

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Emergency Department Team

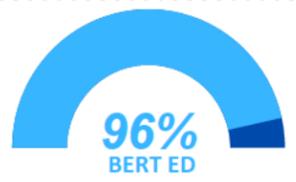
JANUARY 2026 REPORT

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. 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



*Cumulative counts are data since January 2026



- Escort Patient to PES (Warm Handoff)
- Verbal Redirection
- Active Listening
- Build Therapeutic Rapport

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

EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION

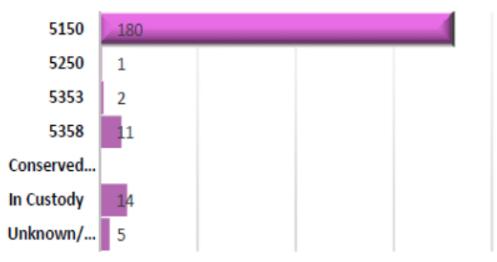
VERBAL REDIRECTION, BUILD THERAPEUTIC RAPPORT, and SHOW OF SUPPORT
A patient was observed walking unsupervised through pod A and appeared visibly distressed. BERT staff engaged with the patient. Upon engagement, pt stated "I'm trying to find that dude who's been knocking on my door but keeps running away." BERT acknowledged the pt's concerns and provided reassurance regarding their safety. BERT assisted in redirecting the pt back to pod C, where his assigned room was, and informed the primary nurse accordingly. BERT checked the area to provide reassurance for the pt and remained for standby while the primary RN offered PRN medications for anxiety. Pt accepted the medications with prompting and no further incidents were noted.

EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

A patient presented to the Emergency Department (ED) triage with family members in an acutely agitated and dysregulated state. The patient was hyperverbal, posturing, and not amenable to care. BERT staff engaged with the patient and redirected their focus towards transferring to PES. After encouraging the patient to allow vital signs to be obtained, multiple BERT staff escorted the patient to PES along with AOD, as the patient was unwilling to wait for SFSO and began walking toward Building 5. Upon arrival to PES, the patient was initially amenable to the intake process but quickly exhibited aggressive behavior and began posturing with closed fists. BERT attempted to redirect and de-escalate but was not successful as the patient continued to threaten and spit on staff members.

BERT ED INTERVENTIONS

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

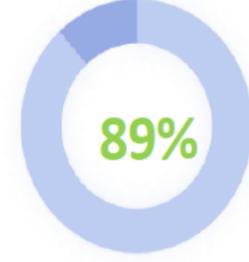


Patient Legal Hold/Status
(documented events)



Involvement in Code 50s

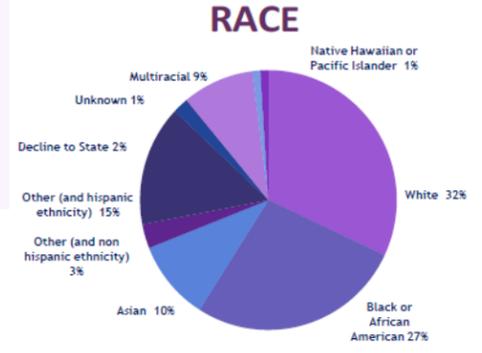
*BERT documented support for 23 documented Code 50s



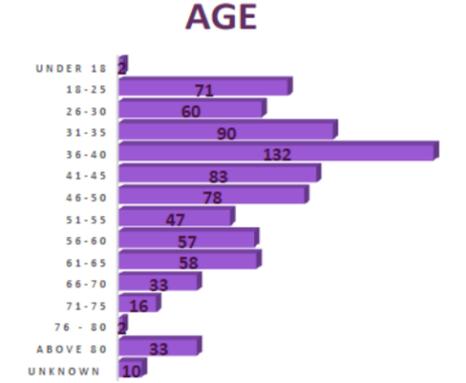
BERT ED Interventions WITHOUT Law Enforcement Present (%)

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

PATIENT DEMOGRAPHICS BERT ED INTERVENTIONS

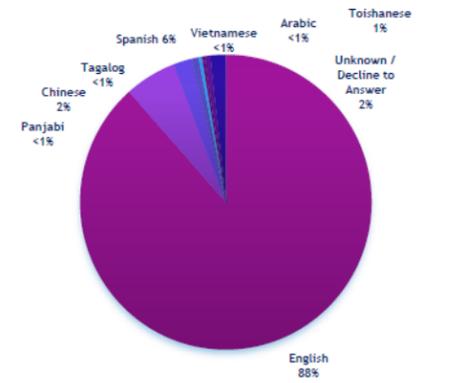


*Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.



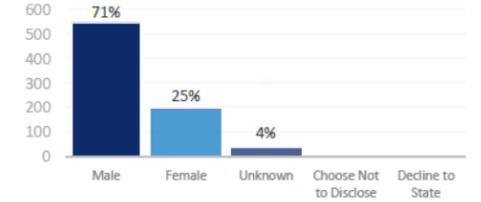
*Unknown refers to BERT interventions involving visitors

PREFERRED LANGUAGE

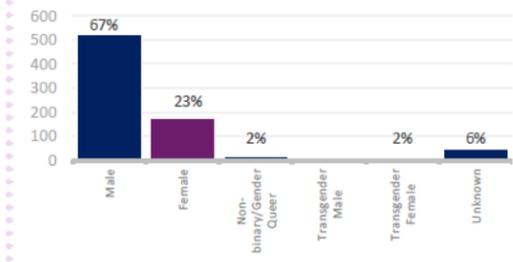


*BERT currently has staff certified as proficient in Cantonese, Mandarin, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

SEX ASSIGNED AT BIRTH

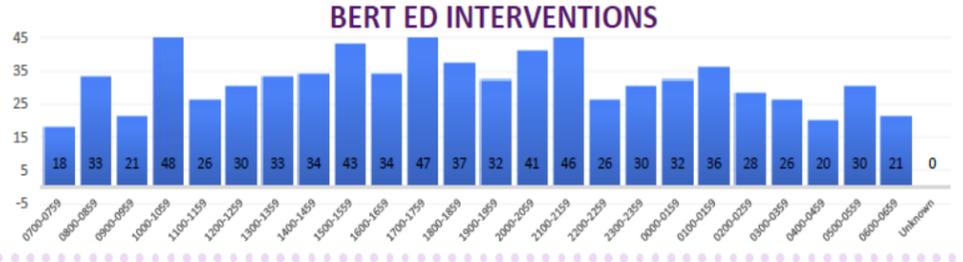


GENDER IDENTITY



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

TIME



January Monthly Safety Tip Topic: Use Reflective Questioning (continued)

BERT ED January 2026 REPORT

For further information about BERT, please contact:

Yin Theint, MSN, RN
Nurse Manager
yin.theint@sfdph.org