Summary of Findings

Health care organizations today face increasing pressure to improve quality of care and retain a competent and skilled workforce while controlling costs.

Workforce development programs and career ladders for frontline health care workers can address many quality and workforce issues by producing outcomes such as improved retention of valuable employees, directly addressing mid-level staffing shortages (particularly in nursing and allied health), improving the skills of frontline workers, and increasing diversity in the workforce. In so doing, health care employers must be strategic about how they invest their resources. The goal of this brief is to share useful insights gathered from case studies with 11 hospitals conducting innovative workforce development programs for frontline workers. The body of the report outlines the different types of workforce development/career ladder strategies that health care organizations have employed and describes the outcomes that commonly result from each type of program. We hope that categorizing workforce development programs and their common outcomes will help health care executives tailor their own workforce development solutions to address their particular workforce and quality of care targets.

Frontline health care workers such as nursing assistants, medical assistants, and technicians comprise over half of the health care workforce and provide a large proportion of direct care and customer services. Health care organizations have traditionally not invested many resources in the training and development of frontline workers on the grounds that the relatively low threshold to entry for these
positions (e.g., a high school degree with minimal post-high school training) makes frontline workers easily replaced. However, in recent years a growing number of health care leaders have begun implementing innovative strategies for developing this workforce because they believe their organizations will substantially benefit as a result.

For health care executives considering the adoption and implementation of such programs, little data exists as to the variety of different programs utilized and the return on investment each may provide. The Pioneer Employer Hospitals initiative aims to address that gap.

**Methods**

The Pioneer Employer Hospitals Study is a national effort to identify and promote hospitals that help entry-level workers develop careers in health care. The study was funded by the Hitachi Foundation and led by the Health Workforce Institute at the Washington State Hospital Association. The other partners in this national effort include the Healthcare Association of New York State, Metropolitan Chicago Health Care Council, and the University of North Carolina Institute on Aging (IOA). Together, these partners form the National Steering Committee for the project.

The steering committee selected eleven hospitals that had workforce development programs targeted towards frontline workers. Frontline health care occupations were defined as occupations with median annual wages of less than $40,000 per year (subject to an adjustment based on the local labor market standard of living) and require less than a bachelor’s degree for entry. Frontline health care occupations are diverse and include various health services and health care delivery roles (e.g., nursing assistants, respiratory therapy technicians, community health workers, and unit clerks) as well as health care auxiliary and support roles (e.g., housekeepers, nutrition services, and laundry). Hospitals were chosen for profiling if they met criteria set forth by the steering committee.

The criteria were set to identify innovators that had made sizable efforts with explicit strategies to solve pressing problems, used concrete systematic human resources or work practice changes to support the implementation of the program, and had sustained the program over a period of years (and beyond any initial grant start-up funds). Specifically,

In this report we address the following three objectives:

1. Assess and describe the range of different types of frontline workforce development programs developed within our eleven case studies.

2. Discuss outcomes that resulted from the implementation of these programs, including the return on investment perceived by health care executives and program staff.

3. Address some of the challenges that organizations experienced during the implementation process and in sustaining their programs.
the senior executives of these case study organizations were able to articulate a business rationale for their program(s) and tie it back to their strategic plan. The case needed to include a formal program with systems and strategies in place to support it (beyond tuition reimbursement or scholarships). In addition to these criteria, the program needed to meet two of the following three benchmarks: 1) It was supported, at least in part, by the hospital’s operating budget; 2) A proportionally significant number of employees relative to total workforce size need to be participating in the program; and 3) The strategy meaningfully included external partners.

**Results**

The frontline workforce development programs created by hospitals in our study fell into the following four categories:

- Credentialing programs;
- Job-specific training programs;
- Basic skills development; and
- Leadership development programs.

We first describe each type of program, followed by common outcomes that resulted from the different programs. Table 1 (page 4) provides an overview of the different categories of programs and their attendant commonly achieved outcomes. A summary of each organization that participated in this study and the training programs implemented within each organization is included in Table 2, at the end of this document.

