

PROGRAM INFORMATION:

Program Title:	Exodus - Adult Psychiatric Health Facility	Provider:	Exodus Recovery, Inc.
Program Description:	The Exodus PHF is a 16-bed facility that offers comprehensive services to meet the needs of each individual including: ongoing assessment, medication evaluation and management, a daily program schedule to support recovery, healing and reintegration into the community, psychosocial services and linkages to community resources.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	ADULT	Dates Of Operation:	January 1, 2016 - Present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2022 - June 30, 2023
Funding Source 1:	Medical FFP	Funding Source 3:	Choose an item.
Funding Source 2:	Realignment	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount: \$6,187,908	Program Actual Amount: \$5,625,886
Number of Unique Clients Served During Time Period: 254	
Number of Services Rendered During Time Period: 5580	
Actual Cost Per Client: \$22,149	

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	PHF/Inpatient
Contract Term:	07/01/2016 – 06/30/2022 plus two optional one-year extensions	For Other:	Click here to enter text.
		Renewal Date:	June 30, 2023
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0 - 17:	Choose an item.		

The levels of care shown above do not apply. This program provides acute inpatient services to patients at the Adult Psychiatric Health Facility.

TARGET POPULATION INFORMATION:

Target Population: Male and female patients, who are 18 years and older, who may be admitted on a voluntary or involuntary basis. These patients will include Medi-Cal beneficiaries; Medicare and Medicare/Medi-Cal beneficiaries; indigent/uninsured patients; and jail inmates who are referred by the Department of Behavioral Health (DBH), DBH contract providers, or emergency rooms (aka emergency departments) to the PHF. Individuals who experience a mental health crisis or are in imminent

danger of presenting a risk to themselves, others or becoming gravely disabled are able to immediately access care 24/7, 365 days per year at the PHF.

CORE CONCEPTS:

- **Community collaboration:** Individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** Services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Community collaboration

Integrated service experiences

Choose an item.

Please describe how the selected concept (s) embedded:

We have provided a welcoming environment where a person in crisis or with urgent mental health needs will immediately be seen and evaluated by a professional and receive the services they need. Treatment has been patient-centered by incorporating the patient’s input in determining the services and support that are most effective and helpful for our patients. We have provided ongoing services until the patient is successfully connected to community services. A key component of our treatment services is the development of a comprehensive discharge plan designed to transition the patient to a less restrictive but supportive level of care, re-establish linkage to their previous service provider, and link patients and their families to a system of relevant community resources. These have included outpatient treatment, crisis residential beds, shelter beds, board and cares, sober living houses and peer programs.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Exodus has designed a continuous quality assurance (QA) and quality improvement (QI) process with strategies to measure variations in the structure, method and program outcomes for the Exodus PHF. In addition, Exodus' Decision Support Department provides analytical support to the Exodus PHF by collecting, analyzing and reporting outcomes data from conceptualization through presentation to all stakeholders. The work of the Decision Support Department drives and supports key business decisions that yield positive outcomes at the Exodus PHF. Altogether, our Quality Management Program and Plan are dedicated to meeting the needs and to exceed the expectations of our patients, their families and the community.

With the assistance of Decision Support, Quality Management Department, and program management, Exodus collects, manages and submits data for internal tracking purposes as well as to demonstrate patient outcomes and performance-based criteria inclusive of guidelines set forth by Exodus, Fresno County and the State. An internal Access based computerized tracking system ("the Admission Log") is used to collect and maintain patient related admission /discharge data and patient demographic information.

Outcome: Within 16 days plan, assist patient, stabilize excessive behaviors, and provide tools for successful interaction.

Domain: EFFICIENCY

Indicator: Length of Stay

Who Applied: All Persons Served

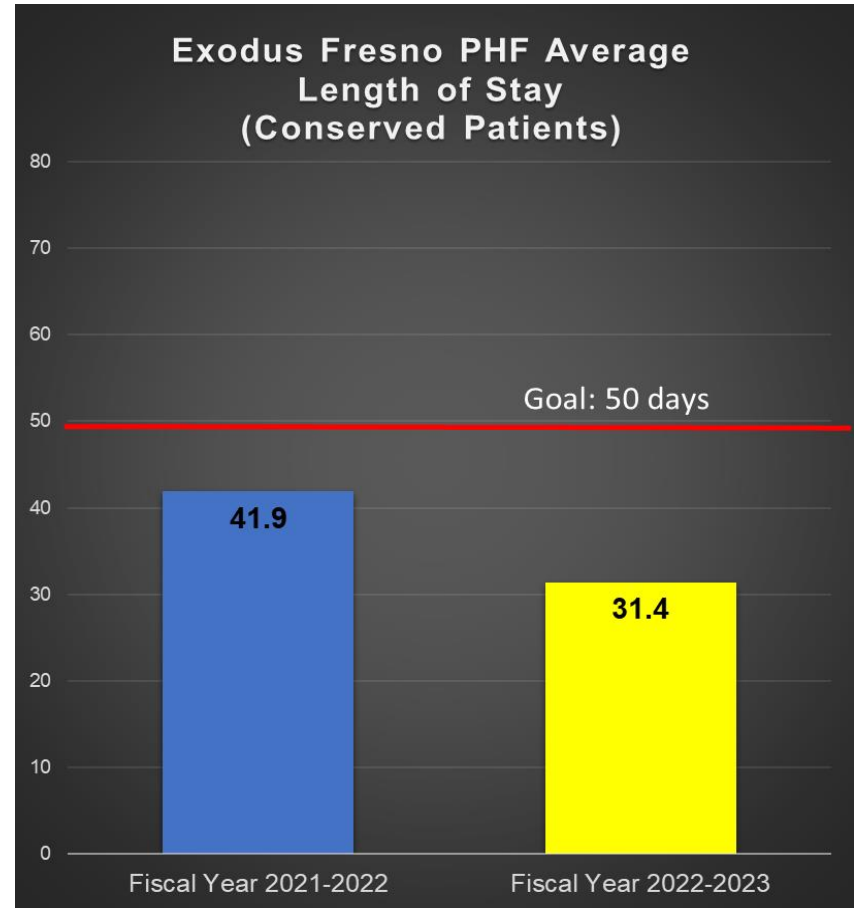
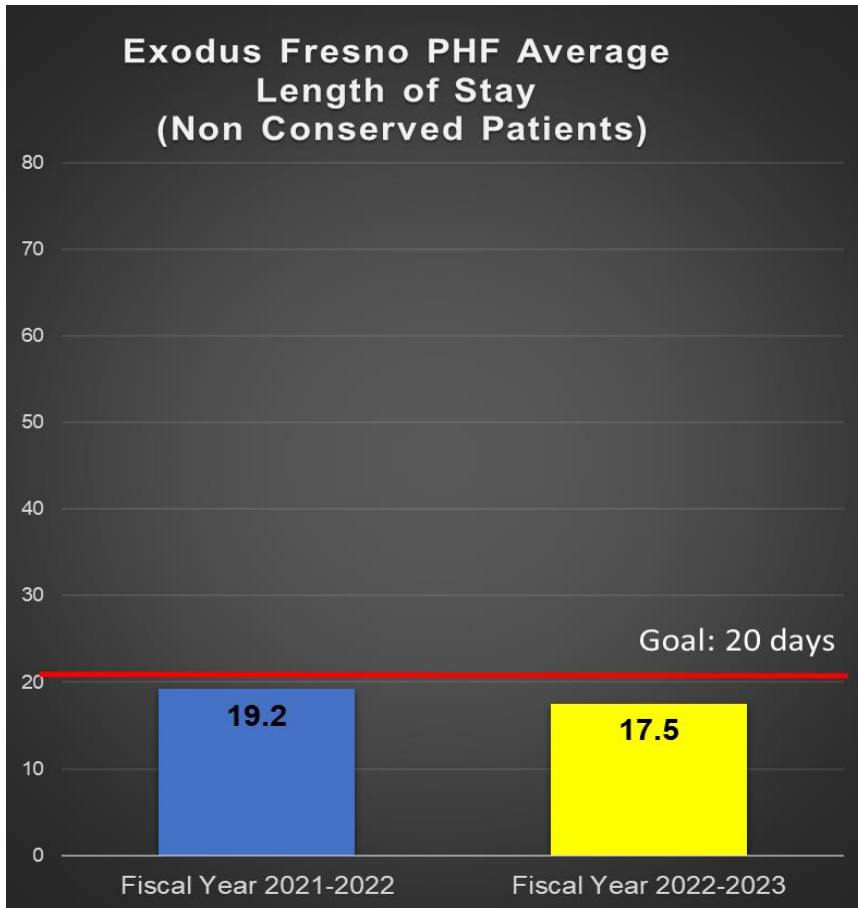
Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 16 days

By providing an alternative to traditional psychiatric care through collaboration, empowerment, a healing environment, as well as the use of tools such as medication evaluation, behavior assessment and short-term treatment planning, the Average Length-of-Stay was 17.5 days for Non-Conserved patients and 31.4 days for Conserved patients for FY 22-23 discharges. Due to high acuity of patients, Exodus has developed the internal outcome goal of 20 days and 50 days, respectively. Exodus has achieved both of these goals. In addition, comparing to FY 21-22, Exodus has successfully reduced the Length of Stay for both non-conserved patients (8.9% reduction) and conserved patients (25% reduction).

