

**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 _____ ASN X BSN _____

Dates of Academic Reporting Year: May 29, 2013 – May 10, 2014
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Ivy Tech Community College, East Central - Muncie

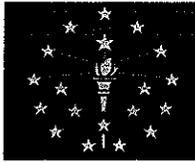
Address: 4301 S. Cowan Road, Muncie, IN 47302

Dean/Director of Nursing Program

Name and Credentials: Susan E. Nelson, MSN, RN, WCC, CLNC

Title: Dean, School of Nursing, Region 6 Email: senlson@ivytech.edu

Nursing Program Phone #: 765-289-2291 Fax: 765-284-8306



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Website Address: <https://www.ivytech.edu/nursing>

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

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? N/A

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 ___ No <u>X</u> |
| 9) Major changes in curriculum (list if positive response) | Yes ___ No <u>X</u> |



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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?

N/A

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-RN 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): NRSNG 208 – Practice Issues for Associate Degree Nursing (capstone)

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

A. Faculty recruitment/retention: **It is becoming increasingly difficult to locate and retain MSN prepared clinical instructors.**

B. Availability of clinical placements: **It is becoming increasingly more difficult to place more than 3 – 5 students per rotation into the obstetrical, maternal-child and critical care areas in some facilities due to the large amount of nursing and health-related student numbers from a variety of educational facilities.**

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



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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 55 Fall 59 Spring 0

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

Summer 0 Fall 0 Spring 108

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. NA

4.) Indicate the type of program delivery system:

Semesters X Quarters _____ Other (specify): _____



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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:	Stephanie Freeman
Indiana License Number:	28103340A
Full or Part Time:	Fulltime
Date of Appointment:	August 16, 2013
Highest Degree:	BSN
Responsibilities:	Classroom, lab and clinical instruction for fundamentals, med/surg and maternal child courses

Faculty Name:	Che'Reese Anderson
Indiana License Number:	28176932A
Full or Part Time:	Fulltime
Date of Appointment:	May 16, 2013
Highest Degree:	MSN
Responsibilities:	Classroom and clinical instruction for maternal child courses

Faculty Name:	Trina Wilkey
Indiana License Number:	28174236A
Full or Part Time:	Fulltime



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Date of Appointment:	December 16, 2013
Highest Degree:	MSN
Responsibilities:	Classroom and clinical faculty for Pharmacology, Complex Med/Surg

Faculty Name:	Erin K. Dale
Indiana License Number:	28184244A
Full or Part Time:	Fulltime
Date of Appointment:	August 16, 2013
Highest Degree:	MSN
Responsibilities:	Classroom and clinical faculty for Mental Health, Obstetrics, Pediatrics, Complex Med/Surg

Faculty Name:	Bonnie Corbey
Indiana License Number:	28098395A
Full or Part Time:	Part-time
Date of Appointment:	August 1, 2013
Highest Degree:	MSN
Responsibilities:	Clinical faculty adjunct for Obstetrics, Pediatrics



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Faculty Name:	Lisa Hayes
Indiana License Number:	28115388A
Full or Part Time:	Part-time
Date of Appointment:	August 14, 2013
Highest Degree:	MSN
Responsibilities:	Clinical faculty adjunct for Fundamentals

Faculty Name:	Judy Nave
Indiana License Number:	28106868A
Full or Part Time:	Part-time
Date of Appointment:	January 13, 2014
Highest Degree:	MSN
Responsibilities:	Lab adjunct instructor for Fundamentals

B. Total faculty teaching in your program in the academic reporting year: Adjunct and part-time faculty titles are used interchangeably at Ivy Tech. For the purposes of reporting, information below will be provided as part-time faculty.

1. Number of full time faculty: _____ 17 _____
2. Number of part time faculty: _____ 10 _____
3. Number of full time clinical faculty: _____ 16 of 17 _____
4. Number of part time clinical faculty: _____ 10 of 10 _____



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5. Number of adjunct faculty: N/A (see above – we refer to our adjuncts as PT faculty)

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 21
3. Number with baccalaureate degree in nursing: 5
4. Other credential(s). Please specify type and number: 1 BSN with MA (Admin. Only)

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.

