

Transportation

Travel, Transit, and Safe Ride Home



Executive Summary

Residents face unique transportation challenges compared to the majority of UW employees. A resident will work at multiple sites throughout the year. These are often throughout the city or even the region and range from Beacon Hill to Northgate to Idaho to Alaska. Additionally, due to clinical and learning responsibilities, residents travel between sites, sometimes multiple times per day. Many must be able to reach their clinical sites within 30 minutes of being called for an emergency consult or assessment. As such, many residents are forced to drive to arrive at their work sites in a timely manner. This incurs both costly parking fees and car maintenance costs that further erode into their salaries.

The burden of transportation on residents can be mitigated in several ways. We propose the following strategies:

1. Provide residents with a fully-subsidized U-PASS
2. Provide two-way, no questions asked safe ride home services to residents
3. Increase the travel allowance to \$1,000
4. Continue to promote bicycle use by increasing the bicycle incentives and the availability of safe bicycle storage at UW clinical sites
5. Place all residents on required away rotations on “travel status” per UW policy and relevant state law

The University has recognized the effects of commuting on their employees and on the environment. As part of their Campus Master Plan, **the University has agreed to an aggressive commuting single occupancy vehicle target of 12%**. Residents are already doing their part, but there remain many challenges to overcome.

Many residents choose to minimize their driving by bicycling. This is an excellent method of transit that is both environmentally friendly and also encourages physical fitness. **By providing bicycling incentives, the UW encourages residents to use this mode of transportation when feasible. We fully support this decision and expect the UW to continue to provide these benefits.**

Of course, cycling is not always feasible. Unfortunately, Seattle's weather is often not conducive to safely bicycling. Additionally, many of UW's sites lack adequate safe bicycle parking or facilities such as showers. For those who wish to avoid driving, public transit seems the obvious choice. However, the \$600 fee for a UW transit pass is prohibitively expensive. **Providing residents a fully-subsidized U-PASS will decrease congestion on UW's campus, reduce UW's carbon footprint, and further lower the single occupancy vehicle rate to a level agreed upon as part of the Campus Master Plan.**

When cycling and public transit are not practical, residents have to drive. Unfortunately, since 2016, gasoline, car insurance, and parking rates have all increased substantially. **Increasing the travel stipend will help residents offset the rising cost of transportation by car, which is a necessity given our schedules and multiple work sites.**

Many programs require long-distance travel to attend away rotations. These can involve driving for

12+ hours and well over 500 miles. It is not only state law, but also official UW policy to place these residents on “travel status” and reimburse associated expenses. Currently, programs are not doing this. **We expect UW to observe state law and university policy and reimburse residents when they are on away rotations.**

There are additional challenges that residents face. Residents often commute early in the morning or late at night. According to ACGME rules, they are allowed to work up to 28 hour shifts for inpatient call (and even longer for home call) and 80 hours a week. Long hours often result in excessive fatigue and the dangers of driving or biking associated therewith. Fortunately, the UW has provided an emergency safe ride home program for residents who feel unsafe to return home, which is now mandated by the ACGME. This program is woefully underused by the residents due to stigma involved. **Unfortunately, UW has established policies to discourage even appropriate use of this safe ride home program.** Because UW refuses to put resident safety first, the UWHA was forced to institute our own policy to ensure the safety of our members. **We fully expect that the UW will put resident safety first over their bottom line and trust their residents to use this program appropriately.**

Emergency Safe Ride Home Program

Request

Residents will be reimbursed for an emergency safe ride home under all circumstances.

Rationale

The Emergency Safe Ride Home Program is crucial for the safety of our residents who often work long hours and suffer from sleep-deprivation. We applaud UW for implementing this policy. Unfortunately, the current safe ride home program allows discretion for GME to deny reimbursement requests. In the past, requests have been denied, and residents have perceived that they suffered stigma or—in some cases discipline—for their choice to use the program. In order to encourage residents to use the program, UW should trust that residents use it appropriately and minimize barriers to use of this program. Doing otherwise literally places residents’ lives at risk.

