Behavioral Emergency Response Team
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Behavior

- Mental illness affects approximately one in four United States adults in a given year.
- Behaviors presented with psychiatric diagnosis present obstacles to nurses unaccustomed to dealing with these behaviors.

Goal

- Provide timely consultation and intervention services to assist in de-escalation of the patient in crisis.
- The Behavioral Health department comprised a team consisting of an assistant nurse manager from the psychiatric area, a trained mental health technician and a licensed clinical social worker.

Action Items

- A specific code BERT was formalized.
- Enabled acute care staff to call for assistance.
- Forms were identified to assist the team to collect data for continued process improvement.
- Education plan was created and disseminated.

Outcomes

- 80 BERT codes have been called since implementation.
- The top two reasons for activating the BERT team are identified as:
  1. increasing agitation
  2. threatening behavior
- The most frequent interventions used:
  - medication intervention
  - verbal de-escalation
- BERT Impact on acute care nursing staff:
  - 0 staff injuries
  - 0 patient/staff assaults since implementation on acute care
  - 100% of nurses participated believed that their patients’ needs were met by the BERT response

Recommendations

- Add security presence to the response team.
- Provide educational in-services and Nonviolent Crisis Intervention training to all staff.
- Assess effectiveness by monitoring team members’ feedback to explore ways to further enhance awareness of code BERT and assist the acute care nurses to implement a proactive vs. reactive approach to care of the patient with mental illness.
- Evaluate feedback for educational and improvement opportunities.

References


![Total BERT Calls Since December 2010](chart.png)