HEALTHCARE

How to Buy **Access Control**

A deployment playbook, procurement checklist, and readiness assessment for security, IT, and clinical operations leaders in healthcare. Built from the intelligence in the State of the Verticals Benchmark Report 2026.

VERTICAL	AUDIENCE	YEAR	SOURCE REPORT
Healthcare	Security, IT & Clinical Operations Leaders	2026	State of the Verticals Benchmark Report

Produced by The Access Control Collective in partnership with Acre Security. This document brings together all three Acre Buyer Enablement Tools for this vertical.

CONTENTS

Healthcare
Buyer's Guide 2026

ABOUT THIS GUIDE

How to Use This Document

Welcome and thanks for downloading this guide. If you have read the State of the Verticals Benchmark Report, you already have a clearer picture of where healthcare is headed than most of your peers.

That report was the intelligence and now it is time for action.

The Benchmark Report told you what is true about the market: workplace violence is now the dominant investment driver, acquisitions are the largest source of fragmentation, and the conversation has shifted from facilities to security, with IT and clinical leadership increasingly at the table. Good to know. Not enough to act on.

This guide is where you go deeper. It takes those findings and turns them into something you can actually use on your desk: a way to score your own health system against the benchmark, the exact questions your board and clinical leadership are going to ask you anyway, and a phased playbook for structuring the buy so you are not just reacting to the next incident, you are ahead of it.

This document brings together all three Acre Buyer Enablement Tools for this vertical:

01 **HOW TO BUY**
the questions, the framing, and the mandate you need before you write an RFP

02 **READINESS AND ASSESSMENT TOOL**
the scorecard for grading your own health system against the benchmark

03 **DEPLOYMENT PLAYBOOK**
the five phases for structuring and sequencing the buy

Fill in the blanks as you go. Use it to walk into your next vendor conversation already knowing what you are buying and why.

DOCUMENT INFO

VERTICAL
Healthcare

AUDIENCE
Security, IT & Clinical Operations Leaders

YEAR
2026

SOURCE REPORT
State of the Verticals Benchmark Report

FROM THE BENCHMARK REPORT

Regulation and accreditation establish baseline requirements, but they rarely generate the budget authority required for a platform-level investment.

PART ONE

How to **Buy**

The questions, the framing, and the mandate you need before you write an RFP.

PART 1 · HOW TO BUY

Where You Stand

Workplace violence is now the driver. The gap is fragmentation.

Large health systems have been consolidating for years, but each acquisition arrives with its own legacy identity and access systems. The challenge is not starting, but closing the governance gaps that M&A activity, traveling clinician populations, and siloed IT decisions have opened up over time. Before you buy anything, you need an honest read on where your estate actually is.

YOUR HEALTH SYSTEM PROFILE — FILL IN BEFORE PROCEEDING

HEALTH SYSTEM NAME	TYPE (SINGLE HOSPITAL / MULTI-HOSPITAL NETWORK / ACADEMIC MEDICAL CENTER)
NUMBER OF FACILITIES	NUMBER OF REGIONS
PHYSICAL SECURITY BUDGET OWNER (TEAM / FUNCTION)	
IT SECURITY JOINT GOVERNANCE AUTHORITY WITH CLINICAL OPERATIONS (DOES / DOES NOT)	
ACQUISITIONS IN LAST FIVE YEARS	LEGACY IDENTITY AND ACCESS SYSTEMS INHERITED

PART 1 · HOW TO BUY

The Three Questions Every **Healthcare Buyer Must Answer**

These are the questions your board, your leadership, and your next integration project will ask. If you cannot answer all three today, that gap is your procurement mandate.

QUESTION 01

Can this platform produce a single, correlated view across access, video, and clinical systems such as an EHR platform during a behavioral health incident or code response?

OUR ANSWER TODAY

SYSTEMS CURRENTLY PREVENTING THIS

QUESTION 02

Can it onboard an acquired hospital's infrastructure without requiring full system replacement?

MONTHS TO INTEGRATE OUR LAST ACQUISITION INTO OUR SECURITY GOVERNANCE FRAMEWORK

FRICTION POINTS

QUESTION 03

Can it produce compliance reporting for HIPAA physical safeguards, Joint Commission, and CMS without manual reconciliation across multiple systems?

MOST RECENT AUDIT OR SURVEY FINDING RELATED TO PHYSICAL ACCESS

TIME TO REMEDIATE

FROM THE BENCHMARK REPORT

Regulation and accreditation establish baseline requirements, but they rarely generate the budget authority required for a platform-level investment. What they do generate is a workplace violence incident, an audit finding, or an acquisition. All three expose vulnerabilities that the normal annual budget cycle cannot address quickly enough.

KEY PRINCIPLE

Stop leading with the cost of implementation. Lead with the operational cost of managing what you already have.

PART TWO

Readiness & **Assessment**

The scorecard for grading your own health system against the benchmark.

PART 2 · READINESS & ASSESSMENT TOOL

Score Your Current State

The fragmentation audit. Do this before you write an RFP.

The highest-cost problem in healthcare is not hardware fragmentation. It is governance fragmentation. Rate each area honestly.