Susan Nelson, MSN

9-12-14

Signature of Dean/Director of Nursing Program

Date

Susan Nelson, MSN

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.



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Definitions from CCNE:

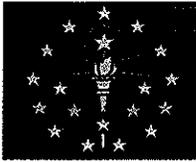
Potential Complainants

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.

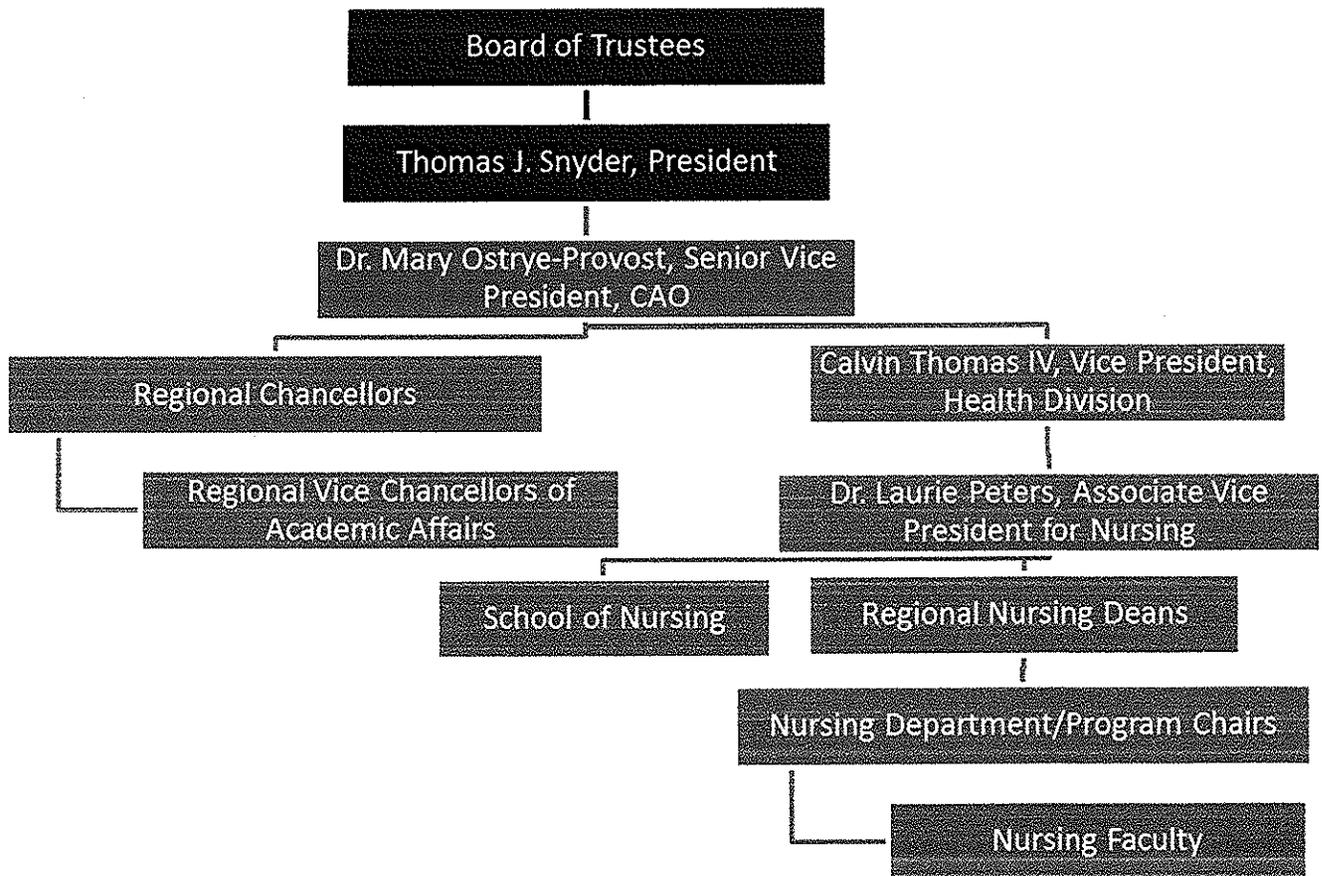
The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