Resident Voices

“I was working the night shift covering quadruple the number of patients I would normally do. I arrived by the UWMC shuttle, but in the morning, it was cancelled due to snow. The GME safe ride home policy would only reimburse me if “I worked longer than expected and beyond when public transportation is available.” Public transit was available, but it was incredibly unreliable due to road conditions and the bus stop was roughly half a mile down an incline. Even a few hours delay in getting home would make me too exhausted to safely care for patients 12 hours later. I called an Uber. I wish GME recognized that their restrictive policy places me and my patients at risk.”

Relevant Information

Safety of our Residents is Paramount

We strongly support an emergency safe ride home program and applaud the UW for instituting one prior to its mandate by the ACGME. We were disappointed to learn that UW has erected several artificial barriers to discourage residents from using this crucial program including rejecting requests

submitted in good faith. UWHA was so appalled by this attitude that we created our own policy to ensure residents can arrive home safely.

Resident Fatigue is an Epidemic

Resident fatigue while driving in a widespread and serious problem across the country.

- **56% of internal medicine residents are involved in a near miss or motor vehicle accident in a 3 month period.** (Mayo Clin Proc. 2012 Dec;87(12):1138-44).
- **30% of radiology residents fell asleep while driving home on call** (Trevino M. Visual acuity, fatigue play role in exam interpretation. Diagnos Imag 2006; 28:S5)

It is so bad that the **Institute of Medicine recommend that programs should provide round trip transportation for all residents who work longer than 16 hour days.** (IOM. December 15, 2008.

Resident Duty Hours: Enhancing Sleep, Supervision, and Safety).

Public Transit Services Inadequate

We were also saddened to learn that UW was refusing reimbursement and telling residents they need to take public transportation. Unfortunately, using public transportation can add substantial amount of time to the trip even in the heart of Seattle. For a resident working 80 hours a week, the amount of saved time is not trivial.

Start	Destination	Transit	Taxi	Time Saved
VA	Fremont	1 hr 15 mins	30 mins	45 mins
UW	Fremont	45 mins	20 mins	25 mins
HMC	Fremont	50 mins	20 mins	30 mins
VA	Wallingford	60 mins	20 mins	40 mins
HMC	Wallingford	40 mins	10 mins	30 mins

Table 1: Travel time between UW Medicine clinical sites and example neighborhoods.

Round Trip Fare

If a resident leaves her car at the site of work, the resident must then use a taxi or public transit to return to the site the following day.

- Without round trip fare reimbursement, the safe ride home provides a financial penalty for residents who choose to use the program.
- The resident is still fatigued upon returning to work and now must wake up earlier and take a longer commute.

Parity with Other Universities

UW is decidedly in the minority when it comes to safe ride home programs. Round-trip coverage is not only common, it is the norm. Other programs do not want the specter (or the liability) of a resident involved in an accident on the drive home.

Program	Two-Way	Method	Restrictions
UW	No	Written request	Cannot use if walk Cannot use unless public transit unavailable†
Stanford	Yes	Voucher	None
U Penn	Yes	Voucher	None
UCSF	Yes	Voucher	None
UCLA	Yes	E-mail	None
Emory	Yes	Direct billing	None

Table 2: Safe Ride Home Program comparison between institutions.

†GME does not define “beyond when public transportation is available.” Public transportation is always available to some degree. For transportation from UWMC to Capitol Hill, the only time in which the wait time is longer than 30 minutes is between 3:14 to 4:42 am

Travel Allowance

Request

Increase the travel allowance to \$1,000.

Rationale

Residents work at multiple sites and must travel between them in timeframes such that driving is often the only feasible option. A travel allowance will offset some of these costs, but the current travel allowance is now inadequate. The price of gasoline has increased and is projected to continue to increase. Additionally, parking prices have also risen.

