

Salary

Average salary: \$70,000–89,000 per year

Now the results you've all been waiting for: The most common salary for an accreditation specialist in 2019 was between \$70,000 and 89,000 per year. A full 33% of respondents fell within this range. Of the other ranges, considered together:

- 30% made less than \$70,000 per year
- 35% made over \$89,000 per year

Looking back over our prior salary surveys, the \$70,000–\$89,000 range has been the most common salary range for accreditation professionals ever since 2011.

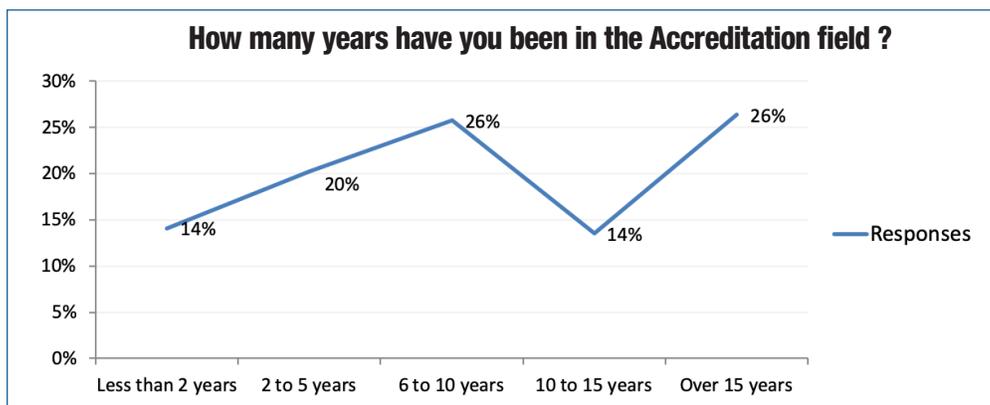
The bad news is that there appears to be a slight slump in accreditation salaries compared to 2017. Compared to our last report, fewer of you are making more than \$89,000 and more are being paid under \$70,000.

It's not surprising to see a slump in salaries, says **Jodi Eisenberg, MHA, CQH, CPMSM**, senior director of programs at Vizient and author of the HCPro book *The Survey Coordinator's Handbook*. Accreditation professionals often struggle to get leadership to recognize their value, she says. Those leaders who do also recognize the need for appropriate pay.

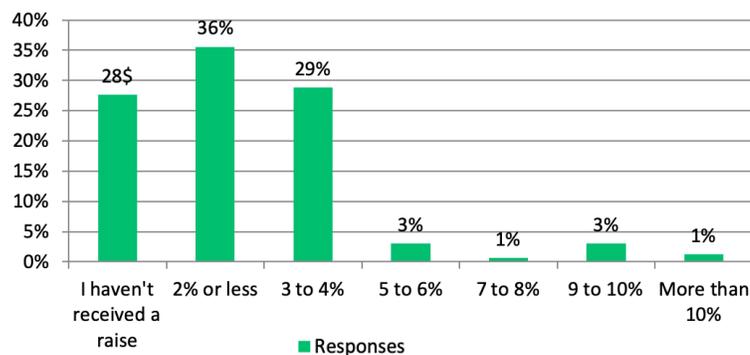
"[But] because [accreditation professionals] are largely working behind the scenes with operational partners, their leadership is often in the background until the time of the survey," Eisenberg says. "I think the more important point here is that the accreditation professional have a seat at the leadership table. Too often, organizations don't recognize the key leadership contributions this person can and does make to overall operations. They are excluded from leadership meetings. In order to be an effective partner with their operational leaders, they need to be considered a peer."

"We still have a long way to go," she adds. "The greatest percentage of these professionals are women, [who] continue to struggle with obtaining equitable pay in all industries."

Salary	2012	2015	2017	2019
Less than \$30,000 per year	3%	1%	1%	3%
\$30,000 to \$49,999 per year	10%	3%	7%	9%
\$50,000 to \$69,999 per year	18%	24%	17%	21%
\$70,000 to \$89,999 per year	35%	26%	31%	33%
\$90,000 to \$109,999 per year	23%	14%	23%	16%
\$110,000 to \$129,999 per year	5%	14%	7%	9%
\$130,000 to \$149,999 per year	4%	13%	7%	4%
\$150,000 or more per year	3%	5%	7%	6%



Have you received a raise within the last 12 months? If so, approximately what percentage of your salary was the increase?



Raises*	2012	2015	2017	2019
None	34%	33%	26%	28%
2% or less	31%	41%	41%	36%
3%–4%	27%	22%	26%	29%
5%–6%	3%	3%	3%	3%
7%–8%	1%	0%	1%	1%
9%–10%	2%	1%	1%	3%
10% or more	3%	0%	2%	1%

*Percentages may not add up to 100% due to rounding.

**Average raise size:
4% or lower**

Good news: 72% of you got a raise in the last 12 months! Of those raises, almost two-thirds were 4% or less, with two lucky individuals getting raises in the double digits.

