Indiana State Board of Nursing

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-2043   Fax: (317) 233-4236

Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

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, 2011 through July 31, 2012. 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 2011." 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_____   ASN_x_____   BSN_____

Dates of Academic Reporting Year:____May 23, 2011-May 7,2012_____
(Date/Month/Year) to (Date/Month/Year)

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

Address:_____9301 East 59th Street Indianapolis, IN 46216

Dean/Director of Nursing Program

    Name and Credentials:____Angie Koller_____

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

Nursing Program Phone #:____317-921-4428_____Fax:_____317-546-6656_____

Website
Address:_____www.ivytech.edu/nursing_____

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

_____

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit:___NLNAC October 2010-see attached findings

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

_____

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   Yes __x___ No _____

   additions and deletions on attachment)

9) Major changes in curriculum (list if positive response)   Yes___x__ No_____

       See attached

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 ___X_____ No_____

2B.) If **not**, explain how you assess student readiness for the NCLEX._____

_____

2C.) If **so**, which exam(s) do you require? ____ATI Comprehensive predictor_____

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

2E.) If taken as part of a course, please identify course(s):_____Yes, either NRSG 200 or 202_____

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

   A. Faculty recruitment/retention:_____none_____

   _____

   B. Availability of clinical placements:_____none_____

   _____

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

   _____Maintaining SIM lab, and growth_____

4.) At what point does your program conduct a criminal background check on students? Upon admission to the nursing program, students are required to complete criminal checks and drug screens through Certifiedbackground.com. Renews annually thereafter_____

5.) At what point and in what manner are students apprised of the criminal background check for your program?___During required online or face to face information session, on Acceptance to the program, students receive results online by directly accessing through certifiedbackground.com,

SECTION 3: STUDENT INFORMATION

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

Summer_____17_____ Fall_____109_____ Spring_____113_____

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

Summer____53_____ Fall_____65_____ Spring_____55_____

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. None

4.) Indicate the type of program delivery system:

Semesters_____x____ Quarters_____ Other (specify):_____

SECTION 4: FACULTY INFORMATION

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

Faculty Name:	Patti Kay Heater
Indiana License Number:	28068115A
Full or Part Time:	Part-time
Date of Appointment:	January 2011
Highest Degree:	MSN
Responsibilities:	Medical-Surgical clinicals

Faculty Name:	Margaret Schwimer
Indiana License Number:	28124252A
Full or Part Time:	Part-tme-
Date of Appointment:	January 2012
Highest Degree:	MSN
Responsibilities:	Medical-Surgical Clinicals

Faculty Name:	Temika Atwood
Indiana License Number:	28162331A
Full or Part Time:	Full-time
Date of Appointment:	August 2011
Highest Degree:	MSN
Responsibilities:	Fundamentals, class and clinical

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

　　1. Number of full time faculty:___22_____

　　2. Number of part time faculty:____7_____

　　3. Number of full time clinical faculty:___18_____

　　4. Number of part time clinical faculty:__7_____

　　5. Number of adjunct faculty:_____Same as part time_____

C. Faculty education, by highest degree only:

　　1. Number with an earned doctoral degree:_____0_____

　　2. Number with master's degree in nursing:_____29_____

　　3. Number with baccalaureate degree in nursing:_____

　　4. Other credential(s). Please specify type and number:_____

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

　　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.

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.
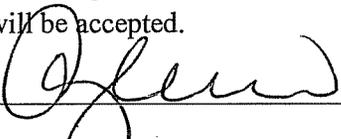
_____   _____9/19/2012_____

Signature of Dean/Director of Nursing Program   Date

_____Angela m 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.

Curriculum Revision 2011 Course Comparison
*Curriculum changes were approved by the ISBN in December 2010

