

# BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

## Rounding Responder 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.

### 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

January **85** Cumulative\* **85**

\*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 Redirection

Develop Safety Plan

Assist with Escort



#### EXAMPLE OF A SUCCESSFUL BERT ACTIVATION

BERT was activated for a patient on a 5150 legal hold who was endorsing delusions that strangers in the room were causing harm, throwing objects, and threatening staff. **VERBAL DE-ESCALATION, DEVELOP SAFETY PLAN, and ASSIST WITH EMERGENCY MEDICATIONS** Upon BERT arrival, the charge nurse informed BERT staff that the patient quickly became agitated, endorsing delusions of strangers in the shower and calling 911 from her phone. The patient was observed intermittently leaving the room and being disruptive in the hallway. BERT staff engaged with the pt to establish rapport. The pt was initially amenable to speaking with BERT staff but remained fixated on the delusions. BERT attempted to redirect her focus and encouraged her to take PRN medications; however, the patient was not verbally redirectable. SFSO was called for additional support and attempted to interview the pt. The patient continued to be hyperverbal but ultimately accepted PRN medications with prompting from multiple staff. Primary staff, AOD, and BERT collaborated on the plan for care, and the decision was made to transfer the patient to inpatient psychiatry for the next level of care. BERT staff assisted with getting the patient on the wheelchair and escorting her to inpatient psychiatry. The patient remained hyperverbal, but no further behavioral concerns were noted.



ROUNDING CONSULTATIONS

January **302** Cumulative\* **302**

\*Cumulative counts are data since January 2026

#### EXAMPLE OF A ROUNDING CONSULTATION

During rounds, nursing staff brought up a patient who had been intrusive and provoking another patient on the unit, resulting in a verbal altercation. Upon discussion, it was noted that the two patients' rooms were adjacent. BERT advised to the nursing staff to move the rooms further apart, if possible, and discussed implementing alternating schedule for the activity room to mitigate future incidents. BERT also discussed that the pt may benefit from a 1:1 coach during daytime waking hours, as the pt is receptive to redirection but requires constant redirection. Since the current PRN medication regimen was not effective, BERT recommended for the primary staff to consult Psych Consult Liaison for updated medication recommendations for the agitation.

### DEPARTMENT/LOCATIONS

BERT ACTIVATIONS/CALLS

H22/25	12	H54/56	8
H24/26		H58	7
H32/38	3	H62/64	8
H34/36	1	H66/68	11
H42/44	17	H76/78	3

H52		
Outpatient Specialty Clinic	UCC: 3 1M:1	4A: 3
Additional Areas	Bldg 5 Lobby: 1 Bldg 25 Lobby: 6 PACU: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

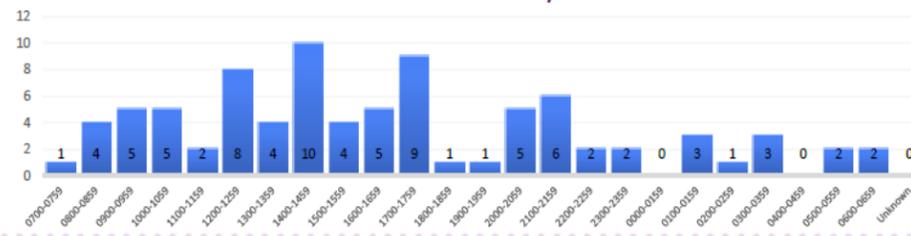


BERT Response WITHOUT Law Enforcement Present (%)  
(65 of 85 Calls/Activations)

\*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

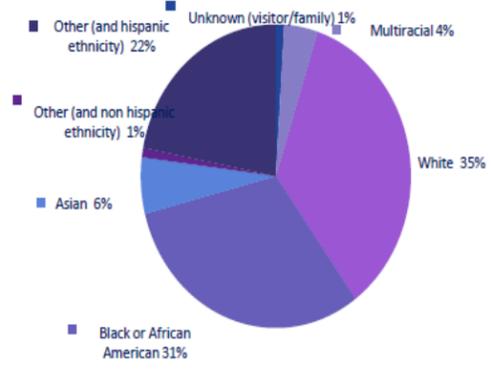
BERT ACTIVATIONS/CALLS



### PATIENT DEMOGRAPHICS

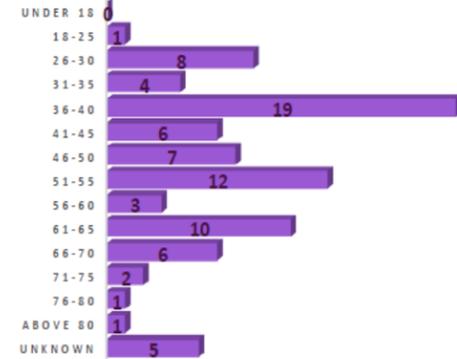
BERT ACTIVATIONS/CALLS

#### RACE



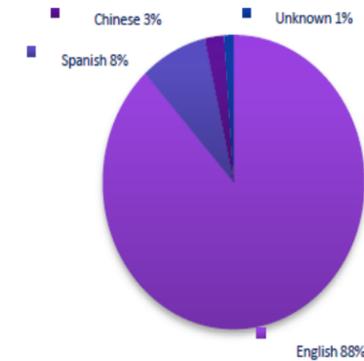
Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

#### AGE



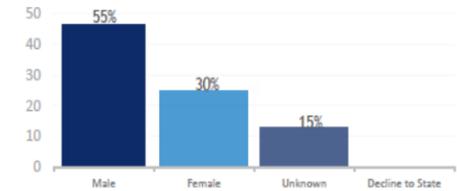
\* Unknown refers to BERT Activations/Calls involving visitors

### PREFERRED LANGUAGE

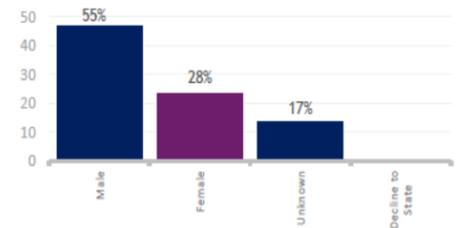


\*BERT currently has staff certified as proficient in Cantonese, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

### SEX ASSIGNED AT BIRTH



### GENDER IDENTITY



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



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

BERT

January 2026 REPORT

For further information about BERT, please contact:

Yin Theint, MSN, RN  
Nurse Manager  
[yin.theint@sfdph.org](mailto:yin.theint@sfdph.org)