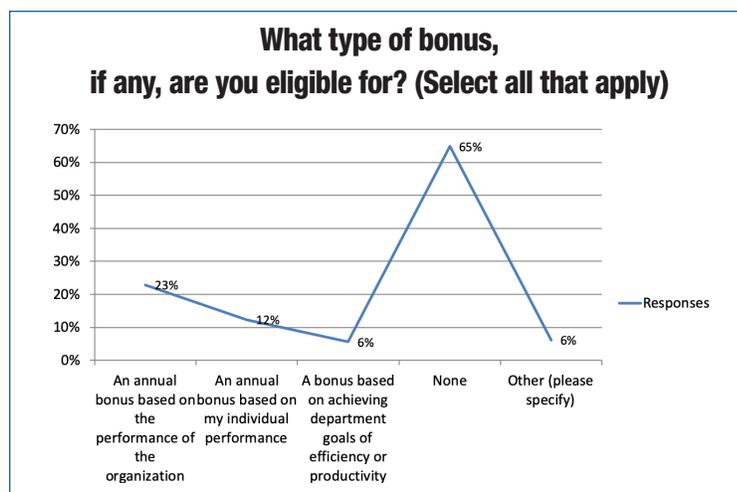
More of you are getting raises this year than in 2012.

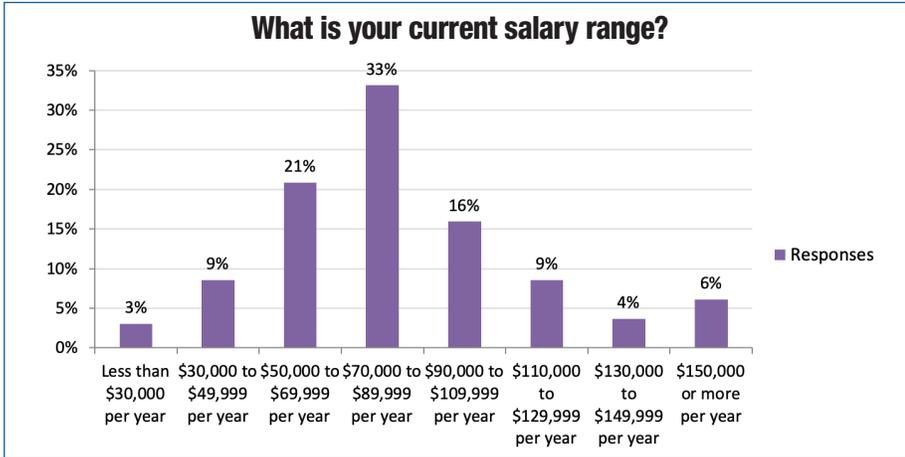
You were slightly more likely to get a raise of 5% or more this year than at any point in the last seven years.

**Chance of getting a bonus:
35%**

Traditionally, bonuses are hard to come by for accreditation professionals. This year was no different—65% of respondents didn't get one. Of those who did, only 12% had theirs determined by their individual performance. For the rest, their bonuses were in the hands of their departments or their facility.

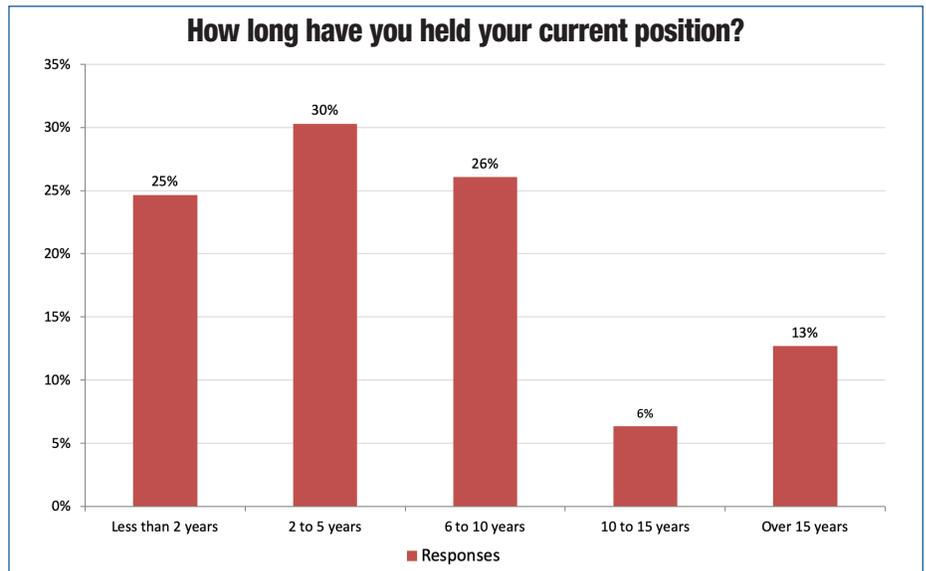
Bonuses (Click all applicable)	2012	2015	2017	2019
No bonus	69%	66%	69%	65%
Bonus: Org. performance	22%	24%	23%	23%
Bonus: Individual performance	10%	12%	12%	12%
Bonus: Department goals	11%	0%	4%	6%
Other	3%	3%	3%	6%





