Indiana Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2043
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas Rhoad, Executive Director

ANNUAL REPORT FOR PROGRAMS IN NURSING

Guidelines: An Annual Report prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

Purpose: To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

Directions: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2012 through July 31, 2013. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: PLA2@PLA.IN.GOV. Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year). For example, "Annual Report ABC School of Nursing ASN Program 2013." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN___X__ ASN_____ BSN_____

Dates of Academic Reporting Year:_____ 5/28/ 2013 to 5/10/2014_____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: ___Ivy Tech Community College-Central Indiana_____

Address:____9301 East 59th Street Indianapolis, Indiana 46216_____

Dean/Director of Nursing Program

Name and Credentials:__Angie Koller, DNP, MSN, RN_____

Title:_Dean and Professor_____ Email;____akoller@ivytech.edu_____

Nursing Program Phone #:_317-921-4413__Fax:_317-546-6659_____

Website Address:_____www.ivytech.edu/practical-nursing_____

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Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):_____NA_____

_____

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit:___ **ACEN(Formerly NLNAC) 2010 - please see attached notification of outcomes and findings.**

_____

If you are not accredited by NLNAC or CCNE where are you at in the process?_____NA_____

_____

SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

1) Change in ownership, legal status or form of control	Yes_____ No_ x____
2) Change in mission or program objectives	Yes_____ No__x___
3) Change in credentials of Dean or Director	Yes_____ No__x___
4) Change in Dean or Director	Yes _____ No _x__
5) Change in the responsibilities of Dean or Director	Yes _____ No _x_
6) Change in program resources/facilities	Yes _____ No _x___
7) Does the program have adequate library resources?	Yes _x____ No _____
8) Change in clinical facilities or agencies used (list both additions and deletions on attachment)	Yes __x___ No _____
9) Major changes in curriculum (list if positive response)	Yes_____ No_x____

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SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing _____ Stable __x____ Declining _____

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?

_____

_____

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes_____ No___x_____

2B.) If **not**, explain how you assess student readiness for the NCLEX._ **All students are required to complete the ATI comprehensive NCLEX-PN Predictor. Live or virtual ATI review course is presented after predictor that is based on Comp Predictor results. Students also create a plan for NCLEX study as part of the review course. NCLEX predictor and review are embedded into the curriculum**_____

2C.) If **so,** which exam(s) do you require?
____N/A_____

2D.) When in the program are comprehensive exams taken: Upon Completion_____
As part of a course ___X_____ Ties to progression or thru curriculum_____

2E.) If taken as part of a course, please identify course(s):____NRSG 128 (capstone course)____

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention:_____none_____

_____

B. Availability of clinical placements:___Obstetrics and pediatrics can be a challenge, there are some acute care hospitals that won't allow Practical Nursing Students

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):_____

____Simulation space is a premium, will look to expand space_____

4.) At what point does your program conduct a criminal background check on students?
Criminal background checks, through CertifiedBackground.com may be done either

before enrollment in the professional courses or just prior to the first day of clinicals. Students who are not continuously enrolled in a program until completion may be required to complete additional checks upon re-entry to a program or admission to a different nursing program. Clinical sites or the College may request additional background checks or drug screenings at their discretion

5.) At what point and in what manner are students apprised of the criminal background check for your program?

Students are informed of the need for background checks through the online or face to face nursing information meetings. Upon admission to the program students receive information on how to complete their background check prior to the start of their first semester. Students receive results online by directly accessing through CertifiedBackground.com using a password assigned by the background search company. They have full access to their background search data within the website and are encouraged to review the background search findings and appeal any issues that they determine are incorrect. Background checks are done annually for all continuing students.

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year:

Summer_____0_____ Fall_____25_____ Spring_____32_____

2.) Total number of graduates in academic reporting year:

Summer_____29_____ Fall_____29_____ Spring____2_____

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report.

4.) Indicate the type of program delivery system:

Semesters___x_____ Quarters_____ Other (specify):_____

SECTION 4: FACULTY INFORMATION

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A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	Rachel Ingram
Indiana License Number:	28165227A
Full or Part Time:	Full-time
Date of Appointment:	8/2013
Highest Degree:	MSN
Responsibilities:	Medical-Surgical Theory and Clinical

Faculty Name:	Marie Fiega
Indiana License Number:	28170287A
Full or Part Time:	Full-time
Date of Appointment:	1/2014
Highest Degree:	MSN
Responsibilities:	Pediatric Theory and clinical

Faculty Name:	Carol Pogue
Indiana License Number:	28091952A
Full or Part Time:	Full-Time
Date of Appointment:	1/2014
Highest Degree:	MSN

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Responsibilities:	Skills laboratory instruction

B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty:_____15 (shared with ASN Program)_____
2. Number of part time faculty:_____0_____
3. Number of full time clinical faculty:___0_____
4. Number of part time clinical faculty:____0_____
5. Number of adjunct faculty:_____0_____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree:_____0_____
2. Number with master's degree in nursing:_____15_____
3. Number with baccalaureate degree in nursing:____0_____
4. Other credential(s). Please specify type and number:_____0_____

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13 or 848 IAC 1-2-14**?

