



# Clinical Placement Initiative Report

## Increasing Access to Nursing Education Clinical Placements

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The Washington Center for Nursing is a non-profit 501(c)(3). WGN supports a healthy Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands.

The Washington Center for Nursing (WCN) would like to acknowledge those individuals and organizations throughout Washington State who partnered with us throughout 2023-2025 to develop recommendations to increase access to clinical practice experiences for nursing students in Washington State.

The Washington State Hospital Association developed the concept and worked with the state legislature to fund this important project.

The WCN Board of Directors provided essential support to staff to complete this project. Key staff include project manager Lucy Merry, DEI Associate Fawzi Belal, Communications Manager Brenda Little, and WCN Research Consultants Angelina Flores-Montoya and Patricia Moulton.

Finally, Una McAlinden of Creative Strategy Solutions, a certified Technology of Participation (ToP®) facilitator, designed and facilitated 30 regional meetings and 11 steering committee sessions over the course of this project. These structured yet flexible discussions enabled nurses and their partners to apply their expertise to uncover solutions. Una was a creative and collaborative partner committed to the initiative's goals.

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## **CPI Executive Summary**

The Washington Center for Nursing (WCN) directed the Clinical Placement Initiative (CPI) from 2023-2025. The CPI participants included stakeholders from nursing education, healthcare, and other interested organizations with the aim of exploring barriers, identifying gaps, and facilitating communication to expand clinical placement opportunities for nursing students. WCN held regional meetings, convened a statewide steering committee, and compiled and analyzed data to develop recommendations. In addition, WCN established Hivebrite, a digital message board and communication platform, to maintain ongoing communication between nursing education and health care facilities on clinical placement needs and opportunities.

Availability of clinical experiences and the recruitment and retention of nursing faculty are the two primary factors that determine whether Washington can graduate a nursing workforce to meet increasing demand.

By 2037, our state will face an increasing shortage of 18,940 registered nurses and 15,980 licensed practical nurses. Registered nurses are the largest healthcare workforce in Washington state and in the nation, see Appendix T.

This report focuses on strategies to increase and improve clinical practice experiences needed to graduate more nursing students to meet a growing nursing shortage.

### Regional and statewide findings and recommendations

- A recurring theme among the six regions is related to increasing the preceptor workforce, whether it be recruitment, training, or retention. The current system lacks a statewide infrastructure to recruit, educate, and retain preceptors needed to train nursing students in Washington State.
- The statewide steering committee prioritized clinical placements outside of hospitals, also known as non-traditional clinical placement settings.
- Both groups recognized the need to increase rural placements.
- Both groups see a focus on improving clinical placement processes, such as consistent clinical experience requirements for equitable learning and more efficient onboarding and placement transparency.

The Washington Center for Nursing is committed to continuing to convene regional and statewide partners, including nursing education, health care organizations, and clinical consortiums to create a more cohesive statewide precepting network. Working together to develop a preceptor workforce will provide clinical practice experiences equitably across the state to include both acute care and other settings.

## **The Clinical Practice Initiative: An Introduction**

Nationally, nursing schools report that they're unable to increase enrollments due to insufficient nursing faculty and clinical placement opportunities for students (AACN, 2022). This leads to schools rejecting qualified applicants for nursing programs. To address the nursing shortage in Washington, the Washington State Legislature allocated resources to increase clinical education and practice experiences by facilitating communication between nursing programs and health care facilities. This approach aims to expand clinical placement opportunities to support increased program enrollment and addresses the nursing shortage.

A heavy and continued reliance on the acute care or hospital setting to provide clinical education limits capacity to respond to pandemics or adapt to the needs of communities. For example, all acute care resources had to be focused on in-patient care during the pandemic, resulting in restricted access for nursing education. Intentionally increasing experiences in community-based settings should increase skills in preventative practices and alleviate pressure on the acute care system.

There were 248 stakeholders across the state who participated in regional CPI meetings from 2023-2025 to identify barriers, develop strategies and policy recommendations. Additional stakeholders registered and used Hivebrite, the initiative's digital message board and communication platform for clinical placement communications, bringing the initiative participant total to 280.

### **CPI Data Analysis of Current Clinical Placement Practices**

- A total of 5,675 prelicensure students enrolled in 2022-2023, requiring over 3 million clinical hours
- There are 611 known clinical placement sites across Washington, combining data from various sources
- Most hospitals (91%) and non-hospital facilities (70%) report hosting clinical students
- 86% of schools in non-rural counties report that clinical sites are inadequate for their program
- Clinical placements largely occur in acute care settings in hospitals across programs
- Staff burnout and stress (25% in hospital and 27% in non-hospital settings) was the most cited barrier by facilities to increasing clinical placements

The magnitude of clinical hours required to graduate more nursing students is stunning. During the 2022-2023 academic year, 4,353 prelicensure students were admitted into programs. These are Licensed Practical Nurse (LPN), Associate Degree-RN (AD-RN), and Bachelor of Science in Nursing students (BSN). If LPN, AD-RN, and BSN programs were to increase enrollment by 10%,

the number of enrolled students would increase to 6,243. The total clinical hours demand would rise to 3.46 million direct care clinical hours and 877,399 preceptor hours.

- Outcome highlight #1 – Every region established its own plan, see Appendix A.
- Outcome highlight #2 – Statewide steering committee distilled information from all regions to create a statewide plan with recommendations, see Appendix B.

## **Regional Recommendations**

Six regional plans were developed to reflect local needs and guide implementation. Each plan identifies strategic directions that function as the guiding principles for action. To move from strategy to results, each region also outlined two-year goals and tactics to advance one or more of these directions. To be successful, regions expressed a need for additional capacity to support future convenings and project management. Until this is provided, these goals are aspirational.

**CENTRAL REGION** (Counties: Okanogan, Chelan, Douglas, Grant, Kittitas, Yakima, Klickitat)

**Barriers** include inconsistent expectations of the clinical experience and unclear roles for students, instructors, and preceptors. Additional barriers include the absence of standardization in placement processes, uncertainty about where to start building collaborations, and overburdened staff's reluctance to take on additional roles. Stakeholders also noted that efforts to advance diversity, equity, inclusion, and belonging are moving faster than systems can adapt, keeping systemic racism in place. Further barriers include the absence of a universal and sustainable funding source and limited capacity for advanced practice placements due to non-standardized systems.

**Strategic directions:** Pursue clinical placement opportunity expansion through technology and new approaches, establish standardized evidence-based systems and processes, invest in workforce growth, and build resilient collaborations.

**Over the next two years,** the region will be completing a simulation lab inventory and pursuing grants to expand simulation access, developing a regional survey to gather and share insights on student experience, creating a standardized checklist for preceptor orientation, launching an annual recognition of preceptors, and convening a regional job fair with schools and community partners.

**EASTERN REGION** (Counties: Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Franklin, Benton, Walla Walla, Columbia, Garfield, Asotin)

**Barriers** include overlapping, variable, and inconsistent onboarding systems and processes, shortages of academic instructors and preceptors caused by workload intensity, the staffing crisis, and limited incentives. Additional barriers include unreliable, and intermittent clinical

placement sites, inconsistent and siloed communication, and misaligned staff and student expectations regarding roles and requirements. Stakeholders also identified disjointed funding sources that are difficult to sustain and maintain, and delays in making important changes when key leadership is unavailable.

**Strategic directions:** implement supportive systems, invest in people, align healthcare and education, and maximize creative approaches to expand capacity.

**Over the next two years,** the region will be implementing a certificate education program for preceptors, convening healthcare partners to align onboarding and student education requirements and reduce duplication, an annual healthcare and academic conference, a pilot program framework for outpatient clinics, collecting data across healthcare and education sectors to identify gaps and best practices, and identifying grant opportunities for simulation.

### **KING COUNTY REGION**

**Barriers** include inconsistency between competing onboarding priorities and requirements, the volume of regulatory bodies that create complexity and redundancy, and a staffing crisis that has left nurses overburdened. Additional barriers include rigid systems and inaccessible options that inhibit workforce diversity, limited prioritization of nursing in funding decisions, and insecurity around consistent access to clinical expertise.

**Strategic directions:** Develop new models for clinical rotations, lead systems change, enhance professional development to create a ladder of growth for instructors and preceptors, and strengthen partnerships and collaboration.

**Over the next two years,** the region will conduct comprehensive data collection and evaluation of clinical rotation models, preceptor capacity and onboarding costs. It will convene a summit with nursing leaders from facilities and education to review findings and co-create solutions.

### **NORTH SOUND REGION (Counties: Whatcom, Skagit, Snohomish, Island, San Juan)**

**Barriers** include inconsistencies in onboarding processes, unreasonable pressure on individual capacity, and a fractured approach that dissipates the impact of funding. Additional barriers include different needs and priorities between schools and facilities, and facilities that are focused on triaging turnover and system needs. Stakeholders also noted the absence of guidance from the state level on preceptor preparedness and clinical hour requirements, and the perception of nursing as a cost center rather than a revenue generator.

**Strategic directions:** Expanding access and improving learning experiences, standardizing and simplifying systems, developing creative approaches to expand system capacity, and centering process improvement through communication and feedback.

**Over the next two years,** the region will develop a shared preceptor handbook and mentoring guide.

**SOUTH SOUND REGION** (Counties: Clallam, Jefferson, Kitsap, Grays Harbor, Mason, Thurston, Pierce, Lewis, Pacific)

**Barriers** include unclear expectations, multiple differing processes, and burnout that contribute to shrinking staff and limiting site capacity. Additional barriers include competition for limited placement openings for all student types, confusion about where responsibility lies for policy changes, and variations in onboarding requirements and processes. Stakeholders also identified unclear needs of sites and their potential opportunities, along with inconsistent incentives to attract participation.

**Strategic directions:** Streamlined and simplified systems, increase capacity, align and maximize resources, and position nurses as leaders.

**Over the next two years,** the region will advance a proposal for a central onboarding system with standardized requirements that have been agreed on across all partners and establish a centralized database of nontraditional sites, including outpatient clinics.

**SOUTHWEST REGION** (Counties: Wahkiakum, Cowlitz, Clark, Skamania)

**Barriers** include siloed and misaligned systems and healthcare systems and spaces that are not designed for learning. Other barriers include restrictive regulations, poorly written policies, unclear responsibility for joint systems, and the complexity of pay structures. Stakeholders also identified a focus on individual-based solutions rather than system-based approaches, fragmented and competing priorities, and inequitable access to a variety of diverse cultural and care environments.

**Strategic directions:** Develop sustainable staffing and retention approaches, leverage data to remove barriers and align systems, expand and diversify clinical placement options, and enhance collaborative partnerships.

**Over the next two years,** the region will launch a recognition program for preceptors and establish joint appointment structures between academia and facilities. These joint structures are shared roles between academic institutions and clinical facilities, enabling nurse educators to work across both settings, teaching academic programs while participating in clinical practice.

## Top 4 Statewide Recommendations

These top recommendations resulted from a review of regional recommendations and a recognized focus on increasing opportunities in rural areas.

- **Non-traditional sites.** For prelicensure students, most clinical placements occur in the hospital setting, or acute care setting. There are many sites where health services occur beyond the hospital setting, where clinical placements can occur to apply didactic learning (lectures and demonstrations) and practice technical skills. CPI stakeholders identified non-traditional settings and the names of facilities they would like to expand clinical opportunities. See Appendix S.
- **Consistent clinical requirements.** Establish an evidence-based approach for clinical experience standards. Variation across programs creates inequity in clinical placements and confusion for facilities hosting students. Individualize clinical placements to optimize success for students.
- **Integrated onboarding process and placement transparency.** Establish onboarding requirements across sites and settings to improve efficiency and process for students and facilities. Use transparency to see available sites and create placement equity.
- **Rural placements.** Identify opportunities to expand clinical placements in rural locations. Most (75%) of hospital participants who reported “no” to hosting students were in a rural county, and 52% of non-hospital facilities were in a rural county.

## Other State Recommendations

- Maintain investments in nurse educator salaries and compensation as passed by the state legislature in House Bill 2158 (2019) and continue efforts to close the gap in compensation between associate degree faculty and four-year college and university faculty.
- Clinical placement schedules. Consortium placement data shows there is an opportunity for more placements during the summer months, during the weekend, and during the night shift. (WCN, 2024).
- Sites not hosting students. There were four hospitals that reported they do not host students, and a total of 43 non-hospital sites identified from the surveys that are not currently hosting students. Of the 43 non-hospital facilities reporting “no” to hosting, 28 (80%) reported “yes” they would like to host students. Additional insight into the support needed to host students gives an opportunity to provide the support needed to expand to these sites.
- Provide infrastructure and training to increase the use of simulation. Evidence supports the use of high-quality simulation for clinical hours and produces comparable

educational outcomes (NCSBN, 2014), and while schools are integrating this into their curriculum, it continues to be underutilized (WCN, 2023). Nursing schools face barriers against increasing utilization such as the cost of training, additional personnel needed, and equipment. These are not addressed in WAC 246.840.534, regarding use of simulation for clinical experiences.

- In counties without a nursing program, work to connect facilities with placement opportunities to nursing programs via online, hybrid, and satellite options for clinical placements. There are several counties without a nursing program, and this opportunity could expand placements in rural locations, improve the distribution of placements, and ease high-volume areas.
- Explore how to develop and fund a statewide shared faculty pool.
- Support convenings of industry and education at statewide and regional levels to increase communication, collaboration, and advancement of shared goals.
- Organizations need to implement a public-facing campaign about nursing and nursing education to help the public understand the urgency of the need to develop improved access to clinical practice experiences to meet the nursing shortage.
- Nursing education should have organized meetings with legislators that are frequent and consistent. This requires more collaboration between nursing organizations, facilities, and educational opportunities for effective advocacy.
- Clarify the core competencies of preceptor training and determine whether resources provided for preceptor training meet these core competencies, such as preceptor training resources available on the Washington Board of Nursing website.
- Promote evidence-based ways to prevent burnout, seek incentives for hospitals that implement evidence-based strategies that prevent burnout, and seek funding for a study.
- Strengthen preceptor preparation with training that builds readiness and is evaluated for alignment with the full set of nursing competencies in connection with the preceptor grants administered by the Washington Board of Nursing.
- Integrate evaluation and feedback for preceptor approaches to measure quality, effectiveness, and create ongoing refinements in clinical training education.

## **Fulfilling Legislative Proviso Requirements**

The legislature requested information to assess current clinical placement practices. To achieve this, WCN conducted surveys and data analyses. Please see “Data on Clinical Placement Practices, Opportunities, and Needs” section for results.

### **Regional and Statewide Engagement**

To fulfill the proviso’s requirements for stakeholder engagement, regional input, and communication infrastructure, the Clinical Placement Initiative (CPI) organized its work around a structured engagement process supported by a statewide Steering Committee.

The Steering Committee was composed of representatives and leaders from nursing education programs, health care facilities, workforce organizations, and professional associations. It met regularly throughout the initiative to guide planning and develop statewide policy recommendations based on input gathered across regions. A table of the steering committee members is included in Appendix C.

Stakeholder engagement began in the fall of 2023 with a statewide registration survey disseminated through WCN communication channels and partner networks. The survey helped engage participants from across the state and gathered early insights into clinical placements. A map categorized by health care employers, education programs, and other organizations, and a bar graph illustrating the number of stakeholders from education programs, healthcare employers, and other organizations across six Washington regions are included in Appendix D.

To support regional engagement, CPI organized Washington into six regions and structured meeting discussions to ensure input from each area. From December 2023 to May 2025, CPI convened quarterly stakeholder meetings. Each round of engagement included regional discussions focused on identifying clinical placement barriers and developing strategies to address them. Participants included representatives from approved nursing education programs, hospitals, non-hospital clinical sites, and other interested and relevant stakeholders. A CPI regional map, a visual timeline of CPI activities (2023-2025), a table of meetings (date, purpose, participants, and outcomes), and meeting attendance rosters are included in Appendices E, F, G, and H.

All meetings followed the Technology of Participation (ToP) methodology, a structured and action-oriented process used to support group decision-making. This method guided participants through consistent progression from defining shared vision to identifying specific blocks and challenges that would impede change, crafting strategies before establishing success

indicators, and outlining 2-year goals for local implementation. A visual summary of the ToP methodology is included in Appendix I.

### **Establishing a Digital Message and Communication Platform**

To meet the proviso's requirement for a digital message board and communication platform, WCN implemented Hivebrite as recommended by the Washington State Hospital Association. This closed membership tool allowed stakeholders to maintain ongoing communication, share clinical placement needs and opportunities, and access meeting materials throughout the initiative. By June 2025, 280 individuals had active profiles within the platform. A visual of Hivebrite is included in Appendix J.

## **Data on Clinical Placement Practices, Opportunities, and Needs**

This report was developed to address proviso requirements by collecting data on clinical placement practices, opportunities, and needs; identifying approved nursing education programs and health care facilities that offer clinical placements in Washington; and providing information on the number and types of opportunities available and the number of types of opportunities needed.

### **Current Clinical Placement Practices**

A *clinical placement* is described as a student or group of students who enter a patient care environment to practice competencies and apply theoretical concepts under the supervision of clinical faculty who are typically on site for direct observation. A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets all requirements of WAC 246-840-533.

WCN conducted an environmental scan to assess current clinical placement practices in the state of Washington (Flores-Montoya & Moulton Burwell, 2023). The scan includes data from Washington's nursing education programs, a review of clinical consortium data, Washington's preceptor grant program from the Washington Board of Nursing (WABON), and Washington State Hospital Association (WSHA) survey data.

WABON's Nursing Education Data (2022-2023) lists 59 prelicensure nursing programs in 48 schools across the state.

There were 26 schools that reported offering a hybrid option for learning, and eight schools reported offering more than one satellite location. Details of the schools and programs are in Appendix K. Of these, 12 schools report a rural location (25%), 16 report a suburban location (33%), and 20 report an urban location (42%).

In the 2022-2023 academic year, 4,381 students were admitted into a prelicensure program for licensed practical nursing or registered nursing (WABON, 2204). Among nursing programs, 46% reported clinical site availability was inadequate for their program. The programs located in a rural county reported a lower inadequate clinical site availability at 14% compared with 86% of non-rural programs.

WCN (2023) conducted an analysis of clinical placement practices by Washington's RN programs. The analysis revealed that the average clinical hours by program for AD-RN students was 571 hours, with 815 hours for BSN students, and 115 hours for RN to BSN students. There is a range of hours for each program, with a large variance depending on the program. The Washington Administrative Code (WAC) that references the required number of clinical hours is

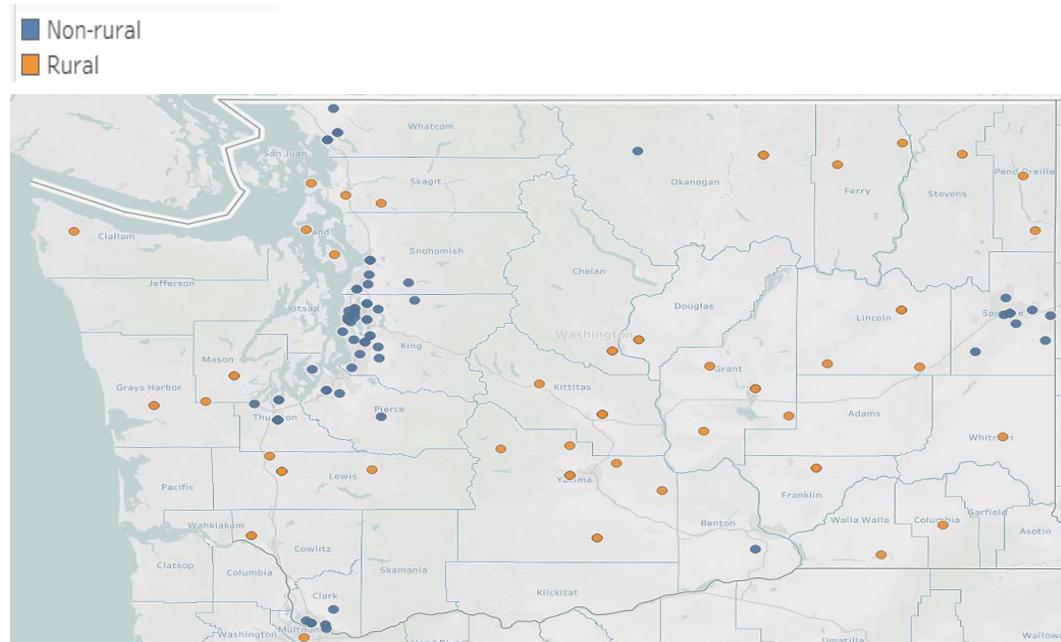
WAC 246-840-531: Clinical and practice experiences for students in approved nursing education programs. Most direct care clinical hours for AD-RN and BSN students were in the medical/surgical rotation at 46% and 25%, respectively. Overall, the trend from 2015-2022 shows a decline in total clinical hours across programs and is similar to national trends (WCN, 2023).

The consortium data revealed that most placements coordinated by a clinical consortium occur in an acute care setting, on the day shift, and during the weekday (WCN, 2024). For the year 2023, the preceptor grant program administered by WABON provided monetary incentives to 1,257 preceptors, with 72% of placements in the acute care setting and 41% of preceptor placements for AD-RN students (WABON, 2025).

### Healthcare Facilities Placements

At the end of 2024, WCN and WSHA conducted a clinical placement survey to gather information from facilities about current clinical placement practices. WSHA sent the survey to their hospital members and WCN sent the survey to reach non-hospital settings. WSHA had a total of 45 participants from member hospitals. The WCN survey had a total of 145 responses from various settings including hospitals, dialysis centers, public health, and correctional facilities with facilities located in 31 counties across Washington and one from an out of state county. A total of 60 of the facilities were in a rural county and 72 were in a non-rural county.