Relevant Information

The cost of living is rapidly rising in Seattle, and this includes the cost of driving. Additionally, UW has recently raised parking rates by 12%, which is approximately \$1 per day. Compared to 2016, the inflation adjusted cost of gasoline is projected to rise by approximately \$1.50. For a resident who commutes 50% of the time, commuting 5 miles each way by private vehicle at 23 mpg, a resident will pay an additional \$150 in parking fees and \$100 in gasoline cost. Increasing the transportation allowance by \$250 will offset these costs to provide a comparable allowance to 2016.

Driving is Necessary for Many Residents

Travel time between clinical sites in Seattle can be challenging. In the best of circumstances, the major clinical sites of UW Medicine can be close to an hour apart. In typical traffic, this can be far higher. Public transportation can be just as slow, with travel time between Harborview and the VA by bus, a relatively quick drive, often requiring 30 minutes or more despite a near-direct bus route between the institutions (Metro #60).

	UWMC	HMC	VA	NWH	SCCA	Pioneer Square
UWMC	X	30	35	40	30	30
HMC	30	X	30	50	25	20
VA	30	25	X	50	30	25
NWH	30	40	50	X	35	40
SCCA	25	25	25	40	X	25

Table 3: Travel time between UW Medicine clinical sites. Allows for five minutes to locate a parking space and travel from car to clinic

Gasoline Costs are Rising

The cost of living is rapidly rising in Seattle, and this includes the cost of driving. In every year of the current contract, gasoline prices have risen, nearly matching their peak earlier in the decade.

