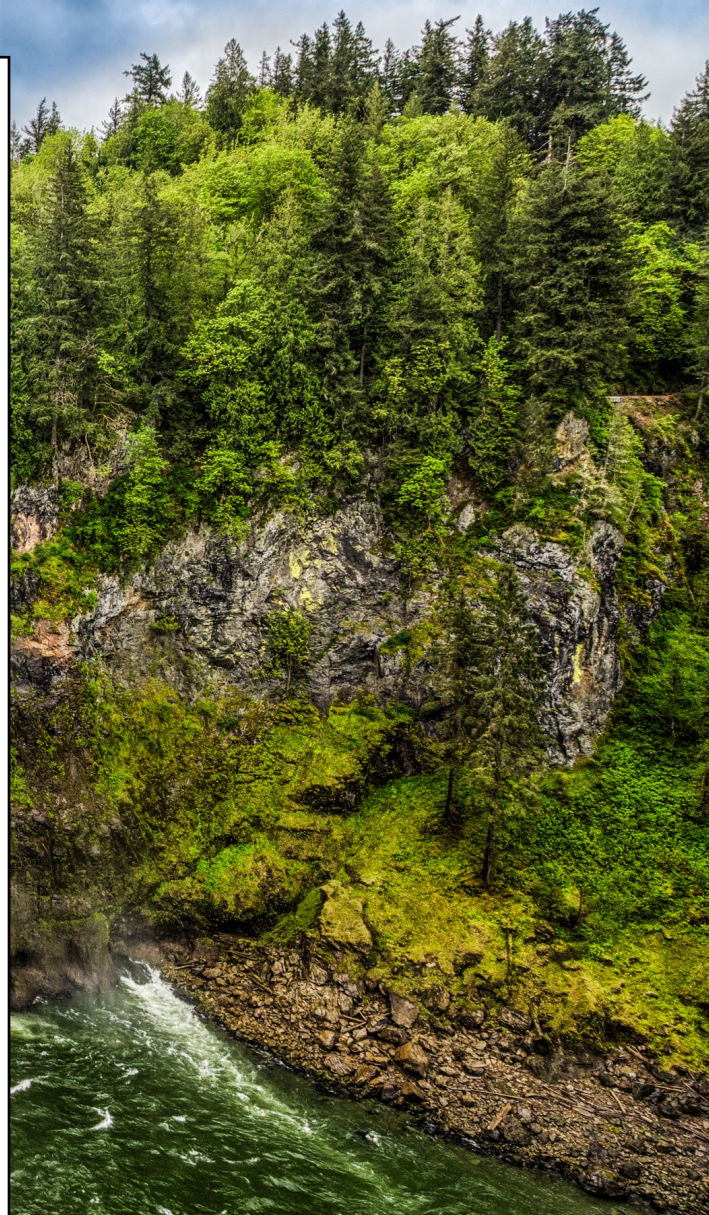


Rural Hospital & High School Nursing Assistant Partnership Pilot Project

December 1, 2025

Report to the Legislature
Engrossed Second Substitute Senate Bill 5582
Section 11, Chapter 126, Laws of 2023
RCW 18.79.435



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Executive Summary

In response to critical healthcare workforce shortages in rural areas, Engrossed Second Substitute Senate Bill (ESSB) 5582 (Chapter 126, Laws of 2023) directed the Washington State Board of Nursing (WABON) to establish pilot projects that connect rural hospitals with high school-based nursing assistant training programs. The pilot initiatives aimed to expand access to nursing assistant education, create early-entry points into the healthcare workforce, and promote long-term career advancement in nursing and related healthcare fields.

The first two pilot programs were successfully launched at rural hospitals on either side of the Cascade Mountains in the 2024-2025 academic year:

1. Providence Mount Carmel Hospital (PMCH) in partnership with Colville High School
2. Summit Pacific Medical Center (SPMC) in partnership with Elma High School

Both programs followed WABON's approved common curriculum for Nursing Assistant-Certified (NA-C) training, enabling students to develop essential clinical skills and gain real-world experience through rotations in local healthcare facilities. A total of 12 students (six at each project site) completed the program and graduated in late May 2025. Students received both classroom instruction and hands-on experience, preparing them to take the state certification exams and enter the healthcare workforce directly out of high school. As a result, 11 of the high school students from these programs became certified as NA-Cs.