**SAMPLE AND ANALYSIS**

The study team conducted 107 semi-structured telephone interviews with key informants (e.g., chief executive officers, chief nursing officers, human resource managers, project managers, and frontline workers) across the eleven organizations. During these interviews, study team members gathered extensive data regarding the details of the workforce development programs, motivation for developing the programs, barriers and facilitators to program success, and perceived program return on investment (ROI). These data were supplemented with organizational surveys that gathered information on hospital characteristics, human resource policies and practices, program costs, and key outcomes (e.g., vacancy, turnover, and program completion rates). Interview data were transcribed verbatim, coded by theme, and summarized within and across the case studies using NVivo 9.0.
TABLE 1: PROGRAM TAXONOMY

**Credentialing programs**
Conferring a post-secondary credential and/or degree for frontline workers (e.g., nursing degree or medical assistant certificate)

**Job-specific training**
Providing skills development and education to enhance the competencies of frontline workers (e.g., cross-training unit clerks to become phlebotomists)

**Basic skills development**
Providing opportunities for frontline workers to improve their foundational skills (e.g., writing, math, computer use) in an effort to help students become college and/or work ready

**Leadership development**
Adding management skills (e.g., communication, supervision, analytic) to prepare incumbent workers for leadership opportunities

CREDENTIALING PROGRAMS

The credentialing programs took one of two forms: in-house programs; or collaborations with local community or four year colleges. The in-house programs were typically accredited certification programs for occupations such as nursing assistant or medical assistant. Incoming or incumbent workers attended classes on site, received a stipend for their class time, and worked at the hospital while they completed classes.

The collaborative programs typically involved hospitals buying seats in a local community college’s registered nursing program. The hospitals with this type of program gave money to the local community college; the funds went towards paying faculty salaries, covering overhead costs associated with classroom space, and administration. Incumbent or incoming workers interested in enrolling in these programs met the minimum educational qualifications set by the community college and underwent an application and screening process by the hospital. The tuition and fees of selected participants were paid by the hospital. In exchange for this tuition assistance, participants were required to sign a contract promising to remain employed at the hospital for a designated period of time.

One example of a credentialing program is Group Health Cooperative’s nursing career ladder. Group Health partnered with several local community colleges to support incumbent workers’ achievement of several nursing credentials. A summary of this career pathway is shown below. Employee learners received varying amounts of tuition support, paid educational release time, and scheduling flexibility depending upon which rung of the career ladder they were pursuing.

See full case study documents for additional examples of credentialing programs (i.e., Bassett Medical Center, Beth Israel Deaconess Medical Center, Good Samaritan Hospital, Group Health Cooperative, and Providence St. Peter Hospital).
COMMON OUTCOMES

Faster on-boarding

Because participants are typically current hospital employees while they complete the programs, workers have more familiarity with hospital policies, procedures, and culture when they enter their new positions. This familiarity sometimes reduces the time it takes workers to become acclimated to their jobs and become productive employees, and thus cuts down on orientation and on-boarding costs.
**Strengthened integration of education and practice**

Working while learning helps employees to directly make the link between their work and the educational material. This is especially the case when the initial jobs are clinical positions. Participants begin to ask in-depth questions regarding care delivery and relate what they are learning in class to what they are seeing on the floor. In one hospital, bachelor of science in nursing (BSN) students who were required to do a quality of care improvement project chose to implement their projects within the hospital. They continued to be involved in these projects after graduation (e.g., serving on committees dedicated to addressing the subject of the project).

**Improved recruitment**

Information about the hospitals’ educational offerings often filtered out into the local communities via participating workers. Individuals who have completed the program recommend it to others, which ensures a steady stream of interested individuals. At some hospitals, project staff would get calls from parents and grandparents hoping to get their children into the program. At other sites, participants noted that they applied to work at the hospitals because of their educational offerings.

**Person-environment fit**

In addition to educating participants on the substantive content and skills necessary to be good in their new roles, many of the programs also reinforced the policies, practices, and philosophies of the hospitals. At Thompson Health, for example, the instructor and the hiring managers on the units began instilling the Thompson CARES values into the nursing assistant trainees early on, socializing workers to the organization’s mission and values.

