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# Implementation of Behavioral Emergency Response Team (BERT): Decrease On the Job Injuries by Promoting Safety: A Pilot Program Evaluation

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## INTRODUCTION

Healthcare workers experience more incidents of workplace violence compared to other professionals. A 2018 American Nurses Association (ANA) survey revealed 62% of nurses have personally experienced physical and verbal abuse on the job. When nurses perceive their work environment as hostile and dangerous, morale decreases, job stress and absenteeism increase, and turnover rises. Maintaining a healthy work environment requires that nurses have the support, skills, intervention tools to prevent and manage violent behavior.

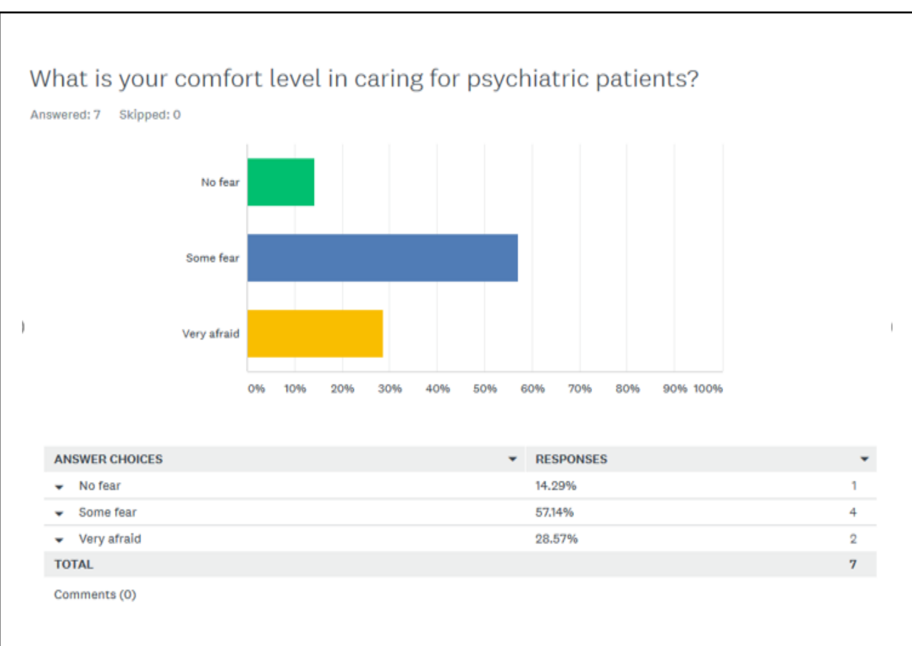
## BACKGROUND AND SIGNIFICANCE

The best strategy is to provide a swift, coordinated, multidisciplinary emergency response, similar to code blue or rapid response team, to assist patient (s) causing a disruption, such as behavioral changes. The team initiated would be the Behavioral Emergency Response Team (BERT). The BERT is a heterogeneous mixture of interdisciplinary, psychiatrically trained team members who deploy to behavior emergencies across the hospital (Parker, C., et al. 2020). The purpose of the BERT is for the nursing staff to implement a non-threatening therapeutic response to a patient exhibiting mental health disruptions such as behavioral changes. The staff will assist patient to regain control of self by using therapeutic communication and other interventions. The outcome for the BERT is to use the least restrictive interventions to the most restrictive interventions, such as but not limited to; verbal de-escalation by using SAMA techniques, distractions, limit setting, therapeutic communication, reduce stimuli, and PRN medication administration. The most restrictive interventions are emergency medications, personal restraint, and violent restraint. The BERT's main purpose is to prevent the use of the most restrictive interventions as the last resort. BERT is devoted to the promotion of hospital awareness and safety of our psychiatric population.

## MATERIALS AND METHODS

The purpose of the pilot program evaluation was introduce the Behavioral Emergency Response Team (BERT) for nurses to use a non-threatening therapeutic response to assist a patient to regain self-control. Unit 5 ACU SKY had an increase of patients who were verbally aggressive or physically aggressive causing a safety concern for the staff and the unit. The unit Director recommended to the nurse educator to educate the nursing staff on de-escalation of aggressive behavior techniques. The unit leadership selected nursing staff who demonstrated strong therapeutic communication skills, confidence, and the ability to remain calm during an aggressive or violent episode. The selected staff were given the opportunity to agree or volunteer to participate in the pilot program evaluation by agreeing to attend a 5-hour education class. The education class consisted of the following a one-hour psychiatric education intervention class that included the following: therapeutic communication, redirection, limit setting, scene safety, medication, and a four-hour Satori Alternatives to Managing Aggression (SAMA) part 1 class. Staff involved in the education were 3 PCCs, 16 RNs, and 7 Techs with 26 total. The quantitative pilot program evaluation was conducted for 7 months. A pre- and post-survey was conducted on nursing staff comfort levels with physical or verbally aggressive patients.

