

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Emergency Department Team

SEPTEMBER 2025 REPORT

The Behavioral Emergency Response Team (BERT) are psychiatrically trained health care professionals that respond to any perceived or impending behavioral emergencies in various locations within Zuckerberg San Francisco General Hospital. BERT provides a trauma-informed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies. The BERT ED Team are BERT staff reporting to the Department of Psychiatry and are stationed in the Emergency Department for immediate support.

KEY PERFORMANCE INDICATORS



BERT ED INTERVENTIONS



Successful Interventions

Three Criteria for a Successful Intervention:

1. Patient/visitor remained safe of injury
2. Staff remained safe of injury
3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency OR
 - b. did not escalate a challenging behavior

September

777

Cumulative*

6264

*Cumulative counts are data since January 2025

Escort Patient to PES (Warm Handoff)

Verbal Redirection

Active Listening

Assist with Discharge of a Bx Challenging Patient

EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION

VERBAL REDIRECTION, ASSIST WITH RESTRAINTS AND ASSIST WITH INTAKE

BERT was called to assist a patient who self-presented with a knife outside the ambulance bay. The patient had been experiencing suicidal ideation with a plan to cut himself. The patient was safely disarmed by staff, with the assistance of SFSO, and placed on a gurney. BERT assisted the primary team with securing soft restraints for safety and escorted the patient to assigned room for further evaluation. BERT assisted the primary team with the intake of the patient and remained standby for support while safety measures were put in place. No further incident was noted.

EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

BERT was called to assist with a patient on a 5150 hold who expressed wanting to go outside and leave the hospital. The patient was informed of the involuntary hold and advised that leaving the hospital was not permitted at this time. BERT attempted to engage and verbally redirect the patient as the patient continued to go in and out of the room. Despite multiple attempts at redirection, the patient declined to engage and subsequently ran out of the room. Primary staff and BERT followed the patient but the patient was observed leaving the hospital premises. Code 50 was activated, and the patient was later brought back to the hospital in restraints by SFSO.

BERT ED INTERVENTIONS

(All data related to the interventions are counts per episode)



Patient Legal Hold/Status
(documented events)

30

Involvement in Code 50s

*BERT documented support for 30 documented Code 50s

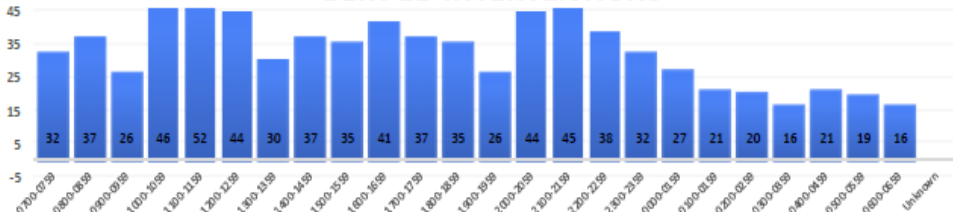


BERT ED Interventions
WITHOUT
Law Enforcement
Present (%)

*Counts do not include escorts for patients on legal holds or interventions with incomplete documentation to evaluate this criteria

TIME

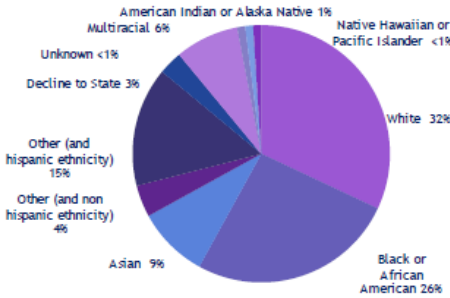
BERT ED INTERVENTIONS



PATIENT DEMOGRAPHICS

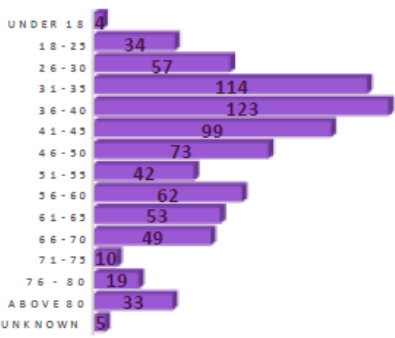
BERT ED INTERVENTIONS

RACE



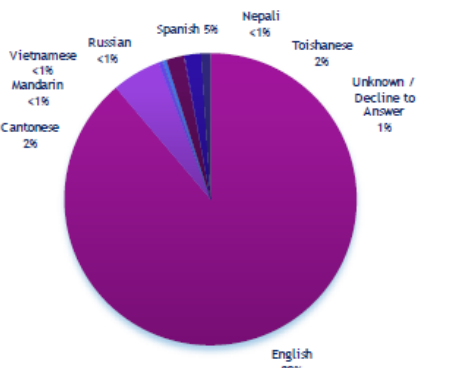
*Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

AGE



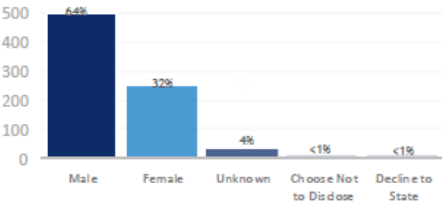
* Unknown refers to BERT interventions involving visitors

PREFERRED LANGUAGE

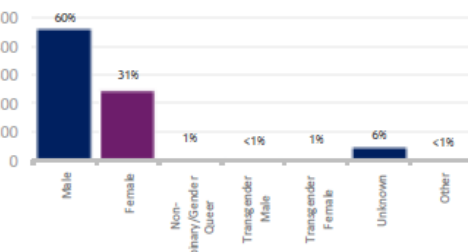


*BERT currently has staff certified as proficient in Cantonese, Mandarin, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

SEX ASSIGNED AT BIRTH



GENDER IDENTITY



*Unknown refers to visitors and/or declined to state on EPIC



September Monthly Safety Tip Topic:
Allow Time for Decisions (continued)

BERT ED

September 2025 REPORT

For further information about BERT, please contact:

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