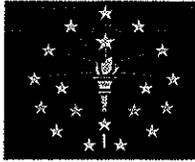


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Statewide School of Nursing Organizational Chart

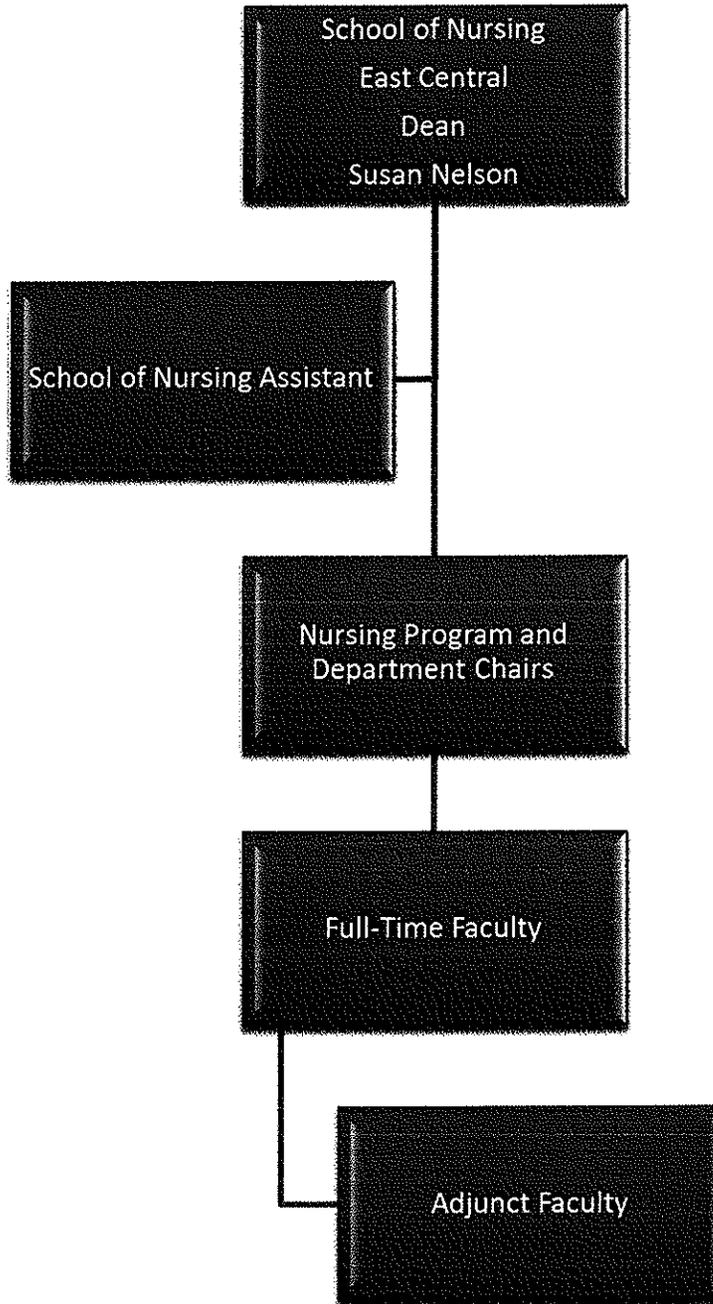




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Regional Organizational Chart



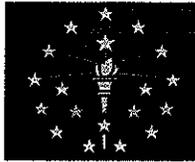


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Faculty No Longer Employed by the Institution Since Last Annual Report

Name	Credentials	Full-time (X)	Part-time (X)
Michelle Hicks	ANP	X	
Jessica Blake	MSN	X	
Amanda Tucker	MSN		X
Faith Labus	MSN	X	



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Director, Program Development
American Farm Bureau Federation
Washington, District of Columbia

LEE E. WURSTER, JD
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.