**Workforce stability**

While the economic downturn has made it difficult to attribute the reduced vacancies solely to these types of programs, many of the hospitals have seen lower vacancies and turnover since conducting the programs. Voluntary turnover, in particular, was decreased. In fact, some of the nursing programs experienced a surplus of nurses once all participants graduated.
JOB-SPECIFIC TRAINING PROGRAMS

The job-specific training programs involved either: training workers so that they can move up in their current jobs; or cross-training workers to be able to fulfill multiple roles/tasks/responsibilities. The key elements for both forms are standardized competencies and structured training tied to rewards. The training typically happens on the job during the workday and completion of the training results in promotion or wage increase. These programs do not typically involve a credential or degree. They instead target specific skills that enable workers to perform better in their job (e.g., more efficiency, increased competency, and better teamwork). See full case study documents for more lengthy examples of job specific training programs (i.e., Beth Israel Deaconess Medical Center, Faxton St. Luke’s Healthcare, Group Health Cooperative, Providence St. Peter Hospital, Virginia Mason Medical Center, and University of North Carolina Medical Center).

facility spotlight

The University of North Carolina at Chapel Hill Medical Center: Clinical Support Technician

The University of North Carolina Medical Center developed a clinical support technician (CST) role on the care team that merges the skills and knowledge of the nursing assistant II and the health unit coordinator (HUC). Interested employees train with hospital staff to acquire the skills that allow them to function in the CST role. The CST represents an opportunity for assistive personnel to acquire additional skills and knowledge, to experience variety in their daily work, and to receive a promotion and wage increase (the CST role has a higher base salary than the NA II and the HUC positions).
COMMON OUTCOMES

Staffing flexibility
Cross-training seems to create a pool of workers who are adept at performing well in multiple roles. Thus, managers have more options and flexibility in assigning work schedules and dealing with staffing shortages. In two case study hospitals, this increased flexibility equated to financial savings due to reduced usage of agency staff to cover shortages.

Efficiency
Workers who have a sense of multiple tasks performed within their unit or department are better able to suggest process improvements. In one particular case, cross-trained workers developed their own quality improvement initiative, streamlining processes in the lab for greater efficiency (i.e., reduced wait times). Job-specific skill building has also helped to reduce errors and increase productivity, and cross-training has created a second check that has reduced errors for some organizations.

Employee satisfaction
Many hospitals reported improvements in their employee satisfaction scores. Based on key informant interviews with participants, these increases seem to be attributable to workers taking the educational opportunities as a sign of appreciation from their employers. Other sources of increased employee satisfaction that emerged out of the participant interviews include feeling more confident and skilled in their jobs, encouraged by the prospect of being able to move up, and pleased with the increased variety in their work (usually the cross-training programs).

Skilled workers
In addition to addressing shortages, several of the programs were designed to address skill deficits. Identifying core competencies and developing standardized training programs to help incumbent workers acquire these skills reduced the problems associated with skill deficits.
BASIC SKILLS DEVELOPMENT

These programs involve helping workers acquire the basic skills (e.g., reading, writing, math, language, and computer skills) needed to enter formal education programs (degree or certification). Hospitals either contract with other organizations (e.g., Cara or School at Work®) to provide these skills or they provide these classes on site using existing hospital staff. Examples of common classes offered include English as a second language (ESL), math, English, and computer classes. See full case study documents for detailed examples of basic skills programs (i.e., Advocate Lutheran General Hospital, Beth Israel Deaconess Medical Center, Faxton St. Luke’s Healthcare, and Northwestern Memorial Hospital).