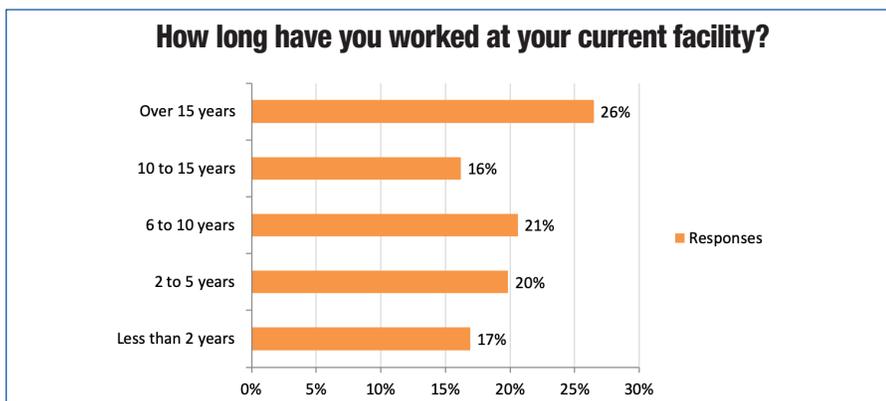
Years in accreditation field: 10–15 years

It seems that for accreditation professionals, the time to leave the field is at the 10–15 year mark. If you make it past that, you’re in for the long haul.



Years in current position: 2–5 years

Many leave their current positions once they hit the 10-year mark.



Years at current facility: Over 15 years

The numbers here are fairly evenly distributed. But if you’re not sick of a place after 15 years, why leave?

Happiness & burnout

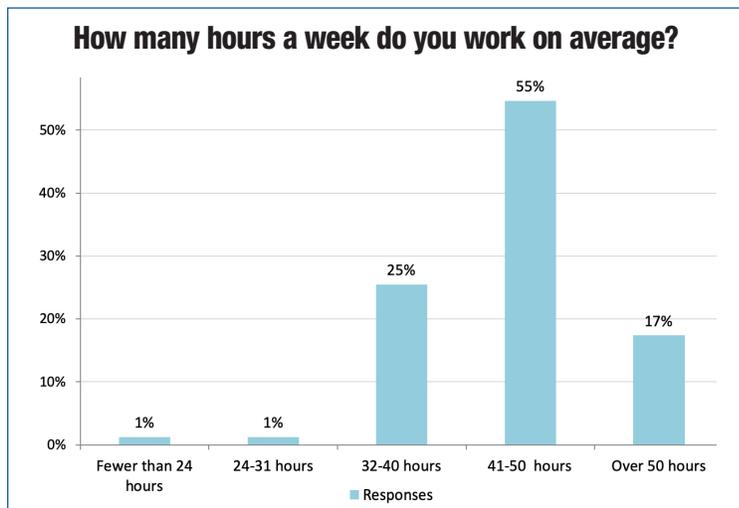
Accreditation specialists, by a large margin, really enjoy their jobs. Nearly 70% of respondents said they were either very satisfied or satisfied with their job. 21% said they were neutral, leaving only 7% saying they weren't happy.

It makes sense, then, that most respondents have no plans to leave the accreditation field this year.

However, despite the positive attitude toward their jobs, a majority of accreditation professionals are experiencing some level of burnout—which likely explains what respondents said about their workloads and ever-growing responsibilities.

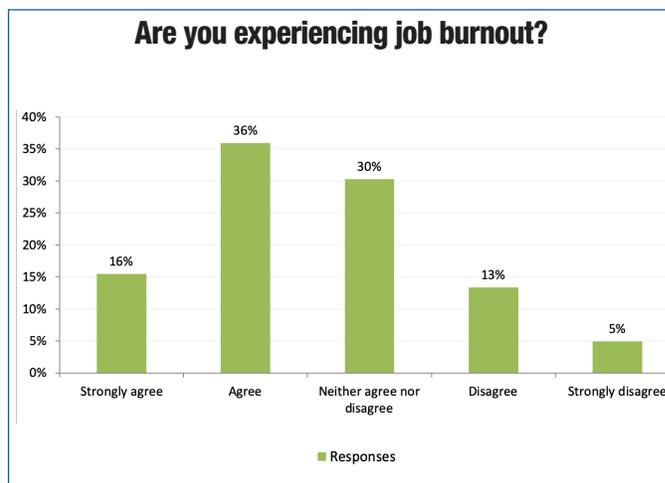
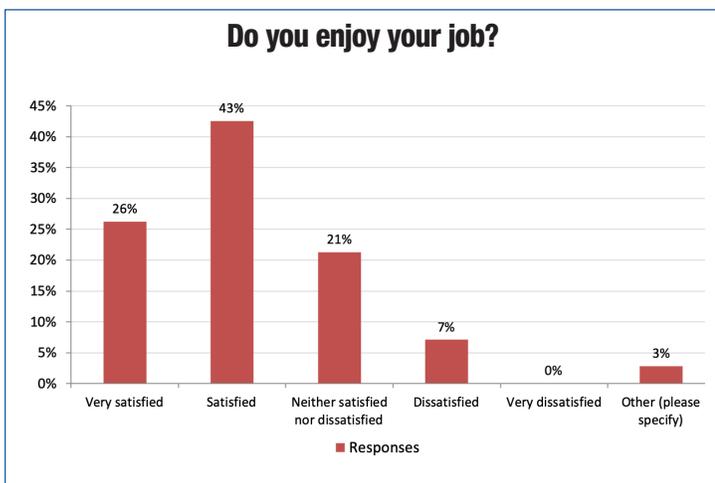
That said, feelings for a job can be complicated. The respondents who answered “Other” to Question 11 said they like their work, but are struggling with their work-load or leadership.