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NOTES:

- Data extracted from Exodus' PHF Admission Log from the analysis***
- ***For Conserved Patients, outliers (those with a length of stay of over 130 days) were excluded
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcome: Effectiveness of Discharge Planning as demonstrated by the referral and linkage to other department of Behavioral Health programs, community providers and other community resources.

Domain: ACCESS

Indicator: Referrals and Linkages

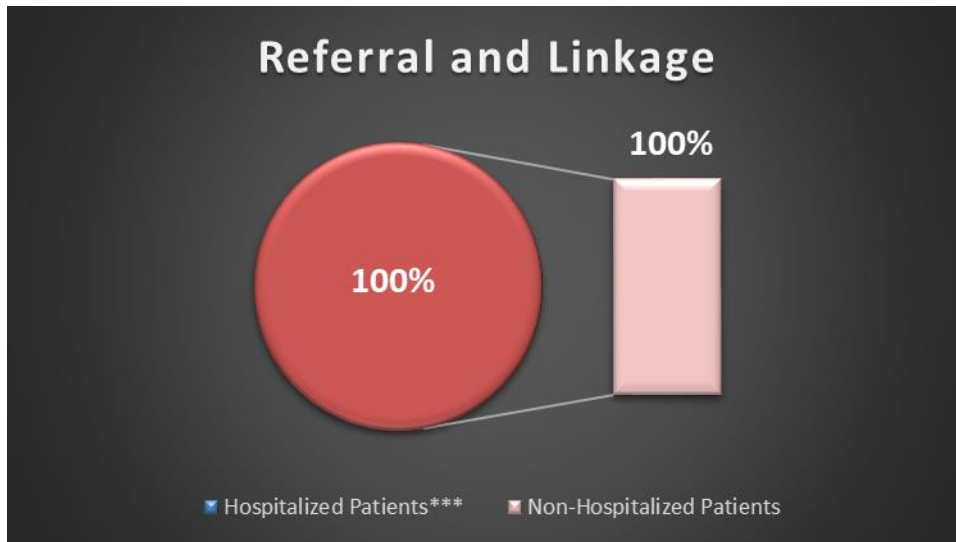
Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 100% of non-hospitalized persons served will be referred and linked

Exodus currently provides a plan to each patient upon discharge that effectively refers and links our patients to the broad array of services that Fresno County offers. This has resulted in better integration of behavioral care for our patients across other systems, including physical health and other service services that positively impact the overall health and wellness of our patients. Regardless of a patient admission status to the Exodus PHF, the Admission Log collects information and other **indicators** about what Department of Behavioral Health program, community provider or other community resources refer patients to the Exodus PHF (Referral In). In addition, the Admission Log collects information about a patient’s subsequent referral out/disposition and discharge to Department of Behavioral Health programs, community providers or other community resources. Our **goal** is to refer and link 100% of our non-hospitalized patients. An **analysis** report is generated on a monthly basis for Exodus management to identify gaps in patient care, services and problems with linkage care coordination. Currently, 100% of all patients are discharged to non-hospital settings. 100% of those patients are referred to Department of Behavioral Health programs, community providers or other community resources.



Referral Out	# of patients
Hospitalized Patients***	0
Non-Hospitalized Patients	254
Grand Total	254

***Hospitalized Patients captures individuals who were discharged and admitted to a medical floor (i.e., inpatient medical).

NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcome: Collaborative approach and treatment strategies to reduce readmission of patients with readmissions to the facility.

Domain: EFFECTIVENESS

Indicator: Recidivism/Readmissions

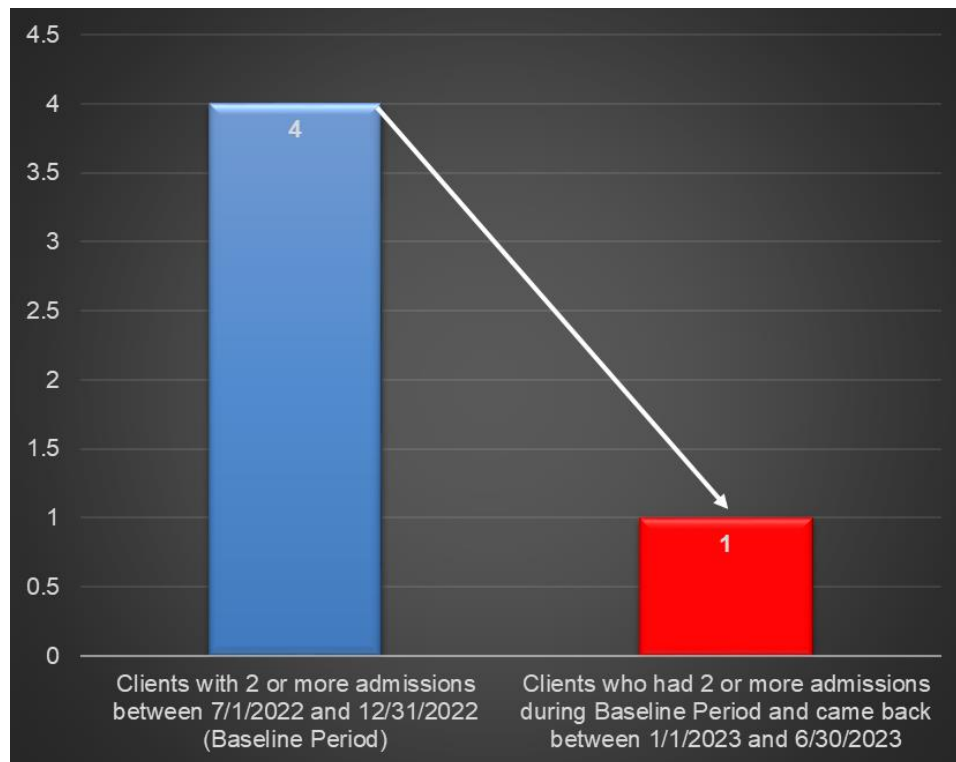
Who Applied: Persons with 2 or more admissions

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: Reduce rates by 10% from previous six-month period

Exodus currently uses recidivism and readmission rates as **indicators** to measure the effectiveness of our collaborative approach and treatment strategies that keep patients from returning to the PHF. At any point in time, the Admission Log has the ability to **analyze** recidivism rates for patients who have had 2 or more admissions to the PHF during the previous 30 days, 3 or 6-month period. The Admission Log tracks these patients over subsequent months in order to measure a decrease or increase in readmissions for those patients. Also, the Admission Log has the ability to report monthly readmission rates (i.e., x percent of the admissions for a specific month were for repeat patients). Readmission/recidivism rates are reviewed by QI, Decision Support, program director, and discussed with Exodus staff as well as community partners in an effort to reduce readmissions. Our **goal** is to reduce readmissions and recidivism rates by 10% from the previous six-month period.