Figure 1

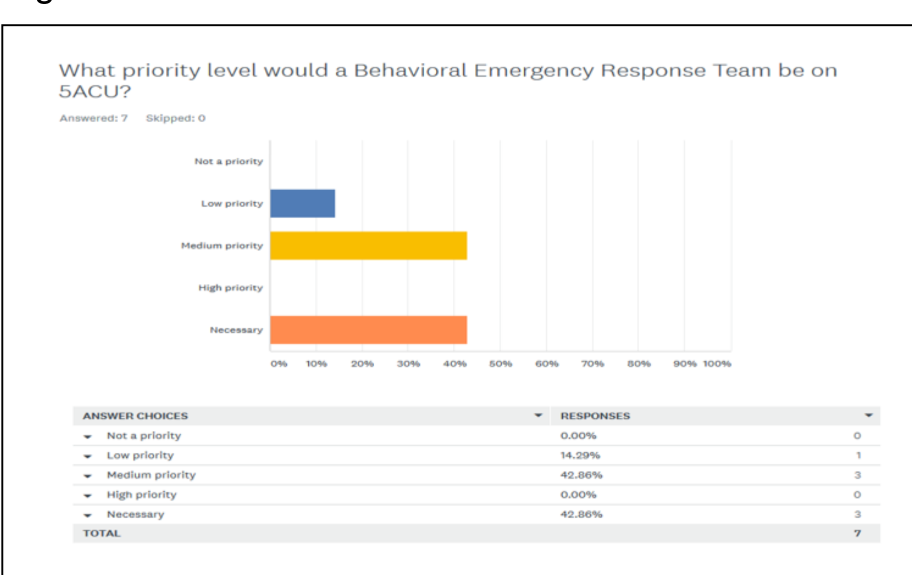



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| No fear | 14.29% | 1 |
| Some fear | 57.14% | 4 |
| Very afraid | 28.57% | 2 |
| TOTAL | | 7 |

Comments (0)

Figure 1 and figure 2 are examples of pre-survey questions. The questions were given to those who agreed to participate in the Behavioral Emergency Response Team. The pre-survey questions were given to determine the need for a program implantation such as BERT. Each participate were given an unidentifiable number, such as 001, 002, and so forth.

Figure 2

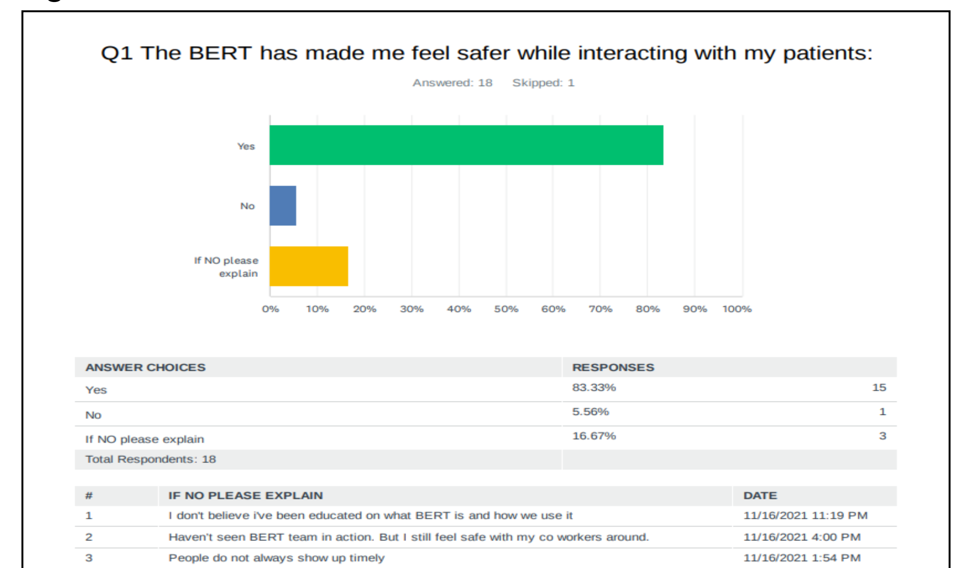



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Not a priority | 0.00% | 0 |
| Low priority | 14.29% | 1 |
| Medium priority | 42.86% | 3 |
| High priority | 0.00% | 0 |
| Necessary | 42.86% | 3 |
| TOTAL | | 7 |

## RESULTS

The BERT is comprised of four core members the BERT Lead (PCC/Charge-Nurse), BERT Nurse, BERT Technician, Spiritual Care team available 24/7. The Psychiatric Consultation Team is consulted, as needed, by written orders from the Primary Physician or house staff.