A third pilot program was launched during the 2025-2026 academic year at Eastmont High School in Partnership with Regency Wenatchee Rehabilitation and Nursing Center and Blossom Valley Assisted Senior Living & Blossom Creek Memorial Care. The cohort has 10 students with an anticipated graduation date of May 2026.

The pilot programs demonstrate strong potential in addressing rural workforce gaps. They offer students early exposure to healthcare careers, build emotional resilience, and help clarify long-term professional goals. Partnerships with community colleges allow students to earn recognized credits, and collaboration with local institutions supported applied learning through capstone projects and clinical rotations.

Despite these successes, several challenges emerged during implementation. Limited funding in rural areas constrained instructional resources and staffing capacity. Recruiting qualified NA-C instructors proved difficult. Students also faced long waitlists for entry into registered nurse (RN) education programs and lacked guaranteed job placement following certification as minors.

WABON and participating partners use lessons learned from these pilots to refine program structure, identify policy and implementation barriers, and explore strategies for long-term scalability. These pilot projects have laid a strong foundation for future initiatives and represent a promising step toward growing Washington's rural healthcare workforce from within the communities it serves.

Background

ESSB 5582 directed WABON to work with various stakeholders to establish at least two pilot projects connecting rural hospitals with nursing assistant training programs. The purpose of these pilot projects was to help address critical healthcare workforce shortages by increasing student access to nursing assistant education, supporting entry into the healthcare workforce, and creating pathways for advancement into nursing and related careers.

Between July and October of 2023, WABON hired and appointed dedicated staff to lead the development and administration of these pilot projects. Initial efforts focused on outreach to both agency partners and potential rural collaborators to raise awareness about ESSB 5582, garner interest, and better understand local needs. These efforts culminated in a statewide listening session held on December 6, 2023, which drew active participation from over 100 stakeholders.

WABON developed a draft project plan using input gathered from interested parties and the legislative directives under ESSB 5582. This proposal was then shared with rural and agency partners for feedback and collaborative refinement, ensuring that the final plan reflected both policy requirements and community needs.

Project Approach and Interagency Collaboration

WABON staff utilized a Collective Impact Model (CIM) to collaborate with project partners. The proposed project plan facilitated a shared vision among all partners contributing to this work to enable enhanced collaboration and meet established goals, ultimately leading to robust sustainability.

ESSB 5582 identified the Department of Health (DOH), and Labor and Industries (L&I; Youth Programs and Worker's Compensation divisions) as interagency partners for this project. In addition, WABON invited OSPI for their regulatory role as a key operational partner in delivering nursing assistant training programs in high schools and skills centers. While WABON is identified in the legislation as the coordinating agency for the work, interagency partnership has been critical to the success of the project.

Rural Partners

WABON has actively collaborated with a range of rural partners, including hospitals, NA-C training programs, relevant employers, exclusive bargaining units, and pilot participants. These partners have played a vital role in informing project implementation and supporting the successful completion of pilot activities. Dedicated funding for this project enabled personalized support for rural high school NA-C programs, including regular check-ins to encourage, coach, and offer assistance as needed. WABON remains committed to ongoing engagement with current partners and continues to seek collaboration with additional rural hospitals and potential NA-C training programs to expand and sustain this important workforce initiative.

Rural Hospital Pilot Projects

The rural hospital pilot projects were designed to help address the health care workforce shortages and promote nursing and healthcare careers in rural communities. The initiative focused on identifying high school students interested in becoming NA-Cs and supporting them through formal training programs and clinical rotations. In some cases, the projects employed high school students who had already earned their NA-C certification.

Three pilot projects have been successfully established at rural hospitals on opposite sides of the Cascade mountains. All three locations were evaluated and confirmed to have the necessary space, infrastructure, and resources to support the implementation and administration of a high-quality NA-C training program.



Figure 1. Map of pilot projects across Washington.

Recruitment efforts for the NA-C programs were driven by close collaboration with school counselors and teachers to identify students with an interest in healthcare careers. Outreach was conducted through multiple channels, including ParentSquare, school social media platforms, email communications, and printed fliers. Additional engagement took place at career fairs, through informational tables set up in high-traffic areas like school cafeterias, and via the schools' Facebook pages and word-of-mouth promotion within the community.

