



Establishing Adult Behavioral Emergency Response Teams in Inpatient Hospital Settings



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Purpose

- Psychiatric teams are only required to see a patient once a day – this leads to patient frustration when requesting to speak with their provider
- Psych teams determine if patient is voluntary/involuntary, but the ED is responsible for patient care

Clinical Question

In adult psychiatric patients, how does the creation of an adult behavioral response team compare to not having anything affect patient outcomes?

Methods

A literature search was conducted using the databases PubMed and PsycINFO

Keywords used in our search included: behavioral response teams, inpatient psychiatric hospital stays, restraints

Literature Review/Data

- One hospital's pre-implementation of BERT team included 6 assaults and 6 security intervention within a 6-month period. Post-implementation there was only one assault and one security intervention within 6 months.
- In a two-year implementation of a BERT, the hours that psychiatric patients spent in restraints or seclusion were reduced from 30% to 1% and 2% respectively, along with a reduction in staff injury costs by \$6,500.
- A hospital's implementation of a Behavioral Emergency Response Team in the Emergency Department caused the perception of safety to increase by 36.5% post-implementation.
- During the initial 5-month BERT pilot for one hospital, the BERT responded to five behavioral emergencies. The number of assaults and security intervention decreased by 83%; restraint use by 80%.

TABLE 2.
EHR and MIDAS Audit Results

Areas Affected by Patient Behavior	Incidence Pre-BERT	Incidence Post-BERT	Percentage Decrease after Intervention
WPV – Verbal	12	4	67%
Physical	6	1	83%
Physical/Verbal	2	0	100%
Staff Injury	5	0	100%
Restraints	12	2	83%
Code Gray	6	1	83%

Notes: BRT = behavioral response team; EHR = electronic health record; MIDAS = Medical Information Data Analysis System; WPV = workplace violence

Conclusions

- The implementation of a BERT helps increase staff satisfaction by reducing instances of staff injury while decreasing the need for chemical and physical restraints for patients in inpatient settings
- "Feels like people care about us and what is happening on our unit" (Zicko, 2017)

Implication for Practice

- Implementing adult behavioral response teams will improve staff satisfaction and decrease the need for restraints.
- Patients will benefit as they will have staff members that are trained to provide the care they need. Patient care and satisfaction will improve.

References

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