Yes____x_____ No_____

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Signature of Dean/Director of Nursing Program

9/8/2014
Date

Angela Koller
Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

Definitions from CCNE:

Potential Complainants

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

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NLNAC Accreditation Letter/Report 3/24/2011

NLNAC
National League for Nursing Accrediting Commission, Inc.

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Washington, District of Columbia

LEE L. WORSTER, JD
General Attorney
Dublin, Ohio

March 24, 2011

Gail Sprigler, MSN, RN
Assistant Vice Provost for Nursing Education
Associate of Science in Nursing/Practical Nursing
Ivy Tech Community College of Indiana
50 West Fall Creek Parkway North Drive
Indianapolis, IN 46202

Dear Ms. Sprigler:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission (NLNAC) at its meeting on March 3-4, 2011. The Board of Commissioners granted the associate nursing program continuing accreditation with the condition that your program submit a Follow-Up Report in 2 years. If the Follow-Up Report is accepted by the Commission, the next evaluation visit will be scheduled for Fall 2018. The Board of Commissioners granted the practical nursing program continuing accreditation and scheduled the next evaluation visit for Fall 2018.

Deliberations centered on the Self-Study Report, the School Catalog, the Site Visitors' Report, and the recommendation for accreditation proposed by the Program Evaluators and the Evaluation Review Panel. (See Summary of Deliberations and Recommendation of the Evaluation Review Panel.)

The Board of Commissioners identified the following evidence of non-compliance, strengths, and areas needing development:

Evidence of Non-Compliance by Accreditation Standard and Criterion

Standard 2 Faculty and Staff, Criterion 2.1

- All full-time faculty are not credentialed with a minimum of a master's degree with a major in nursing. (A)

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The preceding material is the property of the National League for Nursing Accrediting Commission, Inc. and is protected by the National League for Nursing Act, 45 CFR 160 and 164, and other applicable laws.

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Areas of Strength by Accreditation Standard

Standard 1 Mission and Administrative Capacity

- Strong institutional, faculty, and student support for the role of the Vice Provost for Nursing Education through the restructuring of the School of Nursing (A/P)

Areas Needing Development by Accreditation Standard

Standard 1 Mission and Administrative Capacity

- Provide mechanisms to ensure comprehensive representation of students in program and College governance. (A/P)

Standard 2 Faculty and Staff

- Ensure support for continued achievement of a master's degree with a major in nursing for the full- and part-time faculty. (A/P)
- Provide for sufficient numbers and utilization of program support staff to achieve the program goals and outcomes. (A/P)

Standard 3 Students

- Review and revise public documents (paper and electronic) to ensure that information intended to inform the public is current, clear, accurate, and consistent, including NLNAC contact information. (A)

Standard 4 Curriculum

- Ensure the incorporation of professional standards, guidelines, and competencies throughout the curriculum. (A/P)

Standard 5 Resources

- Implement strategies to ensure the equitable state-wide distribution of learning resources, office facilities, and equipment to meet faculty and student needs. (A/P)

Standard 6 Outcomes

- Implement strategies to ensure local campus and faculty engagement in the implementation of the evaluation plan. (A/P)
- Improve the processes for analysis and dissemination of program- and campus-specific data in order to facilitate the accomplishment of strategic initiatives and ongoing program improvement. (A/P)
- Continue to monitor and respond to licensure exam pass rates that are below the national mean. (A/P)
- Ensure ongoing and systematic evaluation of outcomes, particularly graduate satisfaction and job placement. (A/P)
- Identify and assess specific graduate competencies for role preparation. (A)

A Follow-Up Report requires the nursing education unit to demonstrate compliance with a specific Accreditation Standard or Standards. The Follow-Up Report for the associate program is to address Standard 2 Faculty and Staff. The report is to be submitted to NLNAC in the Spring 2013 Cycle by February 15, 2013. At the time of its review of the Follow-Up Report, the Commission will either affirm the time of the next evaluation visit or deny continuing accreditation and remove the nursing program from the list of accredited programs. We recommend contacting a member of the NLNAC professional staff after reviewing this decision letter.