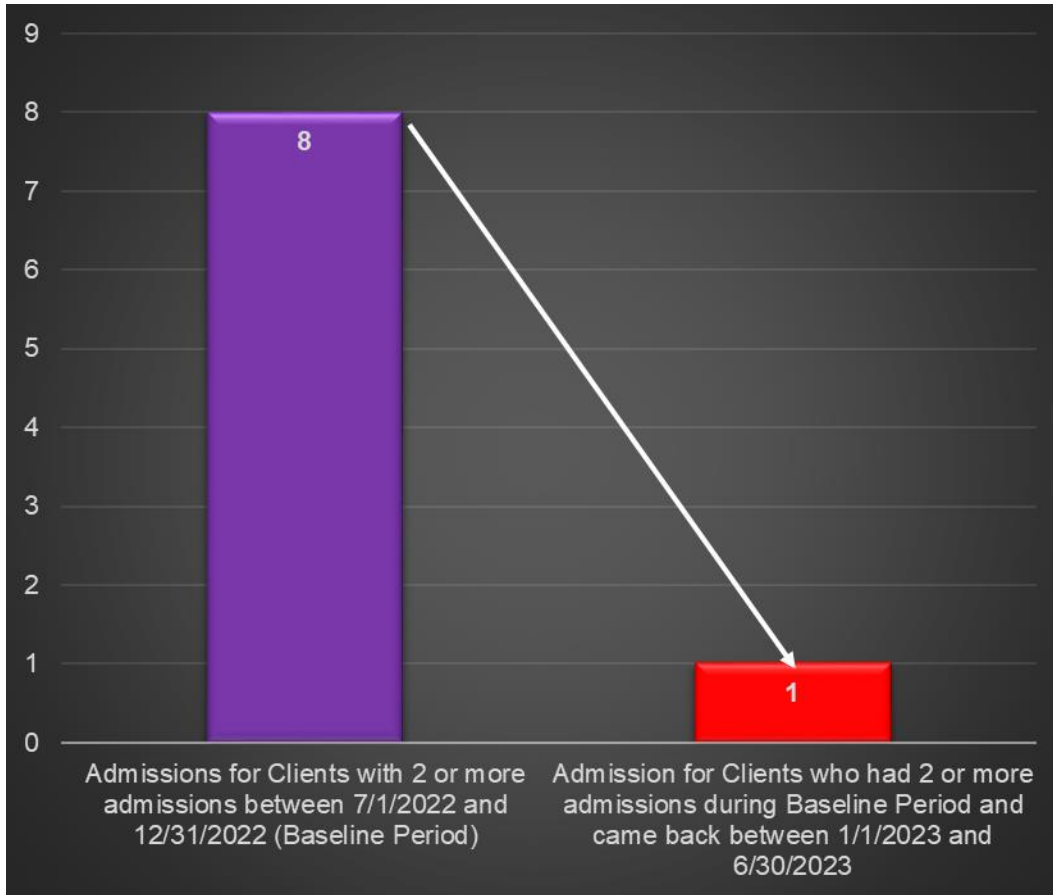


*** 75% reduction

NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

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*** 87.5% reduction

NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcome: Denial rate for PHF days that do not meet Medi-Cal medical necessity criteria as determined by the utilization review performed by the Fresno County Mental Health Plan.

Domain: EFFICIENCY

Indicator: Denial Rate for Non-Medical Necessity PHF days

Who Applied: Persons Served who did not meet medical necessity

Time of Measure: FY 22-23

Data Source: Avatar Billing Report by Cost Center

Target Goal Expectancy: 0% denial rate

Exodus calculates its denial rate by dividing the number of denied claims by the total number of claims processed post a Utilization Review (UR) from Fresno County MHP. Such **analysis** is generated based on the frequency of a UR being performed by Fresno County Mental Health Plan.

Exodus will report the denial rate once we receive the Utilization Review from Fresno County.

The PHF goal is as follows: to have a 0% for PHF hours that do not meet medical necessity criteria.

Exodus has reached the target goal of 0% denials.

Outcome: Initial Screening – Percent of patients discharged that were screened by the 3rd day post admission for all of the following: risk of violence to self, risk of violence to others, substance use, psychological trauma history, and patient strengths.

Domain: ACCESS

Indicator: 3rd Day Post Admission Screening

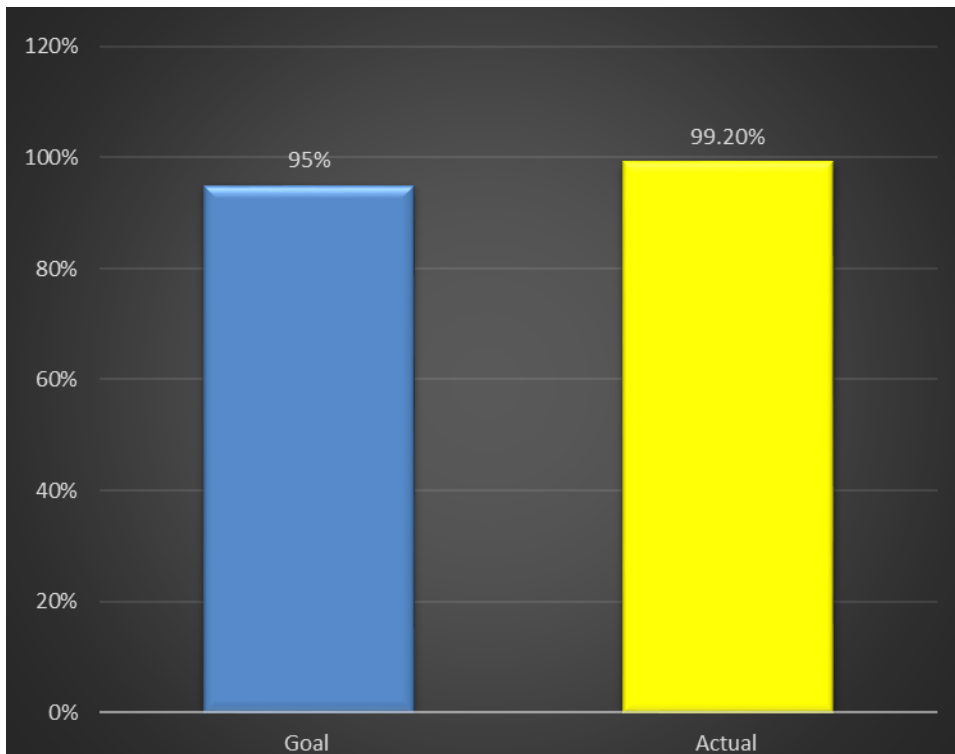
Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 95% of persons discharged had 3rd day post admissions screening

The PHF goals are as follows: To have 95% of patients discharged (254 patients) be screened by the 3rd day post admission for all of the following: risk of violence to self, risk of violence to others, substance use, psychological trauma history, and patient strengths. Exodus PHF has screening completed for 252 patients. 2 patients that were discharged within 24 hours from their admission and did not have all factors assessed. Exodus has surpassed this goal and reached 99.2%.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcome: Hours of Physical Restraint Use – Total hours all patients spent in physical restraint as a proportion of total inpatient hours. Restraint is defined as mechanical and manual devices that restrict freedom of movement of the body.

Domain: EFFECTIVENESS

Indicator: Hours of Physical Restraint Use

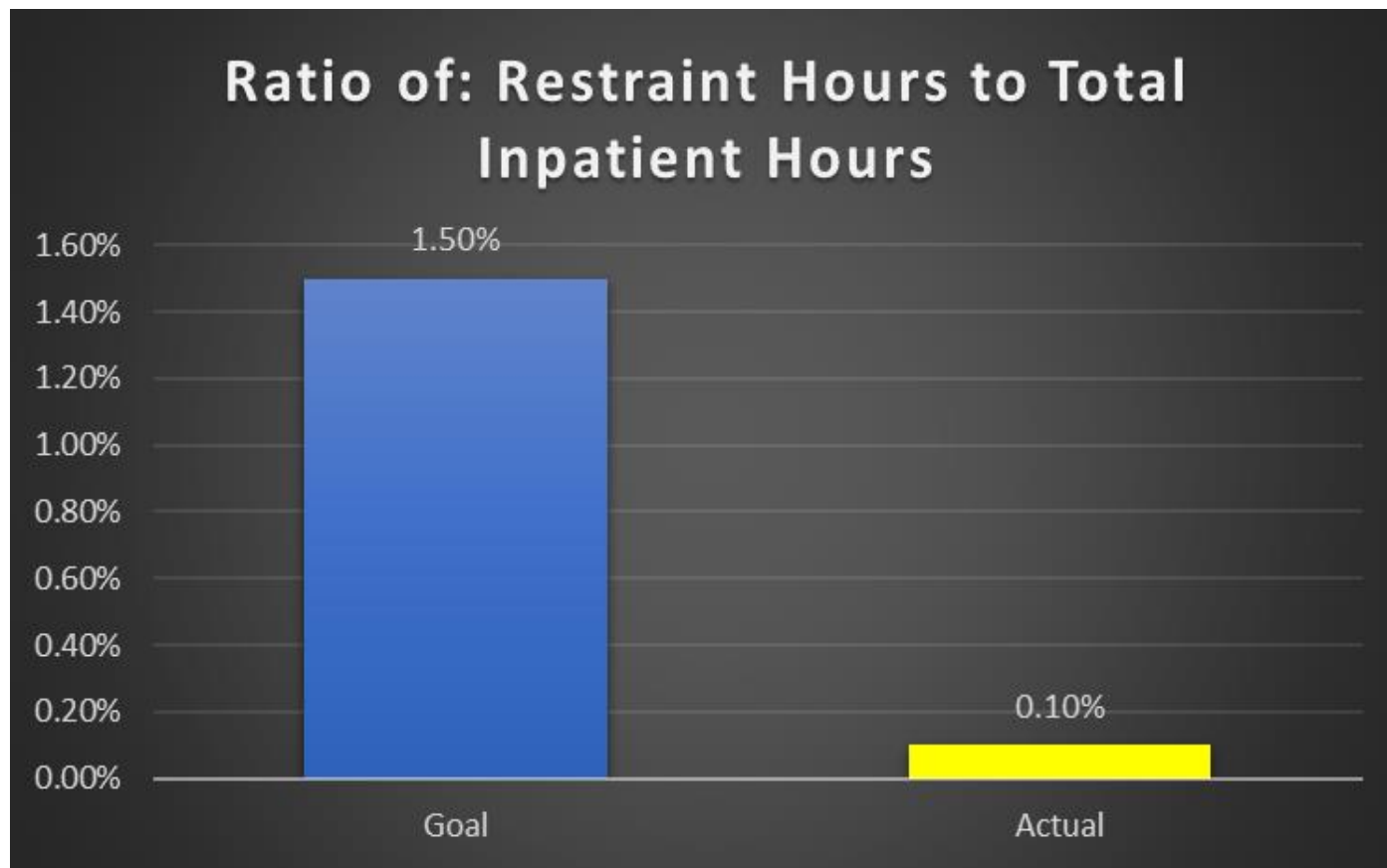
Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 1.5% Hours of Physical Restraint Hours to Total Inpatient Hours