- “I love my job, there is just too much of it to do.
- “I love the work, as it relates to why the ‘rules’ matter, but definitely unsatisfied with the current climate of ‘just keep us from being in trouble.’ ”
- “I like to help the organization, but get very frustrated with competing with other initiatives, compliance issues and people not following policies. I have no one to help, nor the time to do a thorough job.”



Average workweek: 41–50 hours per week

Over half of respondents work a 41–50 hour week, and 17% work over 50 hours. Only a quarter of you work a “typical” 40-hour week.”



Demographics

The demographics of the accreditation field have remained consistent since our last survey. Based on our calculations, the average accreditation specialist is female, is between 51 and 60 years old, has had her job for two to five years, and works in an urban setting in the Southeast or North Central U.S.

Accreditation has traditionally been a female-dominated field, though the proportion of men entering the field has grown slightly in the past four years. The majority of respondents (36%) were in the 51–60 age range. This has been the largest age group for the past seven years.

However, the dominance of this age group, and ages above it, is on the wane. For the first time ever, there was a 50/50 split between accreditation professionals younger than 51 and those over it. This is a dramatic change from our last survey, where the age gap was 59% to 41% in favor of the elders.

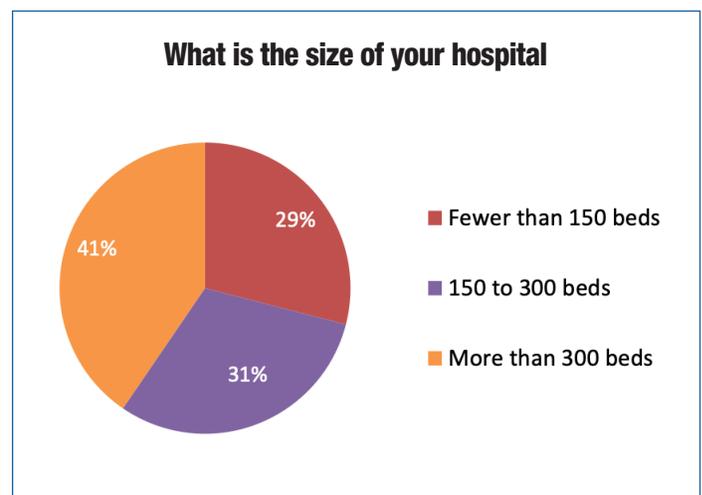
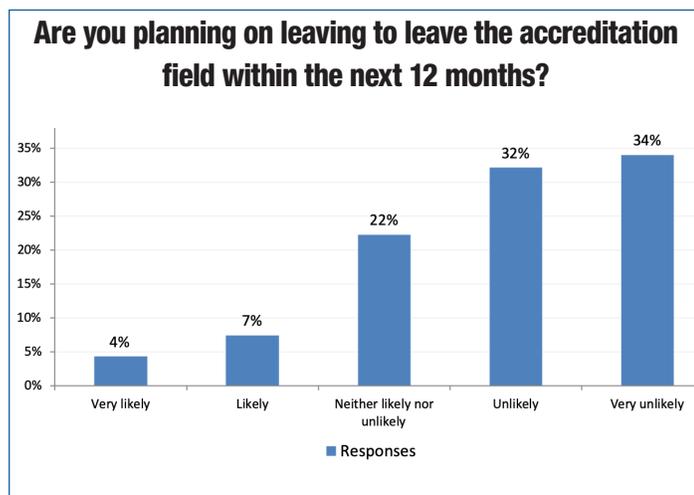
Continuing a seven-year trend, the number of Northeast respondents reached a new low of 5% this year, while the Mid-Atlantic has consistently remained in the 8%–11% range.

The North Central and Southeast remain the largest regions proportionally. However, we've seen a significant rise in respondents from the South Central, West, and Pacific regions.

This year only 39% of respondents worked in urban settings, down from 41% in 2017 and 50% in 2012.

And there's a pretty even split when it comes to the size of the hospitals where respondents work:

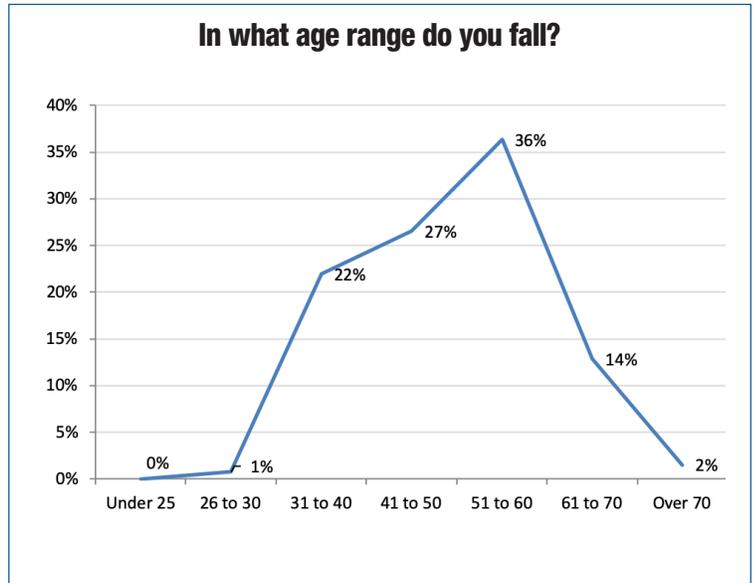
- 29% work at facilities with under 150 beds
- 31% have 150–300 beds
- 40% have over 300 beds



