

Washington Metropolitan Area Transit Authority

Board Action/Information Summary

☐ Action ☒ Information

MEAD Number:
201871

Resolution:
☐ Yes ☒ No

TITLE:

MetroAccess Employee Passenger Assistance Training

PRESENTATION SUMMARY:

This presentation describes the initial results of an innovative approach toward preventing customer injuries on MetroAccess that occur during boarding and alighting MetroAccess vehicles.

PURPOSE:

The purpose of this presentation is to inform the Board about the initial results of the Occupational Therapist Working Group and next steps.

DESCRIPTION:

Key Highlights:

- Most MetroAccess injuries occur during boarding and alighting, not during securement or travel. The customer injury count periodically fluctuates, and root cause analysis did not reveal a pattern in causal factors to apply corrective action.
- A comprehensive analysis by the Occupational Therapist Working Group concentrated on root causes and evaluated how operators assist customers. This yielded recommended improvements to operator training to prevent these kinds of injuries.
- Recommended changes for training and procedures will be implemented in CY2017.

Background and History:

MetroAccess, the nation's 5th largest paratransit service, operates 365 days per year in a 1,500 square mile area in the District of Columbia, Maryland, and Virginia. The service area is the second most congested traffic environment in the U.S., which makes delivering service challenging. Last year, MetroAccess delivered 2.4 million passenger trips.

Most injuries occur during boarding and alighting, not during securement or travel. The customer injuries periodically fluctuate, and analysis did not reveal a pattern in causal factors to apply corrective action. Since the contractors' operator training curricula are consistent with industry norms, a different approach was needed.

During the 2nd Quarter Safety Report at the July 28, 2016 Safety Committee Meeting, Board Member Porter asked about the number and cause of the spike in MetroAccess customer injuries for May 2016. Of the 10 reported non-collision-related injuries, the largest number (five) were attributed to passenger assistance. The Chief Safety Officer suggested a review of MetroAccess operator training to determine if patient transfer strategies used by Occupational

Therapists could be employed to make training improvements.

Discussion:

An Occupational Therapist Working Group was formed consisting of WMATA staff, MetroAccess service delivery contractor management, and a consultant team with an Occupational Therapist among its team members. The Working Group established a charter to “Reduce customer injuries by developing new methods and principles to train operators to more safely assist passengers during door-to-door, boarding, securement and alighting processes.”

The consultant team conducted a comprehensive review and analysis of incident data; WMATA and contractor training materials; observed operator classroom training; and conducted field and ride-along observations. The root causes were examined, and categorized by the process step in which they occurred (boarding, alighting, in motion, or during door-to-door service, and by which agent was responsible (the wheelchair lift, the securement equipment, the boarding stairs, the customer’s mobility aid, or the road surface). Contract provider and individual operator performance were also considered, along with incident location, and the time of day of the injury.

The collaboration identified aspects of driver training that could be improved to reduce injuries, which MetroAccess will incorporate the best practices generated from the group into a revision of the driver training curriculum for all MetroAccess contractors. Some specific recommendations are to:

- Provide ongoing commentary during door-to-door assistance for all customers;
- Offer an arm or Posey belt to all ambulatory customers for stability and safer recovery in the event they begin to fall;
- Assist customers from their weak side; and
- Focus operator training on the impairment, rather than the medical diagnosis

The first two items are prevailing practices which will be enhanced and instructions to operators will be issued, the next two will require further development and full implementation will be complete by the end of CY2017.

Next steps will be to evaluate the boarding process using the wheelchair lift; making improvements to dispatch functions when multiple boardings are scheduled for the vehicle; and, developing training in conflict resolution. Implementation of these and other helpful ideas will depend upon the results of an evaluation of the benefit.

FUNDING IMPACT:

No impact on funding because the recommendations to modify contract operator training would not result in additional cost to Metro.	
Project Manager:	Mr. Omari K. June, Director, Office of MetroAccess
Project Department/Office:	Department of Access Services/Office of MetroAccess Service

TIMELINE:

Previous Actions	April 2017 - Passenger Assistance Working Group produces
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	recommendations for operator training.
Anticipated actions after presentation	May-December 2017: Revise operator assistance training and evaluate additional recommendations for implementation.