The PHF goals are as follows: To decrease the ratio of total hours patient spent in restraint to total inpatient hours to 1.5%, we’ve surpassed our goal and decreased it to 0.1% (16.7 hours of physical restraint to 134,189 inpatient hours).



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcome: Hours of Seclusion Use – Total hours all patients spent in seclusion as a proportion of total inpatient hours. Seclusion is defined as restricted alone to a room or area where the patient is not allowed to leave without the permission of staff.

Domain: EFFECTIVENESS

Indicator: Hours of Seclusion Use

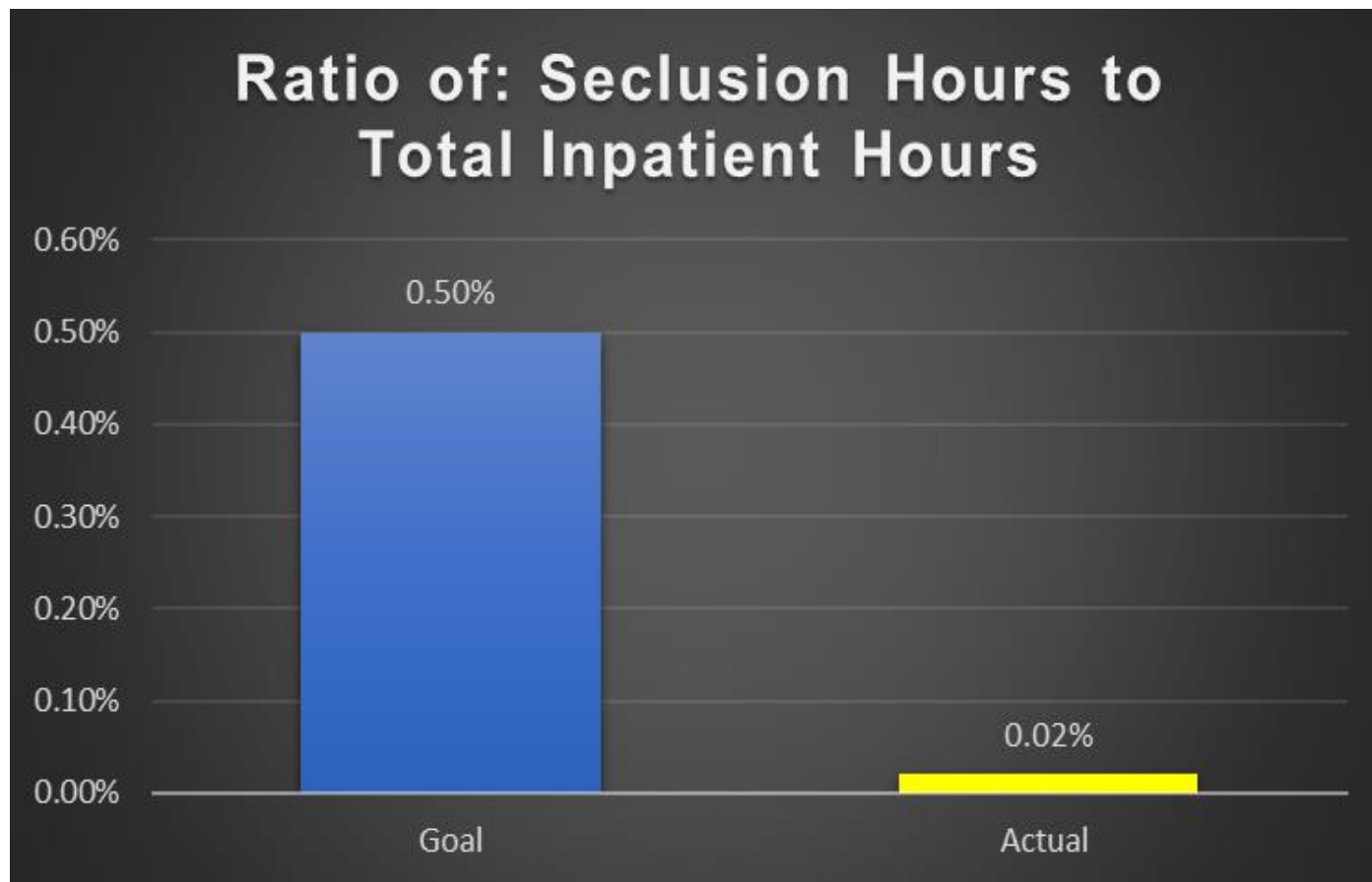
Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 0.5% seclusion hours to total inpatient hours

The PHF goals are as follows: To decrease the ratio of total hours patient spent in seclusion to total inpatient hours to 0.5 %, we’ve surpassed our goal and decreased it to 0.02%. (34.83 hours of seclusion to 134,189 inpatient hours).



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcome: Discharge on Multiple Antipsychotic Medications - Percent of patients discharged on two or more antipsychotic medications as a proportion of patients discharged on one or more antipsychotic medications. Antipsychotic medications include regularly scheduled oral doses and long-acting injectable forms, regardless of diagnosis.

Domain: EFFICACY

Indicator: Number of antipsychotic medications at discharge

Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Patient Discharge Summary

Target Goal Expectancy: Less than 25%

Exodus appreciates and honors the complexity of individuals served here at the PHF. Due to these profound complexities, we often find ourselves treating higher acuity patients who at times arrive on multiple antipsychotic medications. Oftentimes, patients may have documented history of poor symptoms management while on a single antipsychotic medication; therefore, requiring consideration for an additional antipsychotic. Although, this is not Exodus PHF's preferred practice, it has been an option when the need is evident in order to help the patient stabilize and reach greater potential for mental health stability.

In our current practice, any patient discharged on multiple antipsychotic medications is provided with justification and recommendation from the discharging psychiatrist, explaining why they should continue the use of multiple antipsychotics. During the FY22-23, 74 patients were discharged on multiple antipsychotic medications out of the 254 discharges completed. This averages to approximately 29% of our patients discharged during the 2022-2023 fiscal year.

Outcomes: Continuing Care Plan Created – Percent of patients discharged with a continuing care plan created that includes all of the following: reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations. Minimum information for all discharge medications includes medication name, dose, and indications for use.

