

Abrazo Advantage Health Plan monitors and tracks member satisfaction through grievances and complaints. Grievances of special needs members (SNP) members were reviewed and analyzed for 2008. The area with the highest number of dissatisfaction issues is attitude and service. Cases are related to perceived rudeness of provider and/or office staff, provider and/or office staff perceived uncooperative and miscommunication by provider and/or office staff.

Everyone is irritable or indecisive at times. But some people are so difficult that they make others' lives and work a strain. Dealing with difficult people is easier when you develop coping skills for dealing with people without trying to change them. Most people want to be heard and know someone is listening to them and will help them. Tips on dealing with difficult people are list below:

When dealing with a disruptive patient or family member:

- Acknowledge that you see the person is upset and ask them to come into a more private area (away from the rest of the patients). Ask only one question or make only one request at a time.
- Find out and get permission to use the person's first name. This builds rapport and can be a powerful tool when used properly.
- An associate should contact the office manager or provider to come to assist you. Explain to the person that you are having a manager come to help them.
- keep your body language open and try to maintain eye contact. Allow a safe distance between you and the person and do not attempt to touch the person.
- Use a moderate tone and rate of speech. This gives the impression you have things under control and are able to help. Under no circumstances should you engage in a verbal battle- this is not about "you".
- Accompany the person to a quiet private area and encourage him/her to sit down, so they may talk to you or your supervisor and explain their concern. Keep the door open and keep yourself closest to the door.
- Allow the person to verbalize their concern without interruption. Encourage them to speak slowly and in a normal volume. Ask what they would like to have happen to correct or improve the problem. LISTEN to them.
- Repeat back what you've heard and understand to person so he/she will know that they have been heard.
- If the person is verbally threatening harm or physically threatening harm; 1) an associate should contact the police and explain the situation. 2) Be ready to move other patients out of the way of harm, or out of the building. 3) Inform the person you have called the police.
- Use open-ended questions and statements to allow the person to describe things in the way that is the most comfortable for him/her. For example, "How did that happen?" or "Tell me more about that". Sometimes the person is just frustrated and feels nobody is listening to their problem.
- Note if the person appears to be drunk or on drugs or has a history of mental illness. You may not be able to address their issue at this time.

When the episode is over have an office staff meeting to discuss what happened and adopt a care plan for the future care of this person. Document the incident in detail in the person's medical chart.