Project 1: Providence Mount Carmel Hospital and Colville High School

Providence Mount Carmel Hospital, a 25-bed Critical Access Hospital (CAH) located in Colville, Washington (east of the Cascade Mountains), partnered with Colville High School to establish an NA-C training program for high school seniors. The pilot program officially launched in January 2025, with the first cohort graduating on May 30, 2025. All six students from the first cohort have successfully completed the program and are now credentialed as NA-Cs. The program concluded its initial phase with a public presentation by the Program Director and participating students, highlighting the pilot's success and impact.

Recruitment for 2025-2026 cohort was led by the school’s Career and Technical Education Director. Recruitment strategies have included a science fair career booth, posts on the high school’s Facebook page, informational fliers distributed on campus, and the Program Director hosting a lunchtime information table at Colville High School to engage directly with interested students. The second cohort has six students with an anticipated graduation date of May 2026.

Project 2: Summit Pacific Medical Center & Elma High School

Summit Pacific Medical Center, a 25-bed CAH located in Elma, Washington (west of the Cascade mountains), partnered with Elma High School to establish an NA-C training program for the winter quarter of 2025. The pilot program officially launched in January 2025, with the first cohort of six students graduating on May 31, 2025. The program concluded its initial phase with a public presentation by the School District Superintendent, Career & College Readiness Director and participating students, highlighting the pilot's success and impact. Graduating students were awarded a special sash to signify their completion of the NA-C training program.

Elma High School relied on word-of-mouth promotion from current students and recommendations from academic advisors as key outreach strategies for recruitment for the 2025-2026 cohort. The second cohort has eight students with an anticipated graduation date of May 2026.

Project 3: Eastmont High School

Eastmont High School has partnered with Regency Wenatchee Rehabilitation and Nursing Center, Blossom Valley Assisted Senior Living, and Blossom Creek Memory Care, all located in the Wenatchee rural area (east of the Cascade mountains), to launch a new pilot program in 2025. Regency Wenatchee Rehabilitation and Nursing Center is a nursing home serving 48 residents with a capacity of 55 beds, while Blossom Valley Assisted Senior Living and Blossom Creek Memorial Care together operate as an 80-bed assisted living facility. The pilot program officially began on August 27, 2025, with the first cohort of 10 students anticipated to graduate in June 2026.

Training Curriculum and Certification Requirements

All three pilot programs adhere to the standard WABON-approved NA-C common curriculum utilized by all NA-C training programs across the state. To complete the program, students are required to pass a final skills assessment to receive a Certificate of Completion (COC). Following this, students were eligible to take the state-administered written examination to earn official NA-C certification.

Here is the status of the three pilot programs for the 2025-2026 academic year:

Program	Theory Hours	Skills Hours	Clinical Hours	Total Hours	Cohort Size
Colville High School (2 nd cohort)	45	39	42	126	6
Elma High School (2 nd cohort)	61.5	44	51.5	157	8
Eastmont High School (1 st cohort)	256	36	40	361	10

Role of High School Students in Patient Care

Students participating in the NA-C training program pilot play an assistive role in patient care with support and direction from their clinical instructor. Their responsibilities typically include assisting patients with daily activities such as bathing, dressing, and eating, as well as helping with mobility and monitoring vital signs. They may also document patient information, provide emotional support, and ensure a clean and safe environment, all essential support for nurses. Through their hands-on training, NA-C students learn to communicate effectively with patients, recognize changes in their condition, respond to their needs, and escalate concerns to the nurse.

Benefits of the Pilot Projects

The proposal to establish high school-based NA-C training pilot programs was well received by rural partners. Participating rural hospitals expressed optimism that the initiative would lead to an increase in the local healthcare workforce, helping to address staffing shortages in CAHs and other healthcare facilities. Improved staffing levels are expected to enhance patient satisfaction and provide much-needed relief to an overburdened NA-C and healthcare workforce.

In addition to supporting healthcare systems, the pilot projects offer significant benefits for students. By equipping participants with job-ready skills, the programs prepare graduates for immediate entry into well-paying positions in the healthcare field. Additionally, career and technical education programs, such as these pilots, have shown increased earnings and greater attainment of post-secondary education in nursing, particularly for female, BIPOC, and economically disadvantaged students ([Ecton & Dougherty, 2023](#)). If sustained, these pilot projects have the potential to generate long-term economic and educational benefits in rural communities across Washington.

Performance Metrics and Outcomes

The following section presents a comprehensive overview of the performance metrics and outcomes from the pilot implementation of the high school NA-C training programs at Coville High School, Elma High School and Eastmont High School. These metrics reflect both quantitative and qualitative measures of success, including student enrollment and completion rates, certification and clinical engagement, program development, and community impact.