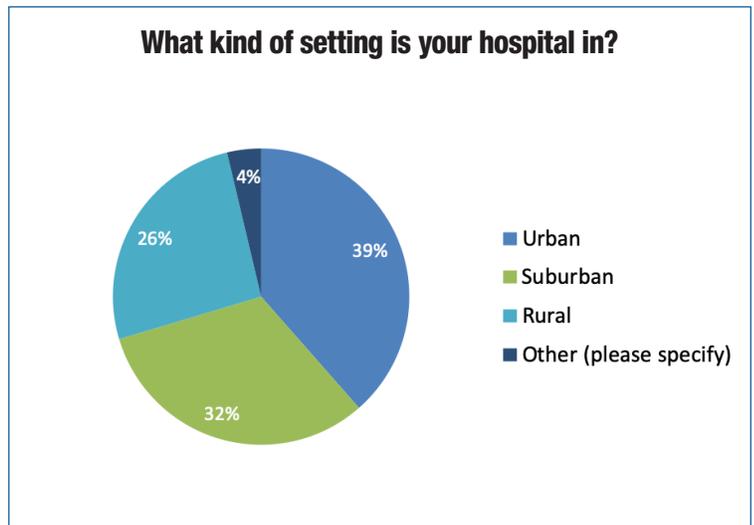
Gender	2012	2015	2017	2019
Female	91%	93%	86%	84%
Male	9%	7%	14%	14%
Not said	N/A	N/A	N/A	2%

Age**	2012	2015*	2017	2019
26-30	5%	1%	1%	1%
31-40	12%	18%	15%	22%
41-50	24%	30%	25%	27%
51-60	51%	34%	38%	35%
61-70	7%	16%	20%	13%
Over 70	0%	0%	2%	2%

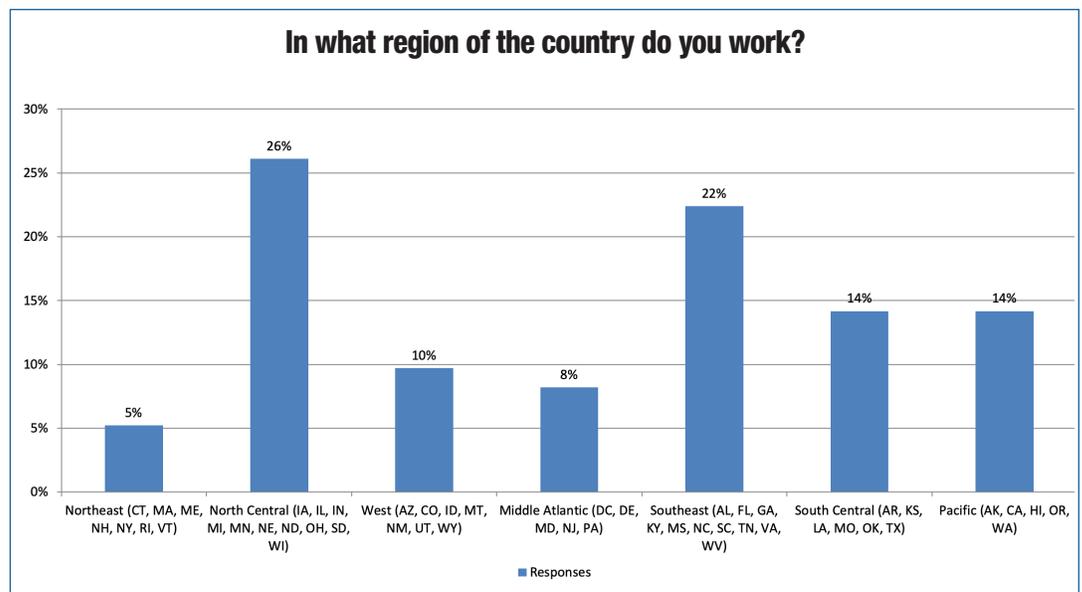
*44 out of the 87 respondents in 2015 were older than 50.
 **Percentages may not add up to 100% due to rounding.



Region	2012	2015	2017	2019
Northeast	11%	7%	6%	5%
Middle Atlantic	11%	8%	10%	8%
Southeast	28%	26%	26%	22%
North Central	22%	33%	36%	26%
South Central	10%	9%	7%	14%
West	4%	6%	7%	10%
Pacific	14%	10%	8%	14%



Setting	2012	2015	2017	2019
Urban	50%	44%	41%	39%
Suburban	33%	35%	28%	32%
Rural	19%	21%	30%	26%
Other	N/A	N/A	N/A	4%



Concerns

Q6 What is the biggest concern about your job in the coming year?

management focus keep enough compliance ability work standard
 increased resources **Staffing** job
 accreditation Patient survey team changes
 concern enough resources hospital organization

Accreditation professionals commonly feel that the work is getting harder and resources more scarce. They'll be happy to know they're not alone in those feelings! Workloads and lack of resources concerned many respondents this year, and there seems to be no sign of that changing soon.