■□□ Limited ■■□ Partial ■■■ Strong

CAPABILITY AREA	ASSESSMENT QUESTION	RATING
Identity Lifecycle Management	How well does your organization manage credential revocation for traveling clinicians and contractors across all facilities?	□□□
Unified Emergency Workflow	How mature is your organization's ability to give the SOC one screen during a behavioral health incident or code response?	□□□
M&A Absorption Readiness	Does your current platform have a documented integration path for acquisitions that does not require full replacement?	□□□
IT, Security & Clinical Convergence	Are your physical security, IT, and clinical operations teams operating under a shared governance framework today?	□□□
Visitor and Contractor Management	How reliably are contractor and traveling clinician credentials revoked at end of engagement across your full network?	□□□
Open Platform Posture	How open and interoperable is your current access control infrastructure across acquired and legacy facilities?	□□□

THE SHADOW DATABASE PROBLEM

Every system that was never fully deprovisioned after acquiring a hospital is a shadow database. **Credentials that exist outside your governance framework are not just an operational inefficiency. They are a survey liability and an insider threat surface.** Count them before your next surveyor does.

PART 2 · READINESS & ASSESSMENT TOOL

Define Your Mandate

This is your business case.

DEFINE YOUR MANDATE — FILL IN AFTER SCORING

OUR BIGGEST GAP

THE BUSINESS RISK THIS CREATES

ESTIMATED % OF DEPARTED CONTRACTORS OR TRAVELING CLINICIANS WITH ACTIVE CREDENTIALS ACROSS OUR NETWORK

CURRENT AVERAGE CREDENTIAL REVOCATION TIME (MINUTES)

SYSTEMS / MANUAL STEPS REQUIRED TO PRODUCE A CONSOLIDATED COMPLIANCE REPORT TODAY

MOST LIKELY BUDGET TRIGGER EVENT (INCIDENT / AUDIT FINDING / ACQUISITION / BOARD DIRECTIVE)

EXECUTIVE SPONSOR (NAME / ROLE)

PART THREE

Deployment **Playbook**

The five phases for structuring and sequencing the buy.

PART 3 · DEPLOYMENT PLAYBOOK

How to Structure the Buy

Five phases. One non-negotiable principle: buy for governance first.

Health systems do not buy access control. They buy the ability to protect staff and patient trust, pass the next survey, and absorb the next acquisition without creating a new security liability. Structure your evaluation and deployment around those three outcomes, not around product features.

1 PHASE

Define the Governance Outcomes First

Write the board and audit committee report you want to be able to produce. Work backward from that document to the platform capabilities required to generate it. RFPs that lead with feature lists produce feature-based evaluations. RFPs that lead with governance outcomes produce platform-level conversations.

2 PHASE

Map Your Fragmentation Before You Write the RFP

Count every distinct identity and access system across your network, including acquired facilities. Document which systems are integrated into your HR and clinical credentialing workflows and which are managed manually. That inventory is your integration requirement list.

3 PHASE

Require a Demonstrated Clinical Workflow and Absorption Scenario

During vendor evaluation, present a realistic emergency department or behavioral health scenario alongside a hypothetical acquisition with disparate legacy systems. Ask each vendor to walk through both. Vendors who cannot walk through these credibly are point solutions dressed as platforms.

The capability you're testing for has a name in the market — non-disruptive migration, the ability to absorb and modernize legacy infrastructure without ripping it out, paired with a live clinical workflow rather than a slide deck. Vendors who treat both as core platform disciplines are the ones who can do this at enterprise scale.

4 PHASE

Align Security, IT, and Clinical Operations Before Shortlisting

Platform consolidation projects fail when stakeholder alignment happens after vendor selection. Get Security, IT, and Clinical Operations to a shared definition of success before any vendor enters the room. The vendor who wins a health system platform deal wins it across three stakeholders, not one.

5 PHASE

Phase the Deployment Around Risk, Not Budget Cycle

Start with the highest-risk locations: facilities with the highest volume of behavioral health incidents, sites from recent acquisitions, locations with open survey findings. Don't default to the easiest sites. The value of a platform deployment is demonstrated by what it solves, not by how smoothly it rolls out.

PART 3 · DEPLOYMENT PLAYBOOK

Your Deployment Brief

This is your go / no-go document.

YOUR DEPLOYMENT BRIEF — FILL IN AFTER VENDOR CONVERSATIONS

PHASE 1 FACILITY COUNT

STARTING FACILITIES (HIGHEST-RISK FIRST)

PLATFORM UNDER EVALUATION

90-DAY SUCCESS MEASURE (WHAT YOU CAN PRODUCE WITHOUT MANUAL RECONCILIATION)

GO / NO-GO DECISION DATE

DECISION OWNER (NAME / ROLE)

WHAT YOU ARE BUYING

The ability to protect staff and patient trust, pass your next survey, and absorb your next acquisition without creating new security liability.

WHAT WINNING LOOKS LIKE

One platform. A unified emergency workflow across access, video, and clinical systems. Credential lifecycle management that does not depend on a person remembering to turn off a badge.

THE VENDOR WHO WINS YOUR DEAL

Has both the wood and the arrowhead. Deep integration reliability plus modern cloud, mobile, and AI capability, proven in a live emergency department workflow, not a partner logo on a slide. Neither alone is sufficient at the enterprise level.