BEHAVIORAL EMERGENCY **RESPONSE TEAM (BERT)**

Emergency Department Team JULY 2024 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



July

Cumulative *



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

Escort Patient to PES (Warm Handoff)

Build Therapeutic Rapport

Verbal Redirection

Active Listening

EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION

ASSIST WITH DISCHARGE OF A BEHAVIORALLY CHALLENGING PATIENT

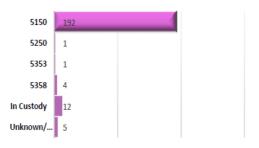
The patient was initially uncooperative with care, refusing wound treatment. The patient was irritable, telling staff not to disturb him so he could sleep. BERT engaged with the patient and the primary RN administered pain medications before proceeding with wound care. BERT assisted the primary RN with wound care once the patient became amenable. Later, the patient refused discharge. BERT offered assistance with getting dressed for discharge, but the patient continued to refuse. The patient was provided with privacy and time. After 15 minutes, BERT revisited the patient and reoffered assistance. The patient then agreed to get dressed for discharge and BERT staff subsequently assisted in escorting the patient out.

EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

BERT assisted the primary RN with the intake of a behaviorally challenging patient on a hold who was anxious and hyper-verbal. The patient requested for food and verbalized wanting to leave the hospital to see his girlfriend. Despite BERT's efforts to engage with the patient, the patient became increasingly agitated during interaction. BERT offered the patient sandwiches, but the patient refused and demanded a hot meal. The patient was informed that lunch would be available in an hour, which increased his agitation and led him to yell profanities. When BERT attempted to disengage, the patient abruptly got out of bed and made verbal threats, shouting, "I'm going to kill you!" A Code 50 was initiated, and deputies were placed on standby for additional support. The patient was resistive and began spitting at staff when restraints were initiated. BERT assisted with brief containment during the administration of emergent medication and the application of restraints.

BERT ED INTERVENTIONS

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



Patient Legal Hold/Status

(documented events)



*BERT documented support for 20 documented Code 50s



BERT ED Interventions WITHOUT **Law Enforcement** Present (%)

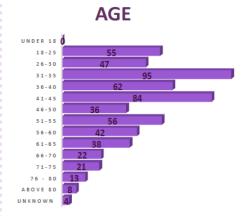
*Counts do not include escorts for patients on legal holds or interventions with incomplete documentation to evaluate this criteria

PATIENT DEMOGRAPHICS

BERT ED INTERVENTIONS

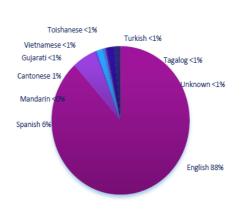


*Black or African American, Decline to State, Native Hawaiian or Activations/Calls involving visitors



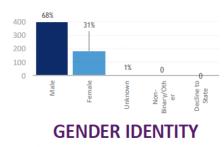
* Unknown refers to BERT interventions involving visitor.

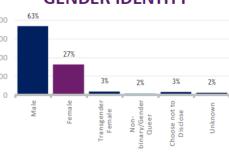
PREFERRED LANGUAGE



BERT currently has staff certified as proficient in Cantonese, Mandarin Spanish and Tagalog

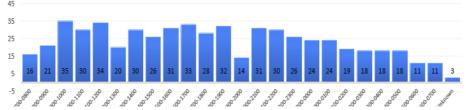






TIME

BERT ED INTERVENTIONS



July Monthly Safety Tip Topic: Allow Time for Decisions

BERT ED JULY 2024 REPORT

For further information about BERT, please contact

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