This data not only highlights the effectiveness and challenges of implementing NA-C programs in rural high school settings but also underscores the transformative role such initiatives play in shaping future healthcare professionals. The feedback collected from students, instructors, and community stakeholders offers valuable insight into the program's immediate benefits and long-term potential for workforce development in underserved regions.

2024-2025 Academic Year Student Enrollment and Completion

NA certification was contingent upon successful completion of both the Skills Test and the Online Written Test. A total of 11 students, six from the Colville High School pilot and five from the Elma High School pilot, sat for the NA-C credentialing exam and all passed on their first attempt.

Project Site	Interviewed	Enrolled	Graduated	Exam Taken	Exam Passed
Colville High School	10	8	6	6	6
Elma High School	12	8	6	5	5

Table 2. Enrollment and Certification Outcomes.

Program Attrition

A total of four students (two from each program) chose to exit the NA-C program prior to completion. The primary reasons cited included the overall rigor and academic demands of the coursework, a realization that the program did not align with their personal interests or career goals, and challenges in balancing the program’s schedule with other academic and extracurricular commitments.

Program and Partnership Development

As part of this pilot initiative, two high school-based NA-C training programs were successfully established during the 2024-2025 academic year, and a third program was established during the 2025-2026 academic year. Each program was supported by additional dedicated partner organizations, resulting in a total of seven engaged partners. These partnerships played a critical role in providing clinical placements, instructional support, and community-based resources essential to the program's success.

Clinical Experience and Workforce Pipeline

The first two pilot sites established one clinical rotation, providing students with valuable hands-on experience in real healthcare settings. A total of 12 students (six at each site) participated in these rotations, applying their classroom learning to patient care under professional supervision. These clinical experiences not only reinforced essential skills but also strengthened students' readiness to enter the healthcare workforce.

Employment Outcomes

From the Colville High School program, one student has been hired by Providence Mount Carmel Hospital, another is pending employment, one has secured a position within the community, and three were not employed immediately following their clinical training.

From the Elma High School program, two students are currently participating in the NA-C Intern Program, a specialized employment opportunity for high school students. One student chose not to take the certification exam and is pursuing a career outside of healthcare, one student has not yet applied for employment, and two students elected to attend college full time.

While immediate employment numbers are moderate, the formative experience of NA-C training will hopefully continue to add to the workforce pipeline in the future, including while attending college. For those that chose not to enter healthcare, this experience remains a foundational experience in communication and understanding the vulnerability of the patient experience.

Student Contributions and Reflections

Student voices played a central role in shaping and showcasing the impact of the NA-C pilot programs. Through outreach activities, students actively promoted the program to their peers, helping to build interest and awareness for future cohorts. Their reflections revealed a deep personal journey marked by growth, challenge, and clarity about their future in healthcare. This section highlights the contributions students made to program visibility, the meaningful experiences they encountered, the obstacles they overcame, and the career aspirations that were sparked or solidified through their participation.

Outreach Activities

Students presented NA-C program information to peers to encourage future participation. Topics covered the application process, scope of NA-C role and responsibilities, Maslow's Hierarchy of Needs, and the value of early certification and career readiness.

Positive Experiences

Students reported a wide range of meaningful and rewarding experiences throughout the NA-C program. Many highlighted the strong friendships and peer support that developed during the course. Hands-on clinical training and lab sessions allowed students to build confidence and sharpen their practical skills. The program also fostered personal growth and emotional resilience, particularly through real-world patient care. Interacting with healthcare professionals inspired students and deepened their appreciation for holistic, individualized care. Parents and school counselors observed that students demonstrated increased maturity and a stronger sense of purpose as a result of participating in the program. The partnerships were widely regarded as supportive, inclusive, and well-organized. Overall, the experience provided many with a clearer sense of direction and purpose in pursuing future careers in healthcare.

Challenges Faced

Students reported that participation in the NA-C program was a highly rewarding experience, though not without challenges. Many expressed initial apprehension when entering the hospital environment for the first time during clinical rotations, and several noted the emotional strain of caring for residents, especially in end-of-life situations. Balancing academic coursework, school responsibilities, and part-time employment required strong time management and organizational skills. Additional obstacles included scheduling conflicts with Running Start courses and athletic programs, as well as ongoing transportation difficulties between school and clinical sites.