Domain: ACCESS

Indicator: Continuing Care Plan Created

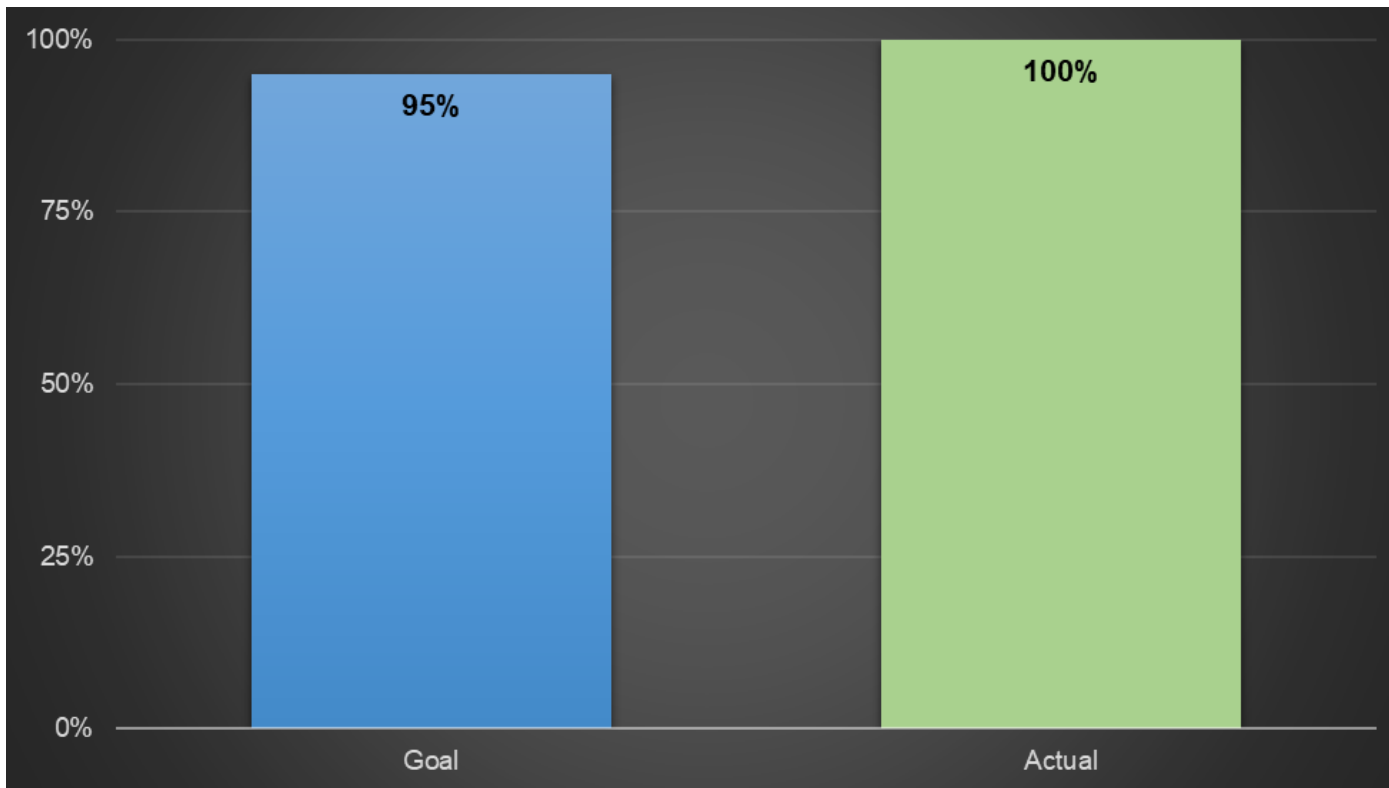
Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 95% of patients discharged with a continuing care plan

The PHF goals are as follows: To have a 95% of patients discharged (254 patients) with a continuing care plan created that includes all of the following: reason for hospitalization, discharge diagnosis, discharge medications, and next level of care recommendations. Exodus PHF has surpassed this goal and reached 100%.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Outcomes: Continuing Care Plan Transmitted. Percent of patients discharged with a complete continuing care plan that is transmitted to next level of care provider by the 5th day post discharge.

Domain: ACCESS

Indicator: Continuing Care Plan Transmitted

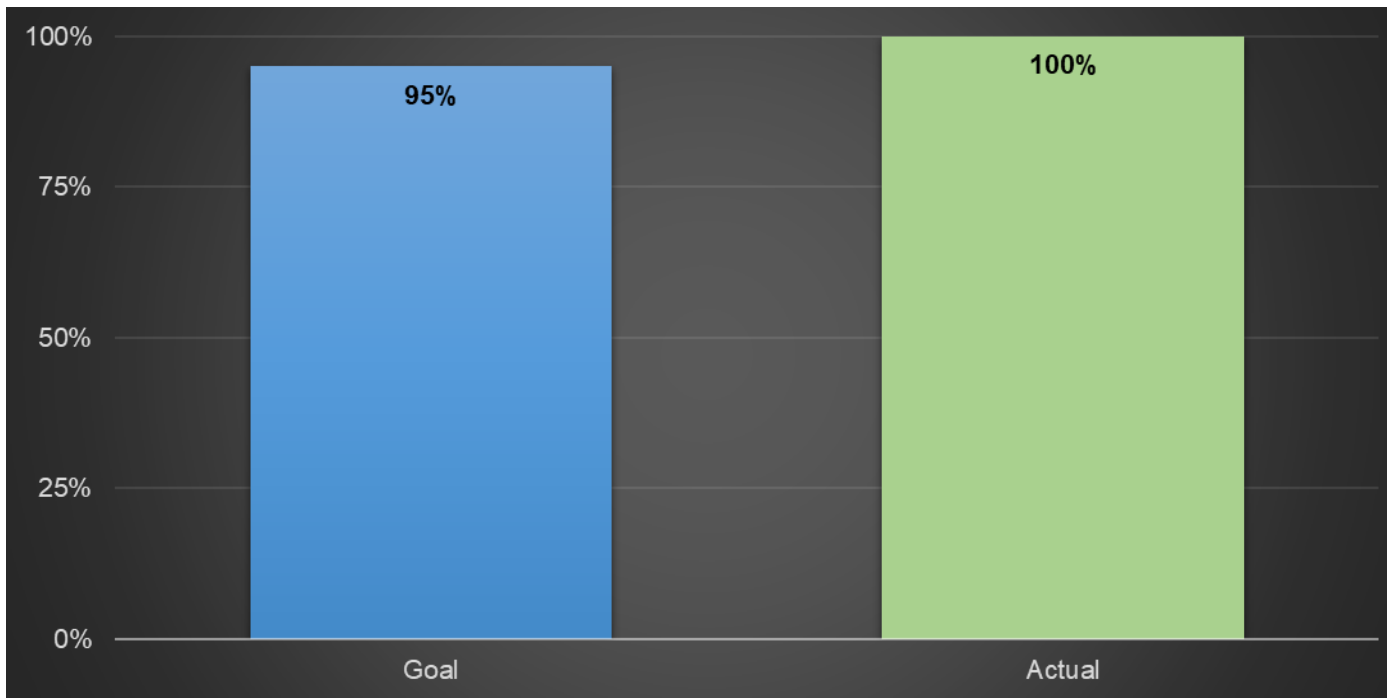
Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: Admissions Log

Target Goal Expectancy: 95% patients discharged with a continuing care plan that is transmitted to next level care provider by 5th day post discharge

The PHF goals are as follows: To have a 95% of patients discharged (254 patients discharged) with a complete continuing care plan (defined in outcome above) that is transmitted to next level of care provider by the 5th day post discharge. Exodus PHF has surpassed this goal and reached 100%.



NOTES:

- Data extracted from Exodus' PHF Admissions Log
- Includes Discharges from July 1, 2022 to June 30, 2023
- Includes adults 18 years of age and older

Satisfaction & Feedback of Persons Served & Stakeholder

Domain: SATISFACTION & FEEDBACK

Indicator: Consumer feedback regarding satisfaction, efficiency, and effectiveness

Who Applied: All Persons Served

Time of Measure: FY 22-23

Data Source: County feedback, success stories, and Client Satisfaction Surveys

Target Goal Expectancy: 80% of respondents will have a favorable response to each satisfaction survey question

Exodus PHF continues to nurture relationships with community partners and agencies in Fresno County that provide additional care and treatment in the outpatient setting. Additionally, Exodus PHF worked to establish a good working and collaborative relationship with Madera County in efforts to serve their residents in need of mental health stabilization. Exodus PHF has continued to utilize the FSP Programs in Fresno County by referring those patients that can benefit from additional services in order to remain stable in the community upon their discharge. We encourage case management engagement while patients are receiving inpatient care in order to foster the rapport building between the outpatient treatment team and the patient. Additionally, Exodus PHF continues to rely on the DBH HALO Team for assistance with education and information on the available resources in Fresno County. Exodus PHF continues to maintain a strong working relationship with community stakeholders to advocate for higher levels of care for our patients when necessary, including the advocacy for extended time to treat and stabilize through the filing of 5270.7 petitions and at times advocating for temporary conservatorship if necessary.