Current Curriculum			Credit Hrs	Curriculum Revision			Credit Hrs
NRSG	106	Pharmacology for Nursing	3	NRSG	104	Introduction to Pharmacology	1
				NRSG	107	Advanced Pharmacology	2
NRSG	108	Transition for the Paramedic to Associate of Science in Nursing	5	NRSG	122	Transition to ASN	5
NRSG	109	Trans for the Paramedic to Associate of Science in Nursing Lab/Clinical	3	NRSG	123	Paramedic Transition to ASN Lab/Clinical	3
NRSG	112	Maternal Child Nursing	3	NRSG	206	Nursing Care of Childbearing and Childrearing Families	4
NRSG	113	Maternal Child Nursing Clinical	2	NRSG	207	Nursing Care of Childbearing/Childrearing Families Clinical	4
NRSG	120	Transition to Associate of Science in Nursing for the LPN	5	NRSG	122	Transition to ASN	5
				NRSG	125	LPN Transition to ASN Lab	1
NRSG	202	Nursing Care of the Complex Family Clinical	2	NRSG	206	Nursing Care of Childbearing and Childrearing Families	4
NRSG	203	Nursing Care of the Complex Family	2	NRSG	130	Principles of Health Promotion	1
NRSG	114	Health Care Concepts in Nursing	1	NRSG	208	Practice Issues for Associate Degree Nursing	2
				NRSG	128	Practice Issues for Practical Nursing	2
NRSG	204	Psychiatric Nursing	2	NRSG	126	Mental Health Nursing	2
NRSG	205	Psychiatric Nursing Clinical	1	NRSG	127	Mental Health Nursing Clinical	1

Split pharmacology content into 2 courses - same total credits

Delete NRSG 108 & NRSG 109; add NRSG 122 (combine Paramedic to ASN and LPN to ASN course); NRSG 123 Lab/Clinical

Delete NRSG 112/113 for ASN; delete NRSG 202/203; move Maternal-Child and Family nursing content into ASN only courses; add Health Promotion course to cover content previously in NRSG 202/203
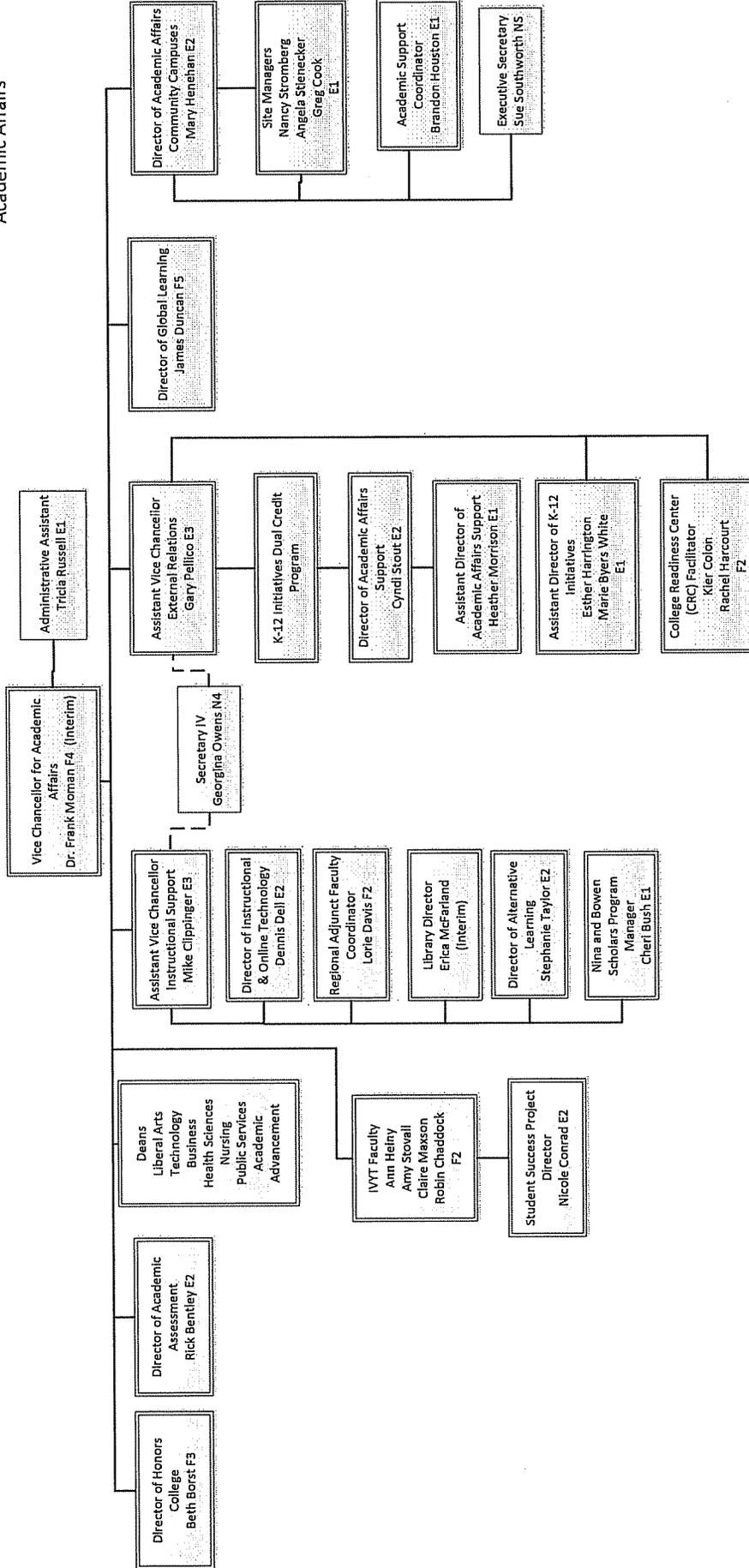
Delete NRSG 120 (NRSG 122 (combine Paramedic to ASN and LPN to ASN course); NRSG 125 Skills lab added

