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# *Our Ergonomics Journey – Learnings From Implementing a Company-wide Strategy*

Sue Cooper

Weyerhaeuser Company

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# *Our Ergonomics Journey* – Presentation Outline

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- Strategy drivers
- Strategy development
- Implementation – results, next steps
- Challenges
- Where are we today?
- What are we still doing?
- What are we not doing (or not doing well)?
- Key learnings

# Drivers for a Company-wide Strategy

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- **Soft tissue injuries (in 2000):**
  - 24% of recordables
  - 30% of WC costs (\$2.2 MM in US)
- **Company goal:**
  - RIR < 1.0 by 2004
- **Ergonomics standards:**
  - Federal, California, N. Carolina, B.C.
- **Duplication of effort:**
  - Businesses developing plans, inefficient use of resources

# Strategy Team

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- In 2001, put together 8-person, cross-company team. Representatives covered:
  - Different businesses
  - US and Canada
  - Different positions
  - Different stages of implementing ergonomics
- Used consultant as resource - Dave Alexander (Auburn Engineers)

# Strategy Objectives

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- Systematic, one-company approach
- Flexibility within a framework
- Build on work already done
- Leverage resources
- Accelerate rate of improvement

## Our Vision:

*“Designing work to fit people –  
safe from the start”*

# Guiding Principles

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- Leadership must drive process
- Employees must be actively involved in all aspects
- Early reporting and intervention are key
- Understand and use all control methods
- Existing best practices and expertise will be used to reduce duplication of effort and accelerate rate of improvement

