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
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_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):

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Patti Kay Heater</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number</td>
<td>28068115A</td>
</tr>
<tr>
<td>Full or Part Time</td>
<td>Part-time</td>
</tr>
<tr>
<td>Date of Appointment</td>
<td>January 2011</td>
</tr>
<tr>
<td>Highest Degree</td>
<td>MSN</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>Medical-Surgical clinicals</td>
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</table>

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Margaret Schwimer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana License Number</td>
<td>28124252A</td>
</tr>
<tr>
<td>Full or Part Time</td>
<td>Part-time</td>
</tr>
<tr>
<td>Date of Appointment</td>
<td>January 2012</td>
</tr>
<tr>
<td>Highest Degree</td>
<td>MSN</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>Medical-Surgical Clinicals</td>
</tr>
</tbody>
</table>
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.

[Signature]

9/19/2012

Date

Printed Name of Dean/Director of Nursing Program

[Signature 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*

<table>
<thead>
<tr>
<th>Current Curriculum</th>
<th>Credit Hrs</th>
<th>Curriculum Revision</th>
<th>Credit Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 106 Pharmacology for Nursing</td>
<td>3</td>
<td>NRSG 104 Introduction to Pharmacology</td>
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<tr>
<td>NRSG 108 Transition for the Paramedic to Associate of Science in Nursing</td>
<td>5</td>
<td>NRSG 107 Advanced Pharmacology</td>
<td>2</td>
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<tr>
<td>NRSG 109 Transition for the Paramedic to Associate of Science in Nursing Lab/Clinical</td>
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<td>NRSG 122 Transition to ASN</td>
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<tr>
<td>NRSG 122 Paramedic Transition to ASN Lab/Clinical</td>
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<td>NRSG 123 Nursing Care of Childbearing and Childrearing</td>
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<tr>
<td>NRSG 112 Maternal Child Nursing</td>
<td>3</td>
<td>NRSG 206 Nursing Care of Childbearing and Childrearing</td>
<td>4</td>
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<tr>
<td>NRSG 113 Maternal Child Nursing Clinical</td>
<td>2</td>
<td>NRSG 207 Nursing Care of Childbearing/Childrearing</td>
<td>4</td>
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<tr>
<td>NRSG 120 Transition to Associate of Science in Nursing for the ISBN</td>
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<td>NRSG 125 Transition to ASN Lab</td>
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<td>NRSG 202 Nursing Care of the Complex Family Clinical</td>
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<td>NRSG 206 Nursing Care of Childbearing/Childrearing</td>
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<tr>
<td>NRSG 203 Nursing Care of the Complex Family</td>
<td>2</td>
<td>NRSG 130 Principles of Health Promotion</td>
<td>1</td>
</tr>
<tr>
<td>NRSG 114 Health Care Concepts in Nursing</td>
<td>1</td>
<td>NRSG 208 Practice Issues for Associate Degree Nursing</td>
<td>2</td>
</tr>
<tr>
<td>NRSG 210 Psychiatric Nursing</td>
<td>2</td>
<td>NRSG 128 Practice Issues for Practical Nursing</td>
<td>2</td>
</tr>
<tr>
<td>NRSG 215 Psychiatric Nursing Clinical</td>
<td>3</td>
<td>NRSG 126 Mental Health Nursing</td>
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</tr>
</tbody>
</table>

**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 210/215; move Mental Health content to stand-alone ASN courses (NRSG 126/127).
Clinical Facility/Agency Additions and Deletions

<table>
<thead>
<tr>
<th>Clinical Facility/Agency Name</th>
<th>Address</th>
<th>Addition (X)</th>
<th>Deletion (X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle Vista</td>
<td>898 East Main Street Greenwood IN 46143 Phone: (317) 887-1348</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Faculty No Longer Employed by the Institution Since Last Annual Report

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