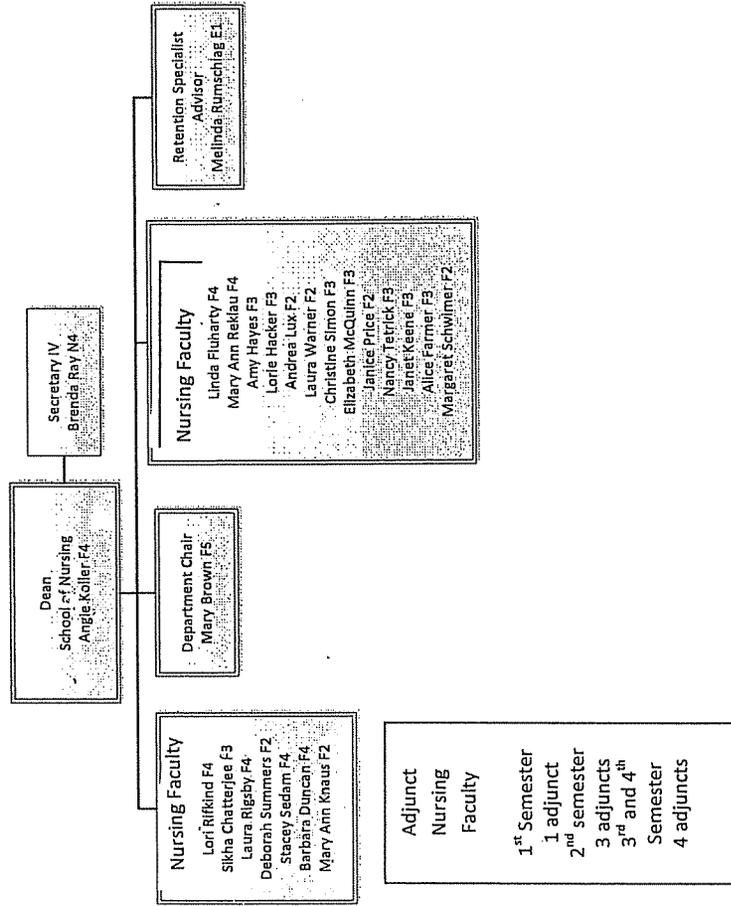Replace NRSG 114 (combined ASN/PN course) with NRSG 208 specific to ASN

Delete NRSG 204/205; move Mental Health content to shared PN/ASN courses (NRSG 126/127)

