Blank Assessment

Demographics

In what type of community does your practice or organization reside?

○ Urban
○ Suburban
○ Rural
○ Other

Which of the following best describes your practice setting for which this assessment is focused?

○ Hospital/Health System or other inpatient facility
○ Outpatient/Ambulatory Clinic
○ Community
○ Other: patient care
○ Other: not patient care

What is the bed size of your facility?

○ Does not apply to my practice setting
○ Small (fewer than 100 beds)
○ Medium (100 to 499 beds)
○ Large (500 or more beds)
○ I don't know

Ownership of my practice site or organization is:

○ For-profit
○ Nonprofit
○ Government (federal, state, local)

Considering your payer mix, which group represents the largest segment that influences the overall indicator for net revenue?

○ Private insurance/self-pay
○ Government insurance
○ Uninsured/uncompensated care
○ I don't know
○

Does not apply

Is there a medical residency program at your practice site?

○ Yes
○ No

Is there a pharmacy residency program at your practice site? (Check all answers that apply):

☐ PGY1 Pharmacy
☐ PGY2 Specialty
☐ PGY1/2 or 24 month program
☐ There is no pharmacy residency at my/our practice site

Which title most accurately represents your role within your practice or organization?

○ Chief Pharmacy Officer/VP of Pharmacy Services
○ Director of Pharmacy
○ Associate or Assistant Director of Pharmacy
○ Clinical Coordinator
○ Other Supervisory Position
○ Staff Pharmacist
○ Clinical Pharmacist-Generalist
○ Clinical Pharmacist-Specialist
○ Faculty/Academia
○ Informatics/Technology Specialist
○ Medication Safety Officer/Coordinator/Specialist
○ Resident
○ Student
○ Pharmacy Technician
○ Other

Assessment Questions

Recommendation A1. Pharmacists should collaborate with patients, families, and caregivers to ensure that treatment plans respect patients beliefs, values, autonomy, and agency.

In my organization, pharmacists collaborate with patients, families, and caregivers to ensure treatment plans respect patients beliefs, values, autonomy, and agency.

○ Always or almost always
○ Most of the time
○ Sometimes
○ Rarely
○ Never
○ N/A

Recommendation A2. The pharmacy workforce should lead medication reconciliation processes during care transitions (e.g., emergency department, upon admission and discharge, ambulatory care setting, community pharmacy, long term care).

Check all answers that apply: The pharmacy workforce in my organization leads medication reconciliation processes during care transitions:

In the emergency department

☐ Pharmacist/Pharmacy Technician
☐ Intern or Student Pharmacist
☐ Practice setting not available at my facility
☐ The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

When admitted to an inpatient ward

☐ Pharmacist/Pharmacy Technician
☐ Intern or Student Pharmacist
☐ Practice setting not available at my facility
☐ The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

When discharged from an inpatient ward

☐ Pharmacist/Pharmacy Technician
☐ Intern or Student Pharmacist
☐ Practice setting not available at my facility
☐ The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

In ambulatory care settings

☐ Pharmacist/Pharmacy Technician
☐ Intern or Student Pharmacist
☐ Practice setting not available at my facility
☐ The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

Within a community pharmacy setting

☐ Pharmacist/Pharmacy Technician
☐ Intern or Student Pharmacist
☐ Practice setting not available at my facility
☐ The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

Within a long-term care setting

☐ Pharmacist/Pharmacy Technician
☐ Intern or Student Pharmacist
☐ Practice setting not available at my facility
☐ The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

Recommendation A3. The pharmacy workforce should collaborate with patients, caregivers, payers, and healthcare professionals to establish consistent and sustainable models for seamless transitions of care.

In my organization, the pharmacy workforce collaborates to establish a consistent and sustainable model for seamless transitions of care with:

	Always or almost always	Most of the time	Sometimes	Rarely	Never	N/A
Patients	○	○	○	○	○	○
Caregivers	○	○	○	○	○	○
Payers	○	○	○	○	○	○
Healthcare Professionals	○	○	○	○	○	○

Recommendation A4. Pharmacist documentation related to patient care must be available to all members of the healthcare team, including patients, in all care settings.