Figure 1. WCN CPI Participant Facility Map Location by Rural Status



Note: Map uses zip code to display location and when more than one facility shares a zip code the display may show as a single mark or circle on the map. Rural defined by the 2024 WA State Office of Financial Management. Sources: 1) WCN Clinical Placement Initiative Survey 2024. 2) [Office of Financial management \(2024\)](#)

The largest group responding to the non-hospital survey was K-12 school nurse sites, who comprised 21% of responses. A total of 96 participants (70%) reported “yes” they currently host nursing students for clinical placements while 42 (30%) reported “no”. The largest setting located in a rural county was acute care with less than 25 beds at 94% followed by rural health clinics (86%), and prison or correctional facilities (80%). Many facilities are associated with more than one setting and therefore the total number of settings is larger than the total number of participant responses. Appendix L provides a map of those reporting “yes” or “no” to hosting students. Appendix N provides a list of organizations reporting “yes” to hosting by name and county.

Table 1. WCN CPI Survey Host Students by Setting and Rural Status

	<b>N</b>	<b>%</b>	<b>Yes Host Students %</b>	<b>No Host Students %</b>	<b>Rural</b>
<b>Acute Care (&lt;25 beds)</b>	17	8%	76%	24%	94%
<b>Acute Care (&gt;25 beds)</b>	16	8%	100%	0%	25%
<b>Ambulatory Center</b>	15	7%	73%	27%	20%
<b>Behavioral Mental Health</b>	12	6%	100%	0%	42%
<b>FQHCC/Community Clinic</b>	4	2%	67%	33%	33%
<b>Home Health/Hospice</b>	10	5%	80%	20%	30%
<b>Nursing Home/SNF/Senior</b>	16	8%	88%	12%	25%
<b>Public Health</b>	12	6%	67%	33%	50%
<b>Primary Care Clinic</b>	12	6%	92%	8%	33%
<b>Rural Health Clinic</b>	14	7%	86%	14%	86%
<b>School Nursing</b>	44	21%	52%	48%	55%
<b>Specialty Clinic</b>	12	6%	92%	8%	33%
<b>Urgent Care Center</b>	10	5%	90%	10%	40%
<b>Prison/Correctional Center</b>	10	5%	70%	30%	80%
<b>Other</b>	5	2%	60%	40%	0%
<b>Total</b>	209				

Note: The N total is greater than the number of individual responses as many sites reported an association with more than one setting type such as hospital and clinic. Source: WCN Clinical Placement Initiative Survey 2024.

When asked if facilities increased or decreased clinical placements over the 2024 calendar year, both hospitals and non-hospital settings reported clinical placements “stayed the same” at 69% and 52%, respectively. Some facilities reported an increase in clinical placements in 2024, with 22% of hospitals and 31% of non-hospital facilities.

Of the 45 responses from WSHA members, 41 (91%) reported “yes” to hosting students, and four (9%) reported “no” to hosting students. While the hospital’s rural status was unknown, most hospitals with 25 or fewer beds are in rural areas. Appendix M displays a map with the location of the WSHA hospitals and proximity to nursing programs they partner with.

To better understand current placements, facilities were asked if they increased, decreased, or kept the same number of clinical placements in 2024. Most hospitals and non-hospitals reported placements as staying the same for clinical placements. Twenty-two percent of hospitals reported they increased clinical placements, and 31% of non-hospitals reported an increase.

Table 2. WCN and WSHA Survey Placements in Past Year

<b>Has facility increased, decreased or kept the same number of clinical placements in 2024?</b>				
	Hospitals	%	Non-Hospitals	%
<b>Decreased</b>	2	4%	2	3%
<b>Increased</b>	10	22%	22	31%
<b>Stayed the same</b>	31	69%	38	54%
<b>Unsure</b>	2	4%	9	13%

Source: WCN Clinical Placement Initiative Survey 2024 and WSHA Clinical Placement Initiative Survey 2024.

Table 3. WCN CPI Survey Total Clinical Placements by County

<b>Total Placements by Program Type and County</b>				
<b>County</b>	<b>LPN</b>	<b>RN</b>	<b>APRN</b>	<b>Total County Placements</b>
<b>Benton</b>	18	92	3	113
<b>Chelan</b>	0	16	1	17
<b>Clark</b>	0	0	4	4
<b>Columbia</b>	0	16	0	16
<b>Douglas</b>	0	1	0	1
<b>Ferry</b>	0	0	1	1
<b>Grant</b>	0	30	4	34
<b>Grays Harbor</b>	0	23	4	27
<b>Island</b>	0	1	0	1
<b>King</b>	17	2,604	105	2,726
<b>Kittitas</b>	0	50	6	56
<b>Lewis</b>	0	41	2	43
<b>Lincoln</b>	0	2	4	6
<b>Okanogan</b>	6	2	0	8
<b>Pierce</b>	119	66	0	185
<b>Skagit</b>	0	280	5	285

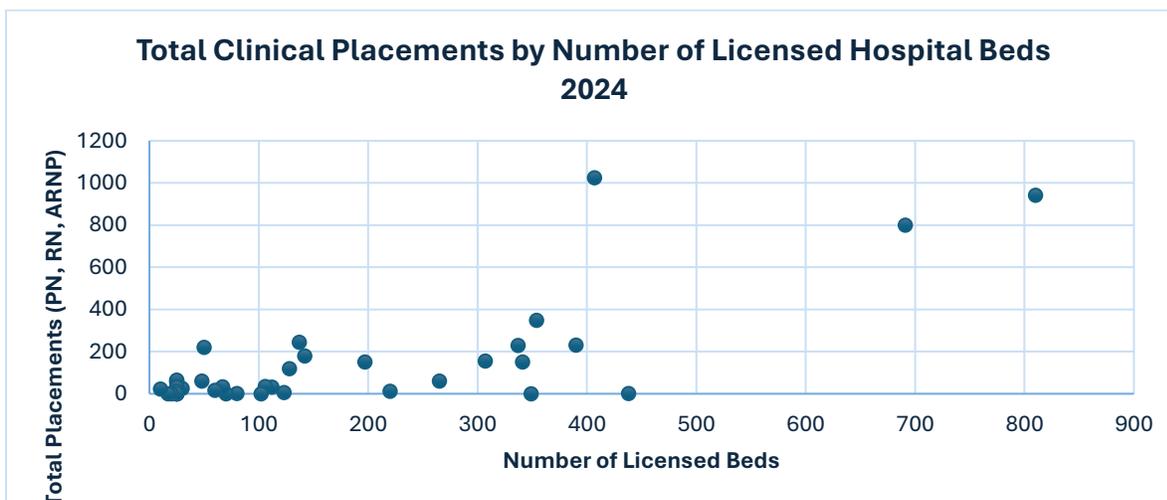
<b>Snohomish</b>	0	987	6	993
<b>Spokane</b>	5	177	2	184
<b>Thurston</b>	58	215	13	286
<b>Walla Walla</b>	0	20	0	20
<b>Whatcom</b>	31	274	5	310
<b>Yakima</b>	18	61	0	79
<b>Total</b>	272	4,958	165	5,395

Note: Placement totals are self-reported by facility for the 2024 calendar year. Counties with zero clinical placements were excluded from this table. Source: WCN Clinical Placement Initiative Survey 2024.

In the 2024 calendar year for the non-hospital facilities hosting nursing students, a total of 5,395 clinical placements were reported across the LPN, RN, and Advanced Practice Registered Nurse (APRN) programs. The largest placements are for the RN program students with 4,958 placements. The most placements across all three program types occurred in King County, with 50% of total placements, followed by Snohomish County at 18% of placements.

The WSHA survey asked hospital members about the number of licensed beds associated with their facility. Figure 2 shows the number of clinical placements by number of licensed beds. Hospitals reported a total of 164 PN placements, 4,969 RN placements, and 233 APRN placements. Appendix O shows the details of placements by PN, RN, and APRN placements, and the number of licensed beds. Those hospitals with a higher number of beds hosted a higher number of clinical placements. One hospital with 810 beds hosted 941 placements, and a moderate-sized hospital with 407 licensed beds reported 1,025 clinical placements during the one-year period. A smaller hospital with 50 beds reported 220 clinical placements, and another with 123 beds reported six placements. One hospital with 349 beds reported zero placements. Hospitals with 24 beds or fewer were more likely to report zero clinical placements. There was no obvious pattern or average number of clinical placements with the number of licensed beds.

Figure 2. WSHA Total Clinical Placements by Number of Licensed Beds



Note: Total clinical placements include PN, RN, and ARNP student placements. Source: WSHA Clinical Placement Survey 2024.

### Practicum Placements

A *practicum placement* is described as a single student assigned to work 1:1 with a preceptor, typically during the last year of their program. Direct supervision is provided by the preceptor. Clinical faculty provide guidance and may not be onsite for direct observation. Practicum placements can include prelicensure students, advanced practice registered nurse (APRN) students, master's, and doctoral students. Practicum placements typically have a required number of designated hours with the number of preceptor hours varying by school and program.

For the hospital survey, 41 (91%) reported “yes” to hosting practicum placements, while 4 (9%) reported “no”. Most non-hospital facilities report offering practicum placements (70%) during the 2024 calendar year, with 21% reporting an increase in these placements over the last year.

Table 4. Practicum Placements

Has the facility increased, decreased or kept the same number of practicum placements in 2024?				
	Hospitals	%	Non-Hospitals	%
<b>Decreased</b>	3	7%	2	3%
<b>Increased</b>	8	20%	23	32%
<b>Stayed the same</b>	30	73%	38	53%
<b>Unsure</b>			9	13%

Source: WCN Clinical Placement Initiative Survey 2024 and WSHA Clinical Placement Initiative Survey 2024.

Table 5. Total Practicum Placements by Program Type and County

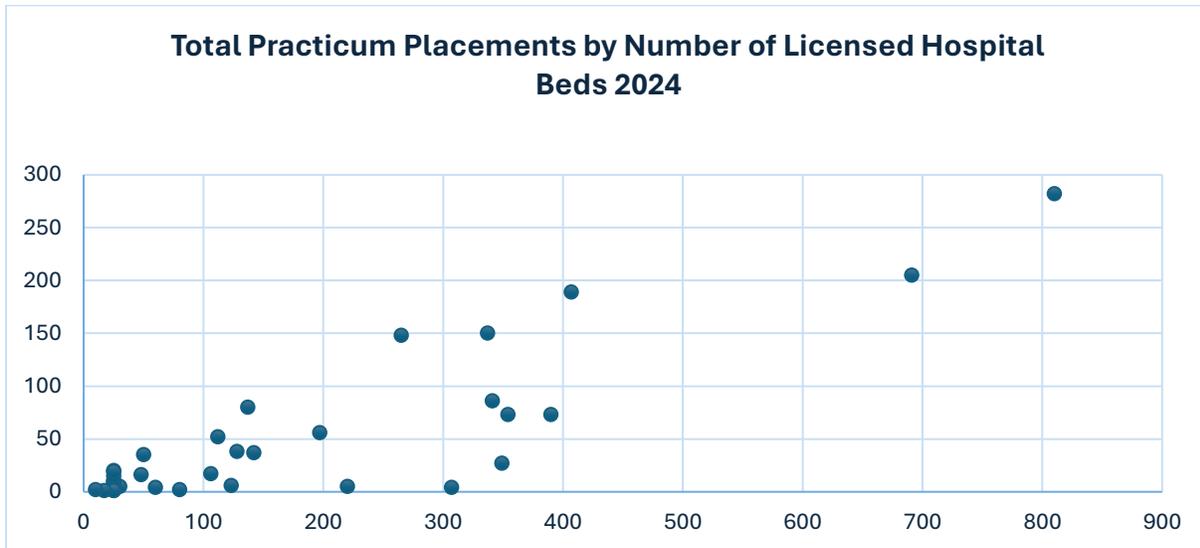
County	RN	APRN	MN or Doctoral	Preceptor Grant Total Experiences	Total known placements
Benton	9	0	1	0	10
Chelan	4	1	3	74	82
Clallam				38	38
Clark				98	98
Columbia	8	0	0	0	8
Cowlitz				175	175
Franklin				75	75
Grant	0	4	4	8	16
Grays Harbor	6	4	4	47	61
Island	5	4	2	0	11
King	277	14	31	1665	1987
Kitsap				154	154
Kittitas	7	0	1	0	8
Lewis	1	1	0	24	26
Okanogan	1			0	1
Pierce	3	6	0	483	492
Skagit	75	0	20	81	176
Snohomish	87	6	17	103	213
Spokane	2			771	773
Thurston	56	20	31	110	217
Walla Walla				106	106
Whatcom	203	5	50	179	437
Yakima	13	2	5	106	126
<b>Total</b>	<b>1,082</b>	<b>289</b>	<b>207</b>	<b>4,297</b>	<b>5,290</b>

Note: Placement totals are self-reported by facilities for the 2024 calendar year and some APRN, Master’s or Doctoral may be duplicate results. Counties with zero clinical placements were excluded from this table. WABON data uses school county for total preceptor experiences and may not be the county where the practicum placement occurred. Total known placements may be duplicate counts from the various sources. Source: 1) WCN Clinical Placement Initiative Survey 2024, 2) WABON Preceptor Grant Data by School Total Preceptor Experiences (2025).

The WSHA hospital members reported a total of 1,681 practicum placements, including RN, APRN, and Master’s or Doctoral student placements (Appendix P). The hospitals with a higher number of licensed beds reported a higher number of practicum placements. One hospital with 810 licensed beds reported a total of 282 practicum placements. While another hospital with 106 licensed beds reported 17 practicum placements. A different hospital with 307 licensed beds reported only four practicum placements. While several smaller hospitals with 25 or fewer beds reported fewer than 20 practicum placements for the year. A detailed table of the

practicum placements results is displayed in Appendix P. There was no obvious pattern or average number of practicum placements with the number of licensed beds.

Figure 3. WSHA Total Practicum Placements by Number of Licensed Beds



Note: Total practicum placements include RN, NP, Master's and Doctoral practicum. Placement totals are self-reported by facilities for the 2024 calendar year and some NP, Master's or Doctoral may be duplicate results. Source: WSHA Clinical Placement Initiative Survey 2024.

### Clinical Placement Demand

In efforts to understand current clinical placement demand and the demand if programs were to enroll more students, data from the 2022-2023 academic year were used to create projections. During the 2022-2023 academic year, 4,353 prelicensure students were admitted into programs (LPN, AD-RN, and BSN students). If LPN, AD-RN, and BSN programs were to increase enrollment by 10%, the number of enrolled students would increase to 6,243, and the total demand on clinical hours would rise to 3.46 million direct care clinical hours and 877,399 preceptor hours.

Given that most nursing programs report inadequate clinical site availability in the current state, any rise in enrollment will require greater resources. The demand in direct care hours will require more faculty, more physical space, and more coordination efforts. The demand for preceptor hours requires more preceptors willing and trained to accept students, more facilities that have sufficient and trained staff, and the space available to support this volume of students. Table 6 shows the current demand and projected demand for clinical placements for prelicensure nursing programs. Projections show a 10% increase in overall enrollment for prelicensure programs.

Table 6. Clinical Placement Demand for prelicensure Nursing Programs

<b>Current Clinical Placement Demand prelicensure Programs 2022-2023</b>				
	<b>LPN</b>	<b>AD-RN</b>	<b>BSN</b>	<b>Total</b>
<b>2022-2023 Number of Students Enrolled</b>	269	3,091	2,315	5,675
<b>Average Total Direct Care Clinical Hours<sup>1</sup></b>	278	489	675	1,442
<b>Average Total Preceptor Hours</b>	103	133	155	391
<b>Clinical Placements Demand Students Enrolled<sup>2</sup></b>	269	3,091	2,315	5,675
<b>Total Clinical Placement Hours Demand<sup>3</sup></b>	74,782	1,511,499	1,562,625	3,148,906
<b>Total Preceptor Hours Demand<sup>4</sup></b>	27,707	411,103	358,825	797,635
<b>10% Enrollment Increase Clinical Placement Demand prelicensure Programs</b>				
<b>Projected Number of Students Enrolled<sup>5</sup></b>	296	3,400	2,547	6,243
<b>Projected Clinical Placement Hours Demand<sup>6</sup></b>	82,260	1,662,649	1,718,888	3,463,797
<b>Projected Preceptor Hours Demand<sup>7</sup></b>	30,478	452,213	394,708	877,399

Note: 1) total average clinical hours by program 2) number of students currently enrolled 3) demand hours calculated by multiplying number of students enrolled by average direct care clinical hours. 4) preceptor demand calculated by multiplying number of students enrolled by average total preceptor hours. 5) Student demand calculated using a 10% estimated increase from 2022-2023 students enrolled, 6) demand hours calculated by multiplying number of students enrolled by average direct care clinical hours. 7) preceptor demand calculated by multiplying number of students enrolled by average total preceptor hours. Source: [WABON Education Dashboard 2022-2023. https://nursing.wa.gov/research-and-data/data-dashboards/education-data-dashboard](https://nursing.wa.gov/research-and-data/data-dashboards/education-data-dashboard). Retrieved Aug 2024.

## Clinical Placement Barriers

In one of the regional meetings, stakeholders focused on barriers to clinical placements, and the outcomes of that session are in Appendix A. The CPI surveys asked for facilities to select from a list of barriers, with 25% of hospitals reporting clinical staff feeling overburdened or stressed and 27% of non-hospitals reporting the same barrier. Hospitals reported the need to prioritize employee training over student placements (18%) as another major barrier to clinical placements. One hospital stated there are “limited RNs with experience” or with preceptor experience and wanting to ensure the students are working with an experienced nurse, or the preference to “not pair students with travelers” (WSHA CPI Survey, 2024). Table 7 provides the results as reported from the hospitals and non-hospital settings.

Table 7. Facility Reported Clinical Placement Barriers

<b>Facilities Reported Clinical Placement Barriers</b>				
	Hospital	%	Non-hospital	%
<b>Clinical staff feel overburdened/stressed</b>	27	25%	46	27%
<b>Complex onboarding process</b>	5	5%	10	6%
<b>Prioritizing employee training vs student placement</b>	19	18%	n/a	n/a
<b>Limitations of physical space</b>	17	16%	24	14%
<b>Concern for quality of clinical experience for students</b>	12	11%	24	14%
<b>Misalignment of clinical placement dates/times with available opportunities</b>	8	7%	13	8%
<b>Inexperience (Staff are not prepared to work with students)</b>	9	8%	n/a	n/a
<b>Concern for quality of patient care/experience</b>	3	3%	8	5%
<b>Insufficient number of RN staff</b>	n/a	n/a	30	18%
<b>Financial burden</b>	n/a	n/a	10	6%
<b>Concern for incivility</b>	0	0%	1	0.6%
<b>Other</b>	7	7%	4	2%

Note: Participants able to “select all that apply” in choices and thus responses are larger than number of participants. Sources: WCN Clinical Placement Initiative Survey 2024 and WSHA Clinical Placement Survey 2024.

## Clinical Need and Opportunity

Appendix Q shows the number of 2022-2023 enrolled prelicensure students by county and the number of known clinical placements. There were 17 counties without a nursing program, all located in rural counties, with 15 of those counties having a hospital. When WCN asked the facilities why they are not currently hosting students, many reported that there was not a school in their area, but they would like to host students, and some offered to provide housing and transportation for students. There is an opportunity to place students in counties with no known students.

Similarly, there were 10 counties with no prelicensure students enrolled (Appendix Q clinical need). However, some of these counties have known clinical placements. There is an opportunity for access to a hybrid or online learning program to reach potential students in these counties with available clinical placements. There are two counties without a hospital, Skamania and Wahkiakum, but each county has either a nursing home, a public health, or rural health clinic or other non-hospital setting where clinical placements could be available in these counties. While there are healthcare facilities located in every county, this does not equate to available or trained staff to support clinical placements.

The counties with the highest volume of enrolled students and clinical need are non-rural counties, including King, Spokane, and Pierce, with over 4,000 prelicensure students enrolled needing at least 2 million clinical hours (Appendix Q Clinical need). Most programs in non-rural counties (86%) report that clinical placement site availability is inadequate. The need for clinical placements is highest in these counties. While there are several hospitals in these counties, the number of known non-hospital placements is low. Schools report mental health and maternal health as the most challenging and greatest need for clinical placements (WCN 2023). While the number of hours is low overall compared to total direct care hours, an average of 25 hours for each of these rotations, the need for placements remains high.

A list of 41 facilities reported “no” to currently hosting students, and most also state they would like to host students. Programs could connect with those sites to explore clinical opportunities. Stakeholders identified a list of over 200 non-hospital sites by region that they are currently not using for clinical placement, but see potential placement opportunities, and while that list is not included in this report due to its large size, it is posted via the Hivebrite website as a resource.

## Strategies and Opportunities to Increase Access to Clinical Sites

While there are thousands of clinical placements occurring across the state, several clinical placement opportunities remain to increase clinical placements. These are additional recommendations made based on the data gathered:

- **Clinical placement schedules.** Consortium placement data shows there is an opportunity for more placements during summer months, during the weekend, and during the night shift. (WCN, 2024).
- **Rural placements.** Opportunity to expand clinical placements in rural locations. Most (75%) of hospital participants who reported “no” to hosting students were in a rural county, and 52% of non-hospital facilities were in a rural county.
- **Sites not hosting students.** There were four hospitals that reported they do not host students, and a total of 43 non-hospital sites identified from the surveys that are not currently hosting students. Of the 40 non-hospital facilities reporting “no” to hosting, 28 (80%) reported “yes” they would like to host students. Additional insight into the support needed to host students gives an opportunity to provide the support needed to expand to these sites.
- **Non-traditional sites.** Most clinical placements occur in the hospital setting for prelicensure students. There are many sites where health services occur beyond the hospital setting where clinical placements can occur to apply didactic learning and practice technical skills. CPI stakeholders identified non-traditional settings and names of facilities they would like to expand clinical opportunities, see Appendix S.
- **Simulation.** Evidence supports the use of high-quality simulation for clinical hours and produces comparable educational outcomes (NCSBN, 2014), and while schools are integrating this into their curriculum, it continues to be underutilized (WCN, 2023). Nursing schools face barriers to increasing utilization, such as the cost of training, additional personnel needed, and equipment. These are not addressed in WAC 246.840.534, regarding the use of simulation for clinical experiences.
- **Consistent clinical requirements.** Variation across programs creates inequity in clinical placements and confusion for facilities hosting students. Individualize clinical placements to optimize success for students.
- **Access to programs via Hybrid, Online, and Satellite options.** There are several counties without a nursing program, and this opportunity could expand placements in rural locations and lower the burden in high-volume areas.
- **Integrated onboarding process and placement transparency.** Establish onboarding requirements across sites and settings to improve efficiency and process for students and facilities. Use transparency to see available sites and create placement equity.