"The concerns are right in line with the type and scope of work," says Eisenberg. "The accreditation professional is expected to deploy information to every operational aspect of the organization—from orientation of all staff; operational aspects including cleaning, disinfection, sterilization, protection from fire and emergency; to the provision of care for all patients. Not to mention requirements for leaders at all levels. The workload is significant. Without appropriate leadership support and expectations for accountability from the operational leadership team, this job can be overwhelming."

Respondents were able to give open-ended responses to the question, "What is the biggest concern about your job in the coming year?" We then sorted the comments into categories, with some overlap. Here are some of the responses.

Compliance: 42 responses

- "Increased scrutiny of Agency Having Jurisdiction (State Department of Health); Pressure all Regulatory Agencies appear to be receiving from CMS to cite more."
- "Unreasonable standards!"
- "Staying on top of all the new rules and regulations in respect to ACGME, RRC, Boards of Medicine, etc."
- "Building system wide accountability for actions towards compliance."
- "Getting staff in the hospital to stay focused on Accreditation is my biggest concern. Sustaining compliance with standards is another concern. We are good at fixing things, but must sustain the gain."

Workload: 37 responses

- "How to accomplish everything that is on my plate."
- "Competition for priority work with clinical initiatives-losing focus for 'staying in business' work."

- "Working weekends more and more to get the job done."
- "The ever-increasing importance of accreditation success but not enough 'help' to get it done. Help = leadership support, leaders taking responsibility for action, accountability and sustainability."
- "Work life balance. As a salaried professional my employer requires me to work a daily 8.5 hours, with .5 hour unpaid for lunch, culture at work is to not stop work during lunch. If unable to work entire 8.5 hours, must use personal vacation time, as opposed to working longer on other days."

Salary/job security: 19 responses

- "That I will need additional skills/project involvement in analytics, core measure data, and project management [and] that my current focus on accreditation will not be sufficient to move up or even keep current level elsewhere."
- "Upgrading my position - higher salary and more responsibility for emergency management/preparedness. This outcome depends on higher approval."
- "Being overworked and underpaid."

Miscellaneous: 12 responses

- "Ability to get necessary information out to large organization, and negative survey results if this doesn't happen."
- "Transition to new leadership."
- "Restructuring after a merger is eliminating positions."

Staffing: 11 responses

- "Inadequate staffing in hospitals - impacts ability to be in compliance, and also impacts loss of legacy knowledge via increasing staff turnover rates."
- "Increasing demands with no support staff to assist. I do everything from type meeting agendas and minutes, lead RCA, develop processes."
- "Being understaffed with more responsibilities added to everyone. Lack of proper training."

Resources: 10 responses

- "Fewer resources, increasing pressure to fix concerns superficially rather than investing in long term root cause, safe patient care oriented corrections."
- "There is always a concern that there is more to do without the resources or time. Having integrated tools to made accreditation preparation and continual readiness would be ideal."
- "Not having enough in the budget to higher more accreditation staff."

Job titles

For a regulation-based field, there aren't a lot of standards when it comes to job titles.

Of the four titles we listed in the survey, 72% of respondents chose "other." I'm not going to list the 102 variations of job names. I'll just mention that the vast majority included the words "quality," "accreditation," "compliance," "regulatory," or "safety."

Q8 What is your job title?

Auditor Director Medical Staff Officer Regulatory Compliance Clinical Compliance Coordi
 Specialist Credentialing Regulatory Regulatory Affairs Quality
 Compliance Manager Program Accreditation
 Coordinator Improvement Director Nurse Safety Patient Sai
 Accreditation Specialist facilities RN Consultant Health

Education and credentials

Q8 What are your credentials (Click all that apply)

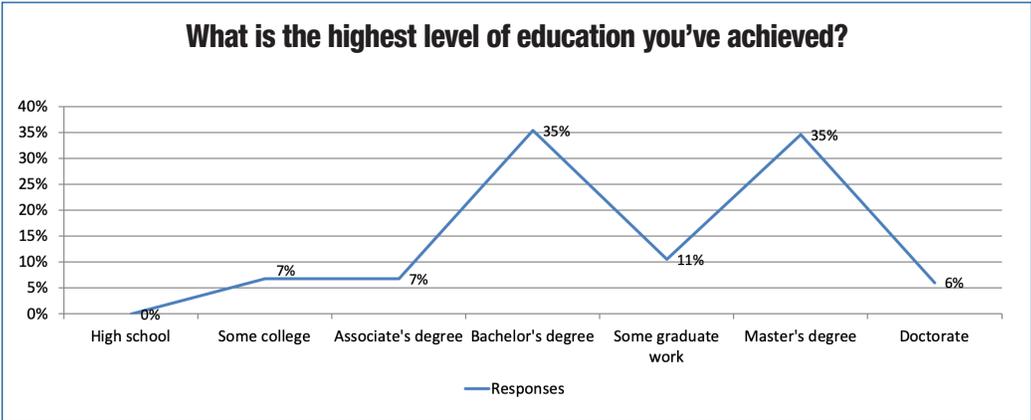
Health CPPS MS CCS HACP Degrees BS RN MSN CHC CJCP CPCS
 MBA CCM CPC RHIT

When it comes to schooling, the average accreditation professional has been as equally likely to work up to a bachelor's degree as a master's degree. However, the number of people going for their master's is at an all-time low. Only 6% of accreditation workers have a PhD at the end of their names.