In my organization, the documentation made by pharmacists related to patient care is available to (Check all answers that apply):

☐ Other members of the patient s healthcare team
☐ The patient
☐ Healthcare providers external to my practice site
☐ Community pharmacies or other external pharmacy service providers
☐ Pharmacists at my site do not document

Recommendation A5. The pharmacy workforce should partner with patients and the interprofessional care team to identify, assess, and resolve barriers to medication access, adherence, and health literacy.

In my organization, the pharmacy workforce partners with patients and the interprofessional care team to identify, assess, and resolve barriers to:

	Always or almost always	Most of the time	Sometimes	Rarely	Never	N/A
Medication access	○	○	○	○	○	○
Medication adherence	○	○	○	○	○	○
Health literacy	○	○	○	○	○	○

Recommendation A6. Patients must have access to a pharmacist in all settings of care.

In my organization, patients have access to a pharmacist in the following settings of care:

	Always or almost always	Most of the time	Sometimes	Rarely	Never	N/A
Inpatient Setting	○	○	○	○	○	○
Outpatient Pharmacy	○	○	○	○	○	○
Ambulatory Care Clinic	○	○	○	○	○	○
Emergency Department	○	○	○	○	○	○
Long-Term Care	○	○	○	○	○	○
Home Infusion	○	○	○	○	○	○

Specialty Care Clinics	○	○	○	○	○	○

Recommendation A7. The pharmacy workforce, in all care settings, must have access to complete patient medical records and related health information.

In my organization, in compliance with privacy laws, the pharmacy workforce access to patient medical records and related health information would be described as:

	Complete access	Mostly complete access, some aspects of the record are not available	Partial access, many aspects of the record are not available	Limited to pharmacy specific data only	Service(s) not available at my practice site
Inpatient Setting	○	○	○	○	○
Outpatient or Community Pharmacy	○	○	○	○	○
Ambulatory Care Clinic	○	○	○	○	○
Emergency Department	○	○	○	○	○
Long-Term Care	○	○	○	○	○
Home Infusion	○	○	○	○	○
Home Health	○	○	○	○	○
Telehealth	○	○	○	○	○
Specialty Care Clinics	○	○	○	○	○

Recommendation A8. The pharmacy enterprise should be integrated and modeled to provide patient-centered care across the continuum (e.g., home and outpatient infusion, specialty pharmacy, community pharmacy, acute care).

With respect to the following statement, pick the answer that best describes your organization: My organization s pharmacy practice sites are integrated and modeled to provide patient-centered care across the continuum that our patients are likely to receive **within this health system**

○ Yes, it is a seamless system with timely and effortless data sharing to and from those who need it
○ There is reasonable access to necessary data, but some manual processes are involved
○ There is access to necessary data, but it s cumbersome, requiring mostly manual processes
○ No, data access to help provide integrated, patient-centered care across the continuum is functionally lacking

Recommendation A8. The pharmacy enterprise should be integrated and modeled to provide patient-centered care across the continuum (e.g., home and outpatient infusion, specialty pharmacy, community pharmacy, acute care).

With respect to the following statement, pick the answer that best describes your organization: My organization s pharmacy practice sites are integrated and modeled to provide patient-centered care across the continuum that our patients are likely to receive even when patients' care moves **outside of my site's health system**

○ Yes, it is a seamless system with timely and effortless data sharing to and from those who need it
○ There is reasonable access to necessary data, but some manual processes are involved
○ There is access to necessary data, but it s cumbersome, requiring mostly manual processes
○ No, data access to help provide integrated, patient-centered care across the continuum is functionally lacking

Recommendation A9. The pharmacy workforce should lead medication education for patients and caregivers that optimize outcomes, including in care transitions.

In my organization, medication education for patients and caregivers, including during care transitions, is led by the pharmacy workforce.

○ Always or almost always
○ Most of the time
○ Sometimes
○ Rarely
○ Never
○ N/A

Recommendation A10. Pharmacists should play an active role in ensuring that ethical principles drive clinical and business decisions related to medication use.

In my organization, when ethical dilemmas arise in clinical or business practices associated with medication use, pharmacists:

○ Lead the decision-making process
○ Are active partners in the decision-making process, but do not lead it
○ Are sometimes consulted in the decision-making process
○ Are generally not involved in the decision making
○ N/A

Recommendation A11. Health systems must provide 24/7 pharmacy services with advanced clinical capability.