Facility Spotlight

Advocate Lutheran General Hospital (ALGH): School at Work® (SAW)

Developed by Catalyst Learning in partnership with ALGH, School at Work® prepares entry-level health care workers for career advancement and enrollment in local community colleges and technical schools. Advocate’s SAW program focused on two classes: Introduction to Health Care; and Becoming a Health Care Professional. Participants also worked with instructors to identify and achieve personal goals through career planning and customized self-assessments. Over an eight month period, the classes and career planning were offered on site. SAW supported students through both coursework and career planning with a combination of on-site coaching and an on-line service, Career Care. Workers complete online modules and then follow-up with ALGH’s training specialist for one-on-one discussion and planning.
COMMON OUTCOMES

Increasing the pipeline
By integrating these types of classes, the organization can build a pool of incumbent workers prepared to enter degree programs that help alleviate shortage and unstable workforce sectors. Frontline workers are often interested in pursuing these career paths, but sometimes lack the skills to be able to enter the necessary degree programs. Basic skills classes serve as important building blocks to clinical occupational ladders that reach down to frontline positions.

Workforce diversity
Pre-college readiness programs make advancement possible for many vulnerable workers who would not be likely to succeed on their own. ESL and citizenship programs help immigrant and non-native English speakers build the foundation necessary to pursue health care careers. Support for building math, English, and computer skills provides workers with the building blocks necessary to enter and be successful in credential/college programs. While race/ethnic diversity in professional and mid-level positions is still small, these numbers are increasing steadily as more diverse workers move through the foundational coursework into credential or skill-building programs.

LEADERSHIP DEVELOPMENT
The leadership development programs focus on giving people the skills they need to assume leadership roles in their hospital. Goal positions for successful program graduates are not just in clinical areas. Incumbent workers are usually nominated or carefully selected to participate in the program. The programs last for a short period of time (six months to a year), are held on site at the organization, and usually involve some mentoring and project-based work. See full case study documents for detailed examples of leadership development programs (i.e., Faxton St. Luke’s Healthcare and Group Health Cooperative).
facility spotlight

Faxton St. Luke’s Healthcare: Aspiring Leaders Program

Employees interested in future leadership opportunities within the hospital can participate in a home-grown program called “Aspiring Leaders.” Aspiring Leaders is a yearlong program designed to prepare the next generation of leaders at Faxton St. Luke’s Healthcare. Departmental managers nominate employees they believe have management potential. Once selected, Aspiring Leaders attend training one day a month for 12 months. The goals of the program are to (1) provide future leaders with strong management skills (e.g., communication, assertiveness, team development, and critical thinking), (2) to communicate the hospital’s mission and strategic plan, and (3) to provide an overview of the day-to-day operations of the hospital (e.g., hiring process, budgeting, Medicare and Medicaid reimbursements, quality management, and quality and safety issues). Participants also work in groups to complete projects related to the purpose and needs of specific departments as a way of applying the skills they learn in the classroom.

COMMON OUTCOMES

Better management

Leadership program participants frequently spoke of stronger communication, team-building, and time management as the skills they achieved as a result of their participation. For example, at Faxton St. Luke’s Healthcare, “Aspiring Leaders” participants noted that understanding the “big picture” regarding the mission, strategy, and operations of the hospital helped them to be more efficient and effective in their departments. These newly acquired skills position program graduates as capable leaders. Because of the skill development, Aspiring Leaders graduates are given hiring priority when management positions become available.
Integration of work and learning
The leadership programs required participants to complete a project directly related to the operations of the hospital. Managers provided input into the development of these projects. Thus, many of the projects addressed specific department concerns or were designed to improve workflow or care delivery. For example, one participant’s project involved improving advertising for the pulmonary rehabilitation program. To accomplish this task, he worked with other program participants to create television ads, flyers for physicians, and information sessions for physicians and patients. Another team’s project involved disseminating strategies to effectively clean and organize workspaces for maximum efficiency. These projects not only provided participants with valuable hands on experience, they also resulted in meaningful improvements to work process and care delivery at the hospital.

Strategies for Successful Implementation
The success of the workforce development programs results from thoughtful and strategic planning, systematic integration of human resource policy supports (e.g., reduced full-time equivalent (FTE) qualification for benefits), reorganization of work practices (e.g., using workers differently across the board), and a heavy emphasis on communication (e.g., recognition events) and coordination (e.g., designated staff time to implement). The implementation strategies that were common among the cases are listed below. Case study organizations implementing these programs spent roughly between $40,000 to $350,000 yearly on the programs described in these case studies with basic skills programs tending towards lower costs and credentialing programs having the highest costs.