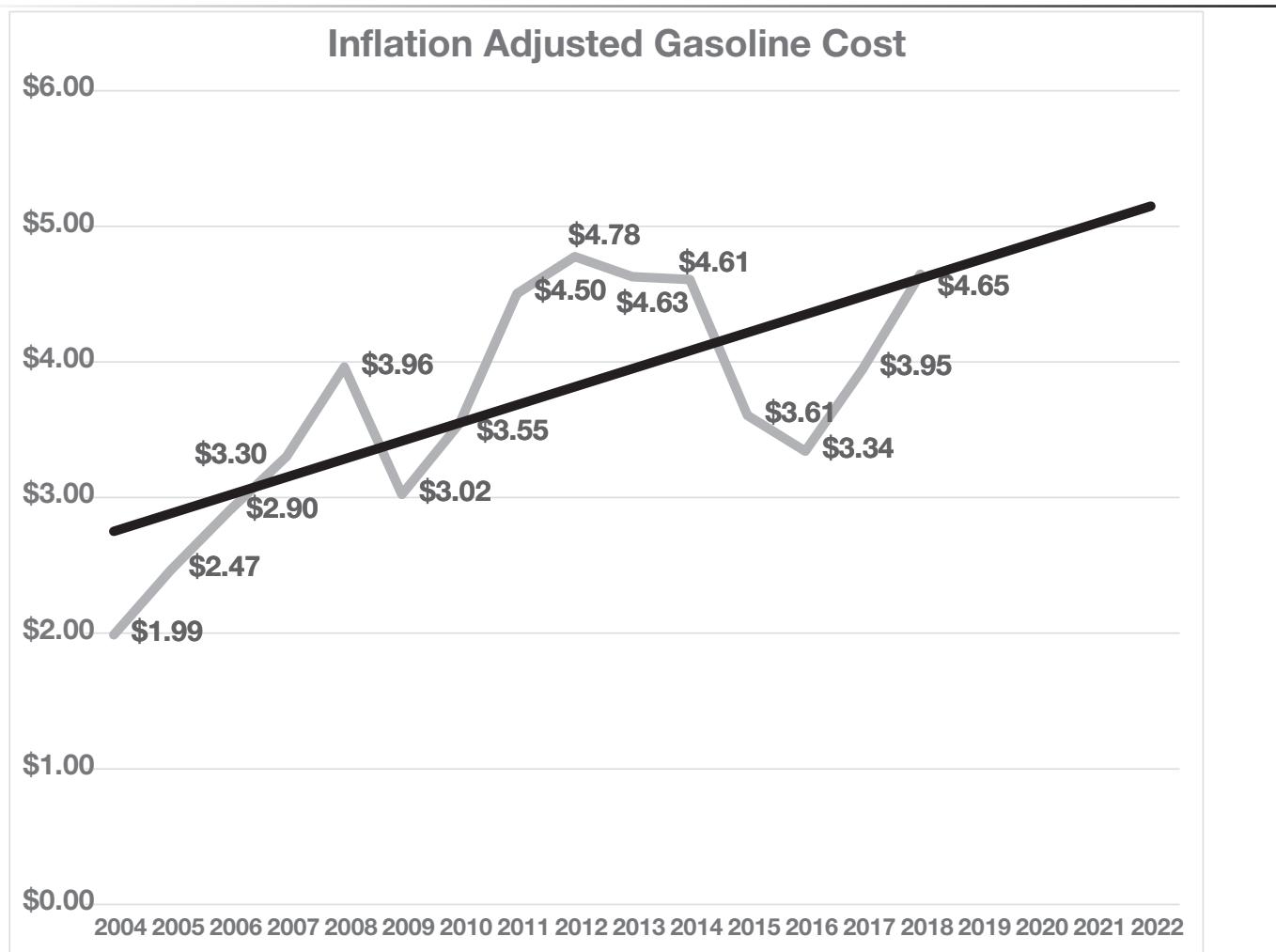


Figure 1: Gasoline prices over time, Seattle, inflation adjusted

U-PASS and Alternative Transportation

Request

Provide UWHA members a fully subsidized U-PASS. Provide more secure bicycle parking at UWMC.

Rationale

Since residents often have no choice other than driving to work, driving often becomes the default method of transportation. Additionally, given residents' intermittent use of public transit, the cost of a U-PASS for an individual resident does not make financial sense. Providing a fully subsidized U-PASS will encourage residents to use public transportation when possible.

When UW created the U-PASS program, UW was one of the pioneers in encouraging their employees to use public transit. UW should continue to serve as an example to other organizations. Unfortunately, it is now lagging behind multiple institutions in the area.

Providing a fully subsidized U-PASS will further several of UW's own goals. It will reduce congestion around UW which will only worsen with the upcoming campus expansion. Indeed, as part of their Campus Master Plan, UW has committed to an aggressive reduction in single occupancy vehicle rates. Providing a U-PASS will also reduce harmful vehicular emissions, which affect the health of the surrounding community. Finally, UW has signed onto We Are Still In Campaign, supporting goals of Paris Climate Agreement with a goal to reduce emissions by 28%

Relevant Information

The Campus Master Plan Mandates Trip Reduction

As part of the Campus Master Plan, UW will bring 13,000 new employees and students onto campus over the next 10 years. This will result in 6,200 new single occupancy vehicle trips and 11 of 13 key intersections in the University District blocked.

Because of this, **the UW Board of Regents agreed to an aggressive single occupancy vehicle rate of 12% by 2028**. Failure to reach this goal will result in revoking of building permits.

Trip Reduction has Stalled

Unfortunately, trip reduction has stalled. While the drive alone rate has decreased in students, it has stayed the same--or even increased--in faculty and staff. By 2028, staff are predicted to account for