Which isn't to say they don't have many, many, many other letters at the end of their name. Of the listed answers, 42% said they are RNs, 32% are BSNs, and 21% are CPHQs.

However, 74% of respondents answered "other." The word cloud below gives a good idea of which credentials are most common.

Education	2012	2015	2017	2019
High school	2%	1%	2%	0%
Some college	8%	2%	3%	7%
Associate's degree	12%	5%	9%	7%
Bachelor's degree	27%	34%	29%	35%
Some grad work	7%	6%	6%	11%
Master's degree	43%	52%	48%	35%
Doctorate	1%	0%	4%	6%

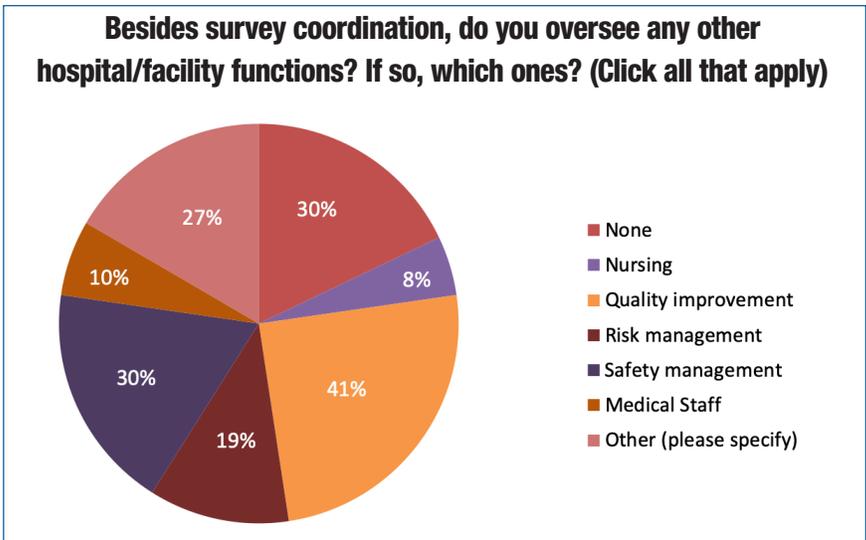


Functions and staff

You all are some serious multitaskers. When asked if you oversee hospital functions other than survey coordination, only 29% said no. A bulk of you are also in charge of quality improvement and safety management at your facilities, which makes sense given your primary roles. For those who responded “Other,” the most common response was patient safety.

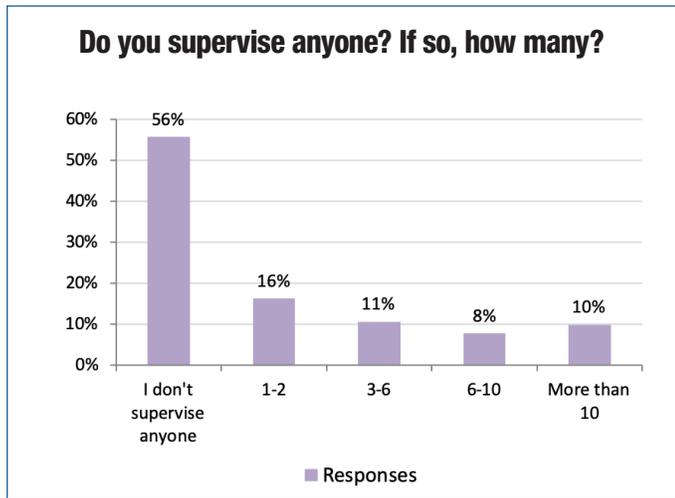
The majority of respondents (56%) said their responsibilities don’t cover supervising any employees.

But if you did say you were a supervisor, the odds of you running a staff of 1 or over 10 were pretty even.



Hospital function (Click all that apply)	2012	2015	2017	2019
Quality improvement	48%	61%	48%	41%
Safety management	28%	39%	45%	30%
Risk management	19%	27%	32%	19%
Medical staff	21%	11%	16%	10%
Nursing	8%	8%	16%	8%
Other	42%	39%	41%	27%
None	37%	30%	32%	29%

Number of beds	2012	2015	2017	2019
< 150	28%	22%	32%	29%
150–300	30%	30%	36%	31%
> 300	41%	48%	31%	40%



