



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 _____ 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 <u>x</u> _____ |
| 2) Change in mission or program objectives | Yes _____ No <u>x</u> _____ |
| 3) Change in credentials of Dean or Director | Yes _____ No <u>x</u> _____ |
| 4) Change in Dean or Director | Yes _____ No <u>x</u> _____ |
| 5) Change in the responsibilities of Dean or Director | Yes _____ No <u>x</u> _____ |
| 6) Change in program resources/facilities | Yes _____ No <u>x</u> _____ |
| 7) Does the program have adequate library resources? | Yes <u>x</u> No _____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes <u>x</u> No _____ |
| 9) Major changes in curriculum (list if positive response) | Yes <u>x</u> 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, NRS 116 _____

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

A. Faculty recruitment/retention: none _____

B. Availability of clinical placements: Specialty area placement OB and Pediatrics can be a challenge

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 and 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 0 Fall 0 Spring 40

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

Summer 42 Fall 41 Spring 3

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:	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	

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.

Angela Koller

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**

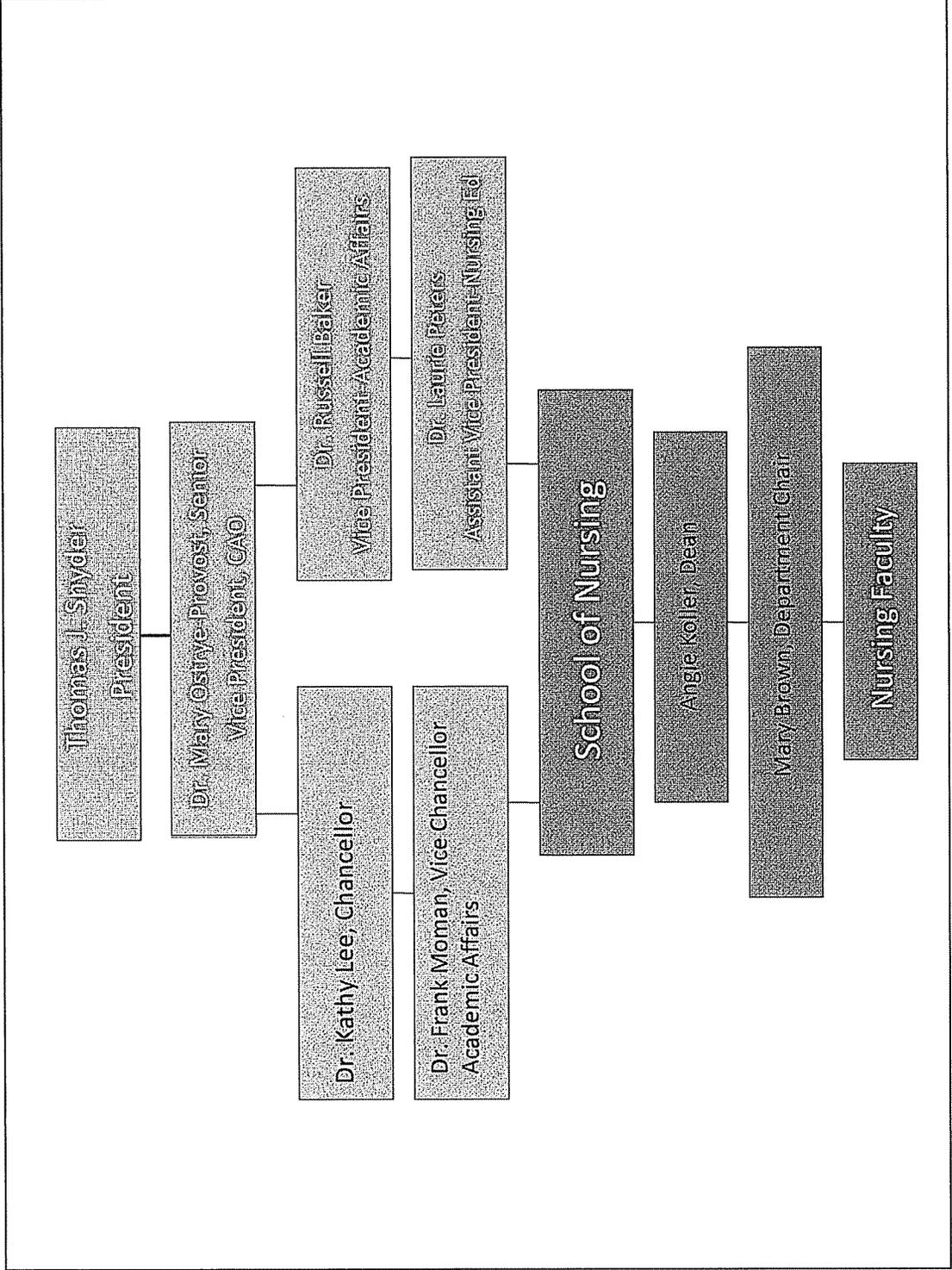
Current Curriculum		Credit Hrs	Curriculum Revision		Credit Hrs
NRSG 106	Pharmacology for Nursing	3	NRSG 104	Introduction to Pharmacology	1
NRSG 112	Maternal Child Nursing	3	NRSG 107	Advanced Pharmacology PN only course	2
NRSG 113	Maternal Child Nursing Clinical	2			
NRSG 114	Health Care Concepts in Nursing	1	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

