

# Behavioral Rapid Response Team (BeRRT)



An Early “BeRRT”  
Keeps the Peace



# Behavioral Rapid Response Team (BeRRT)

An Early BeRRT Keeps the Peace

- **Problem:**

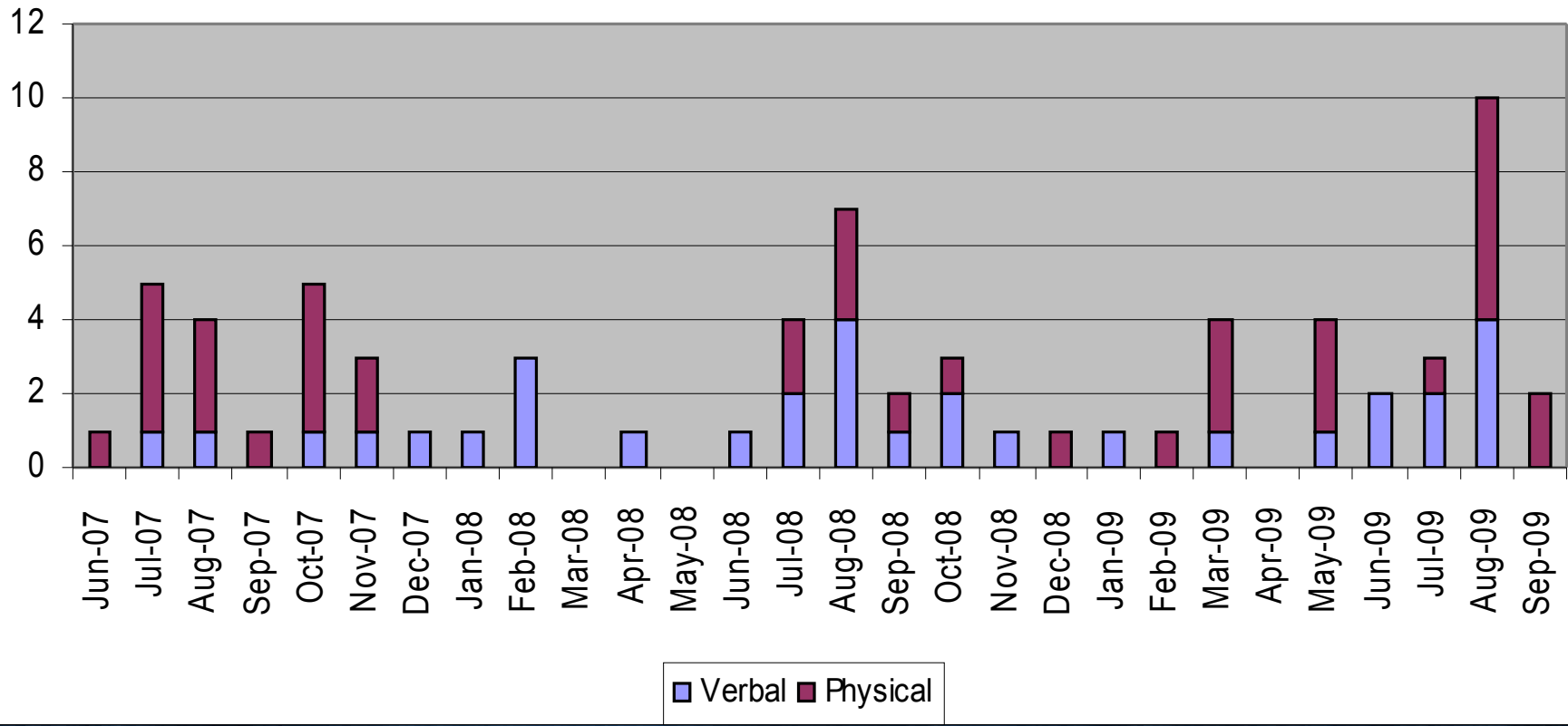
**Nursing Staff reports feeling unsafe due to lack of structure to manage an increase in patients' agitation and disruptive behaviors**





