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# WWC Organizational Analysis Questionnaire

Name of Center: \_\_\_\_\_

Location: \_\_\_\_\_

This questionnaire should be completed by the Center Director. Other staff may also contribute to providing the information. If possible, the questionnaire should be completed prior to the beginning of the site visit. Some of the questions will also be discussed during the visit.

## Information about Staff

1. List the positions of individuals who work at the WWC and indicate if they are full-time or part-time.

<u>Position Title:</u>	<u>Check one:</u>	<u>Full-time</u>	<u>or</u>	<u>Part-time</u>
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____
_____		_____		_____

2. Are there any positions that you would like to have at the WWC but don't? Why are you unable to have them? Please answer these questions below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*WWC Organizational Analysis Questionnaire, page 2*

Financial Information

3. Who pays for the services provided to patients at your WWC? Check (X) all that apply:

The government

Patients

Insurance

Donors/contributors

Other, please explain \_\_\_\_\_

4. If a patient has no way to pay for services, is your WWC able to provide services anyway?  
Please explain your answer.

5. Does your WWC have a sufficient level of revenue to cover ALL the expenses of your WWC?

Yes       No

If no, how do the expenses get paid? (Indicate, for example, if a sponsoring medical institute covers some of the expenses or if the WWC is carrying a debt.)

If the WWC is not currently collecting enough revenue to cover all its expenses, do you think it will be able to do so in the future? And when? Explain.

6. Do you have a staff person at the WWC who

a) records financial data or "keeps the books"       Yes       No

b) enters financial data into a computer       Yes       No

c) prepares financial reports for your review on a regular basis?       Yes       No

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If no one does these tasks at the WWC, is there someone else who does this for your WWC (such as your sponsoring medical institute)?

No     Yes    If yes, who? \_\_\_\_\_

Facilities and Equipment

7. Are you, your staff, and patients of the WWC satisfied with the building and the equipment of the WWC?

Yes    If anyone is not satisfied, explain what is unsatisfactory.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are there any plans for changing or expanding the WWC in the future?

\_\_\_\_\_

9. If equipment breaks or new equipment is needed, does the WWC have funds to replace equipment or purchase new equipment?

\_\_\_\_\_

Management Information and Systems

10. Do you use the software created by AIHA for use in WWCs?

Yes     No    If no, why not? \_\_\_\_\_

11. Please describe the reports that are prepared to help you assess how well the WWC is doing. For example, are statistical reports showing information about visits, diagnoses/problems, procedures issued on a monthly, quarterly or other regular basis? Describe financial reports if these are prepared regularly. Identify and describe any other reports.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*WWC Organizational Analysis Questionnaire, page 4*

12. Can you identify any reports that are NOT prepared that you would like to have prepared?

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13. Describe any continuous quality improvement projects in which your WWC has participated.

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14. Has your WWC provided any staff education or training sessions? Please list and describe these.

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15. Can you identify any education or training sessions that you believe your staff need?

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***Other***

16. Please use the space below to tell us anything else about your WWC that you think is important for the site review team to know.

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