Ivy Tech Community College of Indiana
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On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

Sincerely,

Sharon Tanner

Sharon J. Tanner, EdD, RN
Chief Executive Officer

cc: Marilyn Smidt, Program Evaluator
Jo Ann Baker, Program Evaluator
Nancy Becker, Program Evaluator
Martha Ann Hofmann, Program Evaluator
Joan Becker, Program Evaluator
Reitha Cabaniss, Program Evaluator
Mary Sharon Boni, Program Evaluator
Colleen Burgess, Program Evaluator
Anita Pavlidis, Program Evaluator
Debbie C. Lyles, Program Evaluator
Kay Tupala, Program Evaluator
Shawn P. McNamara, Program Evaluator
Yvonne VanDyke, Program Evaluator

Enc. Summary of Deliberations of the Evaluation Review Panel

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Clinical Facility/Agency Name	Address	Addition (X)	Deletion(X)
American Senior Communities **Eagle Valley Meadows**	**3017 Valley Farms Rd, Indianapolis, IN 46214**	**X**	
American Senior Communities **North Capital**	2010 N Capitol Ave, Indianapolis, IN 46202	X	
Center of Hope	8111 S Emerson Ave, Indianapolis, IN 46237	X	
Hamilton Trace	11851 Cumberland Road | Fishers, IN 46037	X	
Harbor Light Hospice	7164 Graham Rd Ste 150, Indianapolis, IN 46250	X	
John H. Boner Community Center	2236 E 10th St, Indianapolis, IN 46201	x	

Clinical Facility/Agency Additions and Deletions

Faculty No Longer Employed by the Institution Since Last Annual Report

Name	Credentials	Full-time (X)	Part-time (X)
Janet Keene	MSN	X	
Tina Hobbs	MSN		X
Lori Hacker	MSN	X	
Sikha Chatterjee	MSN	X	