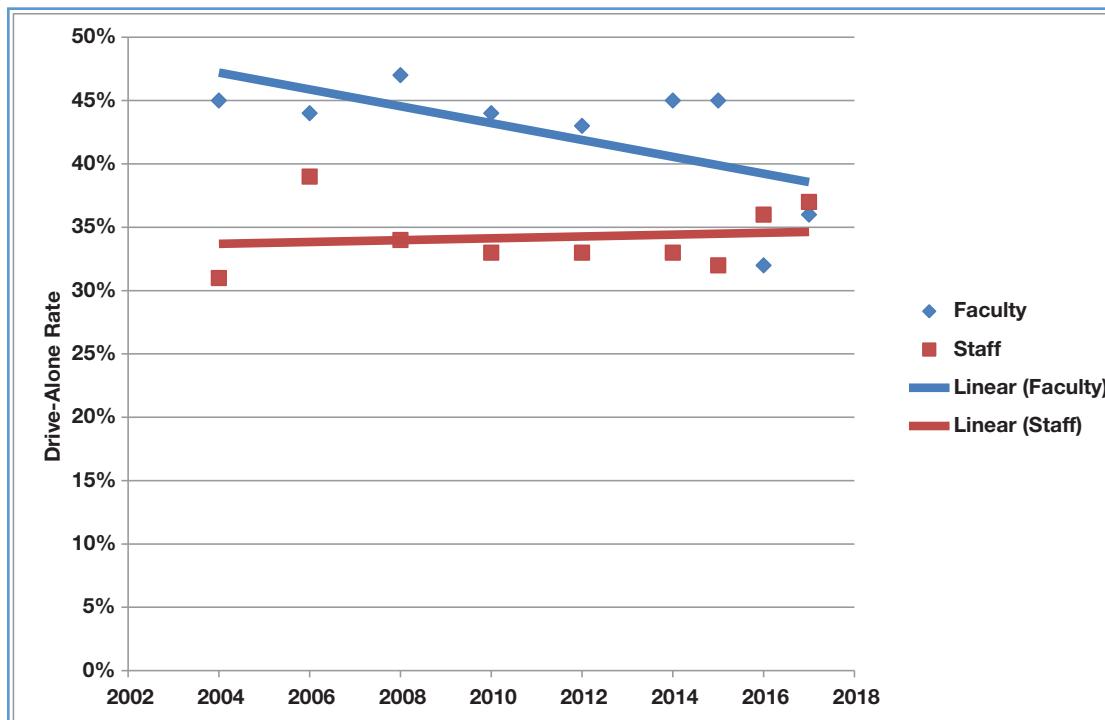


Figure 2: Drive-Alone Rates to UWMC, faculty and staff

46% of all drive alone vehicles despite UW being well-served by public transit.

We estimate that the employee drive-alone rate must fall to 22% to meet this target. Based on surveys the UWHA conducted, approximately 60% of all residents commute in single occupancy vehicles.

UW Lags Behind Other Seattle Institutions

We commend UW for encouraging other employees to use public transit by providing them with a fully subsidized U-PASS. These include **SEIU925, UAW4121, WFSE, AFT-UW, Valley Medical Center, Northwest Hospital, UAW1199, and WSNA**. However, full transit benefits for **all employees** is already implemented for major institutions in the Seattle area. King County, the City of Seattle, Amazon, and Microsoft all provide unlimited transit passes for their employees. Employers who do not provide free passes provide far more substantial subsidies than UW. Seattle Children's Hospital charges \$5 per pay period, a fifth the cost of UW's housestaff U-PASS, and also offers a \$4.50 per day bonus to employees who don't drive alone.

Trip Reduction is Feasible

Washington State's Commute Trip Reduction Law was passed to improve air quality, reduce traffic congestion, and reduce the consumption of petroleum fuels through employer-based programs that encourage the use of alternatives to driving alone. Of the 255 Seattle employers that fell under this plan, 96 achieved 22% SOV rate for employees. This included one employer in U District and several in South Lake Union per Seattle DOT.

To support this, UWHA requests a fully-subsidized U-PASS to encourage public transportation use.

Support and Promote Bicycle Use

The U-PASS is one component of reducing single-occupancy rides to the UW campus. Supporting those who choose to bike to work is another. Many residents would gladly bike to work, but the lack of safe storage for their bicycles prevents this. Every resident either has had a bike stolen or knows multiple people who have.