Students also found certain aspects of the curriculum, particularly technical topics such as medical terminology, academically demanding. Both students and instructors had to adjust to the new digital learning platform, Canvas LMS, which presented a learning curve and added complexity to the training process. Despite these challenges, students demonstrated exceptional adaptability, commitment, and professional growth, underscoring the program's success in preparing future healthcare workers with both technical proficiency and emotional resilience.

Future Career Aspirations

Students shared a variety of ambitious and thoughtful career goals upon completing the NA-C program. Several plan to begin working as NA-Cs in local rural hospitals immediately after certification. Many aim to further their education by pursuing degrees in nursing, with aspirations to become registered nurses, or eventually specialize in critical care or anesthesia as ICU nurses or Certified Registered Nurse Anesthetists. Other students expressed interest in becoming trauma surgeons, labor and delivery travel

nurses, or emergency department nurses—one student even shifted her career focus from labor and delivery to emergency care after gaining real-world clinical experience.

Beyond nursing, students shared plans to enter fields such as mental health therapy, psychology, biology, and diagnostic imaging through ultrasound programs. These diverse goals reflect the powerful impact of the NA-C program in helping students explore and define their place within the broader healthcare landscape.

Program Implementation: Challenges and Successes

The implementation of the NA-C pilot programs in rural high school settings presented several substantial challenges. Coordinating clinical rotations with community partners proved complex due to frequent turnover in facility management and limited communication channels, which often led to scheduling difficulties. Recruiting and retaining qualified staff for clinical instruction and supervision remained an ongoing obstacle throughout the implementation period, in part related to a federal requirement of two years of long-term care experience prior to instruction.

Clinical site capacity also posed a limitation, as many CAHs were unable to accommodate larger student cohorts. Instructional space and educational resources were restricted, requiring educators to adapt to new digital teaching platforms such as Canvas LMS while maintaining instructional rigor and quality. Additionally, integrating the Common Curriculum (CC) with the Office of Superintendent of Public Instruction (OSPI) frameworks required careful alignment to ensure coherence, compliance, and relevance within the high school setting. Early instructor compensation levels were insufficient to attract and retain qualified teaching personnel, further compounding staffing challenges.

Socioeconomic barriers, including poverty, limited transportation options, and unreliable internet connectivity, created additional impediments for both students and instructors, affecting participation, instructional continuity, and overall program outcomes.

Despite these challenges, the pilot programs achieved meaningful successes. Strong partnerships with local institutions enabled students to complete impactful capstone projects that enhanced both academic and professional growth. With support from the Kelsey Foundation, existing facilities were transformed into functional classrooms, helping to overcome infrastructure constraints. Community colleges agreed to accept NA-C credits earned in high school, expanding educational pathways for students. Most importantly, students demonstrated exceptional professionalism in their clinical settings, and the broader community displayed remarkable resilience and collaboration in sustaining the program—underscoring the powerful potential of rural healthcare education initiatives.

Community Impact

Early exposure to healthcare through the NA-C program has proven to build student resilience and provide greater clarity in defining career goals. The program supports smooth and flexible transitions from academic settings to healthcare careers by promoting stackable credentials that enable ongoing education and skill development. Strong community fundraising and support have been instrumental in ensuring the program's sustainability and growth. Local CAHs have reported a noticeable boost in morale due to student engagement, highlighting the positive impact on healthcare environments. Overall, the program is recognized as a transformative force within the community, contributing to workforce development and fostering a sense of local pride and investment in "growing our own" healthcare professionals.

"It has a huge impact on our future. We are growing our own."

- Program Director

"Win all the way around!"

- Elma HS Career & College Readiness Director

Findings

Pilot project implementation has uncovered several gaps and challenges. In many rural areas, limited funding has resulted in insufficient resources to fully support the NA-C training programs, including a shortage of adequate staffing. This staffing challenge is further complicated by a lack of qualified NA-C instructors and difficulties in recruiting registered nurses to teach the program. Additionally, federal regulations on instructor qualifications restrict flexibility in addressing these staffing shortages.

Prospective nursing students who complete the NA-C training program also face long waiting lists to enter registered nurse programs. Furthermore, there is uncertainty surrounding job placement as completion of the NA-C program does not guarantee employment at the students' respective CAHs. In fact, several hospitals and other health care facilities do not hire or allow 18-year-olds to participate in clinicals. These limitations may discourage some students from enrolling in the pilot program, raising concerns about the viability of the healthcare career pathway immediately after high school.

