rules take into account the importance of dependable, reliable electric services to hospitals [see, e.g., OAC Rule 4901:1-10-7(A)(4)] and Ohio electric utilities must already give hospitals a priority in service re-establishment through their emergency plans [OAC

Rule 4909-1:1-10-8(A)(10)(b)]. Nevertheless, the OHA is aware of a number of Ohio hospitals that experience an above-average number of “events” relating to their electric distribution facilities that cause disruptions in their normal operations. While acute care hospitals are required by federal law to maintain emergency backup generation facilities, these backup facilities are often designed to maintain only a limited set of particularly essential functions during relatively short interruptions in service from the distribution grid.

Over time, and likely since the Commission’s current reliability standards were adopted, the role served by acute care hospitals during community-wide power outages has expanded in sometimes unintended ways. Hospitals have always served a particularly critical role during times of civil emergency. However, the growing sophistication of in-home medical devices (dialysis and portable breathing machines, for example), motorized wheelchairs, and a greater prevalence of refrigerated medications has led to the growth in a population that can function independently without hospitalization—but only so long as electricity is available. In the event of a community-wide power outage, the growing reality is that hospitals become the default refuge for this population that is dependent on electricity for their means of daily survival. This means that the role of the acute care hospital actually *expands* in times of community-wide outages to encompass a greater social-services role, despite the fact that this is not the primary function of these facilities. This reality was seen with hurricanes Katrina, and more recently, Sandy, but it was also experienced here in Ohio with the widespread outages of June 29, 2012 (OHA tracks such incidents through a statewide emergency preparedness program funded by state and federal grants: see <http://www.ohanet.org/emergency-preparedness/>). In sum, the already-critical function that hospitals serve in their communities has evolved to become even more essential as the dependent outpatient population has expanded.

The purpose of the following proposed modifications to the rule is twofold: 1) to help identify “fragile” circuits that may serve hospitals so that all reasonable remedial steps can be taken *prior* to an emergency event; and 2) to help improve the channels of communication during disruptions in electric distribution service. The OHA believe that these relatively modest modifications to the Commission’s rules will help reduce the likelihood of outages for hospitals in the first instance, and help minimize, to the extent practicable, the impact and duration of outages on hospitals, thereby enhancing the health and safety of the communities served by these facilities.

Rule 4901:1-10-01

To start, the following definition should be added to OAC 4901:1-10-01, after “Critical Customer”:

“Critical Human Service Facility” means any location incorporating a state recognized medical emergency service department, a state recognized labor and delivery department or a state recognized behavioral health department.

Rule 4901:1-10-07

The Commission’s current rules address outage reporting to these essential facilities, but only in the event that the outage lasts longer than four hours. With the advent of major investments in smart grid technologies by all of the Ohio electric utilities, the Commission should give serious consideration to a reduction in the amount of time that must elapse before an interruption in service is elevated to the status of an “outage” under these rules. For example, the interruption of even a single cycle in the power delivered to a hospital can be enough to interrupt a CT scan or an MRI. To the extent that smart grid technology is making such granularity on the circuit serving a hospital available to the electric utility, such events should be reported.

Regardless of the duration of a reportable event, when such interruptions occur it is critically important that essential facilities be kept abreast of the situation. In tandem with a more granular reporting requirement as allowed by more sophisticated grid monitoring, hospitals need to be informed of these events as close to real-time as is practicable for the utility. Although the emergency plans of the utilities already include requirements for communicating with essential customers, a specific provision for reporting outages to affected essential facilities (police, fire, hospitals, 911) should be added to this Rule 7.

Rule 4901:1-10-11

Next, to OAC Rule 4901:1-10-11, after sub-section (C), the following subsection should be added:

(D): Worst performing Critical Human Service Facility circuits. The following provisions apply to the reporting of each electric utility's eight per cent worst performing circuits:

(1) Each electric utility shall submit, no later than ninety calendar days after the end of its reporting period, a report to the director of the service monitoring and enforcement department that identifies the worst performing eight per cent of the electric utility's distribution circuits during the previous twelve- month reporting period.

(2) Unless otherwise approved by the commission, each electric utility's reporting period for purposes of paragraph (C) of this rule shall begin on September first of each year and shall end on August thirty-first of the subsequent year.

(3) The report prescribed by paragraph (C) of this rule shall provide the following information for each reported distribution circuit:

(a) The circuit identification number.

(b) The location of the primary area served by the circuit.

(c) The approximate number of customers on the circuit by customer class.

(d) The circuit ranking value.

(e) The values and supporting data for each circuit's service reliability indices for the reporting period:

(i) System average interruption frequency index (SAIFI) determined according to paragraph (B)(1) of rule 4901:1-10-10 of the Administrative Code.

(ii) Customer average interruption duration index (CAIDI) determined according to paragraph (B)(1) of rule 4901:1-10-10 of the Administrative Code.

(iii) System average interruption duration index calculated by multiplying the SAEFI times the CAIDI.

(f) The number of safety and reliability complaints, based on the definition of complaint pursuant to paragraph (A) of rule 4901:1-10-21 of the Administrative Code.

(g) The number of critical customers on the circuit.

(h) An identification of each circuit lockout that occurred during the reporting period, together with an explanation of the cause and duration of each such circuit lockout.

(i) The total number of outages experienced during the reporting period for each such outage.

(j) The total number of out-of-service minutes experienced during the reporting period for each such outage.

(k) An identification of any major factors or events that specifically caused the circuit to be reported among the worst performing circuits and, if applicable, the analysis performed to determine those major factors.

(l) An action plan, including the start and completion dates of all remedial action taken or planned, to improve circuit performance to a level that removes the circuit from the report submitted pursuant to paragraph (C) of this rule within the next two reporting periods. If the electric utility does not believe remedial action is necessary, then the electric utility must state the rationale for not taking any remedial action.

The reasoning behind this proposed addition is that a well-maintained, robust circuit is the best, first defense against interruptions in the first place. This proposed addition simply

builds on the Commission's existing rules applicable to the identification of the "worst" circuits and directs that same activity towards the critical circuits serving hospitals. This addition is intended to provide greater reliability for the services delivered to hospitals with a minimum of additional work on the part of the electric utilities.

CONCLUSION

On behalf of Ohio's hospitals, the OHA respectfully urges the Commission to consider the recommendations contained within these Comments.

Respectfully submitted on behalf of
OHIO HOSPITAL ASSOCIATION



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Summary: Comments electronically filed by Teresa Orahod on behalf of Ohio Hospital Association