BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Rounding Responder Team **MAY 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 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
 - Provided during rounding
 - Available on SharePoint

KEY PERFORMANCE INDICATORS



Cumulative * Mav 463 *Cumulative counts are data since January 2024



Three Criteria for a Successful Intervention:

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

Show of Support

Verbal De-escalation

Verbal Redirection

Develop Safety Plan

EXAMPLE OF A SUCCESSFUL BERT ACTIVATION

BERT was activated for a patient with agitation, who refused nursing care and declined to transfer from the gurney to the bed. The patient was focused on wanting to leave the hospital to use the restroom despite being on a legal hold.

SHOW OF SUPPORT AND ACTIVE LISTENING

Upon BERT arrival, the patient was observed conversing with the MD at the bedside regarding their understanding of the psychiatric hold. The patient expressed frustration about not being able to move to a room with a restroom as the patient was in the ICU. The patient was offered Haldol IV for agitation but refused. BERT staff and the nursing care team provided active listening and acknowledged the patient's frustrations over not being able to maintain their normal daily routine. The patient was able to regain behavioral control after engaging with BERT and the primary nurse and participate in care with encouragement. BERT remained at bedside as show of support while the primary nursing care team assisted the patient in moving onto the bed, changing into a clean gown and drawing labs.



May Cumulative * 232 1216

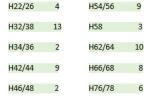
*Cumulative counts are data since January 2024

EXAMPLE OF A ROUNDING CONSULTATION

During rounds, the unit's charge nurse informed BERT about a patient with depression, who is awaiting transfer to the inpatient psychiatric unit, has been withdrawn and isolative to their room. BERT consulted with the charge nurse to establish a routine for the patient, consult for chaplain services to have someone to talk to on a regular basis, provide positive reinforcement, and encourage physical activity within the unit. BERT also recommended relocating the patient's room closer to the nurse's station, if possible, to facilitate closer monitoring and more frequent check-ins.

DEPARTMENT/LOCATIONS

BERT ACTIVATIONS/CALLS



Outpatient Specialty UCC: 6 1X: 1 6M: 1

Skilled Nursing Facility 4A: 3

Additional Areas Preop: 1 Bldg 25 Lobby: 5

7B: 1 Cafeteria: 1

"Outside of the hospital and Psychiatric units, aside from H52, are not covered for BEF activations. BERT support was provided per the department's and/or AOD's request

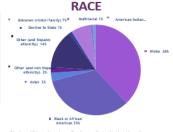


BERT Response WITHOUT Law Enforcement Present (%) (70 of 85 Calls/Activations)

custody/civil detention and calls requiring a deputy present such as escorts for patients on legal holds

PATIENT DEMOGRAPHICS

BERT ACTIVATIONS/CALLS

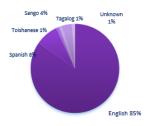


Black or African American, Decline to State, Native Hawaiian Pacific Islander, Other, White, Unknown refers to BERT Activations/Calls involving visitors.



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PREFERRED LANGUAGE



*BERT currently has staff certified as proficient in Cantonese. Vietnames





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

TIME



Person-Centered Care

Education & Trainings May Monthly Safety Tip Topic

BERT MAY 2024 REPORT

For further information about BERT, please contact:

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