Collaborations with community colleges
Almost all of the hospitals worked closely with community colleges or other training providers to achieve their workforce development goals. In the case of the credential programs, the relationship was mutually beneficial in that the hospital provided financial assistance, faculty and clinical support, and students for the educational institutions, while the educational institutions provided the workforce development needed by the hospital. Educational partners were also essential to providing workers with portable credits or certifications that would be advantageous for workers should they pursue advanced credentialing or employment in other settings.
Rigorous selection process
All the hospitals put workers through a rigorous screening process. The screening process often involved several components such as completing an application, getting a recommendation letter, and participating in one or more interviews. Several of the hospitals also incorporate basic skills testing and physical capacity assessment into this process. Another interesting practice related to screening is that hiring managers joined program staff for participant selection interviews at several of the hospitals. This allowed the selection committee to not only assess potential participants’ ability to complete the education/training, but their fit with potential receiving departments as well. Key informants noted that rigorous selection was essential to ensuring program resources were being used appropriately (i.e., for workers who were likely to do well in the educational programs as well as their future positions).

Culture of learning
Due to their staff, history, and nature, most hospitals and their employees promote learning. However, most of the programs featured in this brief were part of an overall culture dedicated to learning and strategy for frontline worker development that exceeds what is found in typical hospitals. Many of these hospitals had a history of innovative programs targeting low-wage workers and multiple programs in place to meet workers’ needs. Supervisors were often very engaged and willing to accommodate the scheduling challenges. They would also encourage workers’ career development informally, based on interviews with participants. Employees at all levels of the organization supported workers’ development. In many cases, it seems like this support was due to the fact that many managers and administrators have risen through the ranks giving them first-hand experience with what it means to “grow your own.” For example, two managers interviewed at Group Health Cooperative had completed the registered nurse (RN) to BSN program and then had gone on to obtain master’s degrees in public health administration. Because of their personal experiences, these managers where eager to also help their employees take advantage of the career opportunities at Group Health. Celebrating successes publicly is also an indicator of a culture of learning. Program graduates receive recognition at ceremonies that hospital leaders attend. This reinforces to both the participants and the leadership that the program is important and successful completion is a major accomplishment. It also demonstrates to program participants that they are valued at the hospital.
“When we’re doing it right, we’re helping managers solve their problems—whether it is shortages of skilled workers, or maybe not having the right people, or having retention issues, or other challenges.”

JOANNE POKASKI, DIRECTOR OF WORKFORCE DEVELOPMENT, BETH ISRAEL DEACONESS MEDICAL CENTER

Program management

Every key informant stressed the importance of having a person (or two or three) on staff who could manage the programs. They needed this person to coordinate the logistics and to be a go-to person for participants. The people who served in these positions were champions for the programs and went above and beyond to make sure they continued and were successful. These program leads are in different types of positions within the hospitals. Sometimes they were located in human resources; sometimes they resided in nursing education. Having a single point of contact is vital to successfully managing all of the extensive logistics and communication involved in developing and implementing multiple training programs.

Executive level buy-in and vision

Key informants within all the hospitals said that executive level buy-in was important because it set the tone for reporting departments’ priorities and commitments. Executives can also break down barriers if needed because they have the authority to set priorities and direct activities towards meeting organizational goals. Key informants saw “vision” as being important as well. Executive level leaders with vision had their eyes and ears on the pulse of what was going on in the health care labor market and had the expertise and foresight to know what the next big and important thing would be. They often served on boards and committees in the community dedicated to addressing the needs of the health care workforce within the local area. This vision ensured that the hospitals continued to be innovative and forward-thinking in their strategies related to frontline workforce development.