The opportunities listed were informed by WCN reports and identified by CPI stakeholders during the regional meetings. These stakeholders were able to describe the various barriers to implementing these opportunities and the strategies to address them. During the stakeholder meetings, programs and healthcare facilities discussed multiple strategies to improve and implement the opportunities described.

Each of the opportunities listed poses unique challenges and requires both resources and creativity to establish new practices. For example, expanding placements using the *schedule* approach will require more faculty and agreement to work non-traditional hours. Students may also oppose alternate schedules as they may conflict with personal schedules and preferences. The *rural placements* approach may require additional resources for students and faculty for housing and transportation accommodations to reach rural locations. This approach may meet opposition from students and faculty as it can be disruptive to schedules and require time away from family. For sites not currently hosting, location or systemic barriers may exist, such as no nursing program in the area or not enough clinical staff. Each strategy and barrier to implementation were explored during stakeholder meetings and documented for reference.

## **Progress**

Each region created a plan with goals for 2025-2026. WCN distributed these plans to regions in May of 2025. In November 2025, WCN reconvened each region to receive updates and assess assistance needed. Themes from these discussions include:

- The need for infrastructure to pursue goals. Several groups reported changes in their membership resulting from reductions and shifting of staff in their organizations that hindered their ability to move forward on regional plans. The groups could benefit from continued convening and project management from the WCN and partners to support groups in achieving their goals. WCN is committed to continuing to convene regional groups and the statewide steering committee in 2026.
- Sharing of resources within and among regions. Organizational representatives shared progress, such as related research, preceptor education approaches, and internal incentives to recognize and support preceptors. As a result, the WCN is building a repository of information for sharing among CPI participants to explore and adopt promising practices, avoid reinventing the wheel, and encourage collaboration across systems.
- In a separate contract with the Washington State Department of Health, the WCN is convening a statewide interdisciplinary workgroup for advanced practice nurse clinical placement. Compared with the CPI, similar themes are arising. The two efforts can inform each other.

- The WCN is also in the process of completing action plans for nurse burnout and retention based on [WCN research](#) completed in 2024. These plans will inform strategies to address burnout raised by CPI participants.
- WCN is conducting additional research requested, including a literature review of best available practices for clinical placements in acute care settings, non-acute care settings, and advanced practice nursing.
- The WCN has submitted a proposal to include continuance of the CPI in addition to other workforce development strategies to the Department of Health, Department of Social and Health Services, and the Health Care Authority for inclusion into the federal Rural Health Transformation program.

## **Conclusions and Next Steps**

- The WCN will continue to facilitate communication and convene regional groups and the steering committee to track and provide support towards accomplishing goals.
- Because of the common themes across regions, WCN received a recommendation to reorganize current groups based on common themes. WCN plans to have discussions on this idea with regional groups in early 2026.
- There is an opportunity for continued and increased regional and statewide group goals to be included in subsequent state nursing workforce center contracts.
- WCN will publish action plans to address clinician burnout by June 30, 2026, to support recommendations in this report.
- Washington State Board of Nursing will undergo a routine review of administrative rules to increase efficiency and incorporate necessary updates, including rules for nursing education. Review of these rules should take into consideration barriers and facilitators to clinical placements.

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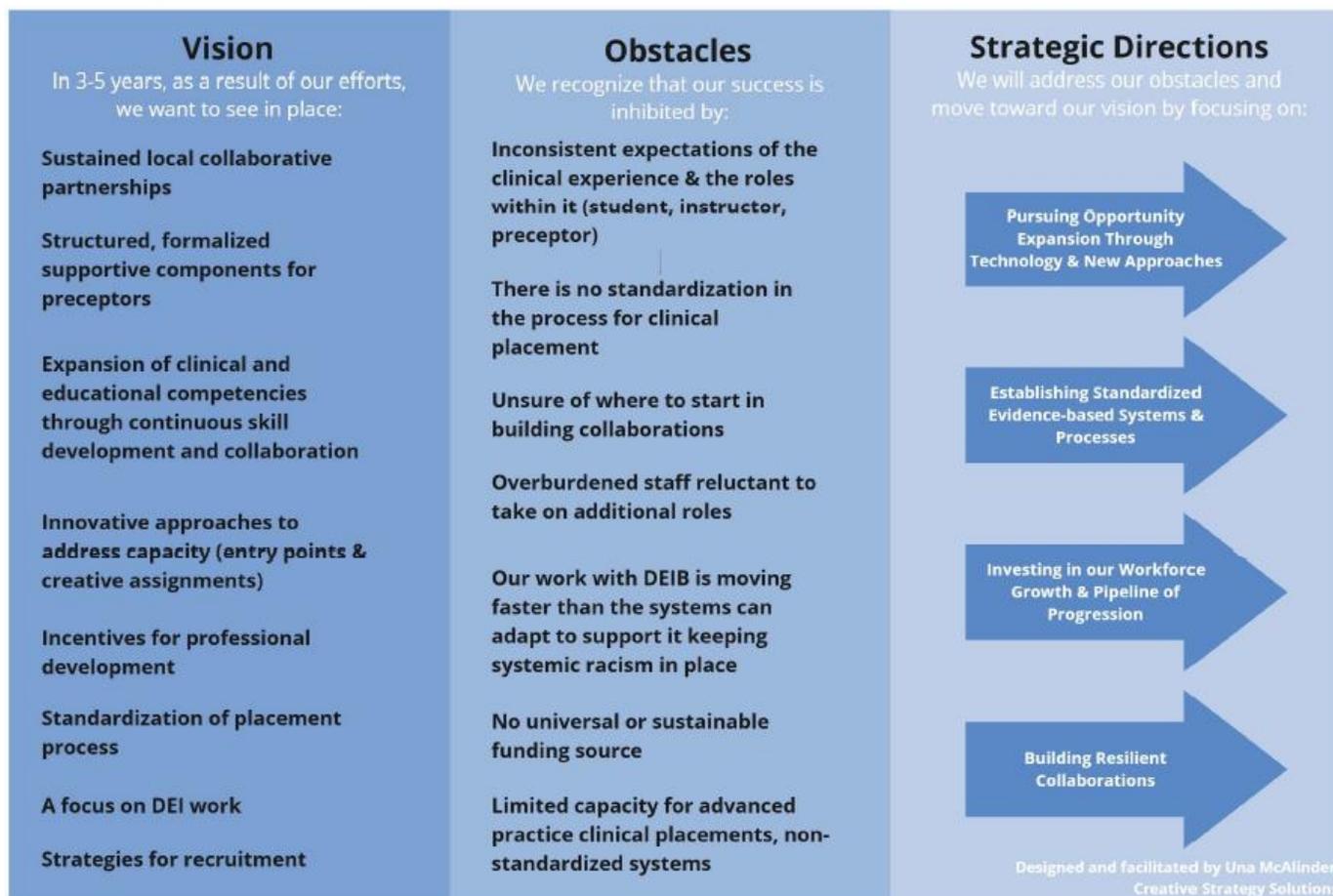
## Appendix

## Appendix A: CPI Regional Outputs



**Central  
Washington  
Region**

**How can we work together to facilitate communication between nursing education programs and healthcare facilities in order to increase clinical education and practice experiences for nursing students?**



### Accomplishments for the First Two Years

- Develop survey to gather and share insights on student experience
- Simulation lab inventory completed, and simulation lab deserts identified
- Grant opportunities pursued to expand simulation access
- Standardized checklist for preceptor orientation created
- Annual recognition of preceptors launched
- Regional job fair with schools and community partners convened



**Eastern Washington Region**

**How can we work together to facilitate communication between nursing education programs and healthcare facilities in order to increase clinical education and practice experiences for nursing students?**

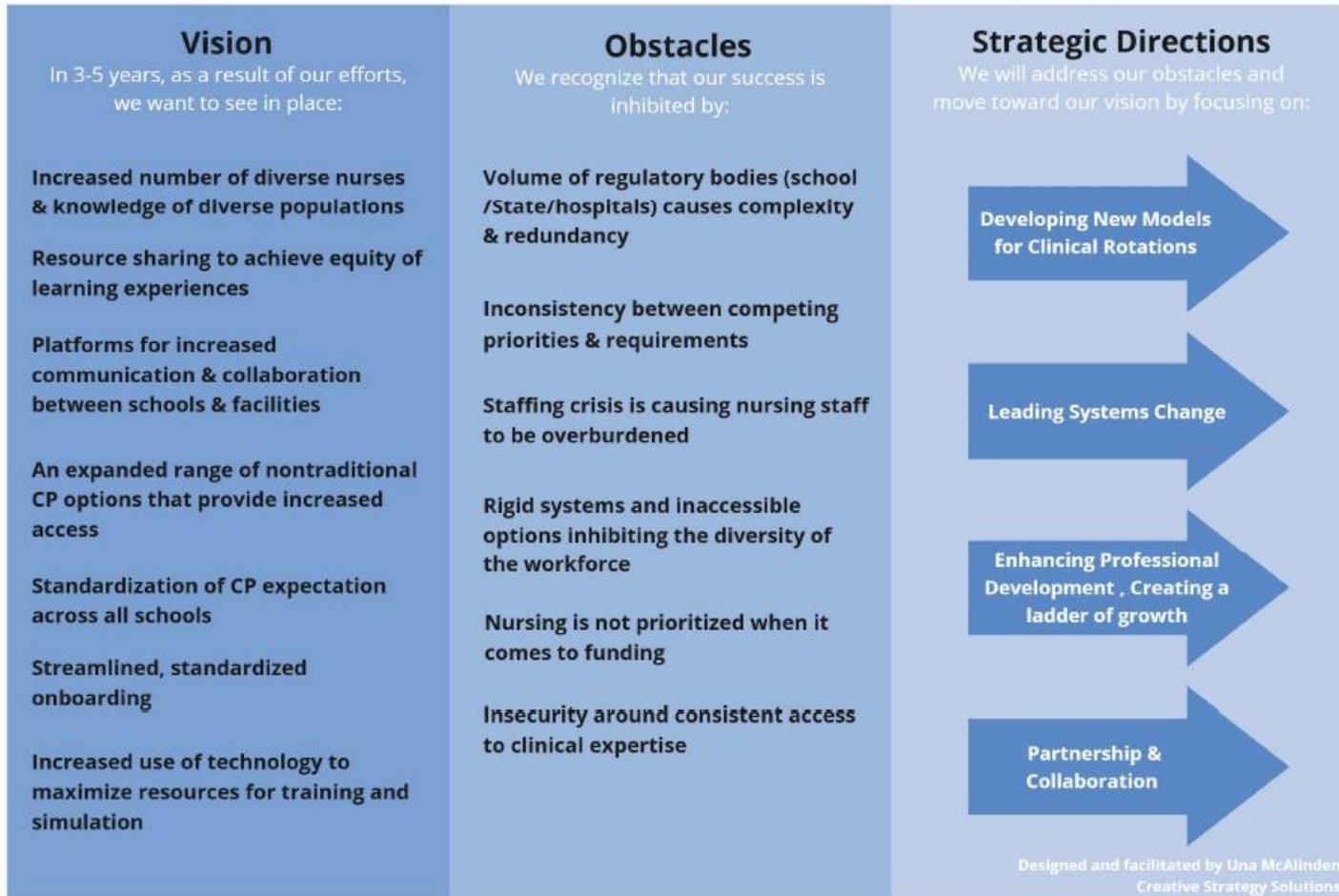


Accomplishments for the First Two Years

- Certificate education program for preceptors implemented
- Convene healthcare partners to align onboarding and student education requirement practices and reduce duplication
- Annual Healthcare and academic conference
- Collect data across healthcare and education sectors to identify gaps and best practices
- Pilot program framework for outpatient clinics
- Identify grant opportunities for simulation work



### How can we work together to facilitate communication between nursing education programs and healthcare facilities in order to increase clinical education and practice experiences for nursing students?



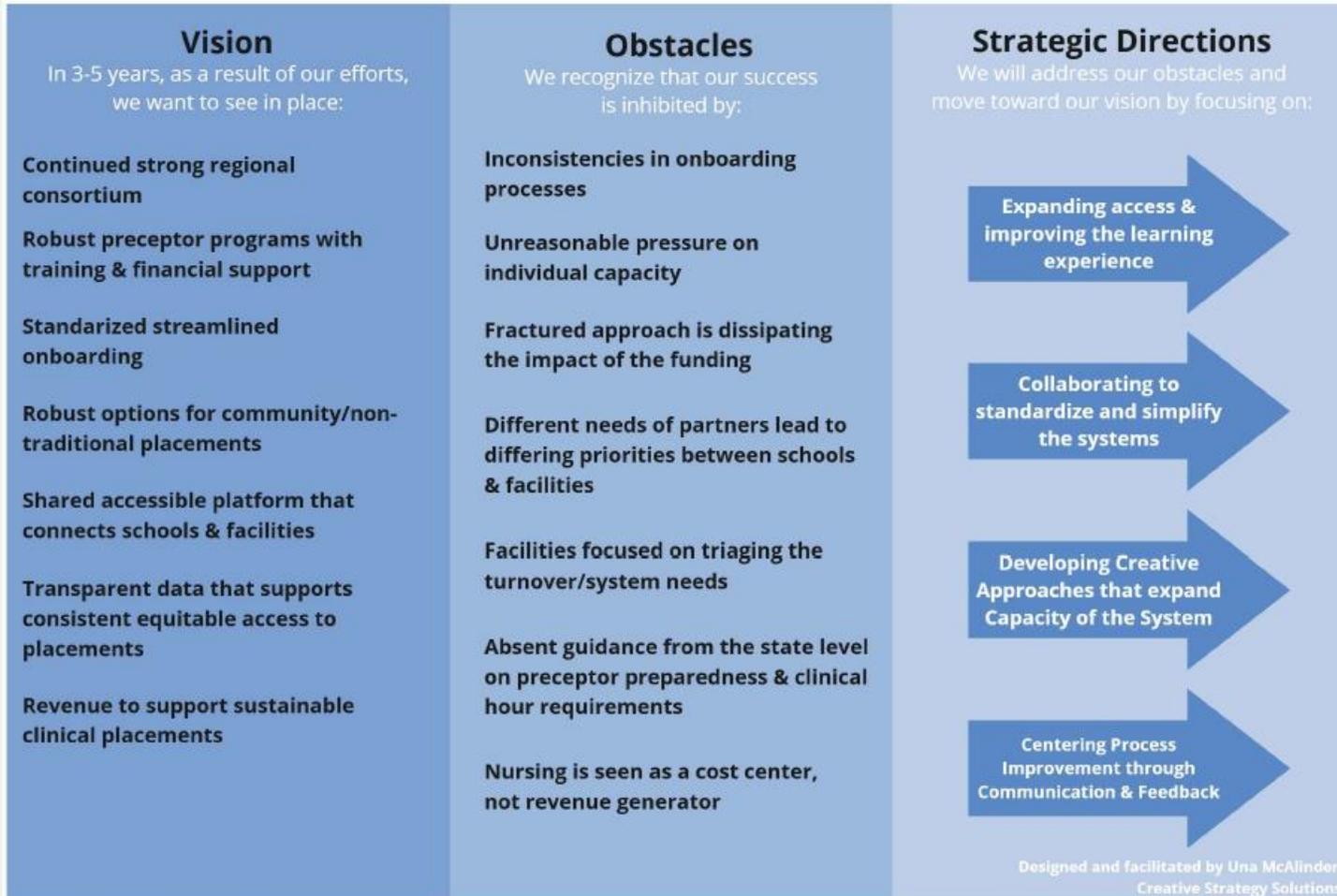
#### Accomplishments for the First Two Years

- Comprehensive data collection and evaluation of clinical rotation models, preceptor capacity, and onboarding costs
- Summit with nursing leaders (facilities and education) to present the data gathered through pilot study project (bulleted above) and develop solutions



**North Sound  
Washington  
Region**

**How can we work together to facilitate communication between nursing education programs and healthcare facilities in order to increase clinical education and practice experiences for nursing students?**



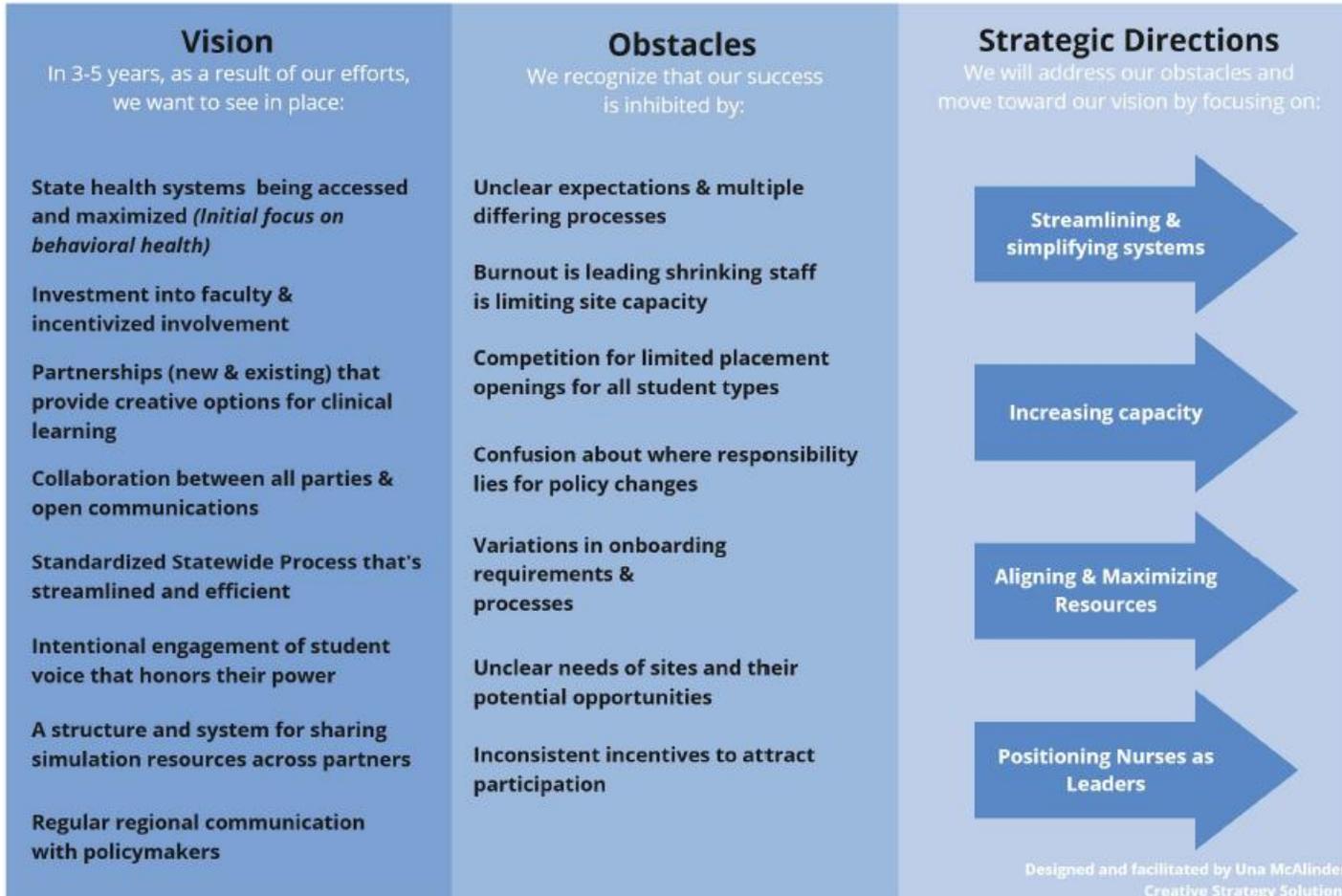
Accomplishments for the First Two Years

- Shared preceptor handbook and mentoring guide developed



**South Sound  
Washington  
Region**

**How can we work together to facilitate communication between nursing education programs and healthcare facilities in order to increase clinical education and practice experiences for nursing students?**



Accomplishments for the First Two Years

- Proposal advanced for a central onboarding system with standardized requirements agreed across partners
- Centralized database of non-traditional sites and outpatient clinics established



## Southwest Washington Region

How can we work together to facilitate communication between nursing education programs and healthcare facilities in order to increase clinical education and practice experiences for nursing students?

### Vision

In 3-5 years, as a result of our efforts, we want to see in place:

Consistent & streamlined clinical onboarding requirements

Enhanced clinical & educator capacities through collaboration

Innovative placement models that expand capacity & variety of student opportunities

Collaborative engagement across partnerships that are mutually beneficial

Supports that encourage & provide access to rural clinical experiences

Outreach & inclusion strategies for improved system access & increased representation

Shared resources that provide sustainable capacity & consistency for facilitation of learning

Tools & strategies for collaborative placement processes

### Obstacles

We recognize that our success is inhibited by:

(Many) Healthcare systems & spaces are not designed for learning

Siloes & misaligned systems

Unclear responsibility for joint systems & complexity of pay structures

A focus on individual-based solutions vs system based solutions

Restrictive regulations & poorly written policies

Inequitable access to a variety of diverse culture & care environments

Fragmented & competing priorities

### Strategic Directions

We will address our obstacles and move toward our vision by focusing on:

Developing Sustainable Approaches to Staffing & Retention

Leveraging Data to Remove Barriers & Align Systems

Expanding & Diversifying Clinical Placement Options

Enhance & Expanding Collaborative Partnerships

Designed and facilitated by Una McAlinden  
Creative Strategy Solutions

### Accomplishments for the First Two Years

- Recognition program for preceptors launched
- Joint appointment structure between academia and facilities is established

## Appendix B: Statewide Plan Summary

### Vision

In 3-5 years, as a result of our efforts, we want to see in place:

- A streamlined, standardized clinical placement process
- Collaborative communication & partnerships between stakeholders
- Innovative approaches that offer increased capacity with consistency of experiences
- Increased use of non-traditional sites and access to rural clinical experiences
- Recruitment with a DEI focus using strategies for inclusion and belonging
- Structured support for preceptors
- Streamlined Regulation and sustainable funding
- Increased use of technology that maximizes resources for training & simulation
- Consistent supports that develop faculty capacity and the faculty pipeline

## Statewide Plan Summary

Statewide steering committee distilled information from all of the regions to create a statewide plan.

