# **BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)**

### **Emergency Department Team APRIL 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**



April

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** 

**Verbal Redirection** 

**Limit Setting** 

## **Handoff**)

**Verbal De-Escalation** 

#### **EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION**

VERBAL REDIRECTION, VERBAL DE-ESCALATION AND SHOW OF SUPPORT

An anxious patient on a 5150 hold was observed getting dressed and removing medical equipment. The patient complained of being hungry and prolonged wait for a procedure. After putting on his shoes and attempting to leave the room, BERT staff redirected the patient, discussed the legal hold, and encouraged the patient to stay and speak with the MD about discharge. The MD spoke with the patient, set clear expectations regarding the wait time for a CT scan. The patient, who was cleared to eat by the MD, remained cooperative. BERT staff accompanied the patient to the CT scan, during which pt was observed to be behaviorally appropriate. No further attempts to leave were noted while awaiting transfer to Psych Emergency Services.

#### **EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION**

A patient who received discharge instructions from the primary nurse was resistant to leave and declined community resources, stating "they don't care about my boils." The patient became verbally aggressive and threatening. Despite attemptes by the BERT staff to engage, the patient remained visibly agitated, attempted to break the keyboard on the computer, isolated self in the hallway bathroom, and tried to break an EVS sign. Furthermore, the patient attempted to smash a wall painting in the hallways existing the pods and rammed his wheelchair aggressively at the metal detector in triage. No injuries to staff were noted but code 50 was called. SFSO responded to code 50 for additional support. Despite these efforts, de-escalation was unsuccessful, and the patient left the emergency department screaming and yelling.

### **BERT ED INTERVENTIONS**

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

TIME

**BERT ED INTERVENTIONS** 



### **Patient Legal Hold/Status**

(documented events)

Involvement in Code 50s

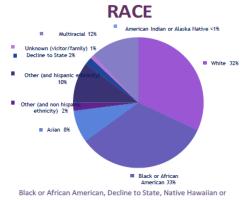
\*BERT documented support for 20 documented Code 50s



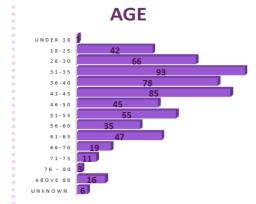
**BERT ED Interventions** WITHOUT Law Enforcement Present (%)

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

### PATIENT DEMOGRAPHICS BERT ED INTERVENTIONS

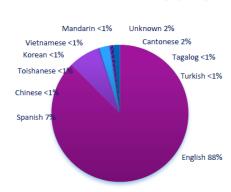


Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.



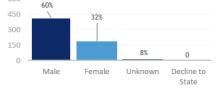
\* Unknown refers to BERT interventions involving visitors

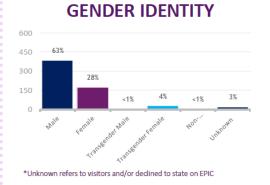
#### PREFERRED LANGUAGE



\*BERT currently has staff certified as proficient in Cantonese, Mandarin







**BERT ED APRIL 2024 REPORT** 

For further information about BERT, please contact:

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