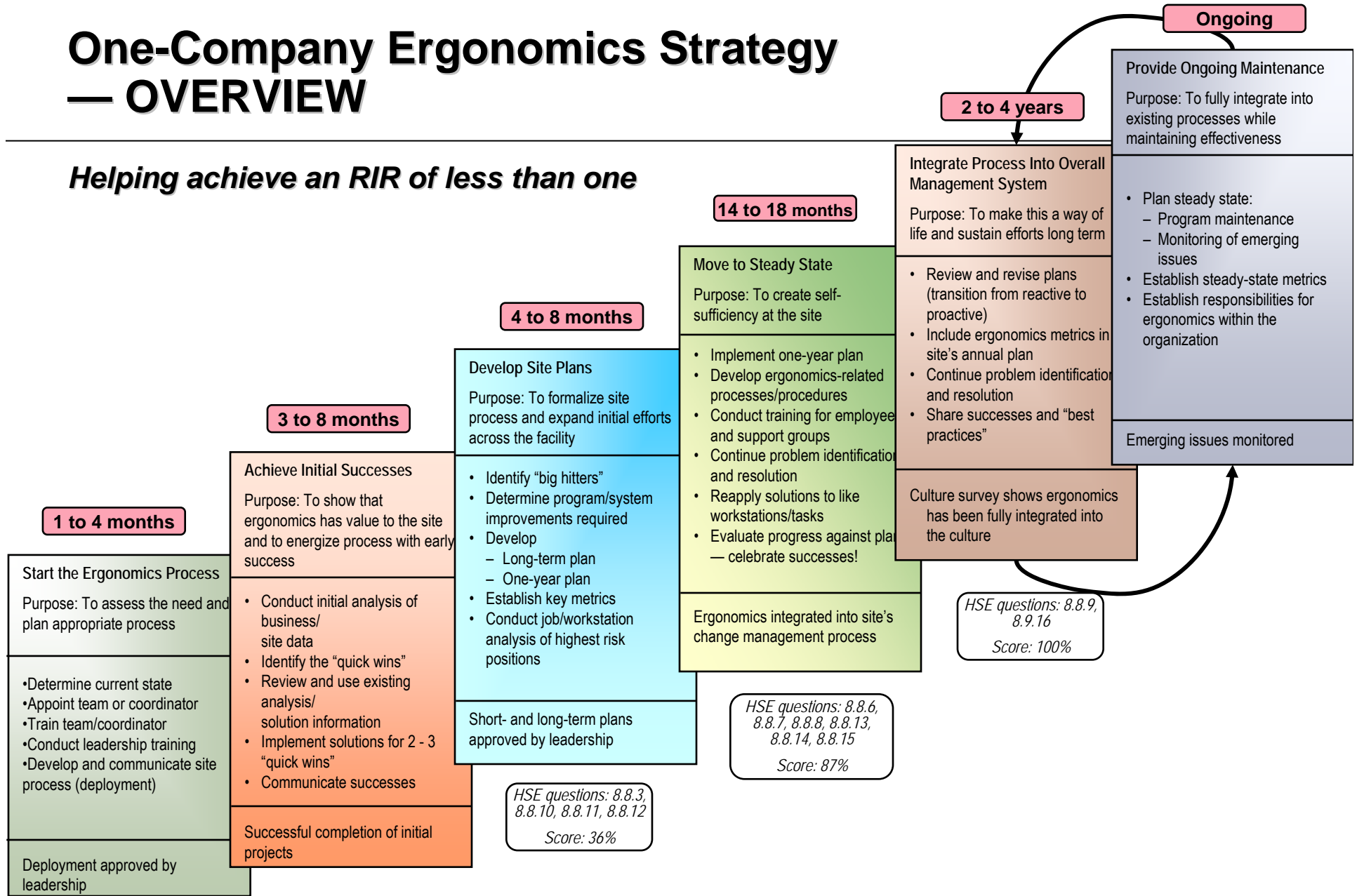
# 6-Step Strategy - Overview

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# One-Company Ergonomics Strategy — OVERVIEW

**Helping achieve an RIR of less than one**



HSE questions: 8.8.1, 8.8.2, 8.8.4, 8.8.5  
Score: 15%

HSE questions: 8.8.3, 8.8.10, 8.8.11, 8.8.12  
Score: 36%

HSE questions: 8.8.6, 8.8.7, 8.8.8, 8.8.13, 8.8.14, 8.8.15  
Score: 87%

HSE questions: 8.8.9, 8.9.16  
Score: 100%



# Step One

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1 to 4 months

## Start the Ergonomics Process

*Purpose:* To assess the need and plan appropriate process

Determine current state

- Appoint team or coordinator
- Train team/coordinator
- Conduct leadership training
- Develop and communicate site process (deployment)

Deployment approved by leadership

# Step Two

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3 to 8 months

## Achieve Initial Successes

*Purpose:* To show that ergonomics has value to the site and to energize process with early success

- Conduct initial analysis of business/ site data
- Identify the “quick wins”
- Review and use existing analysis/ solution information
- Implement solutions for 2 - 3 “quick wins”
- Communicate successes

Successful completion of initial projects

# Step Three

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4 to 8 months

## Develop Site Plans

*Purpose:* To formalize site process and expand initial efforts across the facility

- Identify “big hitters”
- Determine program/system improvements required
- Develop:
  - long-term plan
  - one-year plan
- Establish key metrics
- Conduct job/workstation analysis of highest risk positions

Short- and long-term plans approved by leadership

# Step Four

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14 to 18 months