# Evidence of Increase in both verbal and physical disruptive behaviors

**Disruptive Behavior by Inpatients on IBHS  
2007-2009**





# IBHS Behavioral Rapid Response Team Initiation / Psychiatric Emergencies Guideline

- **PURPOSE:** To initiate early interventions, promote safety, and prevent escalation with potential anger towards patients, staff and others on the BHU, a Behavioral Rapid Response Team comprised of interdisciplinary staff brings critical assessment and intervention skills to the situation.
- **DEFINITION:** Psychiatric Emergencies, for the purposes of this policy, are defined as any behavior which is escalating and potentially harmful to self, others, and/or to property.





# Behavioral Rapid Response Team (BeRRT)



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- **POLICY:** To protect individuals in acute crisis from harm to themselves, others and or property. Staff will ensure every effort to employ the least restrictive alternative to assist the patient to maintain safety and regain self-control
- **GOAL:**  
Safety through early interventions and least restrictive measures

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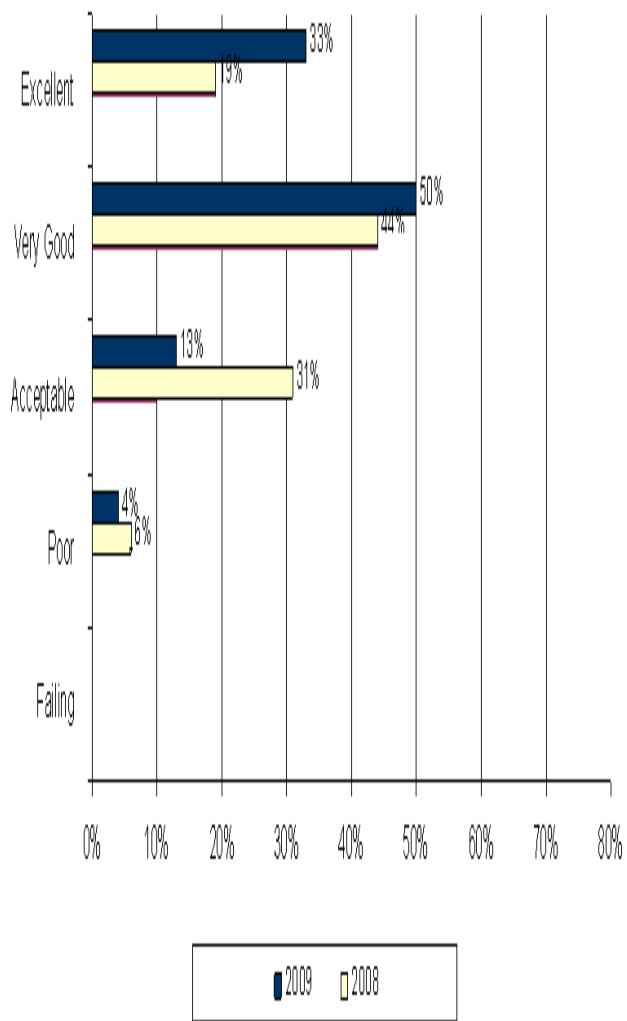
- **EVALUATION:**
  - INCREASE in:**
    - STAFF SATISFACTION** of unit safety
    - PATIENT SATISFACTION** with Nursing, MD, and Treatment Team
  - DECREASE in:**
    - Restraint use**
    - Seclusion use**
    - Staffing requirements (1:1)**
    - AMAs**