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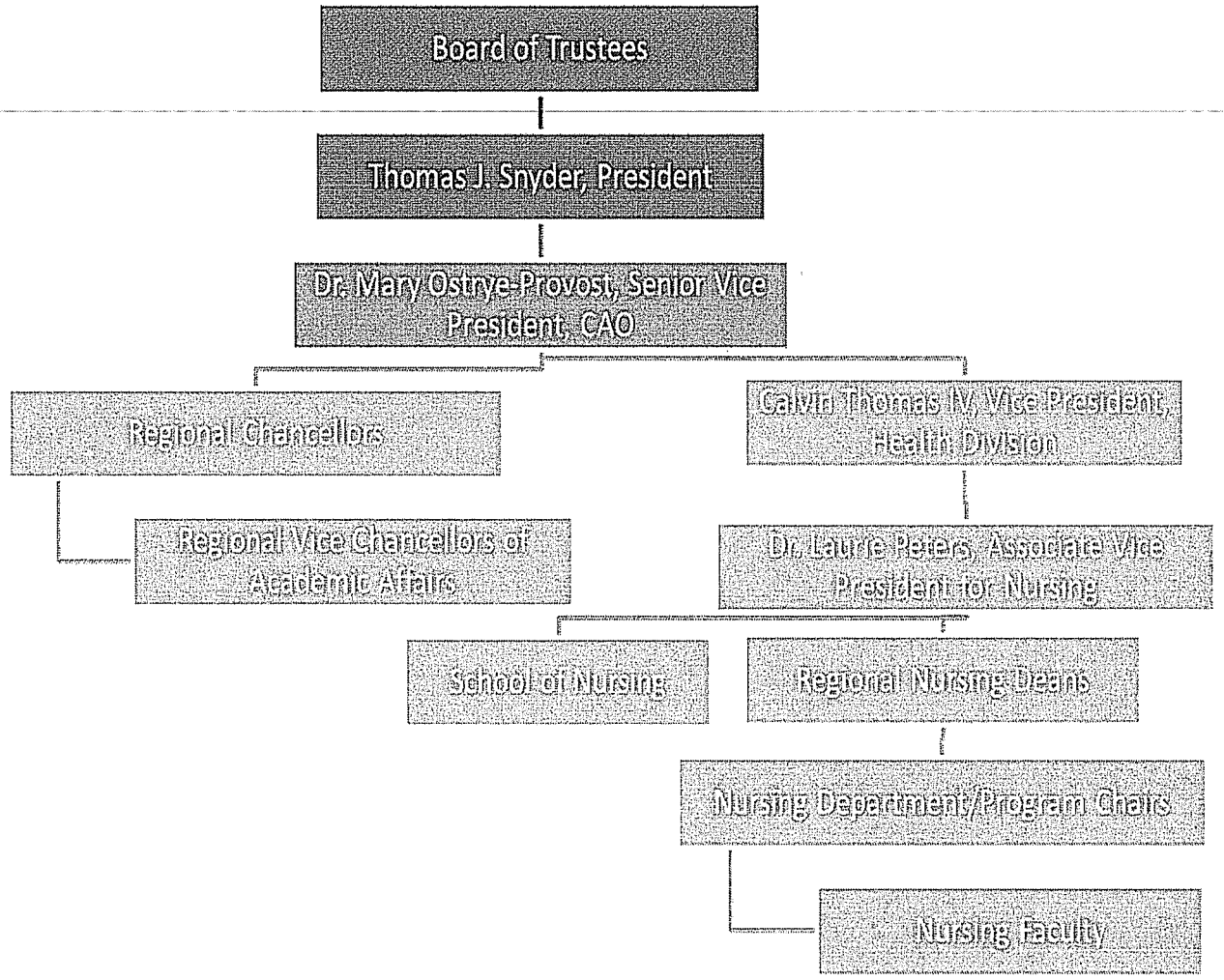
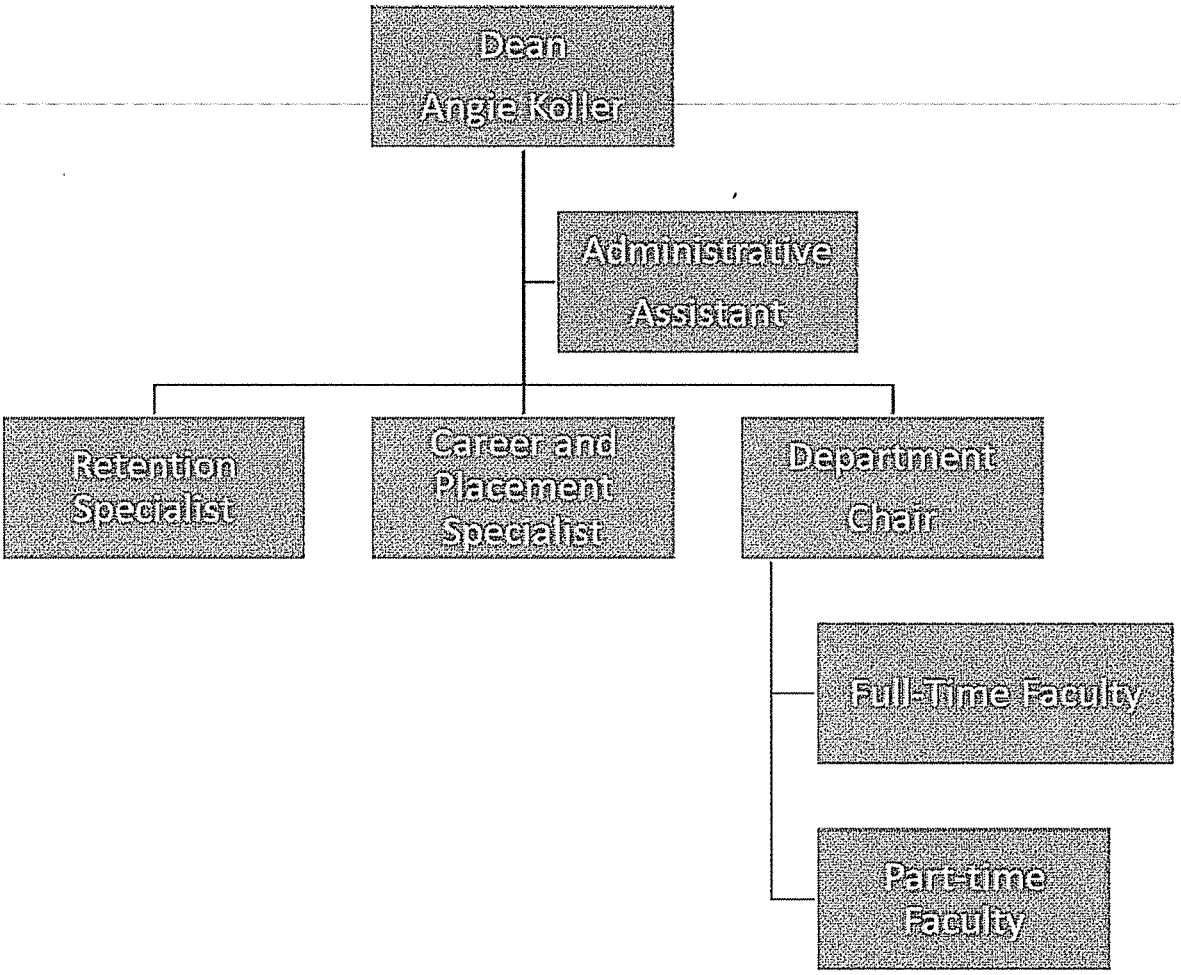
Ivy Tech Community College Organizational Chart




Dean
Angie Koller
Administrative Assistant
Retention Specialist
Career and Placement Specialist
Department Chair
Full-Time Faculty
Part-time Faculty