My health system s patients have access to pharmacy services (in person or via technology) that include advanced clinical capabilities

○ 24 hours a day, 7 days a week
○ 16 hours a day, at least 5 days a week
○ 8 hours a day, at least 5 days a week
○ My health system s patients do not have access to pharmacy services that include advanced clinical capabilities
○ N/A

Recommendation A12. Health systems should support innovative models for providing a safe and appropriate level of pharmacy services for small and rural hospitals or other alternative practice settings.

[Receive services] My organization s practice sites partner with other sites or services so patients of the organization have access to a safe and appropriate level of pharmacy services that would not be feasible for us to provide internally by (choose the answer that is most applicable):

○ Having formal support relationships that we regularly utilize to provide care on site
○ Having informal support relationships that we often utilize to provide care on site
○

Referring patients to other locations as needed
○ While we have needs for these services beyond our capabilities, we do not have an established method for providing pharmacy services
○ We have no unmet needs and do not need established methods for providing pharmacy services beyond our own capabilities

Recommendation A12. Health systems should support innovative models for providing a safe and appropriate level of pharmacy services for small and rural hospitals or other alternative practice settings.

[Give services] My organization s practice sites partner with other sites to help ensure their patients have access to a safe and appropriate level of pharmacy services that would not be feasible for those other sites to provide internally (choose the answer that is most applicable):

○ By having formal support relationships that are regularly utilized to enable care to be provided at their site
○ By having informal support relationships that are often utilized to enable care to be provided at their site
○ By accepting referred patients from other locations for pharmacy services to be provided at our site
○ We have identified pharmacy services needed by other sites, but we do not have processes in place to offer in support
○ We have not identified any pharmacy services needed by others that we would be able to offer in support

Recommendation A13. Pharmacy departments should take responsibility for appropriate medication use in the structuring of external partnerships.

In the structural design of my organization s external partnerships, our pharmacy department is responsible for ensuring appropriate medication use (choose the statement that is most applicable):

○ My site s pharmacy department has good oversight and can effectively correct medication use issues with external partners
○ My site s pharmacy department has some oversight and can usually influence medication use issues with external partners
○ My site s pharmacy department has limited oversight and has significant challenges in influencing medication use issues with external partners
○ My site s pharmacy department has no oversight and has no effective methods in influencing medication use issues with external partners
○ My site does not have external partnerships that involve medication use

Recommendation A14. Pharmacists should lead and advocate for comprehensive medication management in all healthcare settings.

Pharmacists in my organization lead and advocate for comprehensive medication management in (choose all that apply):

	Always or almost always	Most of the time	Sometimes	Rarely	Never	N/A
Inpatient Setting	○	○	○	○	○	○
Outpatient Pharmacy	○	○	○	○	○	○
Ambulatory Care Clinic	○	○	○	○	○	○
Emergency Department	○	○	○	○	○	○

Long-Term Care	○	○	○	○	○	○
Home Infusion	○	○	○	○	○	○
Home Health	○	○	○	○	○	○
Telehealth	○	○	○	○	○	○
Specialty Care Clinics	○	○	○	○	○	○

Recommendation B1. All pharmacists should have an individualized continuing professional development plan.

In my organization, individualized continuing professional development plans for pharmacists are:

○ Required
○ Encouraged
○ Optional
○ Not utilized

Recommendation B2. Pharmacists should leverage and expand their scope of practice, including prescribing, to optimize patient care.

Pharmacists in my organization have prescriptive authority (Select option that best describes your organization):

○ Independently through a credentialing and privileging process
○ Through a collaborative practice agreement or medical staff approved protocols
○ No, but we are permitted to adjust dosing
○ Pharmacists in my organization do not have prescriptive authority

Recommendation B3. Pharmacists should participate in and assume key roles on emergency response teams.

The level of involvement of pharmacists in my organization with emergency response teams is best described as:

○ They are required team members 24/7, with defined responsibilities
○ They are required team members during limited hours, with defined responsibilities
○ They participate when available, providing assistance as needed
○ Pharmacists do not participate in or assume roles on emergency response teams at my site
○ My site does not have emergency response teams

Recommendation B4. Health systems should require completion of ASHP-accredited residency training as a minimum credential for new pharmacist practitioners.