Exodus PHF continues to hold monthly Provider Meetings with Fresno County DBH to discuss any concerns and provide updates on the outcome of any type of complaint or concern related to patient care. Any actions taken to resolve any major issues or concerns are discussed in these meetings, in order to help bring up strategies that will help Exodus PHF improve their services.

Exodus PHF continues to work effortlessly to maintain solid collaborative relationships with every community partner in order to best serve those that come through our doors. Our patients often provide us with positive feedback and express feeling grateful for the services received during their admission at Exodus PHF. The fact that our management team has work to improve the relationship with various community partners, has made it easier for the remainder of the Exodus PHF Team to reach out and link our patients to the services they need. Exodus PHF continues to maintain a strong working relationship with the FSP Programs, DBH HALO, The Public Guardian's Office, The Fresno County Conservatorship Team, County Counsel, CBHC liaisons, The Fresno County jail mental health providers, and we continue to strive to strengthen relationships with many more. Exodus holds a monthly meeting with our partners at Central Stars in efforts to continue to improve our working relationship when referring patients to the CRT Program. We feel very proud and humbled when we are recognized during community networking events for the efforts we make to serve our patients to the best of our abilities.

Client Success Story

During our FY22-23 we had the privilege to see many success stories from small milestones to bigger successes. One specific case made us very proud as the entire team worked closely with one of our neighbor counties while keeping the patient involved throughout their time with us.

This is the case of a 29-year-old patient that was admitted from Exodus Crisis Stabilization Center on February 28th, 2023 and was discharged on May 15th, 2023. This client was initially admitted on a 5150 hold for Danger to Self and Others. This patient was given a diagnosis of Unspecified Psychosis. The patient had been aggressive with their elderly grandparent, endorsing SI, non-compliant with medications, along with

nonsensical speech, disorganized behaviors and delusional thinking. Hours into the patient's admission, emergent medications were administered due to psychotic agitation. While at Exodus PHF, this patient presented with delusional and tangential thoughts, paranoia, hyperverbial and non-sensical. The patient often times isolated to themselves and was frequently observed responding to internal stimuli. The patient required strong encouragement and prompting to complete ADL tasks, as their hygiene was poor and initially would go several days without showering. The patient was hyper focused on being discharged; however, was unable to provide a safe and reasonable plan of care. This case required a lot of support, collaboration and involvement from Madera County Counsel, Madera County DBH, Madera County Conservatorship Team, Madera County Public Health Department and Exodus PHF. Upon admission to Exodus PHF, the patient exhibited extreme psychiatric symptoms that interfered with their ability to possess adequate insight and judgment into their mental health well-being. We worked with Public Health at Madera County to obtain and administer a dose of maintenance medication treating a chronic medical condition; which allowed the patient to remain stable with his physical health while receiving mental health treatment. Through engagement and assessment of a staff member from Madera County's Conservatorship Team, who was familiar with the patient, the patient was identified in dear need of Conservatorship consideration. During our collaboration with Madera County, they were able to guide us in the correct path to complete the temporary conservatorship process within their county, which was a new experience for our team at Exodus PHF. As a result of this collaboration, we were able to successfully place the patient on temporary conservatorship and further stabilize the patient prior to being placed in an IMD facility. The Madera County Conservatorship Team assisted in maintaining communication with the patient's family who were in support of the temporary conservatorship. The patient was able to demonstrate insight into their need for a consistent medication regimen to treat their chronic health condition, as well as the importance of remaining compliant with psychotropic medications to target their mental health symptoms. Once stable, the patient discharged from the PHF in great spirits in regard to their future and was very thankful for the care that was received during their stay.

Client Satisfaction Survey Data

Data was collected by providing all discharged PHF persons served the opportunity to complete a "Client Satisfaction Survey." Data collection attempts were conducted throughout the entire fiscal year. 176 surveys were returned to staff, of which 29 patients documented refusal. The remaining 147 surveys were compiled into Excel for analysis. FY 22-23, the Exodus PHF discharged 255 patients from our care, reflecting a Client Satisfaction Survey Responsiveness of 57.6% of all discharged persons served.

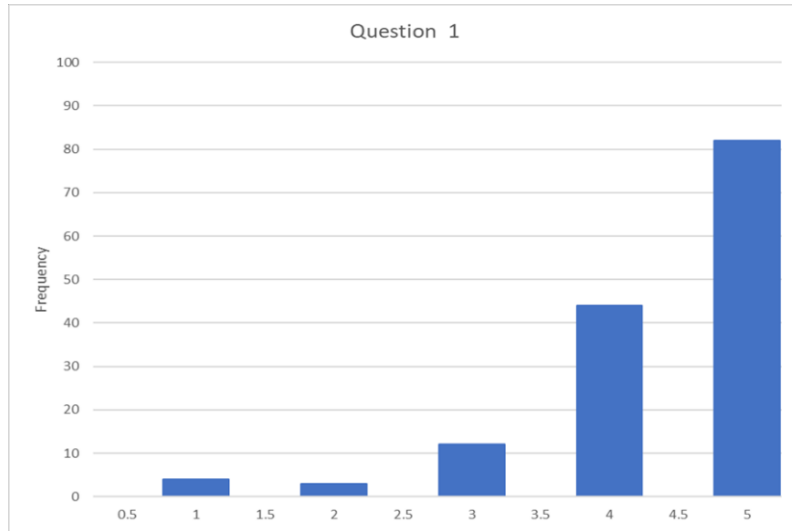
A rating scale of "Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree" was used. Data was calculated by assigning "Strongly Agree" a numeric value of 5, "Agree" a numeric value of 4, "Neutral" a numeric value of 3, "Disagree" a numeric value of 2, and "Strongly Disagree" a numeric value of 1. Data was assigned a 0.5 value if two feedback scores were circled. If more than two feedback scores were selected for a question, it was not utilized in calculation. A Descriptive Statistics Analysis was performed, utilizing Excel tools. In the statistical analysis below, the usage of "Favorable" refers to a reported score equivalent to "Strongly Agree", "Agree", or another incremental rating greater than "Neutral".

Across all questions, the Median and Mode scores were 5.0.

We met our goal by exceeding 80% on each individual question, and the overall survey average score was 87.0% satisfaction. Additional details regarding individual questions are outlined below.

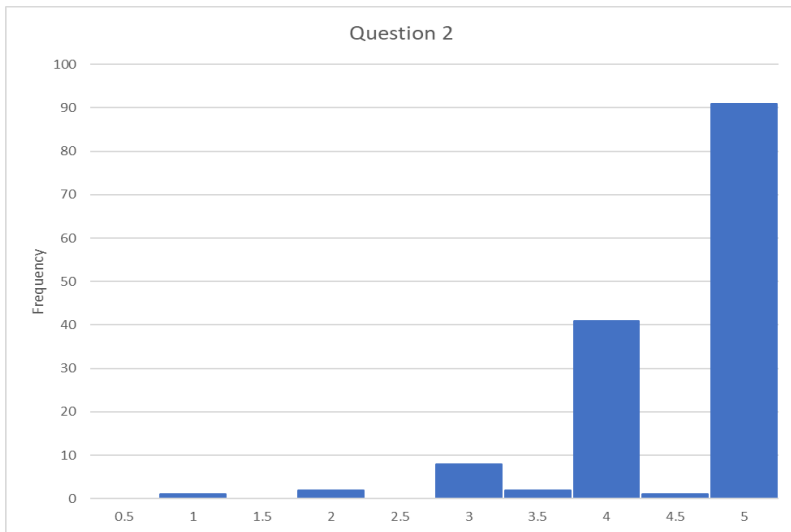
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Question 1: Staff made me feel safe and secure



Of 145 patients, 126 (86.9%) reported a favorable response that the Exodus PHF staff made them feel safe and secure, resulting in an average score of 4.36 with a standard deviation of 0.93.