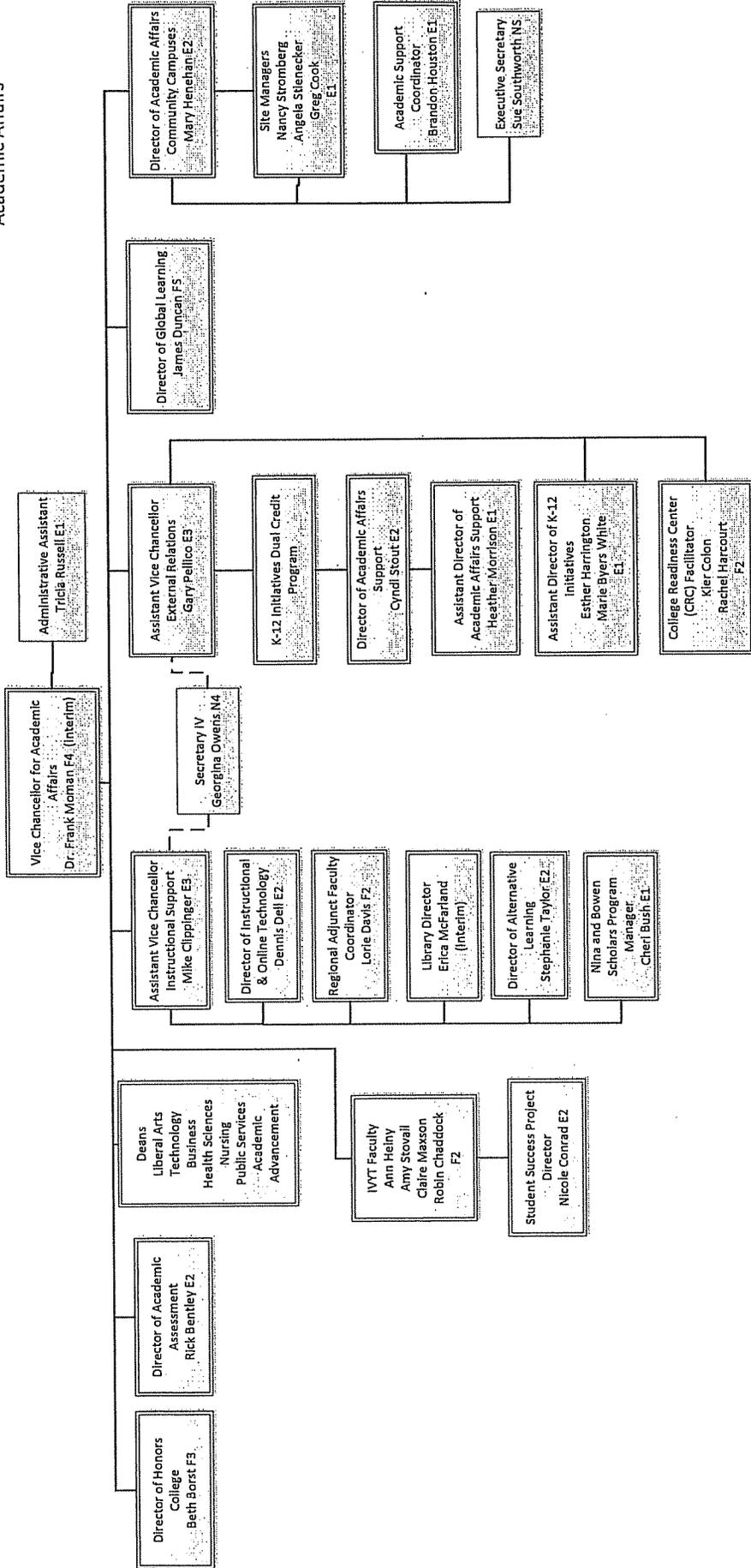
NRSG 112/113 for PN only

Replace NRSG 114 (combined ASN/PN course) with NRSG 128 specific to PN

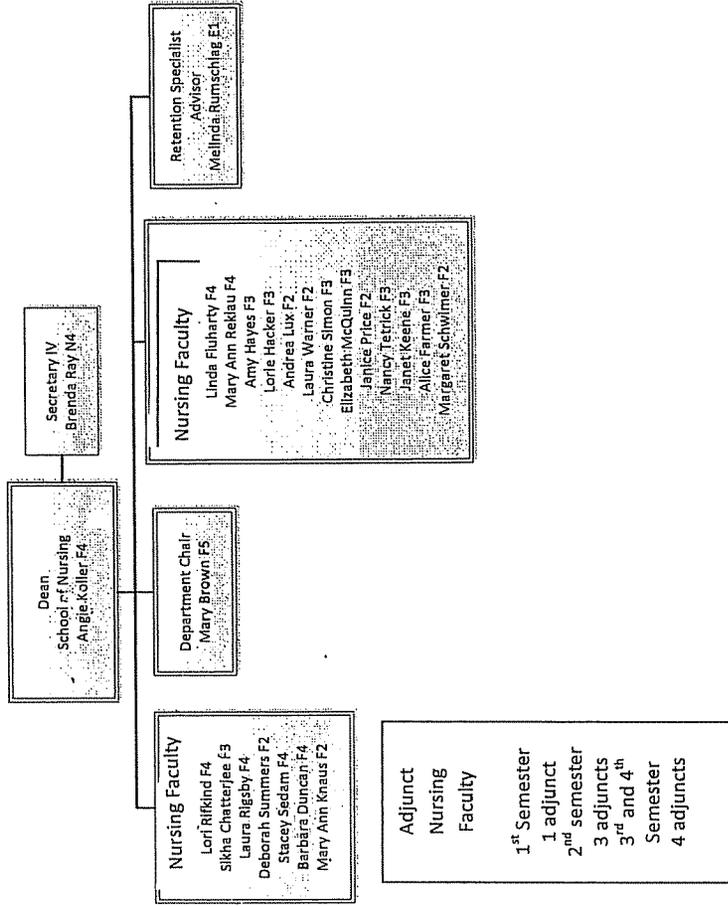
Delete NRSG 204/205, move Mental Health content to shared PN/ASN courses (NRSG 126/127)



Ivy Tech Community College Central Indiana
Academic Affairs



Ivy Tech Community College Central Indiana
Nursing



Bold = Program Chair
Last Revision 9/18/12

Clinical Facility/Agency Additions and Deletions

Clinical Facility/Agency Name	Address	Addition (X)	Deletion(X)
A Caring Place	1400 N. Meridian Street, Indianapolis, IN 46202 800-382-9836	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	
Tracy Clark	BSN		X
Maren Breitwieser	MSN		X
Eldora Lockett	MSN		X
Diane Holzman	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)

Ivy Tech Community College of Indiana

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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.

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