### Obstacles

We recognize that our success is inhibited by:

- ... Inconsistent requirements & variations in Onboarding Processes are impacting Efficiency & absorbing Resources
- ... High pressured work & a time-constrained environment is hampering staff retention
- ... Friction between Regulatory requirements and local implementation is causing confusion and inconsistencies in onboarding
- ... Disconnection between the systems involved in nursing education, creating an unreliable communications system & feeding a scarcity mindset
- ... Hierarchical Structures are Isolating Key Leaders, Hindering Effective Change
- ... A fractured approach to funding is impeding the development of crucial sustainable solutions
- ... The perception of Nursing as a cost instead of an integral element of the healthcare system is constraining how it is funded

### Strategic Directions

We will address our obstacles and move toward our vision by focusing on:

- Establishing standardized evidence-based systems & processes
- Investing in our growth & retention of our workforce, & sustaining a pipeline of progression
- Enhancing & expanding collaborative partnerships to develop alignment between healthcare and education
- Expanding & diversifying clinical placement options & modalities
- Ensuring that policymakers understand the impact of nursing on the health of the state of WA
- Centralize key systems and data to improve information sharing & remove barriers

Designed and facilitated by Una McAlinden  
Creative Strategy Solutions

## Vision Summaries as determined by the Statewide Steering Committee

In 3-5 years, as a result of our work, we intend to put into place:

<b><i>A streamlined, standardized clinical placement process</i></b>	Clinical placements are currently fragmented with inconsistent requests and processes. We want to standardize the clinical placement and onboarding process to provide transparency, reduce barriers, and improve efficiency. It will reduce administrative overhead and give students, educators, and facilities a better experience while supporting increased, equitable access.
<b><i>Collaborative communication &amp; partnerships between stakeholders</i></b>	Collaboration is essential among stakeholders to create cohesive and engaged clinical placement environments. Enhanced communication will improve student and facility experience and will create strong partnerships to address challenges collectively through mutually beneficial partnerships.
<b><i>Recruitment with a DEI focus using strategies for inclusion and belonging</i></b>	DEI recruitment is important to provide a broad learning experience, cultural empathy, and competency for caring for diverse communities. We want to build a diverse nursing workforce to recruit broadly from an increasingly diverse student population and reflects the communities we care for. We want to ensure equitable access for students and to deliver better, competent care for patients.
<b><i>Increased use of non-traditional sites and access to rural clinical experiences</i></b>	Currently, most clinical placements occur in acute settings with limited experiences in non-acute or non-traditional sites. Providing creative options in non-acute care settings, in rural and community settings will expose students to a greater variety of practice settings, increase placement capacity, and encourage nurses to work in settings with shortages.
<b><i>Increased use of technology that maximizes resources for training &amp; simulation</i></b>	There is an opportunity to increase the use of technology and simulation for clinical training. We want to see optimization and sharing of resources with investment into faculty and incentivized involvement to develop collaborative simulation and technology programs with interdisciplinary learning approaches to maximize clinical placement capacity across partners.
<b><i>Structured support for preceptors</i></b>	The precepting role is challenging and time-consuming and there is limited capacity for student placements. We want to implement formalized models that offer structured support, training, and incentive pay to retain and

attract preceptors. We will expand the number and capacity of preceptors available for students.

***Streamlined Regulation and sustainable funding***

Current funding and regulation limit the capacity of the clinical placement process. With funding ensured, we can expand placement capacity by providing consistent and innovative preceptor and placement programs. We will have shared resources to provide sustainable expansion of placement opportunities. Regulatory flexibility will reduce administrative burden improving efficiencies to meet the changing clinical placement needs.

***Innovative approaches that offer increased capacity with consistency of experiences.***

Inconsistent strategies and the underutilization of resources limits placement capacity. Providing transparent, equitable access, and efficient placement practices ensures consistency and optimization in clinical placements and experiences. Expanding clinical placement capacity supports the increase of available student slots and increases the nursing workforce.

***Consistent supports that develop the faculty capacity and the faculty pipeline***

Without faculty capacity, we are unable to meet the nursing workforce gap. We need to enhance clinical educator capacities and build a clinical instructor workforce with a focus on recruitment, and retention with support and development for future faculty.

## Summaries of Statewide Barriers as determined by the Steering Committee

**In examining our obstacles, we recognize that our desired future is blocked by:**

### **Inconsistent requirements & variations in onboarding processes are impacting efficiency & absorbing resources**

Inconsistent onboarding requirements contain overlapping processes that differ from facility to facility. The differing requirements of regulatory bodies (school, state, hospital) contribute to complexity and redundancy. The varying onboarding requirements leads to fragmented systems, inconsistencies, and competing priorities impacting efficiency and staff capacity and placing limitations on clinical placement opportunities.

### **High pressure work and a time constrained environments is hampering staff retention**

Inadequate capacity within the system is overburdening staff and creating an overwhelming work culture. The focus on ad hoc rather than system-based solutions generates unreasonable pressure on individuals and a reluctance to add work to overburdened staff. Inflexible systems are unable to keep pace with the need for change, and facilities with shrinking staff focus on triaging the turnover which feeds the cycle and requires sustainable solutions. The shortage of instructors and preceptors stems from the work intensity and limited incentives, further adding to the staffing crisis.

### **Disconnection between systems involved in nursing education is creating an unreliable communications system and feeding a scarcity mindset**

The disconnect between agency needs and clinical requirements creates system issues and an untransparent process. Unreliable communication systems and competition for placements impedes collaboration and creates inconsistent access to placements, leading to a perception of scarcity. Inadequate resources to support building relationships, frequent staff turnover, and the unreliability of placements restrict equitable access to diverse environments.

### **Friction between regulatory requirements and local implementation is causing confusion and inconsistencies in onboarding**

Inconsistent and sometimes unclear regulatory requirements are being interpreted by each organization differently which creates a mosaic of expectations for onboarding that are overwhelming, time-consuming and duplicative. Organizations, concerned about consequences in a rigid system, are being cautious and conservative. The impacts are compounded by the limited relationships between regulatory bodies, academia, and direct care providers as well as confusion about where the responsibility for change lies. Leaders are disengaged and this inhibits innovation.

### **Hierarchical structures are isolating key leaders hindering effective change**

Unclear responsibility for joint systems and the absence of well-defined shared leadership structures lead to decisions without adequate context and consultation. This results in inconsistent expectations of clinical experiences and roles, and in turn fuels a lack of trust impacting workplace culture. Healthcare systems are not primarily designed for learning however efforts to make potential changes have been frustrated when essential decision makers are not present.

### **A fractured funding approach is impeding the development of crucial sustainable solutions**

Disjointed funding sources, often temporary or short-term in nature, are creating instability in the system and dissipate the impact of investments. There is no universal funding source, adding complexity to pay structures and contributing to a short-sighted approach that impacts retention and growth of the nursing workforce. This misaligned and disjointed funding approach hinders sustainable workforce solutions, changes, or growth.

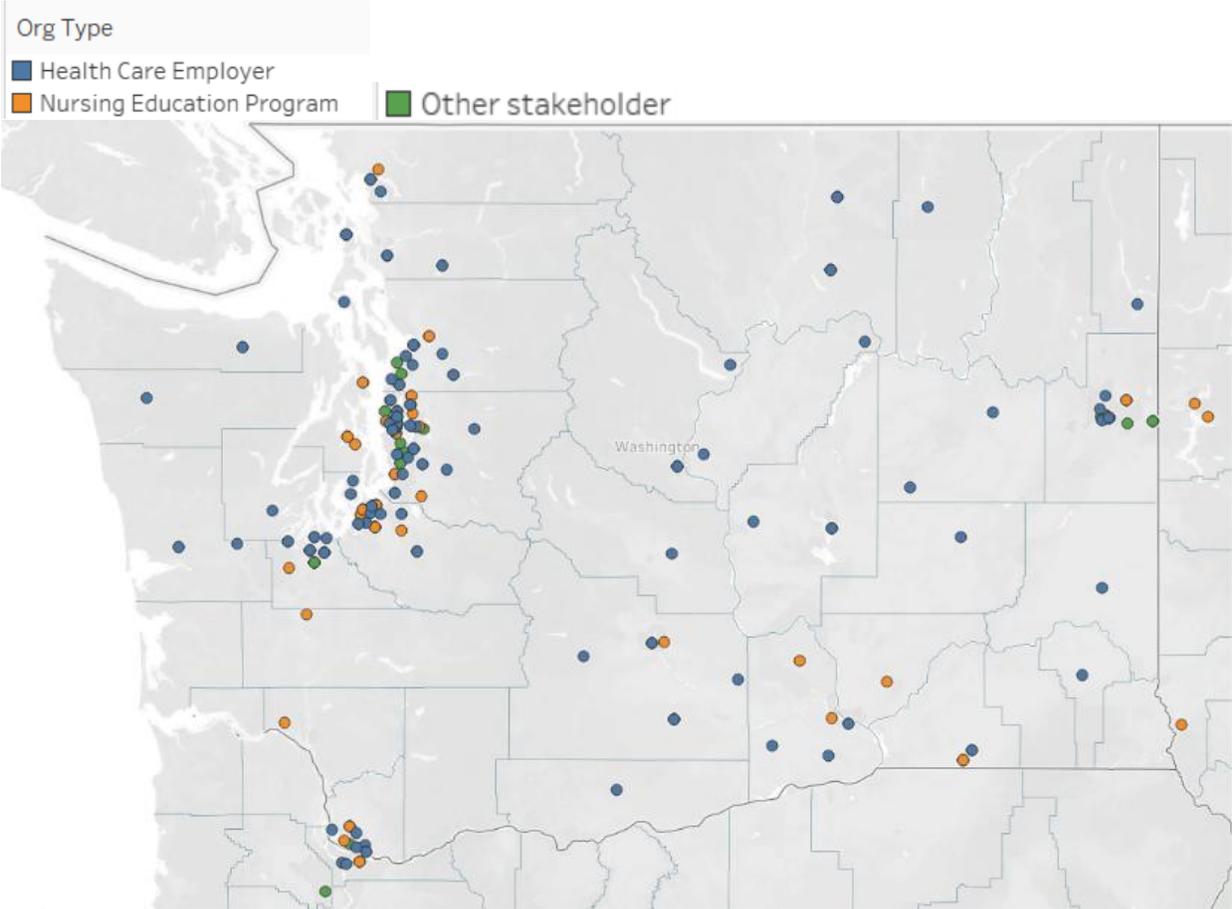
### **The Perception of nursing as a cost instead of an integral element of the healthcare system is constraining how it is funded**

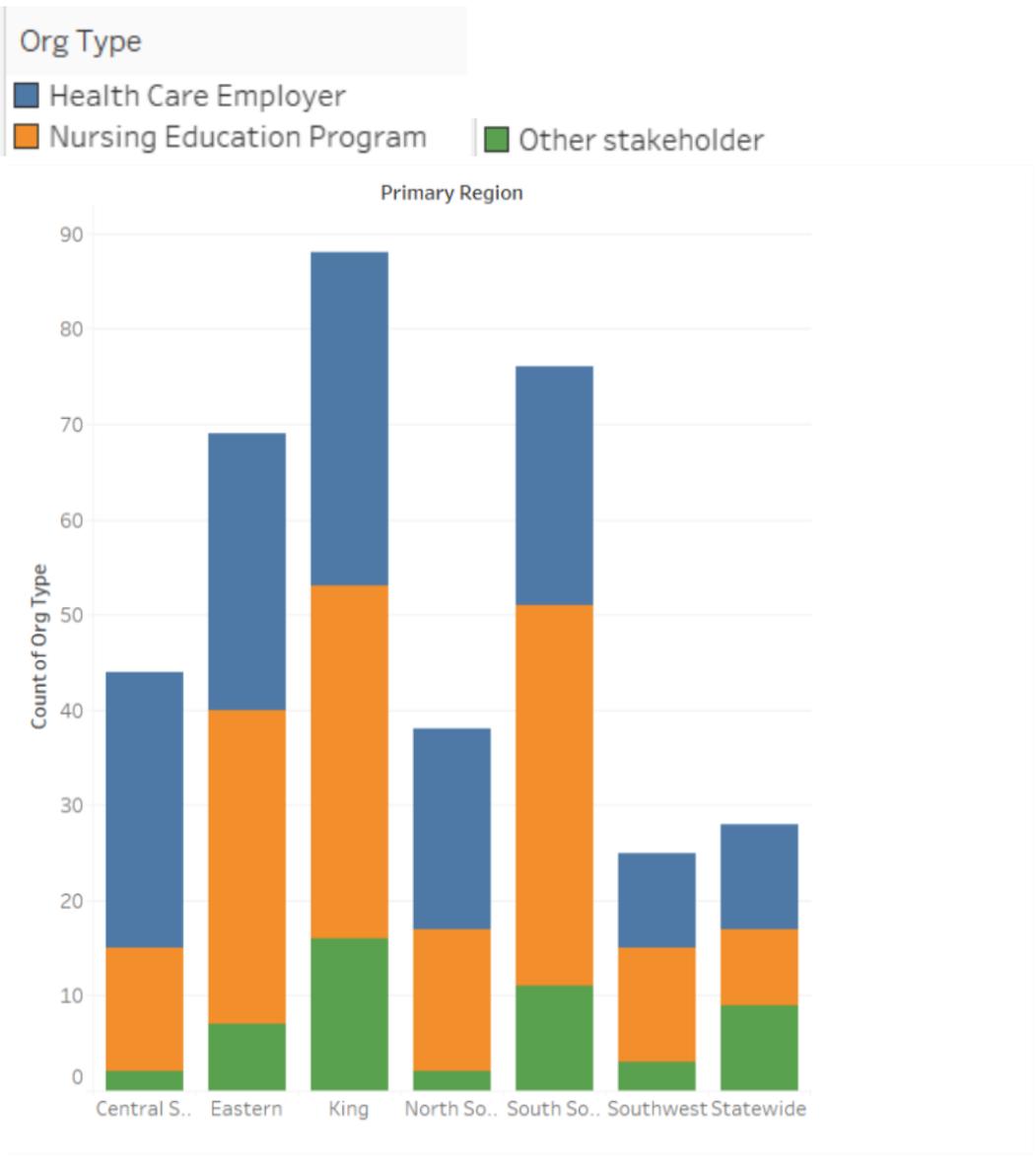
Nursing is perceived as a cost rather than valued as an integral element of the healthcare system and therefore is not prioritized and not adequately funded. The unbalanced payment system groups nursing services into facility fees and is typically classified as a cost, rather than generating revenue. Reimbursement models for nursing services neglects staffing for acuity and leads to inconsistent system standards. With unsustainable funding, there are fewer incentives for preceptors or direct routes to higher education and career development and this limits the system's capacity for clinical placements.

## Appendix C: Steering Committee Members

First Name	Last Name	Organization(s)	Role
Ashley	English	Clinical Placements Northwest	Executive Director
Brenda	Senger	Gonzaga University	Associate Professor, Nursing
Carrie	Miller	Montana State University	Associate Professor
Cindi	Warburton	Northwest Organization of Nurse Leaders	Executive Director
David	Reyes	University of Washington Tacoma School of Nursing	Dean
Debbie	Brinker	American Association of Critical-Care Nurses (AACN)	Clinical Practice Specialist and CSI Academy Faculty
Deborah	Eti	Washington State University College of Nursing	Nursing Clinical Associate Professor and FNP Track Coordinator
Gena	Cooper	Washington State Hospital Association	Director Safety and Quality - Workforce
Jenny	Bauska	Centralia College	Nursing Program Director
Jolita	Perez	MultiCare	Manager - Workforce Development and Student Placement System
Joycelyn	Thomas	University of Washington / Virginia Mason Franciscan Health	Assistant Teaching Professor, FNP Track at UW; Primary Care Provider at Virginia Mason Franciscan Health
Katerina	LaMarche	Washington State Hospital Association	Policy Director, Government Affairs
Kathleen	Johnson	School Nurse Organization of WA Research Committee	DNP, RN, NCSN-E, PHNA-BC, FNASN, FAAN
Kristin	Sumers	Northwest Nursing Clinical Placement Consortium	Clinical Site Coordinator
Lauren	Bibin	Seattle University College of Nursing	Director of Simulation Education and Innovation; Assistant Professor
Marriya	Wright	South Puget Sound Community College	Dean of Allied Health and Nursing
Merry	Bond	Lower Columbia College	Dean of Instructional Programs   Nursing Programs Director
Mike	Martinoli	Ferry County Health	Chief Nursing Officer, QI Committee Chair
Rebekah	Jurick	Pacific Lutheran University	Nursing Operations Coordinator
Rhoberta	Haley	Pacific Lutheran University School of Nursing	Dean and Professor
Shayla	Holcomb	Public Health – Seattle & King County	Nursing Quality & Practice - Partnership Manager
Stephanie	Gore	MultiCare	AVP for Clinical Practice and Development
Theresa	Granger	Washington Center for Nursing	Consultant
Tiffany	Fromm	Clover Park Technical College Nursing Program	Dean of Instruction
Tiffany	Zyniewicz	Pacific Lutheran University, Lynnwood	ABSN Coordinator, Associate Professor, School of Nursing
Wendy	Williams-Gilbert	Washington Center for Nursing	Nursing Education Consultant

# Appendix D: Stakeholder Distribution by Region and Organization Type





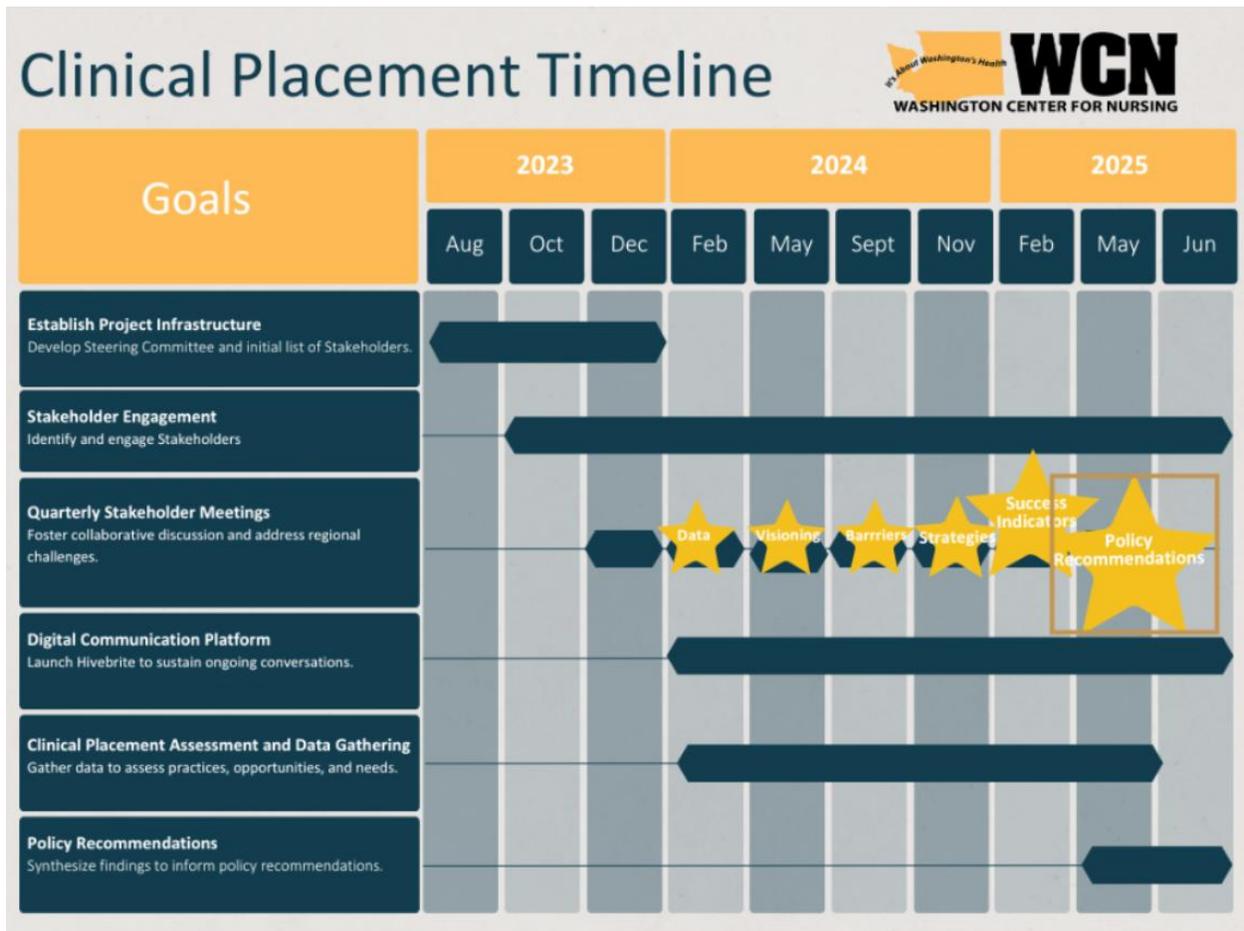
**Note:** Due to the absence of zip codes for 33 individuals, their data has not been reflected in the map or table.