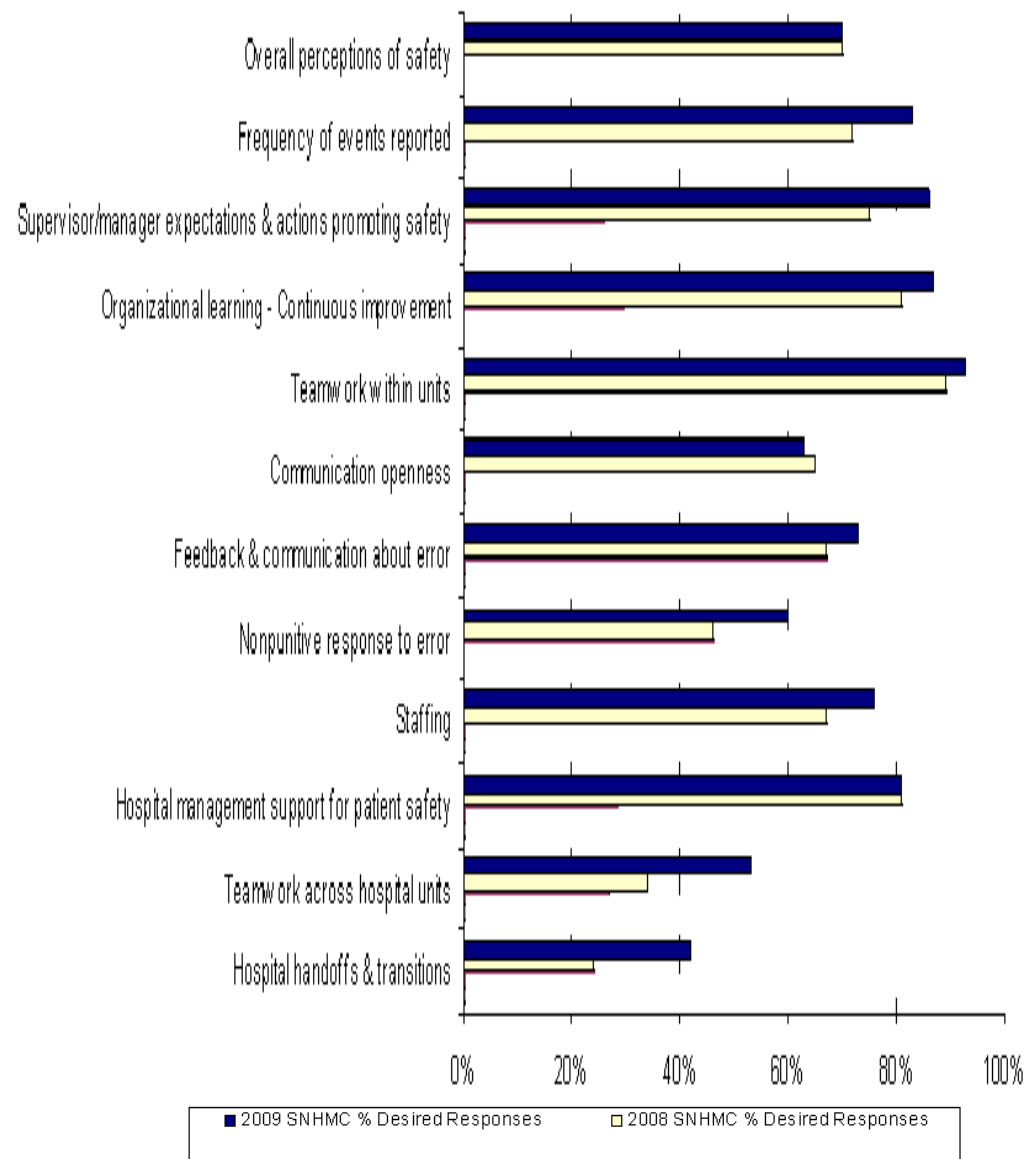
**SNHMC IBHS Patient Satisfaction Press Ganey Survey Results Comparison  
6/30/08 to 6/30/09**  
with the creation and implementation of the  
Behavioral Rapid Response Team (BeRRT)