## Move to Steady State

*Purpose:* To create self-sufficiency at the site

- Implement one-year plan
- Develop ergonomics-related processes/procedures
- Conduct training for employees and support groups
- Continue problem identification and resolution
- Reapply solutions to like workstations/tasks
- Evaluate progress against plan — celebrate successes!

Ergonomics integrated into site's change management process

# Step Five

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**2 to 4 years**

## Integrate Process Into Overall Management System

*Purpose:* To make this a way of life  
and to sustain efforts long term

- Review and revise plans (transition from reactive to proactive)
- Include ergonomics metrics in site's annual plan
- Continue problem identification and resolution
- Share successes and "best practices"

Culture survey shows ergonomics has been fully integrated into the culture

# Step Six

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## Ongoing

### Provide Ongoing Maintenance

*Purpose:* To fully integrate into existing processes while maintaining effectiveness

- Plan steady state:
  - program maintenance
  - monitoring of emerging issues
- Establish steady-state metrics
- Establish responsibilities for ergonomics within the organization

Emerging issues monitored

# Key Features

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- Applicable to different size sites, both office and manufacturing, and to different levels of sophistication and need
- Provided a framework - outlined major activities to be undertaken, but not *how*
- Allowed significant business/site flexibility, e.g. allowed ergonomics efforts already underway to continue
- Addressed the fact that ergonomics didn't need to be a priority issue in all businesses

*Companies implementing such an approach  
see a reduction in soft tissue injuries*