Figure 3

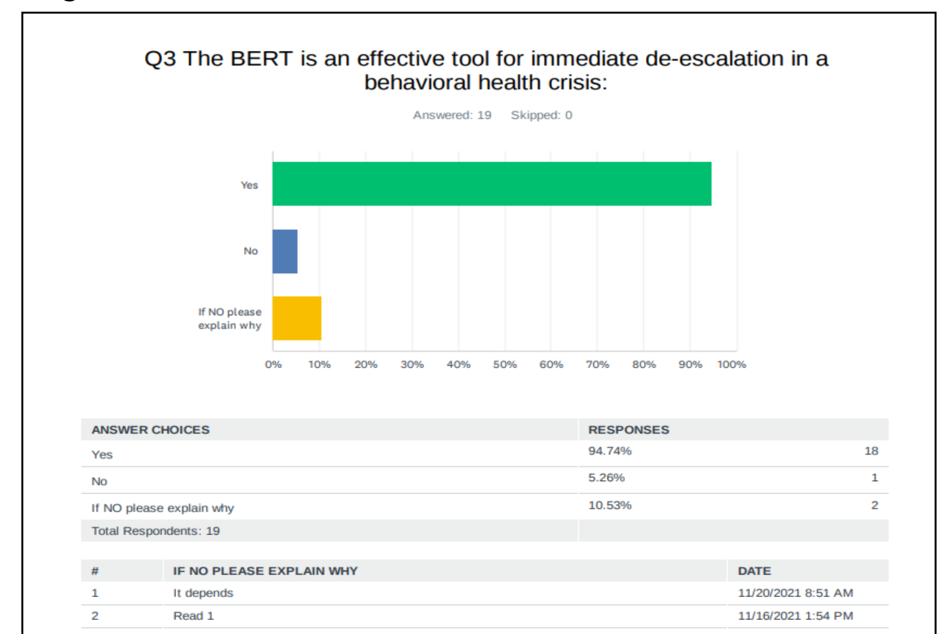



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 83.33% | 15 |
| No | 5.56% | 1 |
| If NO please explain | 16.67% | 3 |
| Total Respondents: 18 | | |

| # | IF NO PLEASE EXPLAIN | DATE |
|---|---|---|
| 1 | I don't believe i've been educated on what BERT is and how we use it | 11/16/2021 11:19 PM |
| 2 | Haven't seen BERT team in action. But I still feel safe with my co workers around. | 11/16/2021 4:00 PM |
| 3 | People do not always show up timely | 11/16/2021 1:54 PM |

Figure 3 and figure 4 are examples of post-survey questions utilized to gather information on if staff felt the BERT worked on the units

Figure 4




| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 94.74% | 18 |
| No | 5.26% | 1 |
| If NO please explain why | 10.53% | 2 |
| Total Respondents: 19 | | |

| # | IF NO PLEASE EXPLAIN WHY | DATE |
|---|---|---|
| 1 | It depends | 11/20/2021 8:51 AM |
| 2 | Read 1 | 11/16/2021 1:54 PM |

The first four months of 2021, 5 ACU SKY had a total of 8 aggressive episodes. The OJIs were compared four months after the training, the result of aggressive episodes from May to September were a total of 1. The OJI from May 2021 to December 2021 were a total of three. The recommendations are for UH to have a Behavioral Emergency Response Team on each unit and each shift and continue with further program evaluation.

| OJIs Pre-BERT Training | | OJI Post-BERT training | |
|---|---|---|---|
| January | 1 | May | 0 |
| February | 1 | June | 0 |
| March | 2 | July | 1 |
| April | 4 | August | 0 |
| | | September | 0 |
| | | October | 0 |
| | | November | 1 |
| | | December | 1 |

The emerging themes for behavioral triggers were as follows:
Staff perception of endangered safety and need for assistance, angry facial expressions with- screaming, cursing, words that threaten staff or others, indirectly or directly, angry gestures, attempting to slap, kick or bite, destruction of property or tampering with medical apparatus, belligerence- hostility, defiance without the ability to be redirected or calmed, failure to accept medical/nursing recommendations with verbalized intent to harm others or self, deliberately undermining treatment, patients who exhibit self-destructive or self-harming behaviors, parents of minor patients with the above behaviors need special consideration especially individuals who have a recent history of violence and aggression, and/or have exhibited anxiety (pacing, staring, and irritability).
The immediate assessment for safety found during the pilot program evaluation were as follows:
Develop rapport with patient to initiate de-escalation, communication with physicians and other members of patient's multidisciplinary team to discuss findings and recommendations, utilize expertise of ad hoc members as necessary, recommend behavioral management plan, and post event huddle.

## NEXT STEPS / CONCLUSIONS

The staff who participated in pilot study acquired knowledge on therapeutic communication, redirection, limit setting, scene safety, medication, and SAMA part 1 interventions. Therefore, the recommendation according to the program evaluation is to continue to educate on other units the one-hour psychiatric education intervention and four-hour Satori Alternatives to Managing Aggression (SAMA) part 1 class creating the Behavioral Emergency Response Team to decreasing on the job injuries.

## REFERENCES

1. American Nurses Association (ANA), (2018). ANA responds to The Joint Commission sentinel event alert on physical and verbal violence against health care workers. nursingworld.org/news/news-releases/2018/ana-responds-to-the-joint-commission-sentinel-event-alert-on-physical-and-verbal-violence-against-health-care-workers
2. Parker, C., Calhoun, A., Wong, A., Davidson, L., & Dike, C., (2020). A call for behavioral emergency response teams in inpatient hospital settings. https://journalofethics.ama-assn.org/article/call-behavioral-emergency-response-teams-inpatient-hospital-settings/2020-11