“One of my co-interns was at UWMC for a required meeting and had not only his bike stolen but the entire rack it was locked to. The thieves unbolted it and made off with every bike.”

UW can fix this. Providing safe and secure bike cages will promote cycling to work for residents and other employees and show that UW is serious when it comes to promoting alternative transportation.

These measures are essential to meeting the transportation goals set by the Board of Regents.

Travel Status

Request

Place all residents on required away rotations on “travel status” per UW policy and relevant state law.

Rationale

Certain programs are denying resident reimbursement for travel expenses related to away rotations. This is in violation of both Washington State law but also UW policy.

Relevant Information

RCW 43.03.050 requires that UW “shall prescribe reasonable allowances to cover reasonable and

necessary subsistence and lodging expenses for elective and appointive officials and state employees while engaged on official business away from their designated posts of duty.”

Per UW Travel office, Travel Status is when “the traveler must be more than 50 miles away from home and duty station and work for eleven hours in total while satisfying the mileage requirement..”

Unfortunately, certain programs are not following this, and residents performing required clinical rotations are being forced to either travel on their own cost or use their personal professional development funds for this purpose. This is not only a violation of our existing CBA, it violates UW’s own travel policy.

Resident Voices

“In [my residency program] we have a required 8 week rotation at a WWAMI site. [...] We could not pick our sites. My site was in [...] ID. Previously the clinic in [Idaho gave] us \$400 for travel there. I was the second resident not to receive this compensation and when I asked I was told it was because the travel stipend in my contract was for that. This is by far the farthest WWAMI site and we are given 2 days for travel to it which makes [me] assume they don’t want us to drive the 12 hrs straight, but we also do not get compensation for a night in a hotel along the way. I [asked] my program leadership and was told [that travel support] wasn’t something they were able to provide [...]”

“[For my away rotation,] we do not receive any reimbursement for lodging, mileage, gas, etc. This was a HUGE financial burden for me last year.”

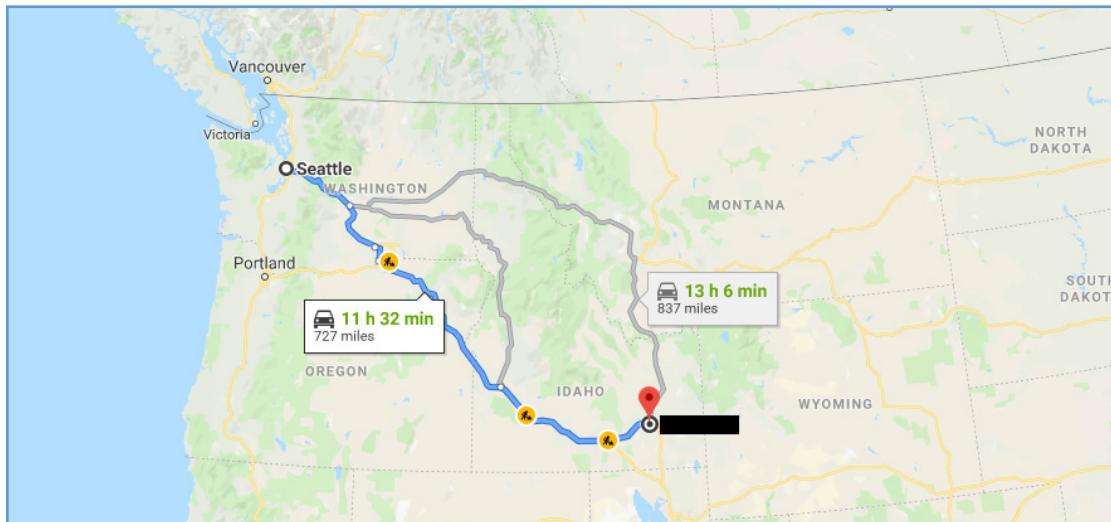


Figure 3: Travel time from Seattle, WA to ID