<b>Section</b>	<b>Mean Score 1/1/08 to 6/30/08</b>	<b>Mean Score 1/1/09 to 6/30/09</b>	<b>Improved</b>
<b>Overall Rating</b>	<b>81.3</b>	<b>85.0</b>	<b>+3.7</b>
<b>Nursing</b>	<b>82.9</b>	<b>87.1</b>	<b>+4.2</b>
<b>MD</b>	<b>83.0</b>	<b>85.2</b>	<b>+2.2</b>
<b>Treatment Team</b>	<b>83.7</b>	<b>86.8</b>	<b>+3.1</b>
<b>Program Activities</b>	<b>78.4</b>	<b>83.6</b>	<b>+5.2</b>
<b>Visitors</b>	<b>83.3</b>	<b>87.0</b>	<b>+3.7</b>
<b>Discharge</b>	<b>83.5</b>	<b>86.3</b>	<b>+2.8</b>
<b>Personal Issues</b>	<b>84.1</b>	<b>88.1</b>	<b>+4.0</b>
<b>Overall Assess</b>	<b>84.3</b>	<b>88.0</b>	<b>+3.7</b>

### 2009 Patient Safety Survey SafetyGrade - BHU



### Composite Scores on 12 Safety Culture Dimensions BHU



2006 Mean=1.35

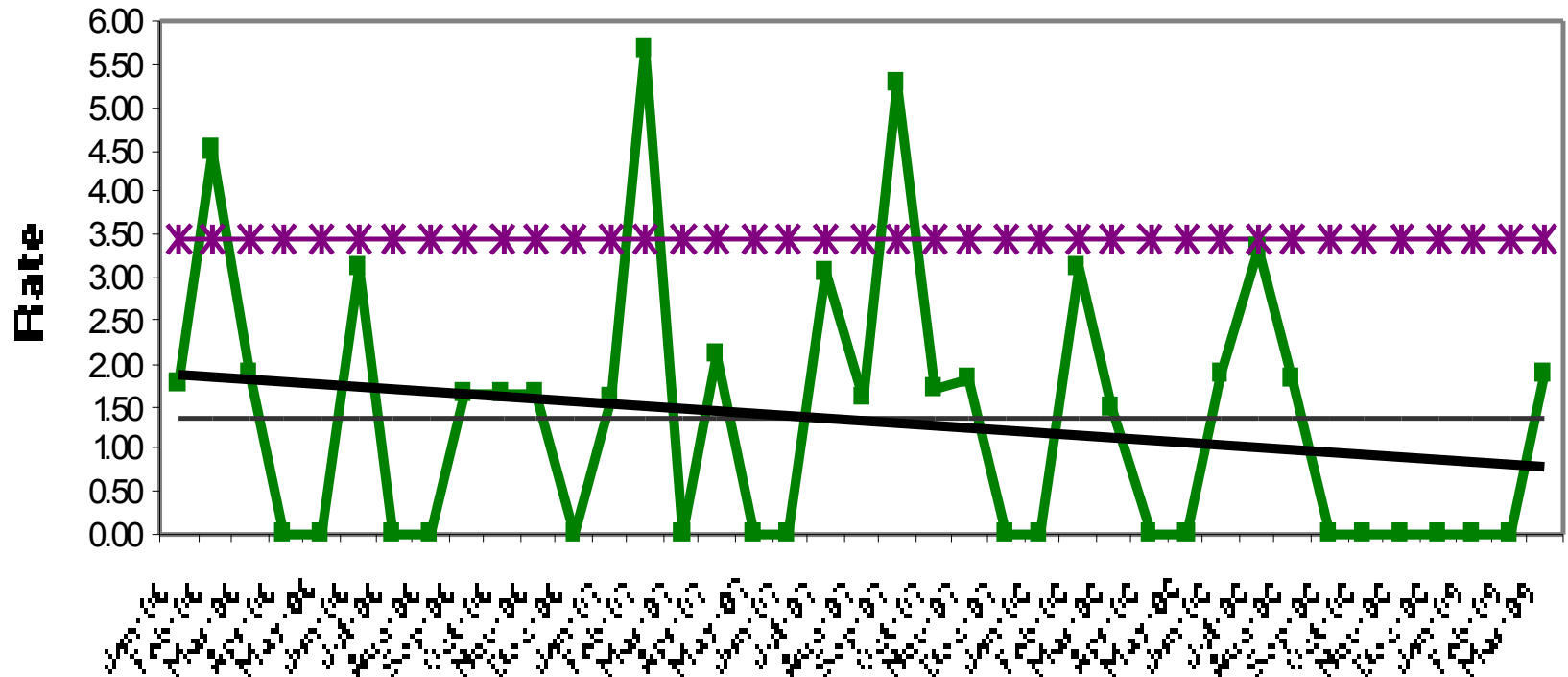
2007 Mean=1.89

2008 Mean=0.86

QIP Mean Q108=3.3

# Restrains - BHU

## Single Episode per Patient by Patient Days

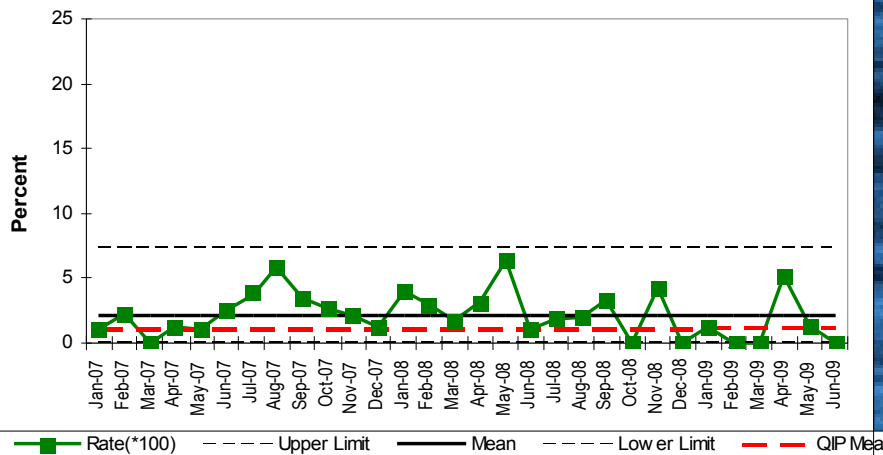


■ Restriction Rate    — Mean    \* QIP Mean    — Linear (Restriction Rate)



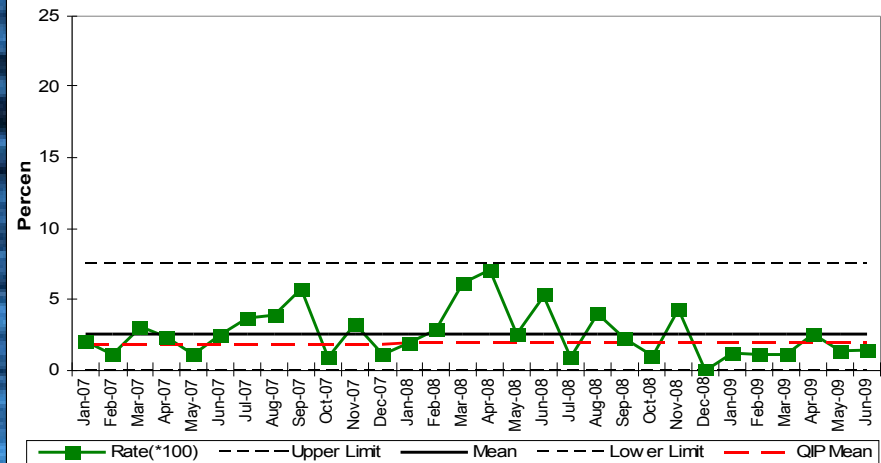
2007 Mean = 2      2007 QIP Mean = 1  
 2008 Mean = 3      2008 QIP Mean = 1  
 2009 Mean = 1      2009 QIP Mean = 1