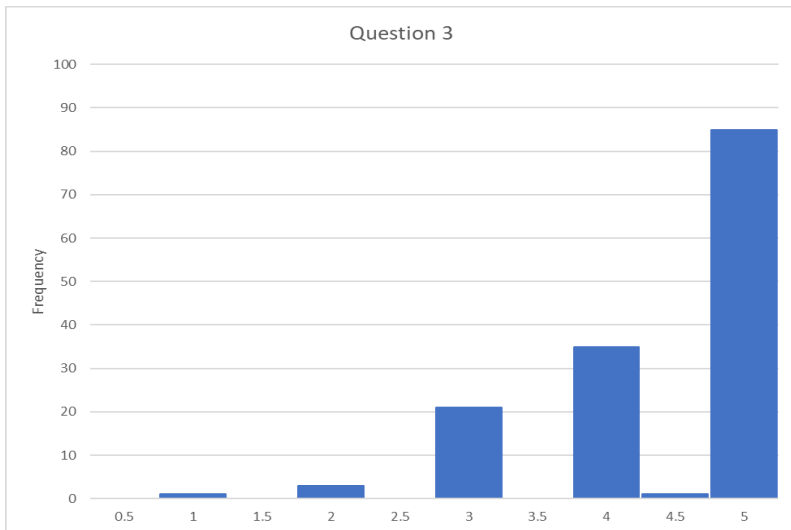
Question 2: The facility was clean



Of 146 patients, 135 (92.5%) reported a favorable response that the Exodus PHF was clean, resulting in an average score of 4.52 with a standard deviation of 0.73.

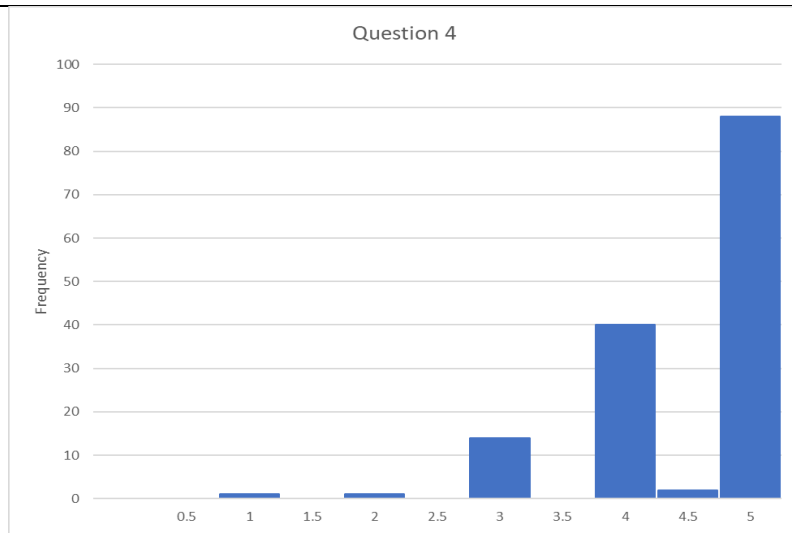
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Question 3: I agreed with my treatment plan



Of 146 patients, 120 (82.2%) reported a favorable response that they agreed with their treatment plan, resulting in an average score of 4.38 with a standard deviation of 0.86.

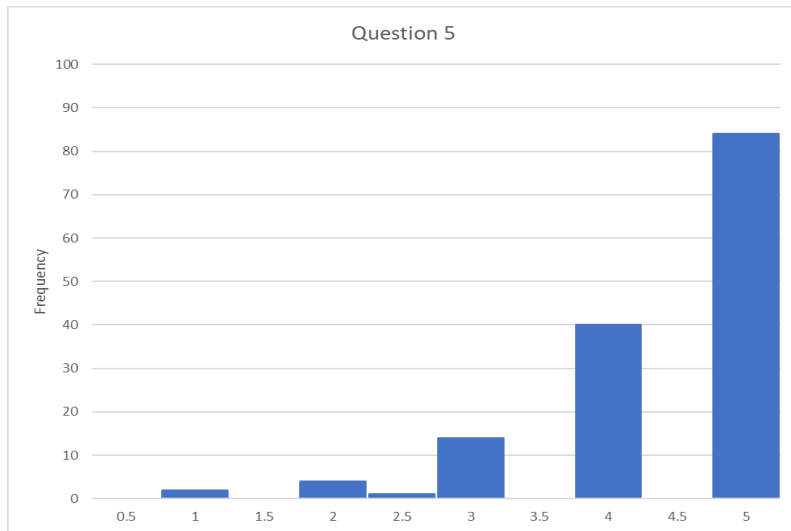
Question 4: Nurses were helpful



Of 146 patients, 130 (89.0%) reported a favorable response that the Exodus PHF nurses were helpful, resulting in an average score of 4.48 with a standard deviation of 0.75.

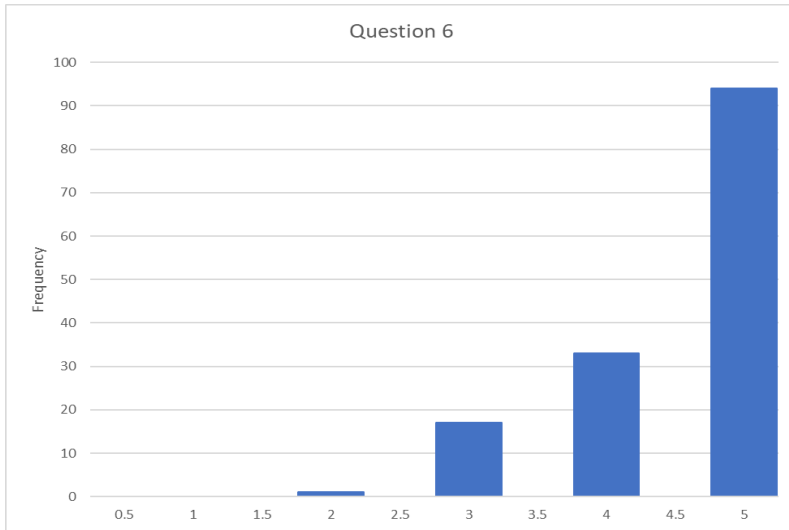
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Question 5: The staff listened to what I was saying



Of 145 patients, 123 (84.8%) reported a favorable response that the Exodus PHF staff listened to what they were saying, resulting in an average score of 4.38 with a standard deviation of 0.89.

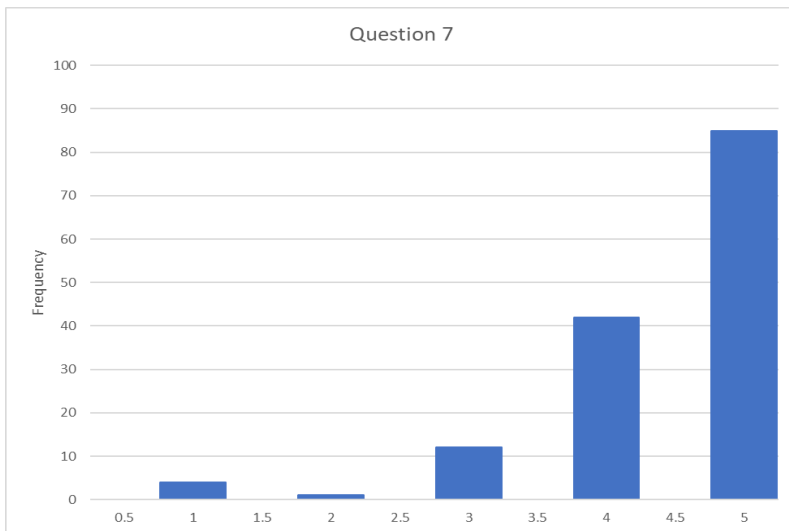
Question 6: Follow up treatment was explained to me



Of 145 patients, 127 (87.6%) reported a favorable response that their follow-up treatment was explained to them, resulting in an average score of 4.52 with a standard deviation of 0.73.

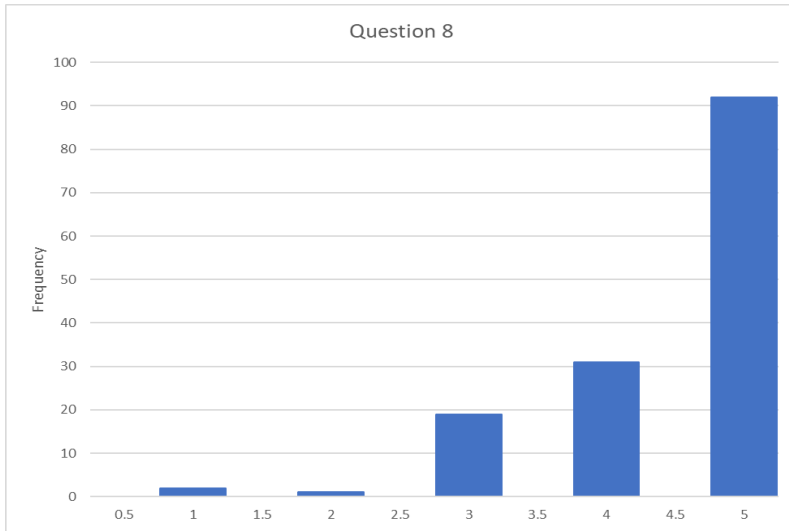
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[Question 7: Doctors answered all my questions](#)



Of 144 patients, 127 (88.2%) reported a favorable response that the Exodus PHF doctors answered all their questions, resulting in an average score of 4.41 with a standard deviation of 0.89.