Supportive human resource policies

In addition to the more formally structured programs described above, it was also clear that there are some human resource policies and practices that were designed to help and support workers in their career development. Three policies/practices stood out. First, the availability of tuition assistance—to frontline and not just professional staff—reduced the financial barriers for workers wanting to pursue advanced education. Second, several of the hospitals noted that they extended benefits to part-time workers (as low as .4 FTE). This was helpful for workers who were enrolled in the nursing programs, which are particularly time intensive. Committing workers to only .4 FTE while still providing benefits not only helps student workers navigate work, family, and education more successfully, it also sidesteps the common challenge to working part time (i.e., lack of benefits). Reduced FTE also meant that workers
could take more classes at a time, thus getting through school and into a higher position faster. The final theme was internal hiring and promotion policies that reach into the entry-level positions. Several hospitals notified workers upon hiring that there would be opportunities for them to move up and encouraged them to pursue these opportunities.

**Career navigation**

One way that the hospitals have addressed the need for both disseminating information about careers and identifying pathways was to incorporate career navigation alongside formal education and training programs. The career guidance the hospitals provided involved helping workers identify their interests, identifying career options within the hospital related to those interests, and providing detailed guidance and support related to achieving both short-term and long-term career goals (e.g., registering for classes, preparing a resume, and negotiating schedule changes with supervisors). Sometimes this guidance involved helping employees think about and resolve obstacles to program participation before they begin (such as childcare) as well as socio-emotional support to motivate, encourage, and reduce education anxiety (a common barrier to career development for frontline workers).

**Cohort model**

Another source of support for workers who participated in these programs was the cohort model. Several of the hospitals enrolled and moved workers through the programs as cohorts. Participants noted how beneficial this practice was for their success. For example, the participants of the community college credential programs noted that taking classes with co-workers, who could relate to the challenges of working and going to school, provided emotional and social support as they progressed through the programs. They helped each other with homework and other school-related issues (e.g., class schedules, and books). Once classes were over, the cohorts continued to have an impact by increasing teamwork, worker satisfaction, and ties to the organization. This increased loyalty to the team and to the institution.

“I feel that training is first and foremost in that you build the foundation of that individual. There’s nobody out there who doesn’t want to work. It’s just that they weren’t given the right tools to be successful, and a lot of it is taking the time to make sure they’ve been granted the time to grow and learn.”

ARDIS GOULANT, R.N., B.S.N., CLINICAL OPERATIONS MANAGER, PRIMARY CARE TRAVEL GROUP, GROUP HEALTH COOPERATIVE
Conclusion

In an era of mounting fiscal and productivity pressures, all levels and segments of the care team must be working at the top of their abilities, appropriately prepared, and engaged. Health care reform that may add 34 million insured patients as well as an aging population will strain the capacity and resources of health care organizations. Attention to frontline workers who provide the bulk of health care services represents a critical leverage point whereby employers can increase capacity and achieve a competitive edge. Yet, little evidence exists regarding how to develop frontline health care workers and how to map such strategies to targeted outcomes.

A goal of this report was to share insights from eleven case studies with hospitals that have innovative workforce development programs targeting frontline workers. There are several key insights that resulted from these eleven case studies. First, hospitals that are investing in frontline health care workforce development are doing so in a variety of different ways. The traditional tuition supported credential programs are but one way that hospitals can “grow their own” frontline workers. Basic skills programs, leadership programs, and targeted skills development may also help hospitals meet their organizational goals related to workforce development. Second, different types of programs seem to have implications for different types of outcomes. While credentialing programs helped to reduce shortages in professional and mid-level staff, targeted skills training improved employee performance and satisfaction. Leadership programs were related to improvements in management, workflow, and care delivery. Basic skills programs helped to improve diversity.

Lastly, the strategies that helped make these programs successful relate not only to the strategic design and implementation of the programs (e.g., program manager, cohort model, and selection process), but also to the significant institutional supports available to workers more generally (e.g., benefits eligibility at .4 FTE and tuition remission) and the hospital culture overall. Together these insights suggest that there are a range of options available for organizations interested in investing in frontline workforce development. Each of these options results in desirable outcomes for both workers and their organizations. Selection among this menu of options should be based on the specific resources, strengths, goals, and needs of the hospital and embedded within the larger institutional infrastructure and strategy related to frontline workforce development and improving the quality of care.
Advocate Lutheran General Hospital
Chicago, IL
The 680-bed teaching hospital is part of Oak Brook-based Advocate Health Care, the largest health care provider in Illinois.

