

Clinical Placement Initiative Executive Summary Draft (9.3.25)

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Final Report Due to Governor and the Legislature 12.1.25

Executive Summary-

Nationally, nursing schools report that they're unable to increase enrollments due to insufficient nurse faculty and clinical placement opportunities for students (AACN, 2022). This leads to schools rejecting qualified applicants into nursing programs. In efforts to address the nursing shortage, 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 expands clinical placement opportunities to support increased program enrollment and addresses the nursing shortage.

The Washington Center for Nursing (through legislative launched and directed the Clinical Placement Initiative (CPI) from 2023-2025. CPI participants included stakeholders from education and healthcare organizations with aims to explore barriers, identify gaps, and increase communication to expand clinical placements opportunities for nursing students. WCN held regional meetings, compiled data, and introduced an online community for clinical placement communications. This report provides a summary of the CPI activities, analysis of clinical placement data from various sources, and the outcomes of the initiative.

CPI initiative

- 370 stakeholders registered to participate in the initiative
- 248 stakeholder participants across the state participated in regional CPI meetings from 2023-2025
- CPI stakeholders identified barriers, developed strategies and policy recommendations
- 280 stakeholders registered and used HiveBrite platform for clinical placement communications

CPI Data Analysis Current Placement Practices

- Total of 5,675 pre-licensure students enrolled in 2022-2023 requiring over 3 million clinical hours
- 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 clinical sites are inadequate for their program
- Clinical placements largely occur in acute care settings across programs
- Staff burnout/stress (xx%) most cited barrier by facilities to increasing clinical placements

Outcomes and Recommendations: Creating more clinical placement opportunities beyond the hospital setting and create efficiencies in the system

If associate degree programs were to increase enrollment by 10%, the number of enrolled students would increase to 3,400, the total clinical hours demand would rise to 1.66 million direct care clinical hours and 452,000 preceptor hours.

- Outcome highlight #1 – Every region has their own plans
- Outcome highlight #2 – Statewide steering committee distilled information from all of the regions to create a statewide plan.

Top 4 Statewide Recommendations

- **Non-traditional sites.** Most clinical placements occur in the hospital setting for pre-licensure 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 (Appendix XX).
- **Consistent clinical requirements.** Establish an evidence-based approach to 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.** 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.