Accreditation organizations

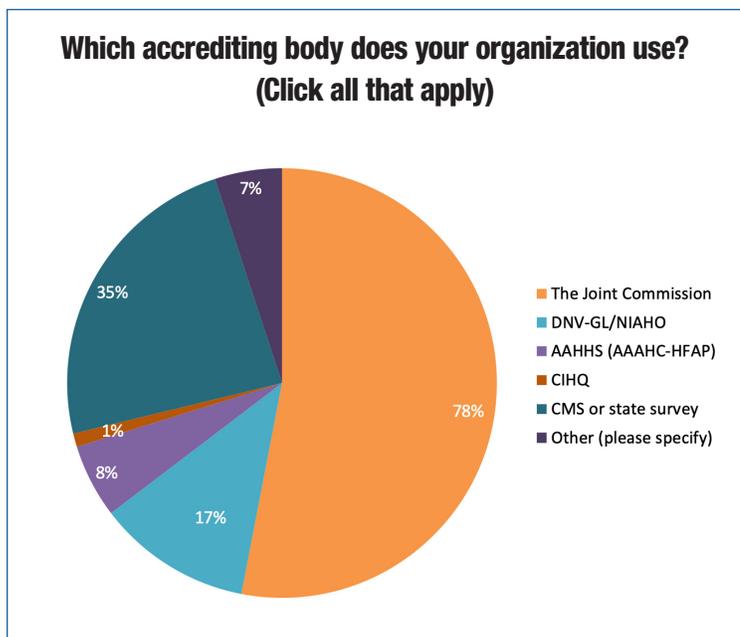
The Joint Commission keeps slipping. The percentage of respondents saying they use The Joint Commission to accredit themselves came in at 78%, a historical low for this survey, even though the accreditor is still the biggest player in the field by far.

Meanwhile, DNV saw a surge in the past two years, almost doubling the number of facilities using it. And HFAP/AAHHC has sustained a small but steady growth over the years.

But don't expect The Joint Commission to pull a Blockbuster Video anytime soon. 92% of respondents said their hospitals aren't planning to switch their accreditation organization.

The ones who are planning to switch said:

- “Cost and silly standards interpretations.”
- “We are possibly seeking better collaboration with our accrediting body and may want annual surveys rather than triennial.”
- “TJC has high disparity rate.”
- “New leadership is more familiar with the Joint Commission; we have been with DNV GL for 6 years.”
- “Our SNF is currently CMS and is considering switching to TJC.”



Accrediting Organization	2012*	2015*	2017	2019
Joint Commission	91%	90%	81%	78%
CMS or state	4%	1%	37%	35%
DNV-GL/NIAHO	1%	9%	9%	17%
HFAP/AAHHC/AAHHS	3%	6%	6%	8%
Other	N/A	0%	9%	7%
CIHQ	N/A	N/A	1%	1%

*During these two surveys, respondents were only allowed to select one organization. From 2017 on, they were able to select all applicable organizations.

Q&A

We asked **Heather Forbes, BSN, RN, CEN, HACCP**, an independent healthcare accreditation consultant and author of *Accreditation 101: A Toolkit for Accreditation Professionals*, and **Jean S. Clark, RHIA, CSHA**, an independent accreditation consultant who has worked in the field for more than 30 years, what their thoughts were on the report.

Q: What's changed about being an accreditation worker in recent years?

Clark: I think the pressure to be in compliance with the CMS Conditions of Participation, regardless of who your accrediting agency is, has increased the pressure to make sure compliance is always in place. An ongoing readiness program is essential and often hard to do. Keeping the momentum going from survey to survey can be a challenge.

Forbes: Healthcare has become much more complex and more reimbursement driven over the past five to 10 years, making the job of an accreditation coordinator far more challenging. We are also seeing the [accrediting organizations] becoming more tightly aligned with CMS.

The scoring methodology has also changed; moving to more of “you have it or you don’t” for all standards rather than the previous “three strikes then you’re out” scoring for some standards. Quality improvement continues to [be] a significant part of accreditation. The accreditation coordinator needs to root a significant part of their knowledge into understanding quality improvement activities and its impact to drive change.

Q: What advice would you give to accreditation or compliance officers trying to advance their careers?

Forbes: Accreditation/compliance is a niche of sorts. To advance your career, you will need to build your knowledge and credibility. It is important to stay up with any changes and communicate effectively. As an organizational leader responsible for accreditation, you will need to be able to be a visionary of the bigger accreditation picture.

I would work with/shadow one of the executive leaders over accreditation (or another executive leader you admire) to learn about their role and how they can impact accreditation and regulatory readiness.

Q: Is there a particular set of credentials you'd recommend accreditation folk get?

Forbes: CPHQ for certain!

Clark: Definitely if you don't have a Master degree, get one. Be willing to take on more as opportunities present them-selves. Become an expert in culture of safety and performance improvement.

I don't think a credential such as the Joint Commission's certification is necessary as most hospital leaders are not looking for it. They are looking for expertise and experience in continuous survey readiness and leadership during surveys. However, it cannot hurt to have an accreditation certification after your name. Several of the deemed status agencies provide one.

Q: Anything surprising about this year's results?

Forbes: This seemed fairly par for the course. The only difference is that I would have thought we would have seen more responses from the East Coast.

Follow up with us!

After reading this report, please share your thoughts with us at ward@hcpro.com. Did our results match your experience? Is there anything that surprised you? Are there any questions we should have asked but didn't?