*(per Dave Alexander, ergonomist)*

# Roles and Responsibilities

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- **Businesses / sites:**
  - implement ergonomics strategy
  - provide resources, build competencies
- **Process owner (EHS):**
  - oversee implementation of strategy
  - provide business-level guidance
  - identify/develop/post documents relating to strategy; maintain web page
  - identify and manage vendors for outsourced services
  - track and communicate progress/trends
- **Safety liaisons (EHS):**
  - provide support services and technical assistance
  - Identify/develop “best practices”, success stories, and other resources
  - identify opportunities to eliminate duplication



# Supporting Materials

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Intranet web page - primary communication method for guidance documents, templates, etc

- Long-term and short-term site plans (examples)
- Job/workstation analysis checklists and methods
- Site progress checklist
- Ideas, solutions, “best practices”, and lessons learned (shared by sites)
- Early intervention information

# Supporting Materials - Training

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- Employee awareness training packet
  - produced by internal training group using company-specific graphics and examples
  - included overheads, trainer's script, and off-the-shelf video
  - customizable to include site-specific information
- Training resources for ergo coordinators and task teams
- Leadership awareness training module
- Training for engineers
- Upgraded on-line office ergonomics training and self-assessment

# Implementation – Initial Results

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- Sites to include strategy activities in 2002 planning
  - *Majority of sites did include ergonomics in site plan*
- Steps 1 and 2 to be completed in 2002
  - *In only one-third of businesses did all sites complete Steps 1 & 2*
- Each business to have soft tissue injury RIR of less than 1.0 in 2002
  - *All businesses met goal (up from 66% in previous year)*

# Soft Tissue Injury Data - 2003

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- Soft tissue injury RIR - 0.51 (*0.81 in 2000*)
- 23% of all recordables (*24% in 2000*)
- 27% of WC costs (*30% in 2000*)

*Soft tissue injury data differential by business; not a “big issue” in all businesses*

# Additional Results

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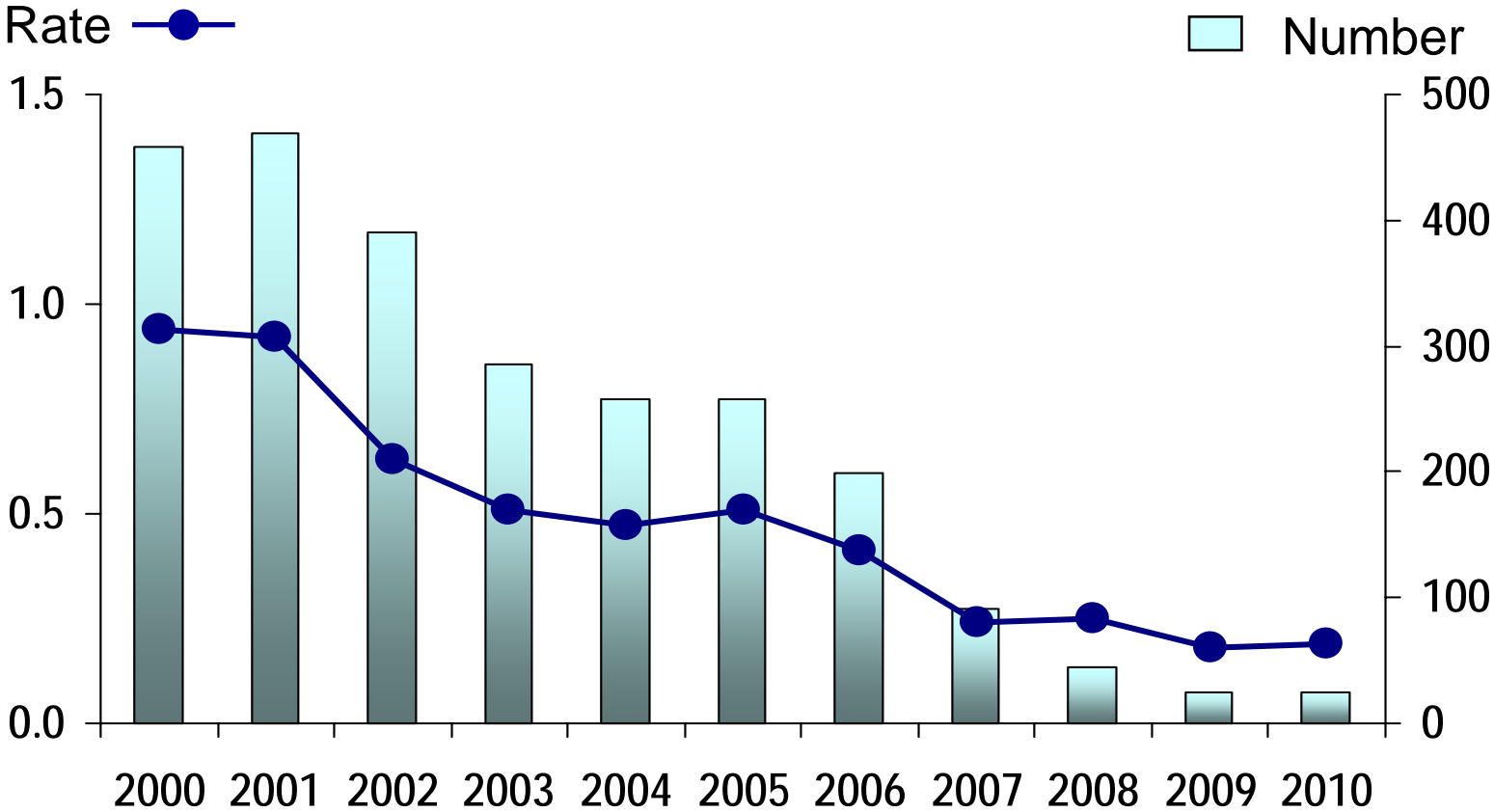
- Businesses/sites implementing an ergonomics process were seeing positive results
  - *Ex: business's soft tissue RIR dropped from 2.52 in 2000 to 1.24 in 2003 after implementing ergonomics initiative in 2001*
- Anecdotally, increased sharing of information and some business-level activity
- Safety audit scores for ergonomics – 56% ave. (range: 11% to 78% )
  - *50% of sites didn't have written ergonomics program; 2/3rds didn't have ergonomics action plan*