WABON has identified several future project sites and potential partnerships across the state, including:

- Columbia Safety Training Center LLC & Prosser High School (Pasco, WA)
- White Pass Jr/Sr. High School & Arbor health (Randle, WA)
- Cascade High School & Mountain Meadow Senior Living (Leavenworth, WA)

Recommendations

Building on the lessons learned from the pilot implementation, the following recommendations aim to strengthen and expand high school-based NA-C training programs in rural communities. These strategies address key challenges related to funding, staffing, regulatory barriers, curriculum design, and program sustainability. By pursuing these next steps, WABON and its partners can continue to improve access to healthcare career

pathways for students, support the rural healthcare workforce, and promote long-term success of the NA-C training model statewide.

Funding and Resource Development

- Identify creative funding strategies to support rural hospitals and high schools, including recruitment and hiring of RN instructors.
- Explore local rural community resources to support program sustainability.
- Advocate for increased RN instructor compensation to attract talent to rural areas.
- Simplify school district contract requirements to streamline program implementation, reduce program hours and related facility resources.
- Encourage use of loaned hospital faculty to support high school NA-C programs, as modeled in the current pilot projects.
- Identify malpractice insurance options that cover minors in clinical settings.

Policy and Regulatory Improvements

- Advocate at the federal level to revise regulations that hinder NA-C training access and flexibility, including RN instructor qualifications and separate skills examinations after program completion (Letter to CMS requesting rule changes in review with six congressmen/women).
- Collaborate with L&I to review and revise guidelines for minor workers in healthcare, ensuring alignment with current workforce needs (in process in conjunction with passage of HB 1722 (2025)).
- Engage WSHA and L&I policy teams to develop more appropriate language around minor employment in healthcare.
- Conduct outreach to employers to improve understanding of L&I rules and address perceptions about youth “maturity” affecting hiring decisions.

Curriculum and Program Design

- Encourage high school NA-C training programs to offer standardized college credit (e.g., .5 or 1 CTE credit).
- Allow flexibility in curriculum—consider alternative NA-C curriculum options for experienced instructors.
- Develop strategies to deliver most NA-C coursework during summer before senior year to ease academic load and optimize facility and staffing resources.
- Promote creative use of online, synchronous, and asynchronous teaching to reduce instructor burden.
- Simplify the application process for establishing new NA-C programs.
- Create a unified system combining WABON and OSPI credentialing requirements for easier navigation ("one-stop shop").
- Increase capacity and reduce wait times for RN program admissions to improve NA-C to RN career progression.
- Prepare work schedule templates tailored for minors (ages 16–18) completing NA-C programs to help facilitate employment under labor regulations.
- Promote credit transfer and articulation agreements between NA-C high school programs and community colleges.
- Improve consistency in program development and rollout across the state.
- Ensure timely processing of Affiliation Agreements to avoid implementation delays

(e.g., as seen in Eastmont and Quincy High Schools).

- Support annual participation of RN, License Practical Nurse, NA-C, or Home Care Aide representatives in Career and Technical Education (CTE) conferences to network and promote healthcare pathways.
- Identify and dismantle barriers faced by English Language Learners (ELLs) to ensure equitable access to NA-C training programs.

Conclusion

The successful implementation and completion of the pilot projects under ESSB 5582 mark an important milestone in addressing the critical workforce shortages facing rural healthcare settings. By fostering partnerships between rural high schools and hospitals, these initiatives have established a sustainable pipeline for NA-C students who can contribute directly to patient care while gaining a clear pathway toward advanced nursing education and healthcare careers. Understanding the key aspects and challenges of these programs also enables scalable application to all high school programs across the state, encouraging WABON to continue to improve accessibility to NA-C training for students broadly.

Despite challenges such as funding constraints and staffing shortages, the collaborative efforts of WABON, agency and rural partners, and other interested parties have created a supportive and effective training environment for aspiring NA-Cs. The completion of these pilot projects demonstrates the feasibility and positive impact of partnerships between CAHs and rural high schools in alleviating healthcare workforce gaps.

These pilot programs hold significant promise not only for improving healthcare delivery in underserved rural communities but also for empowering students with valuable skills and meaningful career opportunities. Moving forward, it will be essential for WABON and rural partners to address ongoing challenges and pursue innovative strategies to ensure the sustainability, growth, and long-term success of these training programs.

