BEHAVIORAL EMERGENCY **RESPONSE TEAM (BERT)**

Rounding Responder Team JUNE 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 traumainformed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies.

UPDATES & REMINDERS

- 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



EXAMPLE OF A SUCCESSFUL BERT ACTIVATION

inconsolably and declining nursing interventions.

June 99 Cumulative*

616

*Cumulative counts are data since January 2025



Three Criteria for a Successful Intervention:

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

BERT was activated for a patient exhibiting emotional lability and anxiety who had been crying

Upon BERT arrival, the patient was observed to be tearful and in pain. BERT engaged with the patient,

during which the patient stated not being able to recall events leading to hospitalization or the surgery.

The patient also expressed mistrust toward the medical providers due to a history of trauma and a fear

of addiction with pain medications. BERT provided active listening and frequent reassurance to build a trusting rapport. Through further engagement, BERT assisted in clarifying a miscommunication regarding phone usage, while the primary nurse provided education on pain medications. Through

collaborative effort with the primary team, the patient became more receptive to care and nursing

VERBAL DE-ESCALATION, ACTIVE LISTENING and DEVELOP SAFTEY PLAN

interventions and accepted IV pain medications from the primary nurse.

Show of Support

Verbal Redirection

Additional Areas Bldg 5 Lobby: 2 **Develop Safety Plan** Bldg 25 Lobby: 3

Outpatient Specialty

H22/25

H24

ROUNDING

EXAMPLE OF A ROUNDING CONSULTATION

CONSULTATIONS

H58 11 H32/38 H62/64 78% H34/36 H66/68 H42/44 H76/78

A charge nurse brought up a patient with a history of aggression who had been declining care and

leaving AMA the patient. BERT staff remained on standby for support while the MDs spoke with the

and ultimately elected to leave AMA. BERT staff assisted in escorting the patient out to the lobby to

DEPARTMENT/LOCATIONS

BERT ACTIVATIONS/CALLS

ensure the AMA discharge was completed safely and without incident.

H54/56

UCC: 7

4C: 1

7B: 1

4M:1

BERT Response WITHOUT Law Enforcement Present (22 of 99 Calls/Activations)

Cumulative*

1,62

*Cumulative counts are data since January 2025

June

such as escorts for patients on legal holds

PATIENT DEMOGRAPHICS

BERT ACTIVATIONS/CALLS

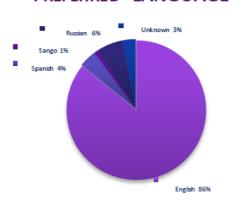


Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White, Unknown refers to BERT Activations/Calls involving visitors.



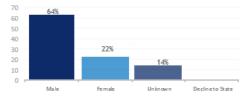
* Unknown refers to BERT Activations/Calls involving visitors

PREFERRED LANGUAGE



*Counts with law enforcement present include patients in *BERT currently has staff certified as proficient in Cantonese, Vietnamese custody/civil detention and calls requiring a deputy present and Burmese and has members that can communicate in Spanish and

SEX ASSIGNED AT BIRTH



GENDER IDENTITY

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

TIME



Education & Trainings

June Monthly Safety Tip Topic: Respect Personal Space

June 2025 REPORT

For further information about BERT, please contact:

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