TRAINING PROGRAMS: English as a second language, School at Work®, College Success, and Incumbent Worker Training Program (provides training for patient registrar positions)

TYPES OF PROGRAMS: Basic skills development

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Bassett Medical Center
Cooperstown, NY
The 180-bed hospital is part of the Bassett Healthcare Network, an integrated health care system in upstate New York.

TRAINING PROGRAMS: ADN training program and BSN training program

TYPES OF PROGRAMS: Credentialing programs

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Beth Israel Deaconess Medical Center
Boston, MA
A 631-bed teaching hospital.

TRAINING PROGRAMS: Nursing pipeline program, medical laboratory technician program, research administrator program, patient care technician program, surgical technologist program, RN to BSN program, employee career initiative, central processing initiative, ESL, and GED preparation

TYPES OF PROGRAMS: Credentialing programs, job-specific training programs, and basic skills development

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Faxton St. Luke’s Healthcare
Utica, NY
A non-profit health care system that includes 346 acute care beds, 242 long-term care beds (skilled nursing), and 12 Centers of Excellence.

TRAINING PROGRAMS: School at Work®, departmental career ladders, an on-site health care unit coordinator course, and the “Aspiring Leaders” program

TYPES OF PROGRAMS: Job-specific training programs, basic skills development, and leadership training
Good Samaritan Hospital
Long Island, NY
A large regional hospital with 437 licensed hospital beds, plus an additional 100 licensed nursing home beds.

TRAINING PROGRAMS: RN training program

TYPES OF PROGRAMS: Credentialing programs

Group Health Cooperative
Washington State
Group Health operates one hospital, 25 primary medical centers, and six additional specialty clinics.

TRAINING PROGRAMS: Online medical assistant (MA) training program, MA to licensed practical nurse (LPN) training program, LPN to RN training program, and RN to BSN training program

TYPES OF PROGRAMS: Credentialing programs, job-specific training programs, and leadership training

Northwestern Memorial Hospital
Chicago, IL
Academic medical center that includes 6,645 FTEs.

TRAINING PROGRAMS: Cara – a job readiness program targeting at risk individuals such as those on welfare or formerly homeless

TYPES OF PROGRAMS: Basic skills development

Providence St. Peter Hospital
Olympia, WA
A 390-bed not-for-profit hospital that is part of Providence Health and Services, a Catholic health care ministry.

TRAINING PROGRAMS: Nursing assistant certification program, RN training program, and BSN training program

TYPES OF PROGRAMS: Credentialing programs and job-specific training programs

Thompson Health
Finger Lakes Region, NY
The health system spans five affiliate health care organizations on several campuses.

TRAINING PROGRAMS: On-site certified nursing assistant training, certified nurses assistant career ladders, and phlebotomy career ladders

TYPES OF PROGRAMS: Job-specific training programs
**Virginia Mason Medical Center**  
Greater Puget Sound, WA  
Includes a regional network of neighborhood clinics with an emphasis in primary and specialty medicine, an acute care facility licensed for 336 beds, an internationally recognized research institute, and a nursing residence and day health center for individuals living with HIV/AIDS.  
**TRAINING PROGRAMS:** Medical assistant program, medical assistant career ladder, central supply technician gateway, and certification program  
**TYPES OF PROGRAMS:** Job-specific training programs

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**The University of North Carolina Hospital**  
Chapel Hill, NC  
804-bed academic medical center  
**TRAINING PROGRAMS:** The Assistive Personnel Staff Development Model (builds upon four entry level assistive personnel positions, including the (1) nurse assistant I, (2) health unit coordinator, (3) stock clerk, and (4) telemetry technician roles)  
**TYPES OF PROGRAMS:** Job-specific training programs