RECOMMENDATION:

- None; for information only.

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Washington Metropolitan Area Transit Authority

MetroAccess Employee Passenger Assistance Training

Safety Committee

May 25, 2017



Purpose

- Many injuries on MetroAccess occur during boarding/alighting
- Goal is to prevent these injuries
- Innovative approach promises positive results





Background

- 5th Largest Paratransit Service in the Nation
- Urban and suburban environments
- 2nd most congested traffic in the US

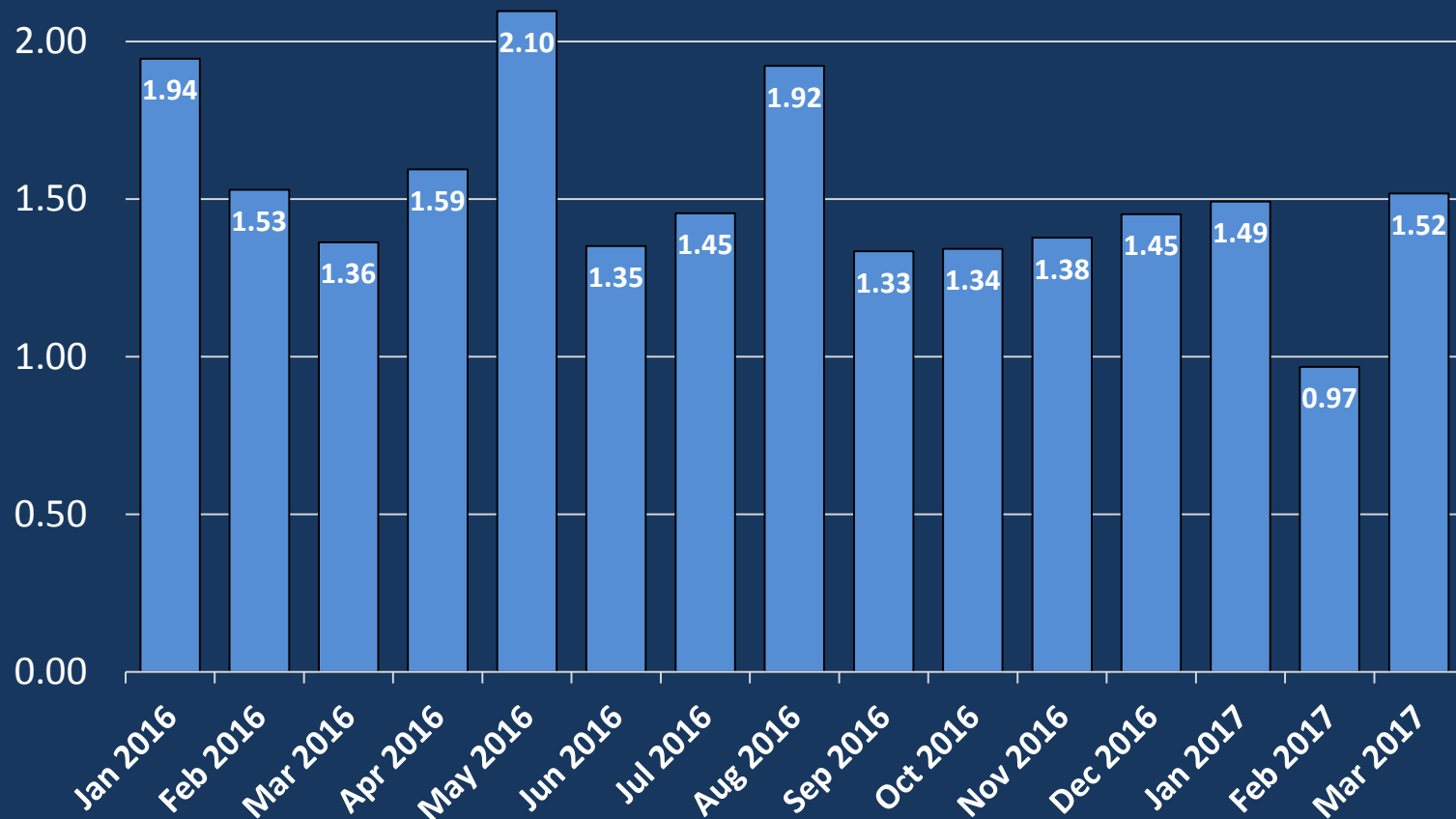


2.4 Million Passengers per Year; 675 Vehicles



Safety Profile

MetroAccess Preventable IFR



Target: IFR < 2.0 preventable accidents / 100K miles



Challenges



- Periodic fluctuation in injury count
- Most injuries occurring during boarding and alighting, not during securement or travel
- Training curricula consistent with industry norms
- No discernable pattern in operator tenure or other causal factors