Ivy Tech Community College Central Indiana
Academic Affairs

Vice Chancellor for Academic Affairs
Dr. Frank Moman F4 (Interim)

Administrative Assistant
Tricia Russell E1

Secretary IV
Georgina Owens N4

Director of Academic Affairs Community Campuses
Mary Henehan E2

- **Site Managers**
  Nancy Stromberg
  Angela Stienecker
  Greg Cook
  E1
- **Academic Support Coordinator**
  Brandon Houston E1
- **Executive Secretary**
  Sue Southworth NS

Director of Global Learning
James Duncan F5

Assistant Vice Chancellor External Relations
Gary Pellico E3

- **K-12 Initiatives Dual Credit Program**
- **Director of Academic Affairs Support**
  Cyndi Stout E2
- **Assistant Director of Academic Affairs Support**
  Heather Morrison E1
- **Assistant Director of K-12 Initiatives**
  Esther Harrington
  Marie Byers White
  E1
- **College Readiness Center (CRC) Facilitator**
  Kier Colon
  Rachel Harcourt
  F2

Assistant Vice Chancellor Instructional Support
Mike Clippinger E3

- **Director of Instructional & Online Technology**
  Dennis Dell E2
- **Regional Adjunct Faculty Coordinator**
  Lorie Davis F2
- **Library Director**
  Erica McFarland (Interim)
- **Director of Alternative Learning**
  Stephanie Taylor E2
- **Nina and Bowen Scholars Program Manager**
  Cheri Bush E1

Director of Honors College
Beth Borst F3

Director of Academic Assessment
Rick Bentley E2

Deans
Liberal Arts
Technology
Business
Health Sciences
Nursing
Public Services
Academic Advancement

- **IVVT Faculty**
  Ann Helry
  Amy Stovall
  Claire Maxson
  Robin Chaddock
  F2
- **Student Success Project Director**
  Nicole Conrad E2

Ivy Tech Community College Central Indiana
Nursing

Dean
School of Nursing
Angie Koller F4

Secretary IV
Brenda Ray N4

Retention Specialist
Advisor
Melinda Rumschlag E1

Department Chair
Mary Brown F5

Nursing Faculty
Linda Fluharty F4
Mary Ann Reklau F4
Amy Hayes F3
Lorie Hacker F3
Andrea Lux F2
Laura Warner F2
Christine Simon F3
Elizabeth McQuinn F3
Janice Price F2
Nancy Tetrick F3
Janet Keene F3
Alice Farmer F3
Margaret Schwimer F2

Nursing Faculty
Lori Rifkind F4
Sikha Chatterjee F3
Laura Rigsby F4
Deborah Summers F2
Stacey Sedam F4
Barbara Duncan F4
Mary Ann Knaus F2

Adjunct
Nursing
Faculty

1st Semester
1 adjunct
2nd semester
3 adjuncts
3rd and 4th
Semester
4 adjuncts

Ivy Tech Community College, Central Indiana | 2011

Clinical Facility/Agency Additions and Deletions

Clinical Facility/Agency Name	Address	Addition (X)	Deletion(X)
Valle Vista	898 East Main Street Greenwood IN 46143 Phone: (317) 887-1348	x	

Faculty No Longer Employed by the Institution Since Last Annual Report

Name	Credentials	Full-time (X)	Part-time (X)
Linda Phelps	MSN	x	
Carey Gerber	MSN		X
Tracy Clark	BSN		X
Stacy Turner	BSN		X
Sarah Eck	BSN		X
Renee Smith	BSN		X
Maren Breitwieser	MSN		X
Eldora Lockett	MSN		X
Diane Holzman	MSN		X
Weslee Wells	MSN		X
Rebecca Shadwick	BSN		X
Temika Atwood	MSN	X	

NLNAC

National League for Nursing Accrediting Commission, Inc.

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Retired 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)

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.

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,
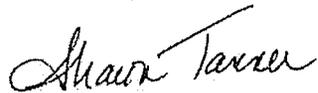
Sharon J. Tanner, EdD, RN
Chief Executive Officer

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