Appendix E: Clinical Placement Initiative Regional Map

# Clinical Placement Initiative Regional Map



## Appendix F: Visual Timeline of CPI Activities (2023–2025)



## Appendix G: Clinical Placement Initiative Table of Meetings

Clinical Placement Initiative Table of Meetings			
Date	Meeting Title	Region(s)	Meeting Purpose/Intention
8/8/2023	Steering Committee Planning Meeting	Statewide	Initial planning and crosswalk of proviso needs
12/14/2023	Statewide Open House	Statewide	Introduce initiative and engage early stakeholders
2/13/2024	Statewide Data Meeting	Statewide	Share environmental scan and statewide data and facilitate discussions between representatives, by region, to determine: clinical placement sites where clinical placement opportunities are currently available and additional clinical placement opportunities that are needed and not yet utilized.
2/23/2024	Steering Committee Data Review Meeting	Statewide	Reviewing environmental scan
5/9/2024	South Sound Regional Stakeholder Meeting - Visioning	South Sound	Facilitate discussions between representatives, by region, to determine: Desired future state for clinical placements.
5/13/2024	Southwest Regional Stakeholder Meeting - Visioning	Southwest	Facilitate discussions between representatives, by region, to determine: Desired future state for clinical placements.
5/13/2024	Eastern Regional Stakeholder Meeting - Visioning	Eastern	Facilitate discussions between representatives, by region, to determine: Desired future state for clinical placements.
5/14/2024	King County Regional Stakeholder Meeting - Visioning	King County	Facilitate discussions between representatives, by region, to determine: Desired future state for clinical placements.
5/15/2024	Central Regional Stakeholder Meeting - Visioning	Central	Facilitate discussions between representatives, by region, to determine: Desired future state for clinical placements.
5/15/2024	North Sound Regional Stakeholder Meeting - Visioning	North Sound	Facilitate discussions between representatives, by region, to determine: Desired future state for clinical placements.
6/5/2024	Steering Committee Meeting	Statewide	Synthesizing regional work into state-level plans
9/10/2024	Central Regional Stakeholder Meeting - Barriers	Central	Facilitate discussions between representatives, by region, to determine: Clinical Placement Barriers.
9/10/2024	North Sound Regional Stakeholder Meeting - Barriers	North Sound	Facilitate discussions between representatives, by region, to determine: Clinical Placement Barriers.
9/11/2024	King County Regional Stakeholder Meeting - Barriers	King County	Facilitate discussions between representatives, by region, to determine: Clinical Placement Barriers.
9/17/2024	South Sound Regional Stakeholder Meeting - Barriers	South Sound	Facilitate discussions between representatives, by region, to determine: Clinical Placement Barriers.

9/18/2024	Eastern Regional Stakeholder Meeting - Barriers	Eastern	Facilitate discussions between representatives, by region, to determine: Clinical Placement Barriers.
9/19/2024	Southwest Regional Stakeholder Meeting - Barriers	Southwest	Facilitate discussions between representatives, by region, to determine: Clinical Placement Barriers.
9/27/2024	Steering Committee Meeting	Statewide	Synthesizing regional work into state-level plans
11/12/2024	Eastern Regional Stakeholder Meeting - Strategies	Eastern	Facilitate discussions between representatives, by region, to: Develop strategies to resolve clinical placement barriers.
11/12/2024	South Sound Regional Stakeholder Meeting - Strategies	South Sound	Facilitate discussions between representatives, by region, to: Develop strategies to resolve clinical placement barriers.
11/13/2024	King County Regional Stakeholder Meeting - Strategies	King County	Facilitate discussions between representatives, by region, to: Develop strategies to resolve clinical placement barriers.
11/14/2024	Central Regional Stakeholder Meeting - Strategies	Central	Facilitate discussions between representatives, by region, to: Develop strategies to resolve clinical placement barriers.
11/14/2024	North Sound Regional Stakeholder Meeting - Strategies	North Sound	Facilitate discussions between representatives, by region, to: Develop strategies to resolve clinical placement barriers.
12/4/2024	Southwest Regional Stakeholder Meeting - Strategies	Southwest	Facilitate discussions between representatives, by region, to: Develop strategies to resolve clinical placement barriers.
12/6/2024	Steering Committee Meeting	Statewide	Synthesizing regional work into state-level plans
2/5/2025	Eastern Regional Stakeholder Meeting - Success Indicators	Eastern	Facilitate discussions between representatives, by region, to determine: Specific measurable accomplishments expected.
2/5/2025	Central Regional Stakeholder Meeting - Success Indicators	Central	Facilitate discussions between representatives, by region, to determine: Specific measurable accomplishments expected.
2/6/2025	North Sound Regional Stakeholder Meeting - Success Indicators	North Sound	Facilitate discussions between representatives, by region, to determine: Specific measurable accomplishments expected.
2/6/2025	King County Regional Stakeholder Meeting - Success Indicators	King County	Facilitate discussions between representatives, by region, to determine: Specific measurable accomplishments expected.
2/11/2025	Steering Committee Meeting	Statewide	Synthesizing regional work into state-level plans
2/13/2025	South Sound Regional Stakeholder Meeting - Success Indicators	South Sound	Facilitate discussions between representatives, by region, to determine: Specific measurable accomplishments expected.
2/13/2025	Southwest Regional Stakeholder Meeting - Success Indicators	Southwest	Facilitate discussions between representatives, by region, to determine: Specific measurable accomplishments expected.
4/29/2025	Steering Committee Meeting	Statewide	Synthesizing regional work into state-level plans

5/6/2025	Central Regional Stakeholder Meeting - Recommendation and Implementation Timeline	Central	Facilitate discussions between representatives, by region, to determine: Specific accomplishments for the first year, with timelines for what can be implemented locally.
5/6/2025	Eastern Regional Stakeholder Meeting - Recommendation and Implementation Timeline	Eastern	Facilitate discussions between representatives, by region, to determine: Specific accomplishments for the first year, with timelines for what can be implemented locally.
5/7/2025	South Sound Regional Stakeholder Meeting - Recommendation and Implementation Timeline	South Sound	Facilitate discussions between representatives, by region, to determine: Specific accomplishments for the first year, with timelines for what can be implemented locally.
5/7/2025	Southwest Regional Stakeholder Meeting - Recommendation and Implementation Timeline	Southwest	Facilitate discussions between representatives, by region, to determine: Specific accomplishments for the first year, with timelines for what can be implemented locally.
5/8/2025	King County Regional Stakeholder Meeting - Recommendation and Implementation Timeline	King County	Facilitate discussions between representatives, by region, to determine: Specific accomplishments for the first year, with timelines for what can be implemented locally.
5/8/2025	North Sound Regional Stakeholder Meeting - Recommendation and Implementation Timeline	North Sound	Facilitate discussions between representatives, by region, to determine: Specific accomplishments for the first year, with timelines for what can be implemented locally.
6/10/2025	Steering Committee Finalization Meeting	Statewide	Finalizing policy recommendations
6/23/2025	Steering Committee Finalization Meeting	Statewide	Finalizing policy recommendations
8/22/2025	Steering Committee Finalization Meeting	Statewide	Finalizing policy recommendations: reviewing strategies and recommendations from the data report, and prioritizing key recommendations for inclusion in the executive summary.

## Appendix H: Stakeholder Meeting Attendance Roster

Stakeholder Meeting Attendance Roster			
First Name	Last Name	Organization(s)	Org Type
Winnie	Adams	Astria Sunnyside Hospital	Healthcare Facility
Kathleen	Adamski	Walla Walla Community College	Nursing Education Program
Sofia	Aragon	WA Center for Nursing	Other
Johnathan	Ashley	Life Care Centers of America	Healthcare Facility
Sarah	Axness	Legacy Health	Healthcare Facility
Gerianne	Babbo	WA State Board of Nursing (WABON)	Other
Donna	Bachand	Eastern WA University	Nursing Education Program
Jordan	Bachiller	Seattle Colleges	Nursing Education Program
Angie	Bailey	Clark College	Nursing Education Program
Luigi	Bansil	Olympic College	Nursing Education Program
Kristin	Barber(Sumers)	Btc, Northwest Nursing Clinical Placement Consortium	Nursing Education Program
Jenny	Bauska	Centralia College	Nursing Education Program
Julie	Baxter	Providence Swedish	Healthcare Facility
Kathy	Bay	DOH	Other
Sarah	Bear	WA Board of Nursing-Dept of Health	Other
Fawzi	Belal	WA Center for Nursing	Other
Rob	Bennington	Mason General	Healthcare Facility
Becky	Betts	Greater Health Now Accountable Community of Health	Healthcare Facility
Steven	Bews	Astria Toppenish Hospital	Healthcare Facility
Lauren	Bibin	Seattle University	Nursing Education Program
MaryEllen	Biggerstaff	Pacific Lutheran University	Nursing Education Program
Erin-Joy	Bjorge	Northwest University	Nursing Education Program
Wendy	Blakely	Yakima Valley College	Nursing Education Program
Jennifer	Bolin	Pacific Lutheran University	Nursing Education Program
Merry	Bond	Lower Columbia College	Nursing Education Program
Bonnie	Bowie	Seattle University	Nursing Education Program

Rebecca	Boyd	VA	Healthcare Facility
Stephanie	Bradbury	North Idaho College	Nursing Education Program
Alison	Bradywood	WA State Board of Nursing (WABON)	Other
Heather	Brantley	Orbis Education	Nursing Education Program
Chiara	Brower	Virginia Mason Franciscan Health	Healthcare Facility
Margit	Brumbaugh	Clark College	Nursing Education Program
Wendy	Brzezny	Thriving Together NCW	Other
Patricia	Burwell	WA Center for Nursing	Other
Michelle	Buster	Confluence Health	Healthcare Facility
Roseline	Buyeka	ICHS	Healthcare Facility
Shelly	Caldejon	Valley Medical Center	Healthcare Facility
Rebecca	Callahan	Tacoma Community College	Nursing Education Program
Debbie	Callins	Kittitas Valley healthcare	Healthcare Facility
Gabriela	Carrillo	Sumner College	Nursing Education Program
Jenna	Chambers	Lewis-Clark State College	Nursing Education Program
Erla	Champ-Gibson	Seattle Pacific University	Nursing Education Program
Chrisitne	Cherry	Green River College	Nursing Education Program
Tena	Chevalier	WA Department of Veterans Affairs	Healthcare Facility
Katherine	Christian	Big Bend Community College	Nursing Education Program
Lauren	Cline	Seattle Colleges	Nursing Education Program
Heather	Collins	Evergreen HealthCare Group	Healthcare Facility
Cornell	Cook	WA State College of Nursing	Nursing Education Program
Gena	Cooper	WA State Hospital Association	Other
Liv	Counsel	Seattle University	Nursing Education Program
Tamara	Cunitz	Nashi Immigrants Health Board	Other
Diane	Damitio	Providence St Peter Hospital - Prov Centralia Hospital	Healthcare Facility
LeAnn	De Luna	Shoreline Community College	Nursing Education Program
Joseph	De Veyra	University of WA	Nursing Education Program

Deborah	Deboard	East Adams Rural Healthcare	Healthcare Facility
Vicki	Dickson	Olympic College, Pierce College	Nursing Education Program
Dionne	Dixon	Virginia Mason Franciscan Health	Healthcare Facility
Dani	Dobrot	Neighborcare	Healthcare Facility
Maria	Douglas	WA Department of Veterans Affairs	Healthcare Facility
Janet	Dubois	Northwest University	Nursing Education Program
Samantha	Durano	Highline College	Nursing Education Program
Laura	East-Pease	WA State University	Nursing Education Program
Deann	Edgers	EvergreenHealth Medical Center	Healthcare Facility
Amanda	Ellis	Lake WA Institute of Technology	Nursing Education Program
Ashley	English	Clinical Placements Northwest	Consortium
Therry	Eparwa	Seattle University	Nursing Education Program
Christine	Espina	Western WA University	Nursing Education Program
Amanda	Evans	Clinical Placement Northwest	Consortium
Juliane	Fancey	Lourdes Health	Healthcare Facility
Erin	Ferraro	WA State University	Nursing Education Program
Robin	Fleming	University of WA	Nursing Education Program
Angelina	Flores-Montoya	WA Center for Nursing	Other
Valerie	Franks	Saint Martin's University	Nursing Education Program
Jenny	Freese	Wenatchee Valley College	Nursing Education Program
Diane	Fuller-Switzer	Seattle University	Nursing Education Program
Sharon	Funkhouser	North Idaho College	Nursing Education Program
Robert	Gable	EmpRes Operated by Evergreen	Healthcare Facility
Elizabeth	Gabzdyl	Seattle University	Nursing Education Program
Juana	Gallegos	Heritage University , Bates Technical College	Nursing Education Program
Jacob	Garcia	Heritage University	Nursing Education Program

Viviana	Garcia	Heritage University Nursing Department	Nursing Education Program
Lindsey	Gardner	MSU	Nursing Education Program
Beth	Gill	Olympic College	Nursing Education Program
Stephanie	Gore	MultiCare	Healthcare Facility
Stephane	Gore(Phone)	Multicare	Healthcare Facility
Julie	Grimes	Pierce College	Nursing Education Program
Lorena	Guerrero	Seattle Pacific University	Nursing Education Program
Rhobera	Haley	Pacific Lutheran University	Nursing Education Program
Jeanette	Hamilton	North Valley Hospital	Healthcare Facility
Deena	Hannen	MultiCare	Healthcare Facility
Deena	Hannen(Phone)	Multicare	Healthcare Facility
Krista	Harwick	Lewis-Clark State College	Nursing Education Program
Victoria	Hayward	WA State Board of Nursing (WABON)	Other
Amanda	Heffernan	Seattle University	Nursing Education Program
Brittany	Heidenreich	Spokane Community College	Nursing Education Program
Hailey	Heilman	Community Health Association of Spokane	Healthcare Facility
Aschlee	Heiny	WA Department of Veterans Affairs	Healthcare Facility
Annie	Hetzel	OSPI Office of the Superintendent of Public Instruction	Other
Ramona	Hicks	Coulee Medical Center	Healthcare Facility
Crystal	Highlan	CommonSpirit Health	Healthcare Facility
Lois	Hine	Sumner College	Nursing Education Program
Danielle	Hodge	Quincy Valley Medical Center	Healthcare Facility
Laura	Hofmann	LeadingAge WA	Other
Shayla	Holcomb	Public Health Seattle & King County	Healthcare Facility
Cindy	Holland	Whidbey Health	Healthcare Facility
Tracy	Holt	Pacific Lutheran University	Nursing Education Program
Kathleen	Horr	Island Hospital	Healthcare Facility
Douglas	Hughes	Columbia Basin College	Nursing Education Program
Kelsey	Hughes	Fred Hutchinson	Healthcare Facility

Amber	Hunsaker	CHS Health Services	Healthcare Facility
Theresa	James	Tacoma Community College	Nursing Education Program
Katie	Johnson	School Nurses	Other
Rebekah	Jurick	Pacific Lutheran University	Nursing Education Program
Louise	Kaplan	ARNP	Healthcare Facility
Prabhleen	Kaur	Seattle Central College	Nursing Education Program
Lori	Kelley	Yakima Valley Farm Workers Clinic	Healthcare Facility
Kristina	Kenning	Pacific Lutheran University	Nursing Education Program
Carolyn	Klauser	Overlake Medical Center	Healthcare Facility
Grace	Kolodychuk	Whatcom Community College	Nursing Education Program
Alice	Kreiger	DSHS Western State Hospital	Healthcare Facility
Marybeth	Kuester	Gonzaga University	Nursing Education Program
Katerina	LaMarche	WA State Hospital Association	Other
Jennifer	Larson	Walla Walla University	Nursing Education Program
Kara	LaValley	Green River College	Nursing Education Program
Linda	Lemme	South Dakota State University	Nursing Education Program
Emily	Levy	Skagit Regional Health	Healthcare Facility
Melissa	Liu	Kaiser, Seattle Childrens	Healthcare Facility
Abby	Lust	Providence Health Care	Healthcare Facility
Lindsey	Lynd	Overlake Hospital	Healthcare Facility
Chelsea	MacIntyre	Willapa Harbor Hospital	Healthcare Facility
Stephanie	Macon-Moore	WA State University	Nursing Education Program
Susie	Maher	CPNW	Consortium
Dana	Malick	Fred Hutchinson Cancer Center	Healthcare Facility
Ariel	Maneval	WA State University	Nursing Education Program
Frankie	Manning	MMPNO	Other
Brittany	Marrero	Olympic College	Nursing Education Program
Michelle	Marty	Skagit Regional Health	Healthcare Facility
Una	McAlinden	Creative Strategy Solutions	Other

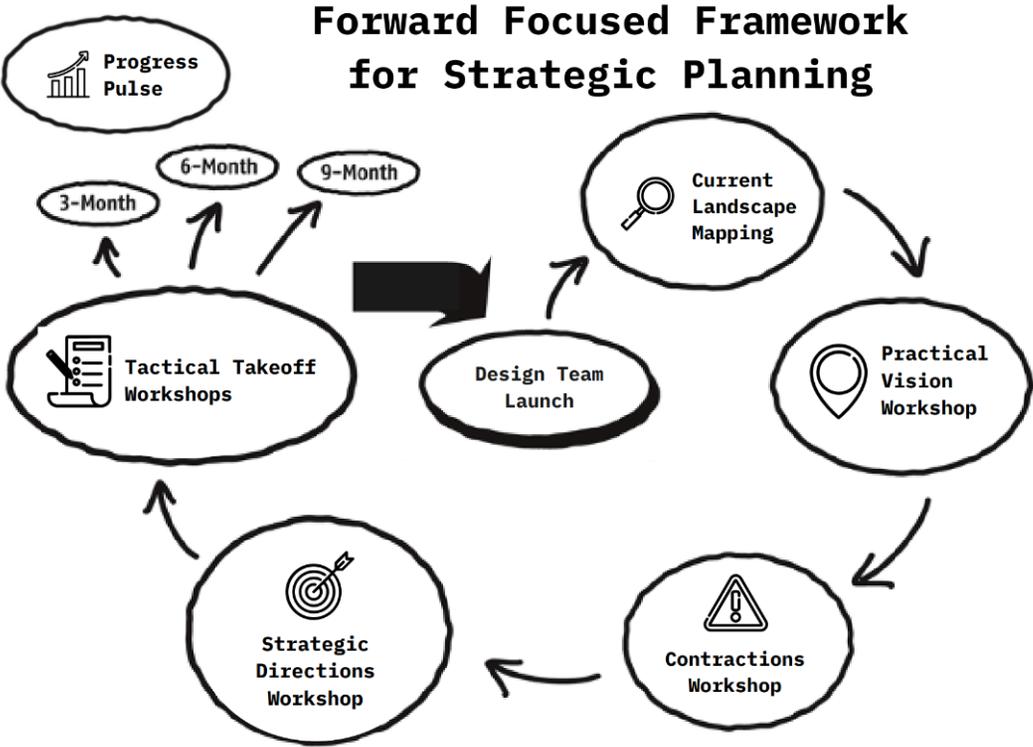
Kyra	McCoy	Edmonds College	Nursing Education Program
Cindra	McCrann	Bethany of the NW	Healthcare Facility
Katherine	McCusker	Seattle University	Nursing Education Program
Jenna	Mcdonald	Eastern WA Area Health Education Center	Nursing Education Program
Joseph	McFadden	Frontier Nursing University	Nursing Education Program
Carsen	McGuire	Providence	Healthcare Facility
Teri	McIntyre	Wenatchee Valley College	Nursing Education Program
Audra	McNair	Astria Sunnyside Hospital	Healthcare Facility
Wendy	Merchant-Schulte	Orbis Education	Nursing Education Program
Lucy	Merry	WA Center for Nursing	Other
Cathy	Meuret	NCESD	Healthcare Facility
Daniel	Mick	Heritage University Nursing Department	Nursing Education Program
Kathleen	Mierzwa	Trios Health	Healthcare Facility
Carrie	Miller	Montana State University	Nursing Education Program
Virginia	Montgomery	Arcadia Medical Resorts	Healthcare Facility
Charles	Moody	University of WA Medical Center	Nursing Education Program
Sean	Moore	Workforce Southwest WA	Other
Marcia	Naillon	North Valley Hospital	Healthcare Facility
Jaime	Navetta	Seattle University	Nursing Education Program
Tamichole	Nelson	Swedish	Healthcare Facility
Margot	Noe	Caldera Care	Healthcare Facility
Krystal	Norris	Providence	Healthcare Facility
Jennifer	Obbard	Clark College	Nursing Education Program
Carley	O'Donnell	Concordia St. Paul Nursing Program-Portland, OR	Nursing Education Program
Anna	Olson	State Board for Community and Technical Colleges	Nursing Education Program
Lynnette	Ondeck	NWESD	Healthcare Facility
Carol	O'Neal	Grays Harbor College	Nursing Education Program
Carrie	Park	Pacific Lutheran University	Nursing Education Program

Michelle	Pearson-Smith	Lewis-Clark State College	Nursing Education Program
Jolita	Perez	MultiCare Health System	Healthcare Facility
Erlene	Pickett	North Idaho College	Nursing Education Program
Angela	Pixton	Samaritan Healthcare	Healthcare Facility
Elizabeth	Platz	Lippincott Wolters Kluwer	Other
Vicki	Polhamus	Columbia Basin Hospital	Healthcare Facility
Chelsea	Potter	University of WA Medical Center Montlake, UW Bothell School of Nursing and Health Sciences	Nursing Education Program
Joseph	Potts	PeaceHealth System Services	Healthcare Facility
Shelley	Price	Skagit Valley College	Nursing Education Program
Kate	Prigge	Pacific Lutheran University	Nursing Education Program
Angie	Pursley	Northwest University	Nursing Education Program
Tiffanie	Rampley	WA State University	Nursing Education Program
Renee	Rassilyer	Seattle University, Swedish	Nursing Education Program
Priyanka	Raut	Yakima Valley Farm Workers Clinic	Healthcare Facility
Gail	Rea	Whatcom Community College	Nursing Education Program
Meghan	Regis	WA State Health Care Authority	Other
Janelle	Reidy	Evergreen Kirkland	Healthcare Facility
David	Reyes	University of WA Tacoma School of Nursing & Healthcare Leadership	Nursing Education Program
Jose	Reyes	Everett Community College	Nursing Education Program
Kody	Riddle	DSHS	Other
Debra	Ridling	Seattle Childrens	Healthcare Facility
Nancy	Rinaldi	Spokane Community College	Nursing Education Program
K	Ro	Seattle University	Nursing Education Program
Blanca	Salgado	North Central Education Services District	Healthcare Facility
Julie	Samms	Bellingham Technical College	Nursing Education Program
Christie	Savage	Green River College	Nursing Education Program