Out-of-the-Box Solution

Invite skill set from outside transit industry to conduct comprehensive evaluation:

➤ Occupational Therapist

- Concentration on root causes of injuries to customers based on individual mobility issues
- Evaluation of manner in which operator assists customer





Evaluation Scope and Process



- Consultant conducted staff interviews, reviewed and classified injury cases, isolating those occurring during passenger assistance
- Contractor and WMATA materials review -- driver training curricula, operational policies and forms, customer-facing publications and video
- Classroom and field observations, ride-alongs



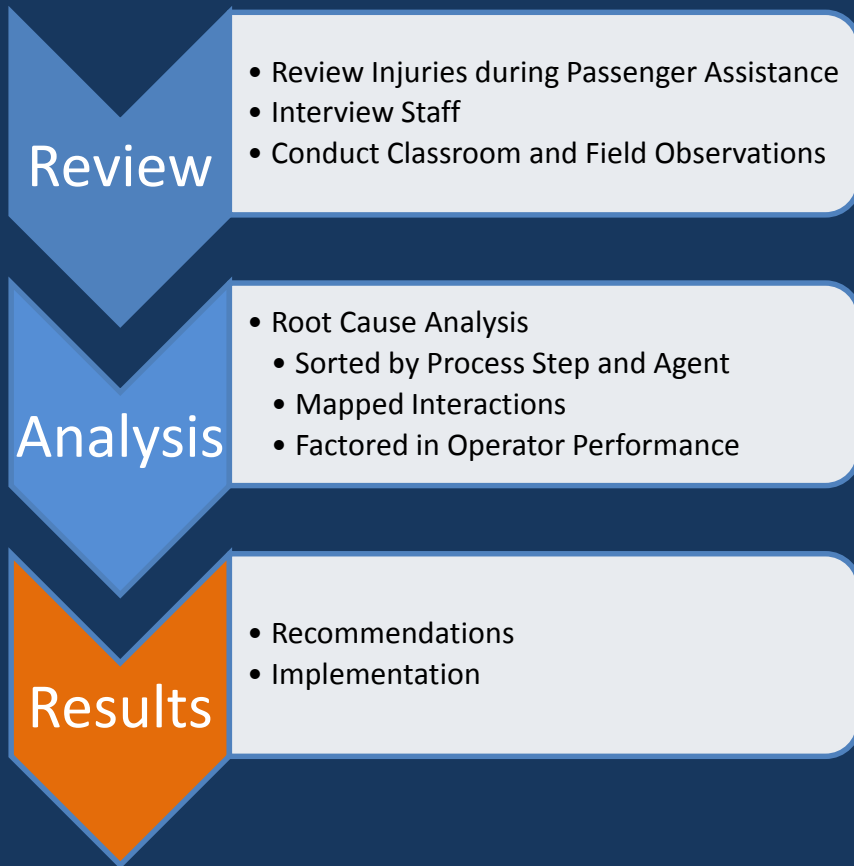
Evaluation Scope and Process

- Examined root cause, sorted by **process step** (boarding, alighting, in motion, or door-to-door) and **agent** (lift, securement equipment, stairs, mobility aid, or road surface)—mapped interaction with each other
- Factored in provider/operator performance, incident location, and time of day





Recommendations Being Implemented



- Provide commentary door-to-door assistance for all
- Offer arm or Posey belt to all ambulatory customers
- Assist from weak side of customer, and help operator to identify where this is
- Focus training on impairment rather than medical diagnosis

Full implementation of revised training by end of CY 2017



Next Steps



- Evaluate boarding process with wheelchair lift
- Improve dispatch function related to multiple boardings
- Develop training in conflict resolution



Questions?