When hiring a new pharmacist practitioner at my organization, completion of ASHP-accredited residency training is:

○ Required
○ Strongly preferred, but will hire if no residency-trained candidates are available
○ Favored, but not a strong discriminator among applicants with equivalent experience
○ Not considered an important factor

Recommendation B5. Pharmacists should participate in organization-based credentialing and privileging processes to ensure competency within their scope of practice.

How many of your organization s pharmacists participate in an organization-based credentialing and privileging processes?

○ It is required for all pharmacists
○ It is not required for all, but it is required for most pharmacists
○ It is not required for most, but is required for some pharmacists
○ None

Recommendation B6. Pharmacy practice leaders should ensure that their workforce has the necessary knowledge and competency to adapt to emerging healthcare needs.

In my organization, we ensure our pharmacy workforce is competent to adapt to emerging healthcare needs.

○ With an active and effective formal competency assessment program that is reevaluated and updated at least annually
○ With a formal competency assessment program that is mostly static
○ With ad hoc or informal competency assessments, addressing problems as they arise
○ My organization treats this as an individual responsibility

Recommendation B7. Pharmacists practicing in specialty areas should be board-certified through the Board of Pharmacy Specialties or other appropriate body.

Board-certification through the Board of Pharmacy Specialties or other appropriate body for pharmacists practicing in specialty areas in my organization is:

○ Required before being assigned to a specialty practice
○ Required within a specified timeframe of being hired for or assigned to a specialty practice
○ Strongly preferred, but not required
○ Favored, but not a strong discriminator
○ Not considered an important factor

Recommendation C1. Pharmacists should use health information technologies to advance their role in patient care and population health .

In my organization, pharmacists use of health information technologies to advance their role in patient care and population health is:

○ Widespread and highly useful
○ Moderate and useful
○ Infrequent, but somewhat useful
○ Infrequent and not very useful
○ Not used

Recommendation C2. Pharmacy practice leaders should foster the development and application of advanced analytics (e.g., machine learning and artificial intelligence) in activities such as risk assessment, monitoring performance metrics, identifying patients in need of pharmacist care, optimizing medication use, and business management.

With respect to the development and application of advanced analytics in activities such as risk assessment, monitoring performance metrics, identifying patients in need of pharmacist care, optimizing medication use, and business management, my organization would be best described as:

○ Significant and meaningful programs that are in use in practice now
○ Significant and meaningful efforts currently underway
○ Nothing implemented yet, but have current plans to explore possibilities
○

No current or planned activity in these efforts

Recommendation C3. Pharmacy practice leaders should be engaged in assessing emerging patient care technologies (e.g., mobile applications, monitoring devices, digital wearables or ingestibles, blockchain technology) to support optimal medication use outcomes.

My organization utilizes patient care technologies to support optimal medication use outcomes including (check all that apply):

	Significant and meaningful programs are in use	Significant and meaningful efforts are currently underway	Nothing implemented yet, but have current plans to explore possibilities	No current or planned activity in these efforts
Mobile applications	○	○	○	○
Monitoring devices	○	○	○	○
Digital wearables	○	○	○	○
Ingestibles	○	○	○	○
Blockchain technology	○	○	○	○

Recommendation C4. The pharmacy workforce should be competent in health information technology (including but not limited to analytics, automation, and clinical applications of technology) with ongoing education and training embedded at all stages of career development.

My organization s commitment to providing or requiring ongoing education and training embedded at all stages of expected career paths ensuring competence in health information technology (including but not limited to analytics, automation, and clinical applications of technology) would be best described as:

○ Comprehensive
○ Significant
○ Moderate
○ Limited
○ Absent

Recommendation C5. Virtual pharmacy services (e.g., telehealth) should be deployed to optimize operational and clinical services that extend patient care services and enhance continuity of care.

My organization utilizes virtual pharmacy services (e.g., telehealth) to optimize operational and clinical services that extend patient care services and enhance continuity of care.

