

# BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

## Rounding Responder Team

### APRIL 2026 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.

### UPDATES & REMINDERS

- ❖ BERT Activities Engagement Rounds
- ❖ BERT Services Include:
  - BERT in-services and training for staff on topics including verbal de-escalation
  - BERT Monthly Safety Tips are available on SharePoint

## KEY PERFORMANCE INDICATORS



**BERT ACTIVATIONS/CALLS**

April  
**73**

Cumulative\*  
**384**

\*Cumulative counts are data since January 2026



#### 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

**Show of Support**

**Verbal De-escalation**

**Verbal Redirection**

**Assist with Escort**

#### EXAMPLE OF SUCCESSFUL BERT ACTIVATION

BERT was activated for a patient exhibiting agitation, restlessness, and paranoia, who was focused on leaving the hospital AMA.

**VERBAL REDIRECTION, VERBAL DE-ESCALATION, THERAPEUTIC LISTENING, and SHOW OF SUPPORT**  
Upon BERT arrival, the patient was observed sitting at the edge of the bed with an intense affect, stating "You're all undercover law enforcement working as nurses!" The patient continued to grimace in pain while verbalizing the need to smoke and leave the hospital AMA. Despite numerous attempts at verbal redirection and reorientation, the patient remained paranoid and insisted that all staff members were conspiring with the police to keep them in the hospital. BERT and the primary nurse briefly stepped outside the room to provide space and to collaborate PRN medications for agitation and pain. The patient initially declined the PRNs but later accepted when reoffered with snacks and education. BERT remained on standby for safety while the medication took effect. After approximately 30 minutes, the patient became somnolent and eventually fell asleep. A coach was placed at bedside, and the initiation of a legal hold was not required.



**ROUNDING CONSULTATIONS**

March  
**312**

Cumulative\*  
**1,263**

\*Cumulative counts are data since January 2026

#### EXAMPLE OF A ROUNDING CONSULTATION

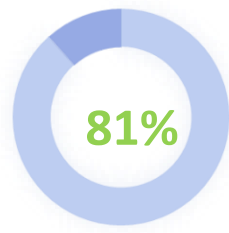
During rounds, the charge nurse (CN) brought up a patient who had physically assaulted two staff members unprovoked during assistance with re-positioning. BERT collaborated with the charge nurse and discussed plans to be present at the bedside for the next position change or ADLs to support with de-escalation. BERT also recommended the CN to discuss initiation of a behavioral contract with the primary team. The patient was initially reluctant to sign the contract but ultimately agreed to sign after the team set clear expectations to support staff safety. BERT recommended communicating the plan to all staff and ensuring that behavioral contract remain visible and accessible in the chart to promote staff awareness and consistency. Improvement in the patient's behavior was noted following the implementation of the behavioral contract.

## DEPARTMENT/LOCATIONS

### BERT ACTIVATIONS/CALLS

H22/25	3	H54/56	7
H24/26		H58	1
H32/38	1	H62/64	10
H34/36	2	H66/68	10
H42/44	16	H76/78	8
H46/48	1		
<b>Outpatient Specialty Clinic</b>		UCC: 2	1M: 1
		4C: 1	5A: 1
<b>Additional Areas</b>		Bldg 25 Lobby: 1	
Bldg 5 Lobby: 2		Endoscopy: 1	
Outpt Rx: 1		Basement X-ray: 1	
Café: 1		PACU: 1	7L: 1

\*Outside of the hospital and Psychiatric units, aside from H52, are not covered for BERT activations. BERT support was provided per the department's and/or AOD's request

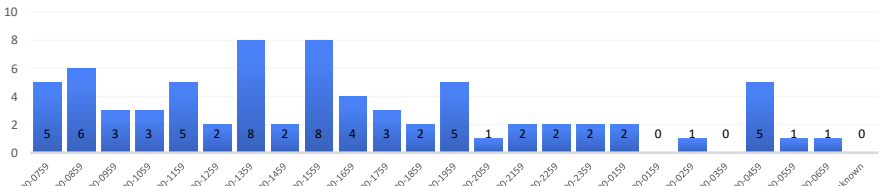


**BERT Response WITHOUT Law Enforcement Present (%)**  
(59 of 73 Calls/Activations)

\*Counts with law enforcement present include patients in custody/civil detention and calls requiring a deputy present such as escorts for patients on legal holds

## TIME

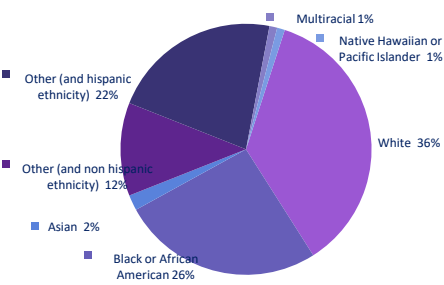
### BERT ACTIVATIONS/CALLS



## PATIENT DEMOGRAPHICS

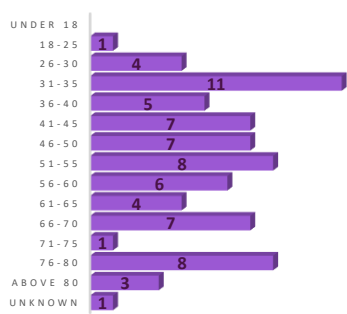
### BERT ACTIVATIONS/CALLS

#### RACE



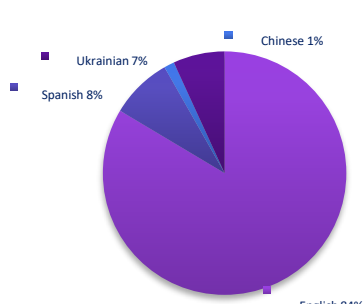
Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

#### AGE



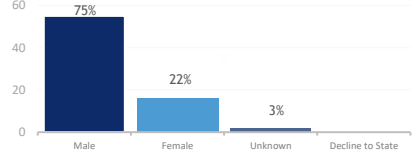
\* Unknown refers to BERT Activations/Calls involving visitors

#### PREFERRED LANGUAGE

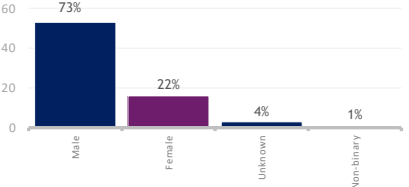


\*BERT currently has staff certified as proficient in Cantonese, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

#### SEX ASSIGNED AT BIRTH



#### GENDER IDENTITY



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



**April Monthly Safety Tip Topic:**  
**Rational Detachment**

## BERT

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For further information about BERT, please contact:

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