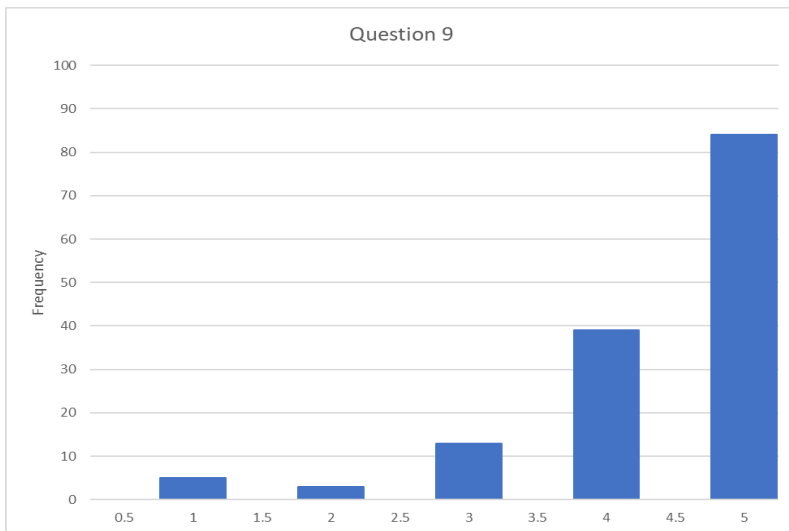
[Question 8: My condition improved from admission to discharge](#)



Of 145 patients, 123 (84.8%) reported a favorable response that their condition improved from admission at the Exodus PHF to their discharge at the Exodus PHF, resulting in an average score of 4.45 with a standard deviation of 0.85.

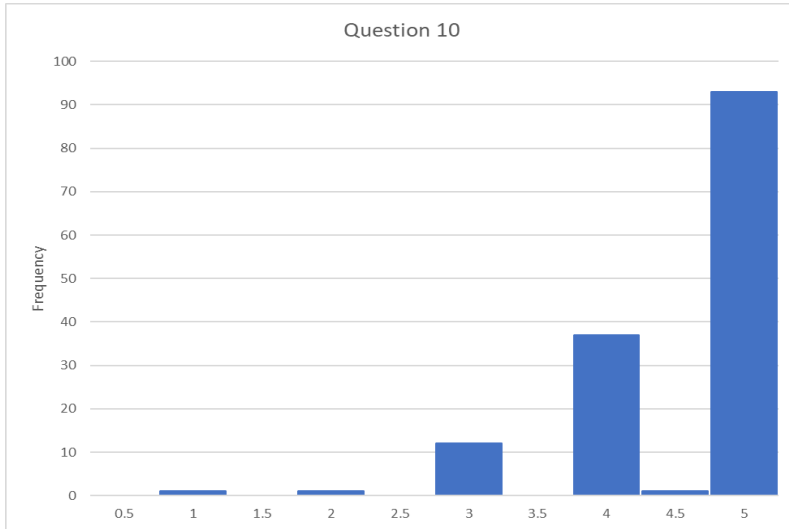
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[Question 9: It was easy to get services here](#)



Of 144 patients, 123 (85.4%) reported a favorable response that it is easy to get services at the Exodus PHF, resulting in an average score of 4.35 with a standard deviation of 0.98.

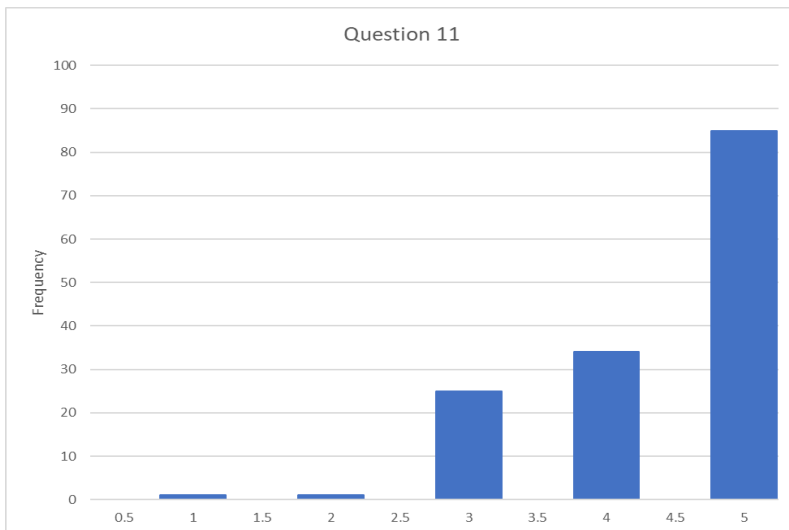
[Question 10: Doctors were friendly](#)



Of 145 patients, 131 (90.3%) reported a favorable response that doctors at the Exodus PHF were friendly, resulting in an average score of 4.53 with a standard deviation of 0.74.

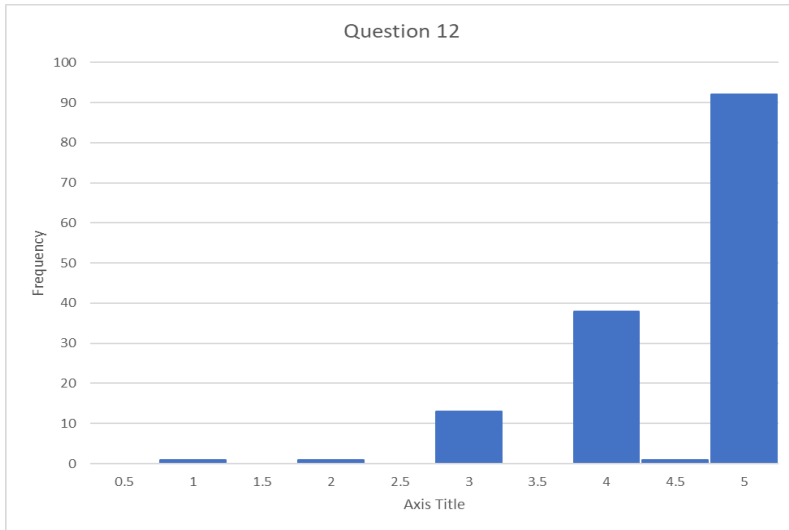
(Continued on Next Page)

Question 11: I was provided education about my situation



Of 146 patients, 118 (80.8%) reported a favorable response that they were provided education about their situation, resulting in an average score of 4.38 with a standard deviation of 0.84.

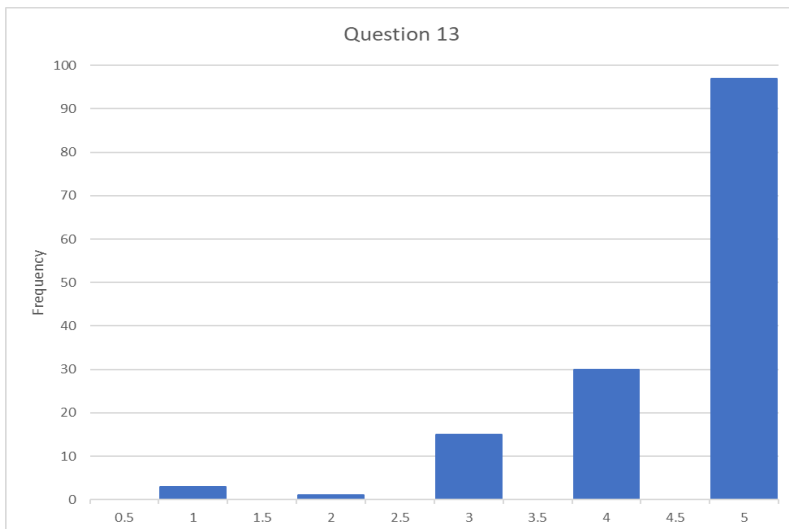
Question 12: My needs were met while at the facility



Of 146 patients, 131 (89.7%) reported a favorable response that their needs were met while at the Exodus PHF, resulting in an average score of 4.51 with a standard deviation of 0.74.

(Continued on Next Page)

Question 13: Staff provided services promptly



Of 146 patients, 126 (86.3%) reported a favorable response that staff provided services promptly, resulting in an average score of 4.49 with a standard deviation of 0.86.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.