○ Frequently
○ Somewhat
○ Rarely
○ Not at all
○ Not applicable

Recommendation C6. The pharmacy enterprise must have sufficient resources to develop, implement, and maintain technology-related medication-use safety standards.

The resources that my organization spharmacy enterprise has to develop, implement, and maintain technology-related medication-use safety standards are:

○ Sufficient, all or almost all of our needs are met
○ Reasonable, but more would be useful
○ Limited, we have some, but have a great need for more
○ Insufficient

Recommendation C7. Pharmacy departments should have access to an analytics resource, such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists.

My pharmacy department s access to an analytics resource, such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists is:

○ Excellent, as much as we can currently utilize
○ Good, but more would be useful
○ Somewhat limited, we have significant challenges in this area
○ Extremely limited or none

Recommendation C8. Pharmacy departments should use technology to ensure the safe compounding of sterile products.

My pharmacy department s use of technology to ensure the safe compounding of sterile products (CSPs) would be described best as:

○ Excellent, as much as we likely need, any more would not be likely to add value
○ Good, but more would be useful
○ Somewhat limited, we have significant challenges in this area
○ Extremely limited or none
○ My site outsources CSPs or does not provide CSP services

Recommendation D1. Pharmacy technicians should participate in advanced roles in all practice settings to promote efficiency and improve access to patient care.

In my organization, pharmacy technicians are utilized in advanced roles in the following settings to promote efficiency and improve access to patient care (choose all that apply):

	To the full extent legally allowed	Greatly, but not to the full extent legally allowed	Somewhat	Rarely or never	Service(s) not available at my practice site
Inpatient Setting	○	○	○	○	○
Outpatient Pharmacy	○	○	○	○	○
Ambulatory Care Clinic	○	○	○	○	○
Emergency Department	○	○	○	○	○
Long-Term Care	○	○	○	○	○

Home Infusion	○	○	○	○	○
Home Health	○	○	○	○	○
Telehealth	○	○	○	○	○
Specialty Care Clinics	○	○	○	○	○

Recommendation D2. Pharmacy technicians should have complete responsibility for advanced technical and supporting activities (e.g., order fulfillment, tech-check-tech, regulatory compliance, supply chain management, diversion prevention, revenue cycle management, patient assistance programs).

In my organization pharmacy technicians are completely responsible for the following advanced technical and supporting activities (Check all answers that apply):

☐ Order fulfillment
☐ Tech-check-tech product verification
☐ Regulatory compliance
☐ Supply chain management
☐ Controlled substance management
☐ Diversion prevention
☐ Revenue cycle management
☐ Patient assistance programs
☐ Obtaining medication history
☐ Hazardous drug management
☐ Automated dispensing cabinet management
☐ Technician training program preceptor
☐ Sterile processes training and testing
☐ None of the above

Recommendation D3. All newly hired technicians should have completed an ASHP/ACPE-accredited technician education and training program.

Training of newly hired technicians in my organization would be best described as:

○ Completion of an ASHP/ACPE-accredited education and training program
○ Completion of an externally provided, structured education and training program (non-ASHP/ACPE-accredited)
○ Completion of a non-accredited in-house education and training program (e.g., didactic, lecture, self-study and a written exam)
○ Participation in on-the-job training, but no formalized, comprehensive training program

Recommendation D4. Health systems should require technicians to be certified by the Pharmacy Technician Certification Board.

Certification by the Pharmacy Technician Certification Board (PTCB) for my organization s pharmacy technicians is:

○ Required for all
○ Certification is required for all, but we also accept non-PTCB certification
○ Required for some
○ Not required

Recommendation D5. Pharmacy departments should foster the development of professional career paths for pharmacy technicians

In my organization, professional career paths for pharmacy technicians are:

○ Well established
○ Not well established, but formal career paths are actively being developed
○ Not well established, but we informally foster the careers of pharmacy technicians
○ We have not established professional career paths formally or otherwise for pharmacy technicians

Recommendation D6. A scope of practice including core competencies should be developed and defined for pharmacy technicians in acute care and ambulatory care settings.

My organization has developed and defined the pharmacy technicians scope of practice, including core competencies:

○ In both acute-care and ambulatory-care settings
○ In the ambulatory-care setting only
○ In the acute-care setting only
○ In neither the acute-care nor the ambulatory-care setting

Recommendation E1. Pharmacists should advance the use of pharmacogenomic information for personalized medication treatment.

