



ACUTE CARE HOSPITAL

Myth or Reality?

Setting the Record Straight

Hospital accreditation comes with a lot of misconceptions. Maybe you've heard that changing accreditors is risky, that there's only one real option, or that switching means starting over. These are misconceptions.

Today's hospitals have choices. Understanding the facts can help you make a strategic choice that best fits and supports your organization.

The Facts

- **There is more than one CMS-approved hospital accreditor.** CMS recognizes multiple accreditation organizations (AOs) with deeming authority for hospitals. The question isn't "Can we choose?" it's "Which AO is the best fit for our hospital?"
- **Changing accreditors doesn't affect your Medicare certification.** Hospitals can transition between CMS-approved accreditors without losing Medicare certification when the process is properly planned.
- **Every CMS-approved accreditor evaluates the same federal requirements.** All AOs survey hospitals against the Medicare Conditions of Participation. The difference is in the experience, support, resources, and accessibility they provide.
- **You don't have to wait until renewal to explore your options.** Many hospitals start comparing AOs well before their next survey, giving them time to make informed decisions.

Myth or Reality

MYTH: All accreditors are basically the same.

REALITY: Every CMS-approved accreditor surveys to the same federal requirements. But each AO has a unique approach and this results in dramatically different experiences.

Ask your teams:

- Is support easy to access?
- Are standards presented and explained clearly?
- Are survey criteria transparent?
- Do surveyors educate as they survey?
- Are free tools and resources available?
- Is pricing inclusive?
- Is the accreditor committed to your success?

These are the differences hospital teams remember about the accreditation experience.



(855) 937-2242



achc.org



customerservice@achc.org

ACHC is **THE Smart, Modern Choice** for Hospital Accreditation.



MYTH: Changing accreditors means starting over.

REALITY: Your hospital has already built strong policies, processes, and quality programs. Transitioning to a new AO should mean aligning what you already have, not rebuilding everything from scratch.

MYTH: It's easier to stay with the accreditor we know.

REALITY: Staying with what's familiar may seem easier, but choosing an AO is a strategic decision. It's worth asking: Do you get value from your current accreditor beyond validating compliance?

MYTH: Accreditation is all about finding deficiencies.

REALITY: Accreditation should do more than identify gaps. It should help your team learn, grow, and continuously improve. The best survey experiences feel collaborative, not adversarial.

MYTH: Accreditation only matters during survey season.

REALITY: Your survey is a milestone in the accreditation cycle. But hospitals that limit their focus to ramping up before a survey put themselves at risk and miss the real value that comes from ongoing education, guidance, and continuous improvement.

MYTH: Accreditors vary in prestige.

REALITY: The "best" AO is the one that meets your hospital's needs through comprehensive programs, clear communication, accessible support, transparent pricing, and a focus on helping you deliver, safe, high-quality patient care in a sustainable business environment.

Why Hospitals Choose ACHC

At ACHC, we believe accreditation is a relationship. Hospitals choose ACHC for who we are as well as for what we do. As Accreditation Nerds, our collaborative approach, experienced surveyors, responsive support, practical clinical guidance, and focus on education define us.

Questions to ask when comparing accreditors:

- Will this organization support us before, during, and after our survey?
- Are surveyors educators as well as evaluators?
- Are standards clear and practical?
- Can we easily get answers when we have questions?
- Will this partnership help us continuously improve?



The Bottom Line

Choosing an accreditor involves separating myths from reality and matching your hospital's needs to the capabilities and philosophy of the AO.

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