Melinda	Saw	Pierce College	Nursing Education Program
Mindy	Schaffner	Pennate Healthcare Ensign Services	Healthcare Facility
Debra	Scheib	Kittitas Valley Healthcare	Healthcare Facility
Benjamin	Schultze	Newport Community Hospital	Healthcare Facility
David	Schultze	Providence Regional Medical Center Everett	Healthcare Facility
Shawn	Scorup	Tahoma SD	Healthcare Facility
Jen	Segadelli	University of WA	Nursing Education Program
Brenda	Senger	Gonzaga University	Nursing Education Program
Kelly	Shaw	WA State Dept of Health	Other
MaryLou	Shean	Educational Service District 105	Healthcare Facility
Roxanne	Sickles	Summit Pacific Medical Center	Healthcare Facility
Steven	Simpkins	Highline College	Nursing Education Program
Brittany	Slegers	Gonzaga University	Nursing Education Program
Christine	Sloan	Gonzaga University	Nursing Education Program
Tiffany	Smith-Fromm	Clover Park Technical College	Nursing Education Program
Brandie	Somers	Sight Partners	Healthcare Facility
Trisha	Staiger	Pacific Lutheran University	Nursing Education Program
Lindsey	Stewart	Bellevue College	Nursing Education Program
Christina	Stout	Evergreen HealthCare Group	Healthcare Facility
Maggie	Sullivan	WA State University Vancouver	Nursing Education Program
Kristin	Sumers	Northwest Nursing Clinical Placement Consortium	Consortium
Suzanne	Swadener	WA State Health Care Authority	Other
Crystal	Talamantes	Providence, Providence Health Care & Services	Healthcare Facility
Lisa	Tedesch	Bellevue College	Nursing Education Program
Kristy	Terzi	North Valley Hospital District	Healthcare Facility
Amanda	Thiele	Concordia St. Paul, Concordia University, St Paul	Nursing Education Program
Robin	Thrasher	VA	Healthcare Facility
Teri	Trillo	Renton Technical College	Nursing Education Program

Kim	Tucker	Columbia Basin College	Nursing Education Program
Ashley	Turner	Seattle Childrens	Healthcare Facility
Dori	Unterseher	Harbor Regional Health	Healthcare Facility
Knico	Van Winkle	Oregon State Board of Nursing	Other
Casey	Vogt	Confluence Health	Healthcare Facility
Katie	Wahler	Western WA University	Nursing Education Program
Allison	Wareham	Olympic College	Nursing Education Program
Adrienne	Watson	PeaceHealth	Healthcare Facility
Shirley	Watson	Providence	Healthcare Facility
Christie	Welsh	Kent K-12	Healthcare Facility
Kyle	West	Kittitas Valley Healthcare	Healthcare Facility
Sarah	Wickenhagen	Oregon State Board of Nursing	Other
Laura	Widdice	Renton School District	Healthcare Facility
Megan	Wiles	Kadlec Regional Medical Center	Healthcare Facility
Michelle	Wilkins	Lincoln Hospital	Healthcare Facility
Wendy	Williams-Gilbert	Multicare, WA Center for Nursing	Healthcare Facility
Erika	Wilson	Harborview Medical Center	Healthcare Facility
Rika	Winqvist	Western WA University	Nursing Education Program
Cate	Winters	Evergreen Public Schools	Healthcare Facility
Rebecca	Wood	University of WA School of Nursing	Nursing Education Program
Marriya	Wright	South Puget Sound Community College	Nursing Education Program
Marie	Yabut	Overlake Hospital	Healthcare Facility
Susan	Yale	Wenatchee Valley College	Nursing Education Program
Jodi	Yeager	Island Health	Healthcare Facility
Nancy	Zavala	Sumner College	Nursing Education Program
Maria	Zuniga	WA State University Tri-Cities, College of Nursing	Nursing Education Program
Elizabeth	Zwicker	Northwest University	Nursing Education Program
Tiffany	Zyniewicz	Pacific Lutheran University	Nursing Education Program

Appendix I: TOP Process



**Workshop Overview**



**Current Landscape Mapping:**  
In any journey, the first step is to identify the current location. The group will review relevant data relating to the internal and external environments and take stock of the current situation.



**Practical Vision:**  
With the current context illuminated, the group will identify specifically what's needed, developing several shared goals to provide a structure for success.



**Contradictions:**  
Roadblocks and challenges can be tackled once identified. In this workshop, the group will name the specific barriers and roadblocks opening up new pathways to solutions.



**Strategic Directions:**  
Creativity is sparked by the clarity around roadblocks. In this workshop, the group will craft the strategies that will dismantle the challenges faced and advance the goals of the plan.



**Implementation Plan:**  
With the core Strategic Plan now developed, the transition to implementation calls for the development of tactical clarity guided by success indicators.



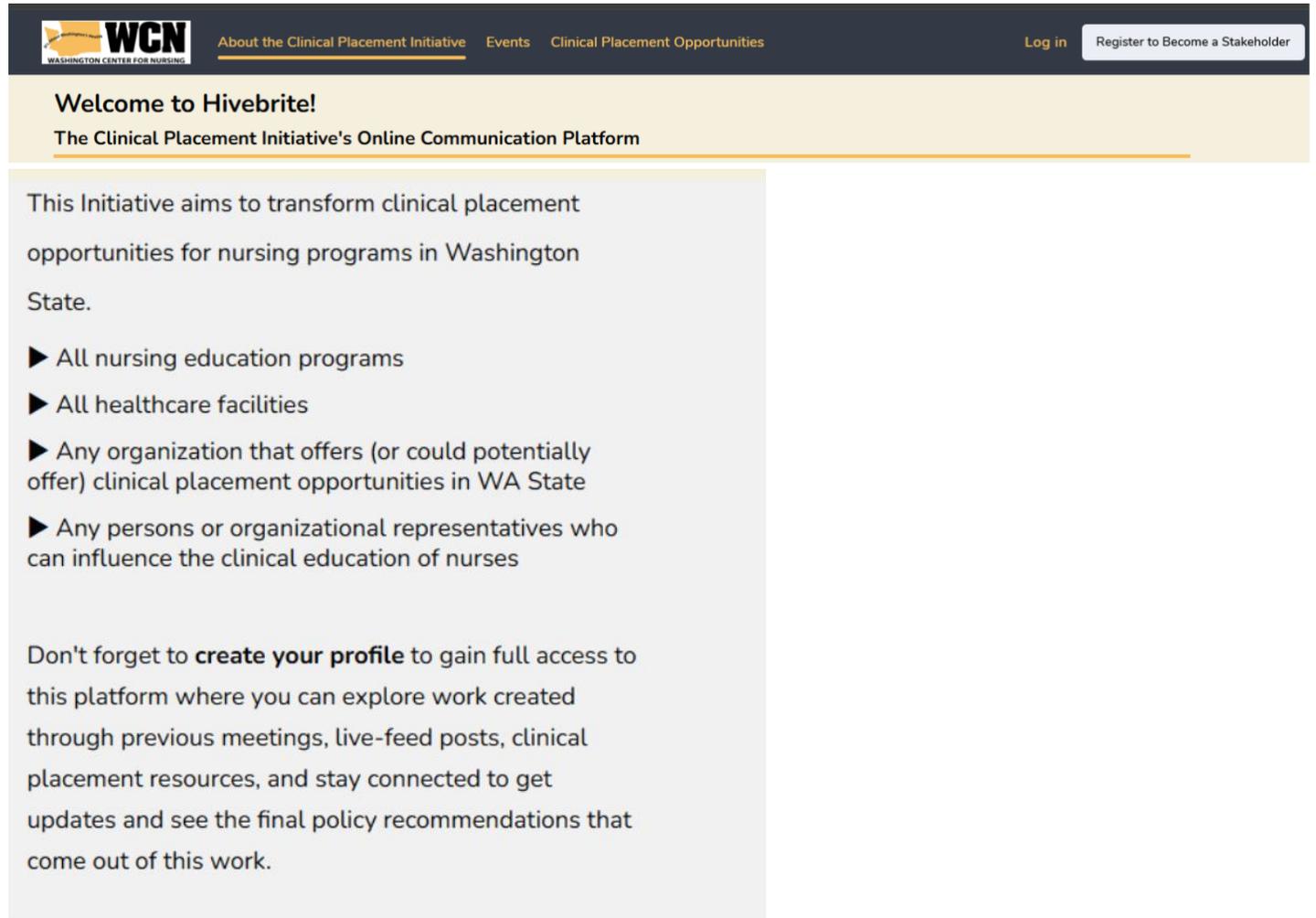
**Progress Pulse:**  
Keeping the plan on track requires regular monitoring and shared accountability. Early interventions can address issues and make any needed adjustments before they impact progress.

Designed and facilitated by Una McAlinden  
Creative Strategy Solutions

## Appendix J: Hivebrite

*The Initiative's Digital Message Board and Communication Platform*

### Public Page



The screenshot shows the top navigation bar of the Hivebrite platform. On the left is the WCN logo (Washington Center for Nursing). In the center are links for 'About the Clinical Placement Initiative', 'Events', and 'Clinical Placement Opportunities'. On the right are 'Log in' and 'Register to Become a Stakeholder' buttons. Below the navigation bar is a yellow header section with the text 'Welcome to Hivebrite!' and 'The Clinical Placement Initiative's Online Communication Platform'. The main content area is a light gray box containing a paragraph about the initiative's goals, a bulleted list of eligible users, and a paragraph encouraging profile creation.

**WGN**  
WASHINGTON CENTER FOR NURSING

[About the Clinical Placement Initiative](#) [Events](#) [Clinical Placement Opportunities](#) [Log in](#) [Register to Become a Stakeholder](#)

### Welcome to Hivebrite!

The Clinical Placement Initiative's Online Communication Platform

This Initiative aims to transform clinical placement opportunities for nursing programs in Washington State.

- ▶ All nursing education programs
- ▶ All healthcare facilities
- ▶ Any organization that offers (or could potentially offer) clinical placement opportunities in WA State
- ▶ Any persons or organizational representatives who can influence the clinical education of nurses

Don't forget to **create your profile** to gain full access to this platform where you can explore work created through previous meetings, live-feed posts, clinical placement resources, and stay connected to get updates and see the final policy recommendations that come out of this work.

# Clinical Placement Initiative Stakeholder Meetings

## Events

Search for events

Type a keyword or select one or more options

Search by location

Type and select a location

Post

Upcoming

Next 7 days

Next 30 days

### Events (19)



8

#### King Co. Regional Implementation Meeting

Date: May 8, 2025 1:00 PM - 3:00 PM PDT

Online event:



8

#### North Sound Regional Implementation Meeting

Date: May 8, 2025 9:00 AM - 11:00 AM PDT

Online event:



6

#### Central Regional Implementation Meeting

Date: May 6, 2025 1:00 PM - 3:00 PM PDT

Online event:



6

#### Eastern Regional Implementation Meeting

Date: May 6, 2025 9:00 AM - 11:00 AM PDT

Online event:

# Clinical Placement Opportunities Postings

## Share or Seek Clinical Placement Opportunities

Click the "MORE INFORMATION" button to create your post.

[More information](#)



Search by keyword

Search by location

[More filters](#)

[Clear all filters](#)

### Highlighted Opportunities (3)

 **Seeking RN to BSN Community and Public Health Clinical Hrs**  
Lake Washington Institute of Technology  
11605 132nd Ave NE, Kirkland, WA 98034, USA

 **Available MSN/DNP Education Track Clinical Placement**  
Lake Washington Institute of Technology  
11605 132nd Ave NE, Kirkland, WA 98034, USA

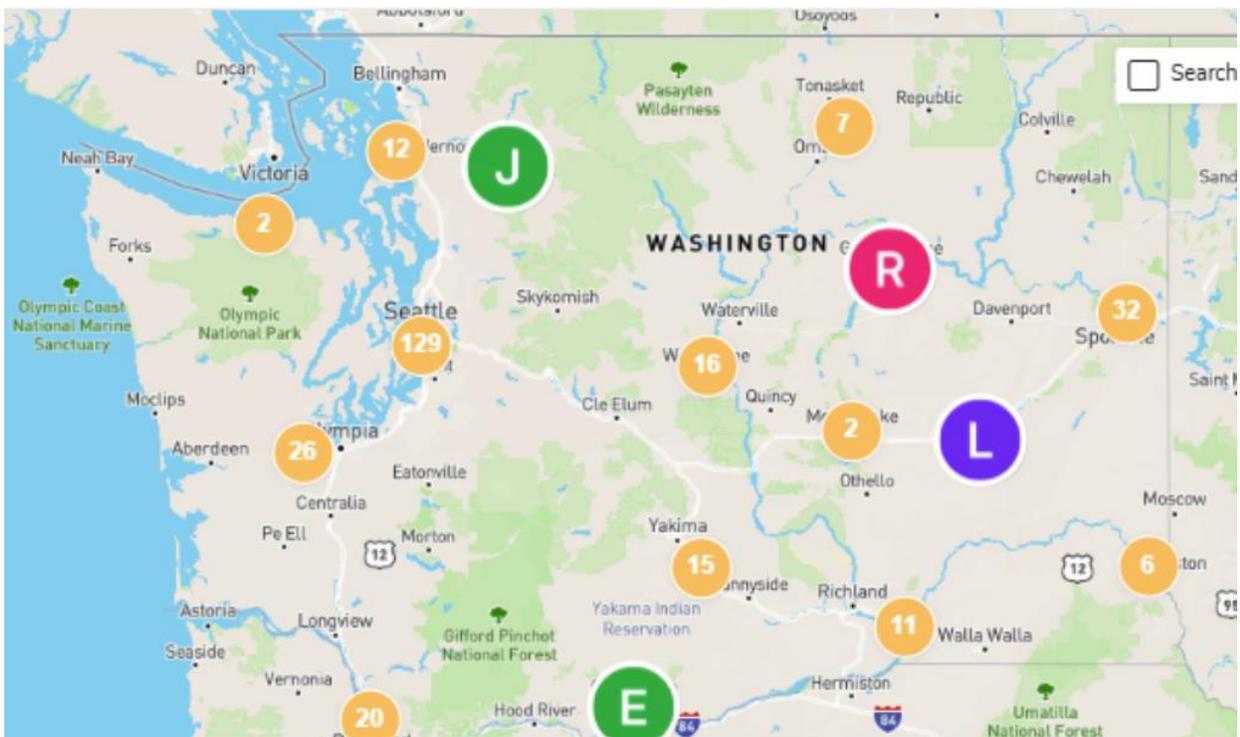
 **Adjunct Faculty Opening - Care of Children, Maternal-Infant, and...**  
Seattle Pacific University  
3307 3rd Ave W, Seattle, WA 98119, USA  
Part time

# Stakeholders Listing

Users (290)  Show map: Sort by: Recently active

- Stakeholders
- Clinical Placement Opportunities
- Regional Groups
- Events
- Information Center
- Policy Recommendations

## Search by location



# Information Center

Browse clinical placement resources, presentation archives, and more.



Search for resources

Filter by type

Clear all filters

## Folders (2)

Sort by: Newest

6 months ago

7 items

Meeting Files

2 years ago

1 item

Clinical Placement Proviso

## Files (20)

Sort by: Newest

- All
- WA Nursing Data
- Meeting Files
- Regional Map
- Diversity
- Clinical Placement Documents

a month ago

external link

5 months ago

pdf

5 months ago

xlsx

6 months ago

xlsx

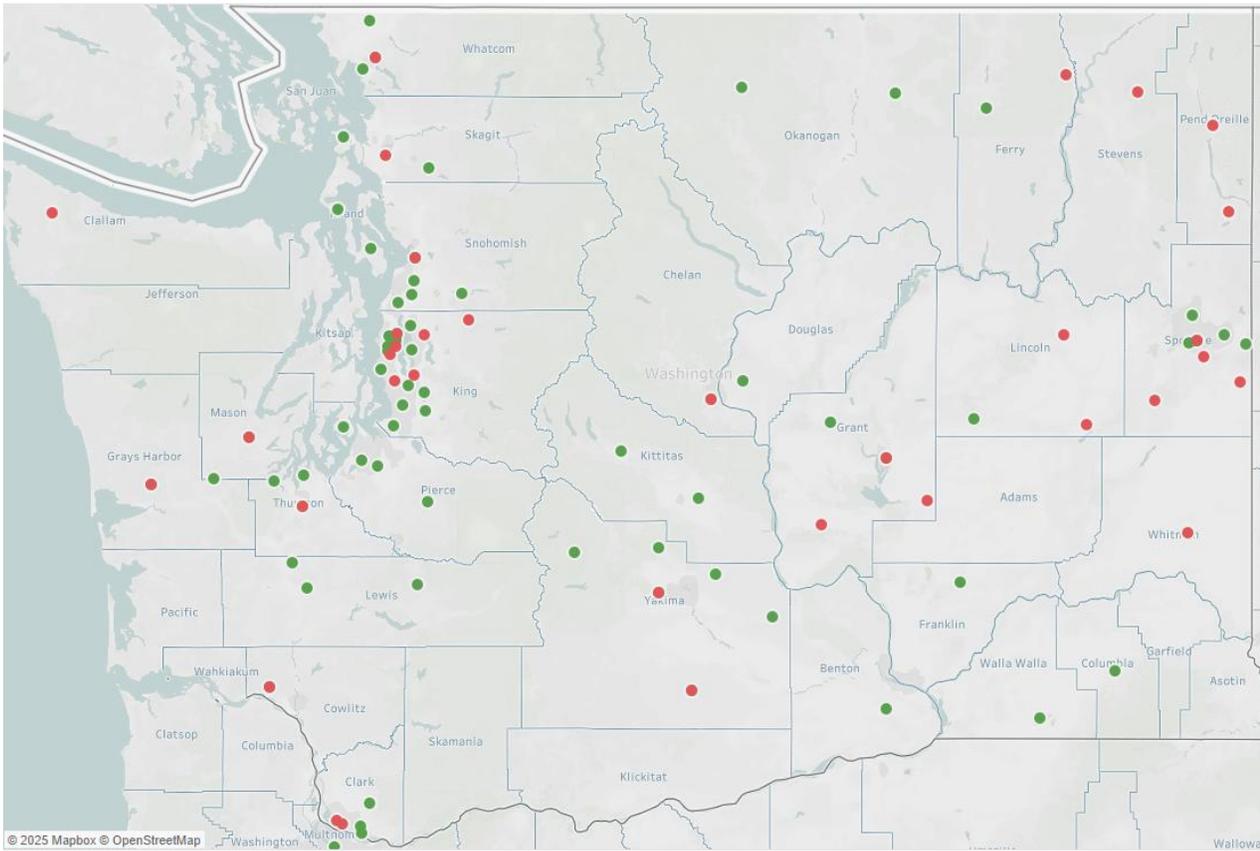
## Appendix K: Approved Prelicensure Nursing Programs in the State of Washington

School Name	County	Offer Hybrid	Satellite Site	LPN	LPN to AD-RN	LPN to BSN	AD-RN	BSN
Bates Technical College	Pierce			✓				
Bellevue College	King	✓					✓	
Bellingham Technical College	Whatcom	✓		✓	✓		✓	
Big Bend Community College	Grant	✓					✓	
Centralia College	Lewis	✓					✓	
Clark College	Clark	✓					✓	
Clover Park Technical College	Pierce			✓	✓			
Columbia Basin College	Franklin	✓				✓	✓	
Eastern Washington University	Spokane							✓
Edmonds College	Snohomish	✓		✓				
Everett Community College	Snohomish	✓					✓	
Gonzaga University	Spokane							✓
Grays Harbor College	Grays Harbor						✓	
Green River Community College	Pierce	✓		✓		✓		
Heritage University	Yakima							✓
Highline Community College	King						✓	
Lake WA Institute of Technology	King						✓	
Lower Columbia College	Cowlitz	✓			✓		✓	
Northwest University	King							✓
Olympic College	Kitsap	✓		✓	✓	✓	✓	
Pacific Lutheran University	Pierce	✓	✓					✓
Peninsula College	Clallam						✓	
Pierce College-Puyallup	Pierce	✓			✓		✓	
Renton Technical College	King						✓	
Saint Martin's University	Thurston	✓				✓		✓

Seattle Colleges – Central/North/South	King		✓				✓	
Seattle Pacific University	King							✓
Seattle University	King							✓
Shoreline Community College	King	✓			✓		✓	
Skagit Valley College- Mt Vernon	Skagit	✓	✓		✓		✓	
Skagit Valley College- Whidbey Island	Island	✓	✓		✓		✓	
South Puget Sound Community College	Thurston						✓	
Spokane Community College	Spokane	✓					✓	
Tacoma Community College	Pierce				✓		✓	
University of Washington	King/ Pierce	✓	✓					✓
Walla Walla Community College	Walla Walla/ Asotin		✓		✓		✓	
Walla Walla University	Walla Walla	✓	✓					✓
Washington State University- Tri-Cities	Benton							✓
Washington State University- Spokane	Spokane		✓					✓
Washington State University- Yakima	Yakima							✓
Wenatchee Valley College	Okanogan		✓			✓	✓	
Whatcom Community College	Whatcom	✓					✓	
Yakima Valley Community College	Yakima	✓		✓			✓	
Total				7	9	5	25	13

Notes: Red color notes located in rural county. Information subject to changes based on updated program data. Hybrid and Satellite availability depend on program type and subject to change. Sources: 1) WABON 2022-2023 Annual Education Survey, 2) [Office of Financial management \(2024\)](#) criteria for rural area assistance to determine rural status, and 3) [WABON Approved Nursing Programs in the State of Washington \(July 2024\)](#).