Pharmacists in my organization use pharmacogenomic information for personalized medication treatment of patients.

○ Frequently
○ Somewhat
○ Rarely
○ Not at all

Recommendation E2. Pharmacists should assume leadership roles in medication stewardship activities at the local, state, and national levels.

Pharmacists in my organization are actively involved in leadership roles for medication stewardship activities at the local, state, and/or national levels.

○ Frequently
○ Somewhat
○ Rarely
○ Not at all

Recommendation E3. Pharmacy must be an active and accountable partner in the financial stewardship (e.g., minimizing waste, using cost-effective therapies, managing the supply chain) of care delivered in all settings.

In my organization, pharmacy is an active and accountable partner in the financial stewardship of care delivered in all settings.

○ Always or almost always
○ Most of the time
○ Sometimes
○ Rarely

Recommendation E4. Pharmacy practice leaders should ensure evidence-based medication use by continually analyzing and reporting use patterns and outcomes.

In my organization, we ensure evidence-based medication use by continually analyzing and reporting use patterns and outcomes:

○ Always or almost always
○ Most of the time
○ Sometimes
○ Rarely

Recommendation E5. Health systems should support interprofessional innovation centers designed to pursue breakthroughs in areas such as patient experience, medication use, clinical outcomes, operational efficiency, technology, and revenue generation.

In regards to supporting interprofessional innovation centers designed to pursue breakthroughs in areas such as patient experience, medication use, clinical outcomes, operational efficiency, technology, and revenue generation, my organization is:

○ Currently engaged in efforts with its own formal programs or partnerships with others
○ Currently engaged in informal efforts, but no specific formal programs or partnerships
○ Actively exploring available options in which to engage
○ Not currently engaged or actively exploring options in which to engage

Recommendation E6. Health systems should support the well-being and resiliency of their staffs.

My health system s support of the well-being and resiliency of our staff would be best described as:

○ Sustaining: culture of commitment with adequately resourced infrastructure
○ Improving: meaningful steps taken at the systems level to advance solutions for well-being and resilience
○ Developing: resources and programming developed to educate on well-being and resilience
○ No action identified

Recommendation E7. Pharmacy departments should strive to achieve equity, diversity, and inclusion in all technical, clinical, and leadership roles.

My organization has policies and processes in place that strive to achieve equity, diversity, and inclusion in all technical, clinical, and leadership roles:

○ That are well known, active, and effective in providing fair opportunities
○ That are generally known, often used, and generally effective in providing opportunities
○ That are vague, not implemented in a formalized manner, and it is unclear if they provide real opportunities
○ That do not seem to be implemented (formally or informally) nor are they effective in providing real opportunities
○ I am not aware of my organization s policies on this topic

Recommendation E8. The pharmacy enterprise should engage, employ, or develop expertise in areas such as finance, analytics, business management, quality assurance, informatics, human resources, payer relations, and supply chain management.

My organization s pharmacy enterprise engages, employs, or develops expertise in the following areas (Choose all that apply):

☐ Finance and Business Management
☐ Analytics
☐ Quality assurance
☐ Informatics
☐ Human resources
☐ Payer relations
☐ Supply chain management
☐ None of the above

Recommendation E9.Health systems should have a pharmacist executive leader, with a reporting structure consistent with other executive leaders, to oversee and influence enterprise-wide decision making related to medication use and technology.

My health system has a pharmacist executive leader, with a reporting structure consistent with the other executive leaders in my organization, to oversee and influence enterprise-wide decision making related to medication use and technology.

○ Yes
○ No

Recommendation E10.The pharmacy workforce should assess and mitigate risk in medication-use systems across all settings.

In my organization, our pharmacy workforce assesses and mitigates risk in medication-use systems across all settings.

○ With a formal risk management approach, effective formal risk assessments, the risk assessment program is continuous and includes a review of errors reported by external entities to identify internal risk is reevaluated and updated at least annually
○ With a formal risk management approach, the risk assessment program is mostly static
○ With reactive or informal risk assessments, addressing problems as they arise
○ My practice site does not perform risk assessments