### Readmissions Within > 24 Hours but < 72 Hours of Discharge

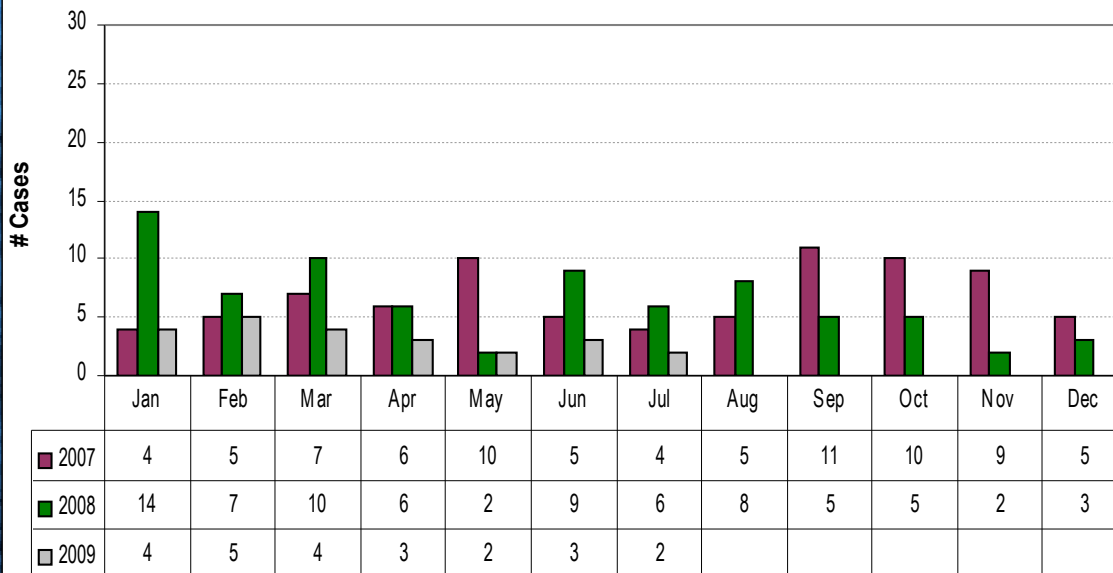


2007 Mean = 3      2007 QIP Mean = 2  
 2008 Mean = 3      2008 QIP Mean = 2  
 2009 Mean = 1      2009 QIP Mean = 2

### Readmissions Within > 72 Hours but < 7 Days of Discharge



### JANUARY 2007 - JULY 2009



# Behavioral Rapid Response Team (BeRRT)

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- **Trigger:**  
**Staff observes change in patient behavior with potential for escalation**







# Behavioral Rapid Response Team (BeRRT)

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- **Response:**

**Call a “BeRRT”  
and hold a  
Strategy Huddle**





# Staff Assume BeRRT Roles:

- **SM = Station Management**
- **NM = Negotiation / De-escalation / Medications**
- **ST = Safety Team**
- **MM = Milieu Managers**





## Staff Assume BeRRT Roles:

- **Station Manager**
    - **Communication Liaison**
    - **Calm Overhead page BeRRT as with any request of patient or staff to come.**
- “Bert to the staff station”**



# Staff Assume BeRRT Roles:

- **Negotiation / De-escalation / Medication Managers**

– **Front Line**





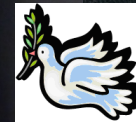
# Staff Assume BeRRT Roles:

- **Negotiation/  
De-escalation/  
Medication  
Managers with**
- **Safety Managers**
  - **Visible presence**



# Staff Assume BeRRT Roles:

- Milieu Managers
  - 15" Checks
  - Bag of Group Activities
  - Calmly engage all other patients





# Behavioral Rapid Response Team (BeRRT)



## An Early BeRRT Keeps the Peace

- De-escalation & Debrief
- Shift Huddle
  - Consistency
  - Unit safety
  - Treatment plan
- Keeping the peace





**BeRRT EVALUATION:  
KEEP PEACE and PRODUCE  
POSITIVE OUTCOMES  
As evidenced with:**

**INCREASE in:  
STAFF SATISFACTION  
of unit safety  
PATIENT SATISFACTION with  
Nursing, MD, and Treatment  
Team**

**DECREASE in:  
Restraint use, Seclusion use  
Staffing requirements (1:1)  
AMAs and Readmission rates**