# The Challenges!

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- Keeping business/site momentum going, given competing priorities, staff turnover, etc – *and no company targets or requirements around ergonomics!*
- Developing and maintaining site/business competency and expertise
- Maximizing efficiencies and reducing duplicative work (sharing/replicating across and between businesses)
- Moving from a program approach to a process approach (ie. from reactive to proactive), as outlined by the strategy
- Tracking implementation progress at company level

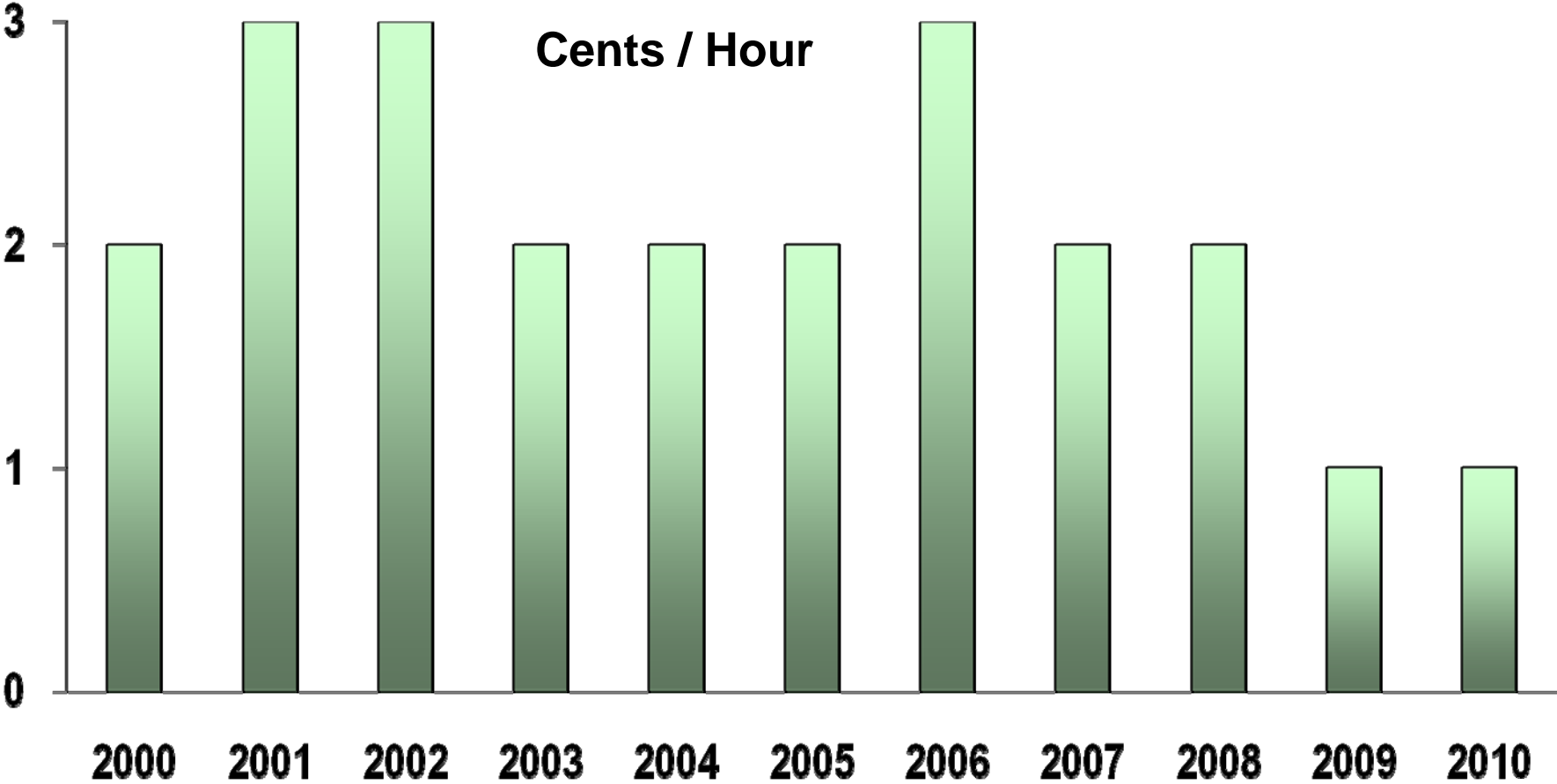
# Recordable Soft Tissue Injuries



Strains and sprains (excluding slips, trips and falls); inflammation/irritation of joints, tendons and muscles; disorders associated with repeated trauma; carpal tunnel syndrome

# Soft Tissue Injury Workers Comp Claims - Cost

(U.S. Data Only)



Strains and sprains (excluding slips, trips and falls); inflammation/irritation of joints, tendons and muscles; disorders associated with repeated trauma; carpal tunnel syndrome



# Where are we today?

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- 2010 safety audit scores for ergonomics:
  - 73% of sites scored above 90%
  - Only one site scored below 60%
- 2010 soft tissue injury RIRs:
  - 25% of businesses had an RIR of zero
  - All businesses had an RIR < 0.35

# What Are We Still Doing?

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- **Monthly (now quarterly) conference calls/Live Meeting calls with site ergo coordinators**
  - Opportunity for coordinators to “be connected”
  - Education session/provides slide presentations for use at site
  - Promotes sharing of ideas and best practices
- **Included in our company safety audit, although no requirement to audit against ergonomics**
  - About 15 questions covering main requirements/expectations
- **Training for new site ergo coordinators**
  - 1 1/2 days, put on by consultant using company-specific material
  - 1 to 3 sessions annually, based on need/interest
- **Volunteer Ergo Coordinators at company headquarters**

# What Are We Still Doing? *(cont.)*

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## On-site early intervention programs

- Effective in preventing soft tissue conditions from progressing to injury/recordable
- Sites use local vendor of their choice
- Physical discomfort form, physical discomfort management process, physical discomfort interview form
- Service providers can give suggestions for task/workstation improvement/modification

# What Are We Not Doing (or Not Doing Well)?

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- Limited sharing of information/best practices (at company level)
- No company-wide early intervention program or guidelines
- No reliable process to ensure adequate consideration of ergonomics in capital projects (design and major equipment purchases)
- Ergonomics still seen primarily as “safety” – not as method to improve productivity, process reliability, etc. (minimal integration with “Lean” activities)

# Key Learnings

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- Team approach is good, even though may take longer
- Senior Management buy-in is critical
- Specific targets needed (track and report against)
- Simplicity is important
- Integrate with existing processes, not stand-alone
- *Can* develop a one-company approach and make it work for everyone – “flexibility within a framework” is key