## Appendix L: Map of Facilities Reporting Yes or No Hosted Nursing Students in 2024 Calendar Year



Note: Green is “yes” hosted nursing students and red is “no” did not host nursing students in 2024 calendar year. Source: WCN Clinical Placement Initiative Survey 2024.

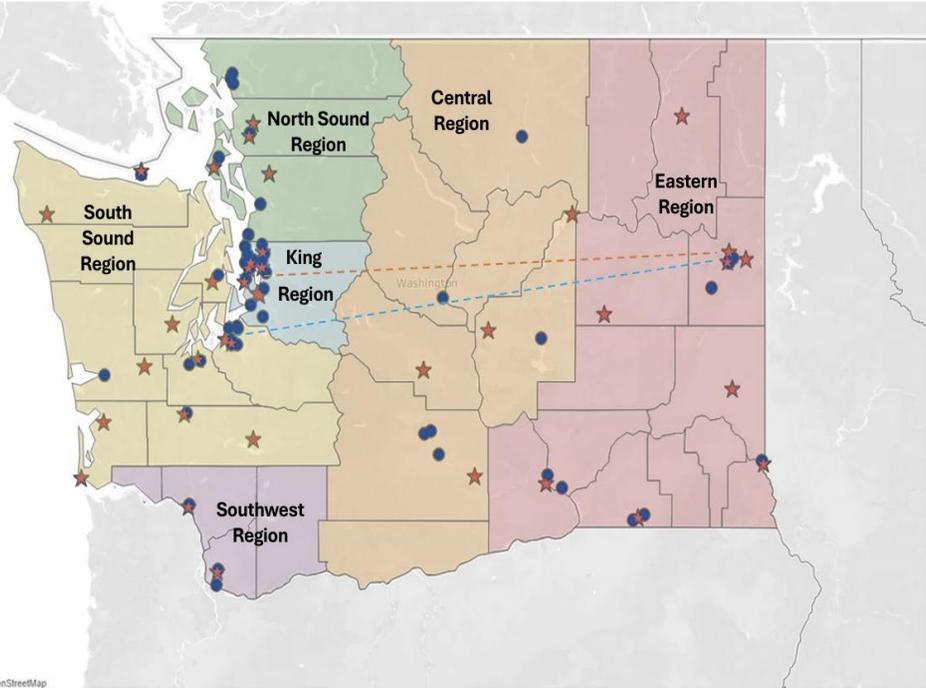
## Appendix M: WSHA Map of Nursing Programs and Hospital Survey Participants

### Q10. Which nursing programs do you routinely partner with?

In total, we provided hospitals with 54 nursing program options. This map represents 52 of those programs (excluded are out of state programs).

#### Map Legend

- ★ Hospital
- Nursing Program
- Distance from Western State Hospital Civil Center to Gonzaga University (over 300miles)
- Distance from EvergreenHealth to Gonzaga University (over 300miles)



Number of respondents = 45

© 2025 Mapbox © OpenStreetMap

Source: WSHA Clinical Placement Survey 2024.

## Appendix N: Facility Reported “Yes” to Hosting Nursing Students in 2024 by County and CPI Region

County	Organization Name	County	Organization Name
Benton	Trios Health	Okanogan	North Valley Extended Care
Chelan	Chelan-Douglas Health District	Okanogan	North Valley Hospital
Chelan	Pinnacles Prep Charter School	Pierce	Caldera Care
Chelan	Wenatchee School District	Pierce	Clover Park School District
Clark	EmpRes Operated by Evergreen	Pierce	Franklin Pierce School District
Clark	Hockinson School District	Pierce	The Oaks at Lakewood
Clark	PeaceHealth System Services Center	Pierce	Washington State Department of Veteran Affairs
Clark	Spectrum Mental Health	San Juan	Orcas Island School District - Eastsound, WA
Columbia	Columbia Country Health System	Skagit	Island Health
Cowlitz	Pacific Surgical Center	Skagit	Skagit Regional Health
Douglas	Eastmont School District	Snohomish	Bethany at Pacific
Ferry	Ferry County Health Hospital	Snohomish	Department of Corrections, Monroe
Franklin	Department of Corrections Coyote Ridge	Snohomish	Department of Public Health King County
Grant	Columbia Basin Hospital	Snohomish	Edmonds School District 15
Grant	Samaritan Healthcare Clinic	Snohomish	New Era Mental Health Clinic
Grays Harbor	Summit Pacific Medical Center	Snohomish	Providence Regional Medical Center Everett
Grays Harbor	Washington State Department of Corrections	Snohomish	Sound Surgeons Surgery Center
Island	South Whidbey School District #206	Spokane	Central Valley School District
Island	WhidbeyHealth	Spokane	Community Health Association of Spokane
King	Ashley House	Spokane	East Valley School District
King	Evergreen Home Care Services	Spokane	Horizon Hospice and Palliative Care
King	Evergreen Kirkland	Spokane	Mead School District
King	Fred Hutchinson Cancer Center	Spokane	Medical Lake School District
King	HealthPoint	Spokane	Providence Health & Services
King	Kaiser Permanente Bellevue Medical Center	Spokane	Providence Medical Group
King	Kent School District	Spokane	Providence St Luke's Rehabilitation Medical Center
King	King County Public Health	Thurston	Providence Mother Joseph Care Center
King	Overlake Medical Center	Thurston	Providence St Peter / Prov Centralia Hospitals
King	Renton School District	Thurston	Puget Sound Care
King	Reproductive Resilience	Thurston	Tumwater Family Practice Clinic
King	Seattle Children's Hospital	Thurston	Washington Department of Corrections
King	Seattle University Student Health Center	Thurston	Washington State Board of Nursing
King	The Hearststone	Walla Walla	Department of Corrections, Walla Walla
King	University of Washington Medical Center	Walla Walla	Washington State Department of Corrections
King	Valley Medical Center	Whatcom	Christian Health Care Center

<b>King</b>	Wesley Homes	<b>Whatcom</b>	Northwest Endoscopy Bellingham
<b>Kittitas</b>	Cle Elum-Roslyn School District	<b>Whatcom</b>	PeaceHealth Medical Center
<b>Kittitas</b>	Ellensburg School District	<b>Whatcom</b>	St. Joseph Medical Center
<b>Kittitas</b>	Kittitas County Public Hospital District	<b>Yakima</b>	Astria Sunnyside Hospital
<b>Kittitas</b>	Kittitas Valley Health Home Health & Hospice	<b>Yakima</b>	Astria Toppenish Hospital
<b>Lewis</b>	Arbor Health	<b>Yakima</b>	Naches Valley School District
<b>Lewis</b>	Chehalis Children's Clinic	<b>Yakima</b>	Selah School District
<b>Lewis</b>	Chehalis School District	<b>Yakima</b>	Summitview Elementary School
<b>Lewis</b>	Department of Social and Health Services Behavioral Health	<b>Yakima</b>	West Valley School District
<b>Lewis</b>	EverHealth/NaphCare at Lewis County Jail	<b>Yakima</b>	Yakima School District
<b>Lewis</b>	Valley View Health Center		
<b>Lincoln</b>	Odessa Memorial Healthcare Center		
<b>Mason</b>	Mason Health		

Source: WCN Clinical Placement Initiative Survey 2024.

## Appendix O: Total Hospital Clinical Placements by Number of Licensed Beds

Hospital	Licensed Beds	PN Total	RN total	NP Total	Total placements
Hospital 32	810	0	941	0	941
Hospital 30	691	0	780	20	800
Hospital 18	438	0	0	2	2
Hospital 7	407	0	993	32	1,025
Hospital 45	390	5	223	3	231
Hospital 40	354	1	335	13	349
Hospital 28	341	9	133	8	150
Hospital 33	337	0	200	30	230
Hospital 13	307	100	56	0	156
Hospital 38	265	0	40	20	60
Hospital 22	220	0	12	0	12
Hospital 24	197	0	140	10	150
Hospital 25	142	0	170	10	180
Hospital 10	137	0	245	0	245
Hospital 44	128	17	102	0	119
Hospital 16	123	2	2	2	6
Hospital 27	112	8	24	0	32
Hospital 17	106	2	32	0	34
Hospital 14	80	1	1	0	2
Hospital 3	67	0	30	3	33
Hospital 36	60	0	16		16
Hospital 1	50	10	175	35	220
Hospital 12	48	0	60	0	60
Hospital 23	30	0	25	0	25
Hospital 6	25	1	47	8	56
Hospital 4	25	0	60	2	62
Hospital 39	25	0	7	12	19
Hospital 35	25	0	5	3	8
Hospital 31	25	0	1		1
Hospital 29	25	0	5	0	5
Hospital 26	25	0	48	16	64
Hospital 21	25	0	32	0	32
Hospital 19	25	0	5	0	5
Hospital 15	25	0	8	4	12
Hospital 11	25	0	2	0	2
Hospital 41	10	8	14	0	22
<b>Total</b>	<b>6,783</b>	<b>164</b>	<b>4,969</b>	<b>233</b>	<b>5,366</b>

Note: Hospitals de-identified. Facilities reporting “0” placements excluded from table. Source: WSHA Clinical Placement Survey 2024.

## Appendix P: Total Hospital Practicum Placements by Number of Licensed Beds

Hospital	Licensed Beds	RN practicum	NP practicum	Master's or doctoral practicum	Total
Hospital 32	810	208	68	6	282
Hospital 30	691	180	25	0	205
Hospital 7	407	169	0	20	189
Hospital 45	390	69	3	1	73
Hospital 40	354	56	13	4	73
Hospital 9	349	27	0	0	27
Hospital 28	341	70	8	8	86
Hospital 33	337	100	25	25	150
Hospital 13	307	4	0	0	4
Hospital 38	265	120	20	8	148
Hospital 22	220	4	0	1	5
Hospital 24	197	36	10	10	56
Hospital 25	142	30	5	2	37
Hospital 10	137	60	0	20	80
Hospital 44	128	38	0	0	38
Hospital 16	123	2	2	2	6
Hospital 27	112	50	1	1	52
Hospital 17	106	16	0	1	17
Hospital 14	80	1	1	0	2
Hospital 36	60	4	0	0	4
Hospital 1	50	17	18	0	35
Hospital 12	48	15	0	1	16
Hospital 23	30	5	0	0	5
Hospital 15	25	4	4	2	10
Hospital 19	25	1	0	0	1
Hospital 2	25	2	2	0	4
Hospital 21	25	4	0	4	8
Hospital 26	25	10	0	0	10
Hospital 29	25	1	0	0	1
Hospital 39	25	4	9	2	15
Hospital 4	25	20	0	0	20
Hospital 6	25	7	6	6	19
Hospital 20	17	1	0	0	1
Hospital 41	10	2	0	0	2
<b>Total</b>	<b>5,936</b>	<b>1,337</b>	<b>220</b>	<b>124</b>	<b>1,681</b>

Note: Hospitals de-identified. Facilities reporting "0" placements excluded from table. Source: WSHA Clinical Placement Survey 2024.

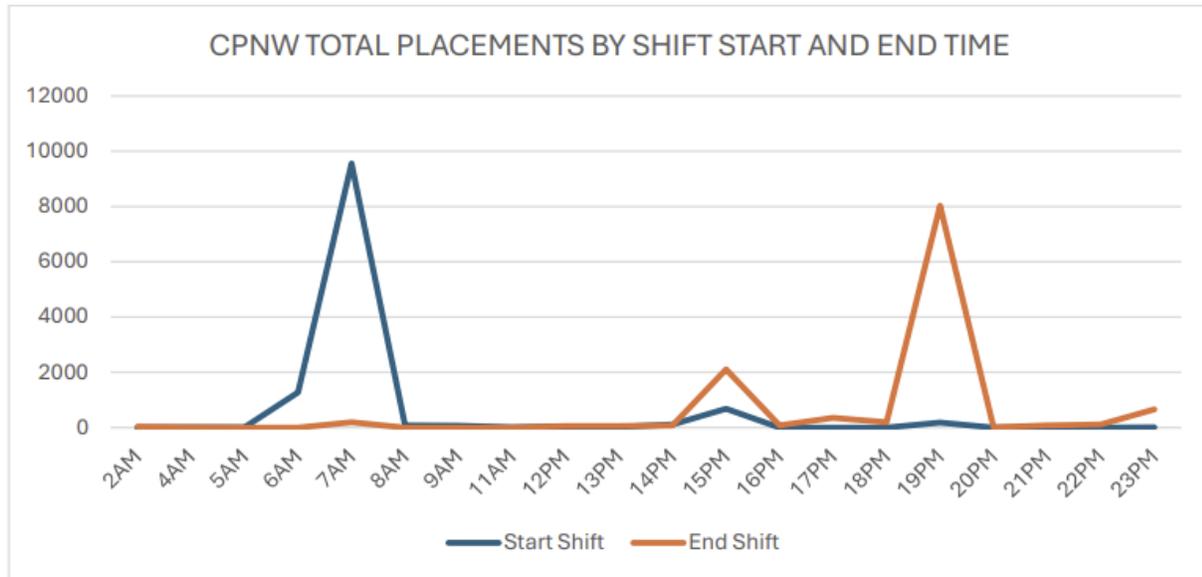
## Appendix Q: Known Clinical Placements and Need by County

County	University/ CTC Y/N	# students	hours needed	Non- Hospital	WSHA	Consortium	known placements
Adams	No/No	0	0				0
Asotin	No/Yes	218	109,000		Y		Y
<b>Benton</b>	Yes/No	0	0	113			113
Chelan	No/Yes	122	61,000	17			17
Clallam	No/Yes	62	31,000		Y		Y
<b>Clark</b>	Yes/Yes	160	80,000	4		794	798
Columbia	No/No	0	0	16			16
Cowlitz	Yes/Yes	194	97,000		Y	678	678
Douglas	No/No	0	0	1			1
Ferry	No/No	0	0	1			1
Franklin	No/Yes	130	65,000				0
Garfield	No/No	0	0				0
Grant	No/Yes	36	18,000	34	Y		34
Grays Harbor	No/Yes	67	33,500	27	Y		27
Island	No/Yes	0	0	1	Y	540	541
Jefferson	No/No	0	0				0
<b>King</b>	Yes/Yes	2,161	1,080,500	2,726	Y	4183	6909
<b>Kitsap</b>	No/Yes	242	121,000		Y	260	260
Kittitas	No/No	0	0	56	Y		56
Klickitat	No/No	0	0				0
Lewis	No/Yes	56	28,000	43	Y	56	99
Lincoln	No/No		0	6			6
Mason	No/No		0		Y	11	11
Okanogan	No/Yes		0	8			8
Pacific	No/No		0		Y		0
Pend Oreille	No/No		0				0
<b>Pierce</b>	Yes/Yes	926	463,000	185	Y	5513	5698
San Juan	No/No		0				0
Skagit	No/Yes	141	70,500	285	Y	1424	1709
Skamania	No/No		0				0
<b>Snohomish</b>	Yes/Yes	310	155,000	993	Y	2154	3147
<b>Spokane</b>	Yes/Yes	987	493,500	184	Y	1827	2011
Stevens	No/No		0		Y		0
<b>Thurston</b>	Yes/Yes	262	131,000	286	Y	578	864
Wahkiakum	No/No		0				0
Walla Walla	Yes/Yes	114	57,000	20	Y		20
<b>Whatcom</b>	Yes/Yes	230	115,000	310		4408	4718
Whitman	No/No		0		Y		0
Yakima	Yes/Yes	184	92,000	79	Y		79
Total		6,602	3,301,000	5,395		22,446	

Notes:  
 1)Red color indicates non-rural county.  
 2)Number of students using 2022-2023 students enrolled in prelicensure programs.  
 3)Hours calculated using students enrolled multiplied by the minimum 500 hours for AD-RN programs required by state of WA.  
 Sources:  
 1) WCN Clinical Placement Initiative Survey 2024,  
 2) WSHA Clinical Placement Survey 2024,  
 3) WCN 2024 Consortium Report,  
 4) WABON Approved Nursing Programs in the State of Washington, (2024),  
 5) WSHA 2024 member lists,  
 6) WA Office of Financial Management (2024) Population density and land area criteria used for rural area assistance and other programs.

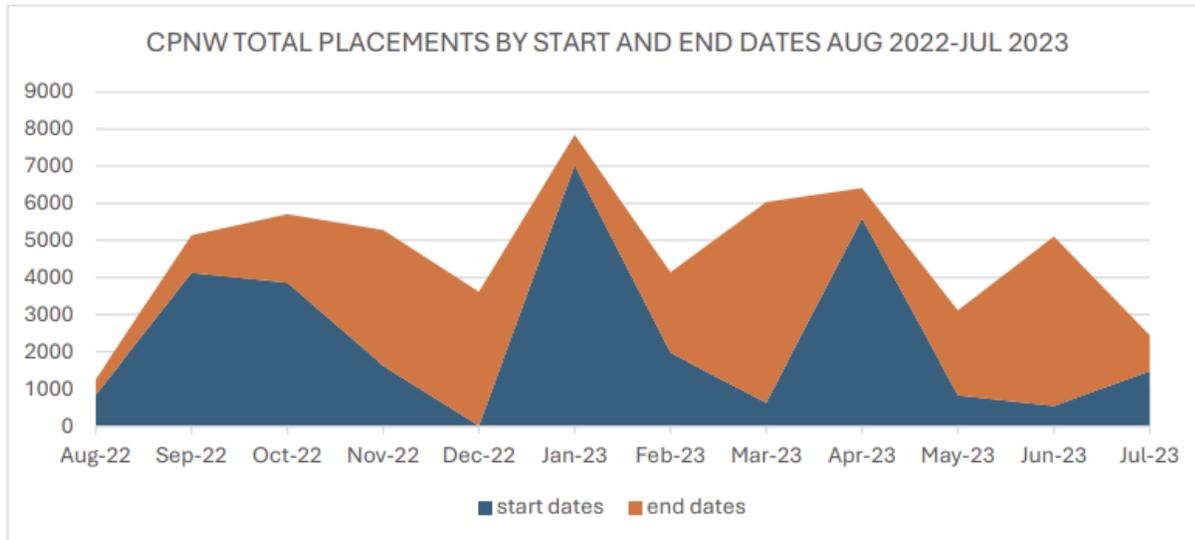
## Appendix R: Opportunities: Time of Year Placements and Time of Day Placement

**Figure 14. CPNW Total Placements by Shift Start and End Time**



\*Note: Includes WA nursing program placements and excludes out of state program placements. Data excludes assigned preceptor shifts. Source: CPNW: Academic year 2022-2023.

**Figure 15. CPNW Total Placements by Start and End Dates Aug 2022-Jul 2023**



\*Note: Includes WA nursing program placements and excludes out of state program placements. Source: CPNW: Academic year 2022-2023.

