Combining wellness into a repetitive stress injury prevention program

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Opportunity

Rapid Response (RR)

• RR is an early discomfort reporting program managed by Global Health and Medical (GHM) in U.S.

• We describe implementation of a RR enhancement pilot to track discomfort in combination with reported wellness factors (sleep, stress, physical activity, tobacco use, sitting and nutrition).

• Focus on whole person health.
  – Discomfort at the workstation may not be isolated to ergonomics set-up alone.

• Wellness as an enabler of safety and productivity- addressing lifestyle factors that improve workforce health helps manage safety risks in conjunction with fitness for duty and presenteeism in the office environment.
Rapid Response

Scope
“Rapid” response to computer related discomfort-specialized workstation evaluation is scheduled within 48 hours of first contact.

Rapid Response
- Focuses on proactively eliminating low level discomfort to prevent repetitive stress injuries (RSI’s).
- Is a progressive series of interventions divided into four distinct phases.
- Is preventative in nature and is not medical treatment, physical therapy or personal training.
- Seeks to identify and resolve the cause of discomfort through equipment modifications, posture and body mechanics training, self-care education, behavior change, practical stretching and exercise regimens.
Rapid Response

Goal
To encourage employees to report RSI discomfort early and provide employees with the appropriate tools and resources to help alleviate discomfort before it leads to an injury requiring a medical referral.

Rapid Response is part of the Chevron Corporate Repetitive Stress Injury Program Standard and is committed to appropriately managing interventions for employees who are experiencing any level of discomfort.
How do we define ergonomic discomfort?

Any unpleasant feeling or change in comfort level, such as soreness, muscle fatigue, or eye strain that is believed to occur in relationship with computer use and that lasts longer than one hour or occurs more frequently than once per week.

Symptoms may include:
• Stiffness
• Muscle fatigue
• Burning, tingling, aching
• Numbness
• Soreness
• Blurred vision
## Rapid Response

### Intake
- Hotline number to call: Houston, San Ramon, Richmond, National
- Rapid Scheduling: appointment is scheduled within 48 hours of call

### WSE
- Full workstation evaluation including health information and self-care
- Two follow-up appointments two-weeks apart

### CS
- Clinical Screen: Signs/Symptoms of injury/illness
- Conducted by Physical/Occupational Therapist

### JSC
- Six weeks stretching/strengthening in onsite fitness center
- Same person leads JSC that conducted WSE: 1x led by evaluator, 2x on their own

### CS
- Another review for signs/symptoms of injury/illness

### JSC
- Additional six weeks of stretching/strengthening

### DC
- Discomfort still persists, person is discharged and given Workers’ Compensation paperwork
Know your RSI safeguards

Routinely check for hazards that may have been overlooked and for safeguards that may need to be verified or added

Initiating Event

Engineered/Physical
- RSIMS system (breaks/micropauses)
- Ergonomic equipment/accessories (keyboards, mice, etc.)
- Ergonomic furnishings (chairs, desks, etc.)

Administrative
- RSIP corporate standard
- RSI training assessments
- Supervisor RSIP training
- Supervisor RSI reports
- RSIP OE moments and bulletins
- Ergonomic evaluations

Individual
- Call rapid response at the first sign of discomfort
- Always taking RSI breaks and micropauses
- Correctly using ergonomic equipment/accessories
- Following ergonomic recommendations
Rapid Response enhancements pilot
2016-2017

• During workstation evaluations, clinical screens and job specific conditioning, RR participant completed a survey to rate their:
  − Physical activity
  − Sitting
  − Tobacco use
  − Sleep
  − Stress
  − Nutrition

• RR team provided GHM resource packages based on employee needs and survey results
  − Progressive referrals to GHM resources
  − Healthy Heart program, Your Health handouts, Fitness Centers, Massage, Employee Assistance Program (EAP), etc.

• Collaboration with Fitness Center and EAP to enhance referral process

• Discomfort coaching (Houston only) for participants with:
  − Repeat participation in RR within past 18 months
  − Elevated discomfort after a 2nd clinical screen
  − Sustained discomfort at typical time for discharge from RR
Rapid Response enhancements pilot results

 RR/FC/EAP collaboration

Total Referrals: 318

- FC → RR: 49
- RR → FC: 251
- FC/RR → EAP/ombuds: 109

(out of 1210 eligible RR participants)

Discomfort Coaching (DC)

- 21 participants in 2016-2017
- Participants averaged 9 coaching sessions
- Pre/post coaching discomfort levels 1.57/.54
- 90% reduced discomfort to 0-1/10
- 1-10 scale, 75% rated a 7+ for how helpful the program was in reducing stress
- 70% increased ergo breaks
- 60% utilized either EAP, H&M and/or the Fitness Center
- 20% bettered sleep hygiene/habits and implemented stress reduction techniques
- 1-10 scale, 85% rated a 7+ for how helpful the program was in reducing discomfort
Data analytics of wellness questions and resources

Modeling I approach
A logistic regression model to study the correlation and key drivers

Modeling II approach
Build a non-parametric model to study the correlation and key drivers
Recommendations

• In spite of a very robust repetitive stress injury prevention program, discomfort still affects many office-based employees.
• Discomfort is not always directly related to the workstation itself.
• Best practices to employ safeguards against RSI's
  – Take frequent breaks and utilize RSI-MS system, RSIGuard
  – Utilize sit/stand workstations where available
  – Stress and lack of sleep can impact discomfort
  – Promote Chevron’s robust wellness resources
    • Incorporate wellness awareness within the office setting across the enterprise
• The addition of Discomfort Coaching has been quite effective in helping those with prolonged or repeated discomfort.
• Collaboration with the Fitness Center and EAP has been effective in cross-promotion of services for those participants seeking additional well-being resources.

This pilot provides an example of the integration of health promotion and health protection/injury prevention