Note: Data shown is from a single consortium with details in the full report. [Source: WCN 2024 Nursing Education Clinical Placements Consortium Report.](#)

## Appendix S: Identified Non-Traditional Clinical Settings and Facility Recommendations for CPI Stakeholder Expansion

Placement Sites You Would Like to Use					
Placement Site Name	Type of Site	City	State	Zip	Region
Americana Health & Rehab	Skilled Nursing Facility & Rehabilitation	Longview	WA	98632	Eastern
Benewah Community Hospital	Hospital	St. Maries	ID	83861	Eastern
Buena Vista Healthcare	Long Term Care	Colville	WA	99114	Eastern
Cheney Health Center - CHAS Health	FQHC	Cheney	WA	99004	Eastern
Heartlinks Hospice - Pediatric	Hospice	Grandview	WA	98930	Eastern
Kootenai Health Hospital	Hospital	Coeur d'Alene	ID	83814	Eastern
North County Clinic - CHAS Health	FQHC	Deer Park	WA	99006	Eastern
Northwest Specialty Hospital	Hospital	Post Falls	ID	83854	Eastern
Republic Tiny Homes	Community Services	Republic	WA	99166	Eastern
Royal Park Health & Rehab	Skilled Nursing Facility & Rehabilitation	Spokane	WA	99208	Eastern
Shriner's Childrens Hospital	Hospital	Spokane	WA	99204	Eastern
Spokane Tribal Health	Triabal Health	Wellpinit	WA	99040	Eastern
Union Gospel Mission (Multiple Sites)	Community Services	Spokane	WA	99207	Eastern
Veterans Association	Veterans Health	Spokane	WA	99208	Eastern
Veterans of Foreign Wars	Community Services	Spokane	WA	99208	Eastern
Action Health Partners	Community Services	East Wenatchee	WA	98802	Central
American Behavioral Health Systems Parkside	Behavioral Health	Wenatchee	WA	98801	Central
Cascade Medical (Rural Health Clinic)	Rural Health Clinic	Leavenworth	WA	98826	Central
Catholic Charities Mental Health	Mental Health	Wenatchee	WA	98801	Central
Chelan Douglas Child Services Association - Head Start	Child Services	Wenatchee	WA	98826	Central
Chelan Douglas Health District	Public Health	East Wenatchee	WA	98802	Central
Columbia Basin Health Association Pasco Clinic (Rural Health Clinic)	FQHC	Pasco	WA	99301	Central
Columbia Crest Center SNF	Skilled Nursing Facility	Moses Lake	WA	98837	Central
Columbia Valley Community Health	Community Services	Wenatchee	WA	98801	Central
Confluence Health Clinic Behavioral Health	Behavioral Health	Moses Lake	WA	98837	Central
Confluence Health Clinic Brewster Clinic	Medical Clinic	Brewster	WA	98812	Central
Confluence Health Clinic Cashmere Clinic	Medical Clinic	Cashmere	WA	98815	Central

Confluence Health Clinic East Wenatchee Clinic	Medical Clinic	East Wenatchee	WA	98802	Central
Confluence Health Clinic Ephrata Clinic	Medical Clinic	Ephrata	WA	98823	Central
Confluence Health Clinic Haug	Medical Clinic	Wenatchee	WA	98801	Central
Confluence Health Clinic Mares Campus	Medical Clinic	Wenatchee	WA	98801	Central
Confluence Health Clinic Methow Valley Clinic	Medical Clinic	Winthrop	WA	98862	Central
Confluence Health Clinic Miller Street Complex	Medical Clinic	Wenatchee	WA	98801	Central
Confluence Health Clinic Moses Lake Campus	Medical Clinic	Moses Lake	WA	98837	Central
Confluence Health Clinic Occupational Medicine	Occupational Medicine	Wenatchee	WA	98801	Central
Confluence Health Clinic Omak Campus	Medical Clinic	Omak	WA	98841	Central
Confluence Health Clinic Optometry & General Surgery	Medical Clinic	Wenatchee	WA	98801	Central
Confluence Health Clinic Oroville Clinic	Medical Clinic	Oroville	WA	98844	Central
Confluence Health Clinic Royal City Clinic	Medical Clinic	Royal City	WA	99357	Central
Confluence Health Clinic Saddle Rock	Medical Clinic	Wenatchee	WA	98801	Central
Confluence Health Clinic Tonasket Clinic	Medical Clinic	Tonasket	WA	98855	Central
Confluence Health Clinic Waterville Clinic	Medical Clinic	Waterville	WA	98858	Central
Confluence Health Clinic Wenatchee Orthopedics	Medical Clinic	Wenatchee	WA	98801	Central
Confluence Health Home Health Care	Home Health	Wenatchee	WA	98801	Central
Confluence Health Occupational Medicine	Occupational Medicine	Wenatchee	WA	98801	Central
Coulee Family Medicine (Rural Health Clinic)	Rural Health Clinic	Grand Coulee	WA	99133	Central
East Adams Rural Healthcare (Critical Access Hospital)	Critical Access Hospital	Ritzville	WA	99169	Central
East Valley School District	School District	Yakima	WA	98908	Central
Educational Service District 105 Migrant Program Nurse Case Managers	School District	Yakima	WA	98902	Central
Educational Service District 105 Open Doors Program	School District	Yakima	WA	98902	Central
Ellensburg School District	School District	Ellensburg	WA	98926	Central
Goldendale School District	School District	Goldendale	WA	98620	Central
Granger School District	School District	Granger	WA	98932	Central
Grant County Health District	Public Health	Moses Lake	WA	98837	Central

Highland School District	School District	Highland	WA	98920	Central
Kittitas School District	School District	Kittitas	WA	98934	Central
Lake Chelan Health (Rural Health Clinic)	Rural Health Clinic	Chelan	WA	98816	Central
Mattawa Community Medical Clinic (Rural Health Clinic)	Rural Health Clinic	Mattawa	WA	99349	Central
McKay Long Term Care	Long Term Care	Soap Lake	WA	98851	Central
Mid-Valley Community Clinic	Medical Clinic	Sunnyside	WA	98944	Central
Moses Lake Community Health Center	Medical Clinic	Moses Lake	WA	98837	Central
Mt. Adams School District	School District	White Swan	WA	98952	Central
Naches Valley School District	School District	Naches	WA	98937	Central
North Valley Hospital ED Mental Health	Mental Health	Tonasket	WA	98855	Central
North Valley Hospital Rural Health Clinic	Rural Health Clinic	Tonasket	WA	98855	Central
Okanogan Behavioral Health	Behavioral Health	Omak	WA	98841	Central
Okanogan County Community Action	Community Services	Okanogan	WA	98840	Central
Othello Community Hospital	Hospital	Othello	WA	99344	Central
Outpatient Wound Care - Quincy Valley Medical Center	Medical Clinic	Quincy	WA	98848	Central
Public Health Okanogan	Public Health	Okanogan	WA	98840	Central
Quincy Community Health Center	Medical Clinic	Quincy	WA	98848	Central
Quincy High School Clinic	Medical Clinic	Quincy	WA	98848	Central
Quincy Valley Clinic (Rural Health Clinic)	Rural Health Clinic	Quincy	WA	98848	Central
Renew Behavioral Health	Behavioral Health	Moses Lake	WA	98837	Central
Royal School District	School District	Royal	WA	99357	Central
Samaritan Clinic on Patton	Medical Clinic	North Moses Lake	WA	98837	Central
Samaritan Clinic on Pioneer	Medical Clinic	Moses Lake	WA	98837	Central
Selah School District	School District	Selah	WA	98942	Central
Sinceri Summer Wood Alzheimer's Special Care Center	Skilled Nursing Facility, Long Term Care	Moses Lake	WA	98837	Central
Sunnyside School District	School District	Sunnyside	WA	98944	Central
Three Rivers Family Medicine (Rural Health Clinic)	Rural Health Clinic	Brewster	WA	98812	Central
Toppenish School District	School District	Toppenish	WA	98948	Central
Union Gap School District	School District	Union Gap	WA	98903	Central
Wahluke School District	School District	Mattawa	WA	99349	Central
Wapato School District	School District	Wapato	WA	98951	Central
West Valley School District	School District	Wapato	WA	98908	Central
Zillah School District	School District	Zillah	WA	98953	Central

Full Life Snohomish County Adult Day Health Center	Adult Day Health	Everett	WA	98201	North Sound
Snohomish Health & Rehabilitation of Cascadia	Skilled Nursing Facility & Rehabilitation	Snohomish	WA	98290	North Sound
Signature Home Health	Home Health	Bellingham	WA	98226	North Sound
Compass Behavioral Health	Behavioral Health	Everett	WA	98203	North Sound
Whatcom County Triage Center	Crisis Center	Bellingham	WA	98226	North Sound
Whatcome County Crisis Stabilization Center	Crisis Center	Bellingham	WA	98226	North Sound
Nooksack Tribal Head Start	Head Start	Deming	WA	98244	North Sound
Lummi Early Learning Head Start	Head Start	Bellingham	WA	98226	North Sound
Lighthouse Mission Base Camp	Homeless Shelter	Bellingham	WA	98225	North Sound
Upper Skagit Tribal Clinic	Tribal Clinic	Sedro-Wooley	WA	98284	North Sound
Volunteers of America	Behavioral Health	Everett	WA	98201	North Sound
Sunrise Community Behavioral Health	Behavioral Health	Everett	WA	98201	North Sound
Regency Care Center	Skilled Nursing Facility & Rehabilitation	Monroe	WA	98272	North Sound
Opportunity Council	Head Start, Community Resource Center	Bellingham	WA	98225	North Sound
WA State Department of Health Regional Office	Public Health Department	Bellingham	WA	98225	North Sound
Friendship House Emergency Shelter	Homeless Shelter	Mount Vernon	WA	98273	North Sound
Skagit Friendship House First Step Center	Homeless Shelter	Mount Vernon	WA	98273	North Sound
Didgwalic Wellness Center	Substance Abuse & Behavioral Health	Anacortes	WA	98221	North Sound
Camp Korey	Camp for Children w/ Medical Conditions	Mount Vernon	WA	98274	North Sound
Island Health Medical Clinics	Primary Care Clinics	Anacortes	WA	98221	North Sound
Cocoon House	Homeless Shelter - Youth	Everett	WA	98201	North Sound
Bonaventure Senior Living	Assisted Living, Memory Care	Lacey	WA	98503	South Sound
New Hope Health Clinic	Primary Care	Tukwila	WA	98188	South Sound
Nisqually Tribal Health & Wellness Center	Tribal Health	Olympia	WA	98513	South Sound
Academy for Precision Learning	Special Education	Seattle	WA	98105	King County
Aegis Living Bellevue	Assisted Living, Skilled Nursing Facility	Bellevue	WA	98004	King County
Aegis Living Seattle	Assisted Living, Skilled Nursing Facility	Seattle	WA	98119	King County
Airlift Northwest	Ambulance Service	Seattle	WA	98108	King County
Allegro Pediatrics (Multiple Sites)	Pediatrics	King County	WA	98058	King County
American Camp Association	Children's Camp	King County	WA	98058	King County

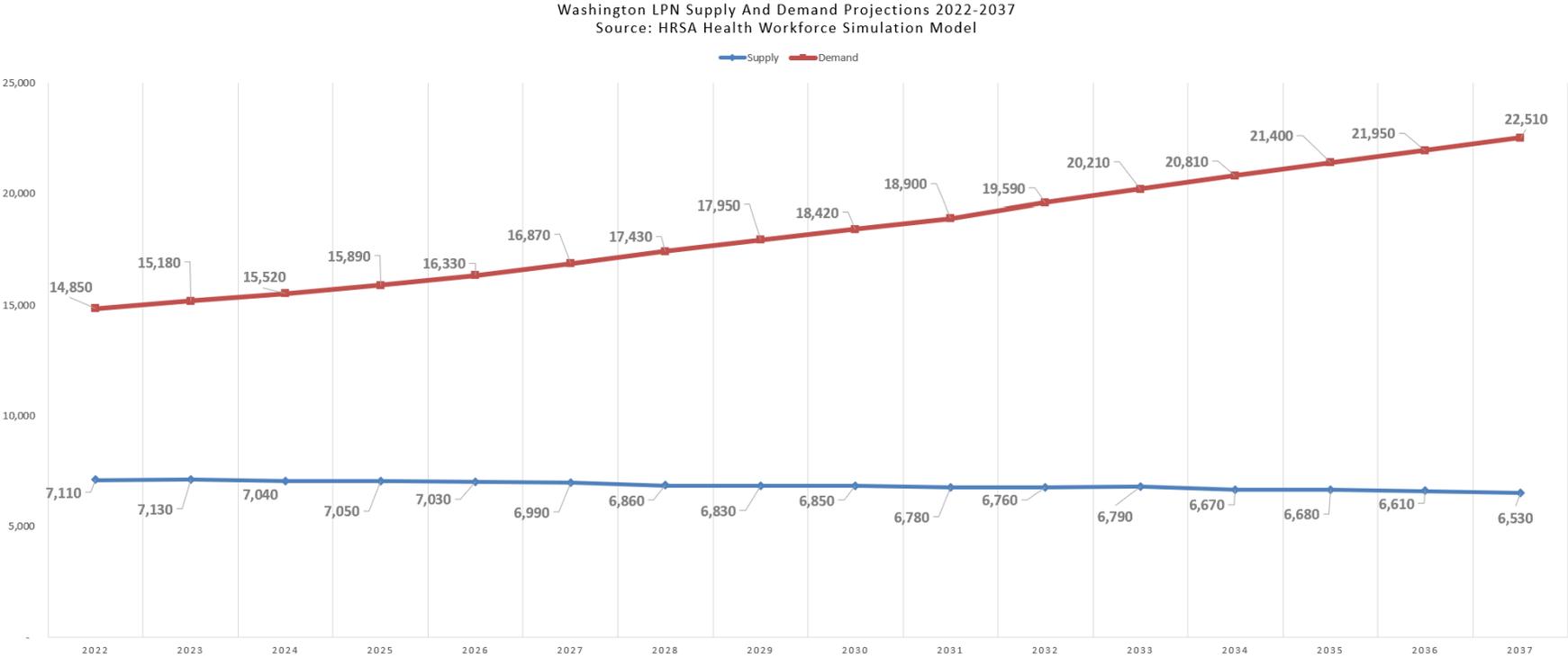
Ashley House Northwest	Skilled Nursing Pediatrics	Federal Way	WA	98003	King County
Cascade Birth Center	Birth Center	Everett	WA	98201	King County
Center for Birth - Seattle	Birth Center	Seattle	WA	98102	King County
Childhaven Renton Branch	Community Services	Renton	WA	98057	King County
Community Health Board - Somali	Community Services	Tukwila	WA	98188	King County
Corner of Love Non-Profit	Charitable Organization	Maple Valley	WA	98038	King County
Downtown Emergency Services Center (DESC)	Community Services	Seattle	WA	98104	King County
Eastside Birth Center	Birth Center	Bellevue	WA	98007	King County
Gateway Medical Alliance Non-Profit	Charitable Organization	Kent	WA	98032	King County
Harborview Abuse & Trauma Center (SANE)	Medical Clinic	Seattle	WA	98122	King County
Jewish Family Service	Community Services	Seattle	WA	98122	King County
Kin On Aging Services for Asian Older Adults	Community Services	Seattle	WA	98118	King County
King County Childcare Health Program	Community Services	Seattle	WA	98121	King County
King County Juvenile Detention Center	Juvenile Detention Center	Seattle	WA	98122	King County
Lahai Health Clinic	Medical Clinic	Seattle	WA	98133	King County
Medically Intensive Children's Program (Multiple Sites)	Pediatrics	King County	WA	98058	King County
Neighborhood House (Multiple Sites)	Community Services	King County	WA	98144	King County
Northwest Asthma & Allergy Center	Medical Clinic	Seattle	WA	98115	King County
Open Doors for Multicultural Families	Community Services	Kent	WA	98032	King County
Pediatric Interim Care Center	Pediatrics	Kent	WA	98032	King County
Polyclinic Optum (Multiple Sites)	Primary Care & Urgent Care	Seattle	WA	98104	King County
Puget Sound Birth Center	Birth Center	Kirkland	WA	98034	King County
Puget Sound Educational School District	School District	Renton	WA	98057	King County
Rainier Valley Birth & Health Center	Midwifery Services	Seattle	WA	98118	King County
Rainier Valley Birth & Health Center	Midwifery Services	Renton	WA	98055	King County
Refugee Resettlement Office (Multiple Sites)	Community Services	Seattle	WA	98104	King County
Refugee Women's Alliance (ReWA)	Community Services	Seattle	WA	98108	King County
Seattle / King County Clinic	Community Services	Seattle	WA	98109	King County
Seattle Children's Reproductive & Sexual Health	Pediatrics & Health Clinic	Seattle	WA	98105	King County
Seattle Children's Umbrella Pediatrics	Pediatrics	Seattle	WA	98105	King County
Seattle Parks & Recreation (After-School, Camps)	Community Services	Seattle	WA	98109	King County
Seattle Union Gospel Mission	Community Services	Seattle	WA	98118	King County
Somali Health Board	Community Services	Tukwila	WA	98188	King County

SW Seattle Ambulatory Surgery Center	Ambulatory Surgery Center	Burien	WA	98166	King County
Swedish Cancer Center (Multiple Sites)	Cancer Center	Seattle	WA	98104	King County
Therapeutic Helath Services	Primary Care & Mental Health	Seattle	WA	98118	King County
THIRA Health (Adolescent)	Residential Treatment Center	Bellevue	WA	98004	King County
UW Medicine - Tuberculosis Control Clinic	Medical Clinic	Seattle	WA	98104	King County
UW Medicine - Valley Medical Center - Clinics	Primary Care	Renton	WA	98055	King County
UW Medicine - Valley Medical Center - Clinics	Speacialty Clinics	Renton	WA	98055	King County
Valley Children’s Clinic	Pediatrics	Renton	WA	98055	King County
Vine Maple Place	Homeless Shelter	Maple Valley	WA	98038	King County
Washington State Charter Schools Assn.	School District	Seattle	WA	98104	King County
Washington State Dept of Health (Multiple Sites)	Public Health	King County	WA	98058	King County
Wellspring Family Services	Community Services	Seattle	WA	98144	King County
Battle Ground School District	School District	Brush Prairie	WA	98606	Southwest
Camas School District	School District	Camas	WA	98607	Southwest
Castle Rock School District	School District	Castle Rock	WA	98611	Southwest
Cathlamet School District	School District	Cathlamet	WA	98612	Southwest
Cowlitz Family Health Center	FQHC - Primary Care	Longview	WA	98632	Southwest
Cowlitz Family Health Center	FQHC - Behavioral Health	Longview	WA	98632	Southwest
Cowlitz Tribal Health Services	Tribal Health	Tukwila	WA	98188	Southwest
Eden Health Hospice	Hospice	Longview	WA	98632	Southwest
Eden Health Hospice	Hospice	Vancouver	WA	98686	Southwest
Evergreen Health Hospice Care	Hospice	Kirkland	WA	98034	Southwest
Evergreen School District	School District	Vancouver	WA	98684	Southwest
Free Clinic of SW Washington	FQHC - Community Health	Vancouver	WA	98661	Southwest
Kaiser Permanente	Urgent Care	Longview	WA	98632	Southwest
Kalama School District	School District	Kalama	WA	98625	Southwest
Kelso School District	School District	Kelso	WA	98626	Southwest
Kirkpatrick Family Care	Primary Care	Longview	WA	98632	Southwest
Longview School District	School District	Longview	WA	98632	Southwest
Meadow Park	Skilled Nursing Facility & Rehabilitation	St. Helens	OR	97051	Southwest
NAMI Crisis System of SW Washingotn	Crisis Response	Vancouver	WA	98660	Southwest
Oregon Health & Sciences University	Emergency Care	Portland	OR	97239	Southwest
Oregon Health & Sciences University	Primary Care	Portland	OR	97239	Southwest
Oregon Schools	School District	Portland	OR	97228	Southwest

PeaceHealth St John Medical Group	Hospital	Longview	WA	98632	Southwest
Portland Area Indian Health Services	Tribal Health	Portland	OR	97209	Southwest
Rainier Health Network (Multiple Sites)	Health Care Organization	Tacoma	WA	98402	Southwest
Ridgefield School District	School District	Ridgefield	WA	98642	Southwest
Toutle Lake School District	School District	Toutle	WA	98649	Southwest
Vancouver Public Schools	School District	Vancouver	WA	98661	Southwest
Washougal School District	School District	Washougal	WA	98671	Southwest
Zoom Care	Urgent Care	Vancouver	WA	98683	Southwest
Zoom Care	Primary Care	Vancouver	WA	98683	Southwest

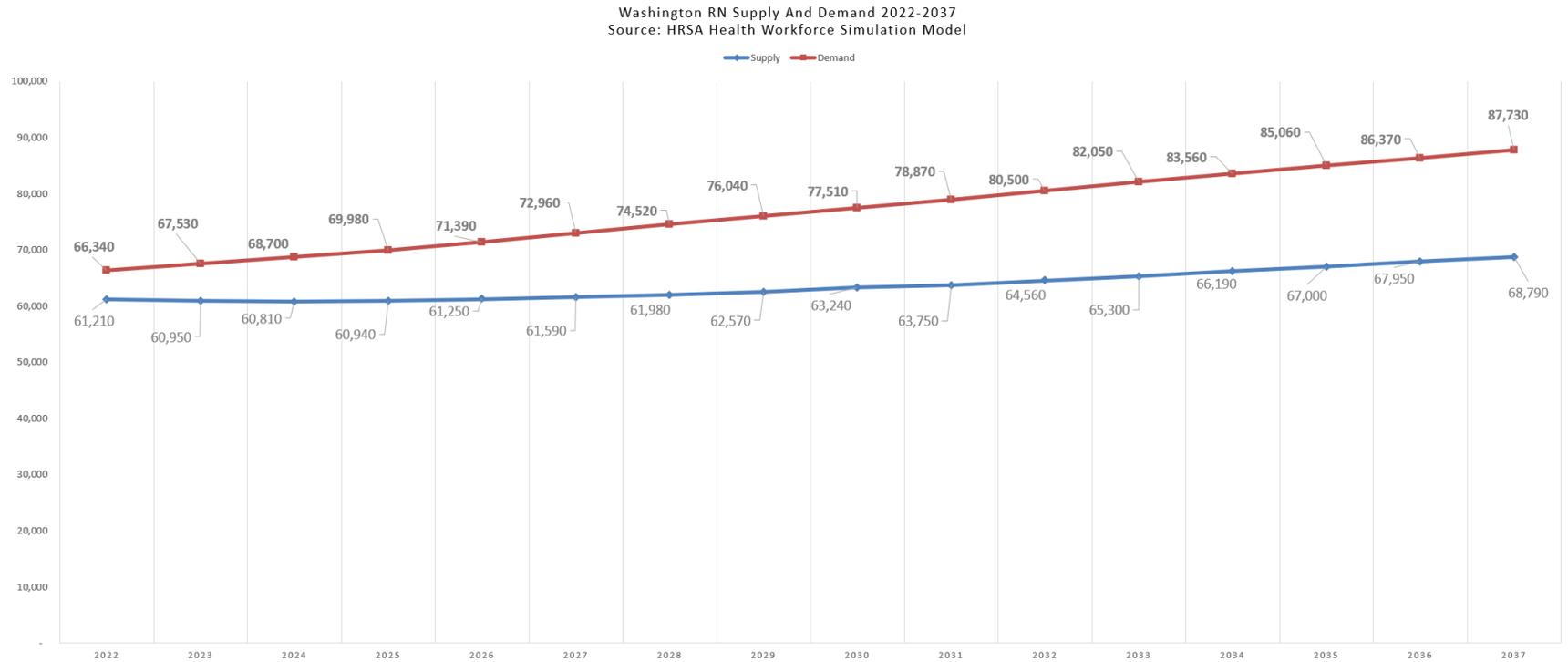
Appendix T: Washington LPN and RN Supply and Demand Projections 2022-2037

# Washington LPN Supply and Demand Projections 2022-2037



Moulton Burwell, P. (2025). Washington State Nursing LPN, RN, APRN Demand and Projections Report: An Exploration of Existing Demand Data. Published by Washington Center for Nursing. [https://www.wcnursing.org/wp-content/uploads/documents/reports/2025-July\\_WCN-WA-LPN-RN-APRN-Demand-and-Projection-Report\\_Final.pdf](https://www.wcnursing.org/wp-content/uploads/documents/reports/2025-July_WCN-WA-LPN-RN-APRN-Demand-and-Projection-Report_Final.pdf)

# Washington RN Supply and Demand Projections 2022-2037



Moulton Burwell, P. (2025). Washington State Nursing LPN, RN, APRN Demand and Projections Report: An Exploration of Existing Demand Data. Published by Washington Center for Nursing. [https://www.wcnursing.org/wp-content/uploads/documents/reports/2025-July\\_WCN-WA-LPN-RN-APRN-Demand-and-Projection-Report\\_Final.pdf](https://www.wcnursing.org/wp-content/uploads/documents/reports/2025-July_WCN-WA-LPN-RN-APRN-Demand-and-Projection-Report_Final.pdf)