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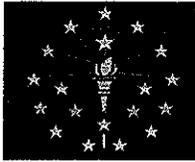
On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

Sincerely,

Sharon 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 Paviidis, 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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NLNAC

National League for Nursing Accrediting Commission, Inc.

345 Peachtree Road N.E., Suite 850 • Atlanta, GA 30326
P 404.975.5000 • F 404.975.5020 • www.nlnac.org

Follow-Up Report

Purpose:

To provide the nursing education unit the opportunity to demonstrate compliance (paper) with one or two specific Accreditation Standard(s).

Assignment Process:

A Follow-Up Report may be recommended to the Commission by the site visit team, the Evaluation Review Panel (ERP), or a Commissioner as part of the accreditation review when it is found that the nursing program is out of compliance with one or two of the NLNAC Accreditation Standards.

The decision to assign a nursing education unit a Follow-Up Report is made by the NLNAC Board of Commissioners after review of the recommendation(s) and other documents associated with the accreditation review process.

Review Process:

Follow-Up Reports are reviewed by the ERP to establish whether the nursing education unit has demonstrated compliance with the identified one or two NLNAC Standards. The Panel recommendation regarding compliance with the NLNAC Standard(s) is forwarded to the Board of Commissioners for action.

Based on the Follow-Up Report and the recommendation of the ERP, the decision regarding the accreditation status of the nursing program is made by the Board of Commissioners. Decision options are:

- Affirm continuing accreditation; the program is in compliance with all NLNAC Standards. Next accreditation site visit in six (6) years for Clinical Doctorate, Master's, Baccalaureate, Associate, and Diploma Programs, and six and one half (6½) years for Practical Nursing Programs; or
- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with the NLNAC Standard(s).



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5345 Peachtree Road NE, Suite 850 • Atlanta, GA 30320
E: 404.975.5000 • F: 404.975.5020 • www.nlnac.org

Guidelines for Preparing the Follow-Up Report

(1) Organization of Follow-Up Report

The report is to be presented in two sections, Introduction and Presentation of the identified NLNAC Standard(s).

(2) Content of Follow-Up Report

- Introduction
 - Name and address of the governing organization
 - Name, credentials, and title of the chief executive officer of the governing organization
 - Name of institutional accrediting body (date of last review and action taken)
 - Name and address of nursing education unit
 - Name, credentials, title, telephone number, fax number, and email address of the administrator of the nursing education unit
 - Name of State Board of Nursing (date of last review and action taken)
 - Date of most recent NLNAC accreditation visit and action taken
 - Year the nursing program was established
 - A completed Faculty Profile Form that includes the number of full-time and part-time faculty teaching in the specified nursing program with all areas of responsibility identified
 - Total number of full-time and part-time students currently enrolled in the specified nursing program
 - Length of program in semester or quarter credits, hours, or weeks
- Presentation of the identified NLNAC Standard(s) found in non-compliance.
 - State the Standard
 - State the evidence of non-compliance (from the Commission accreditation decision letter)
 - Offer a narrative addressing **all** of the current NLNAC Criteria for the **entire** Standard with emphasis on the areas of non-compliance

Note: If Standard 4 Curriculum is to be presented, include brief syllabi (2 pages) for all nursing courses. Also include clinical evaluation tool(s) with an explanation of the student evaluation process. Each course syllabus should include:

- Course title and description
- Total course hours (theory hours and, as appropriate, laboratory and/or clinical hours)
- Placement of course within the program of study
- Name(s), credentials and title(s) of faculty responsible for the course
- Student learning outcomes/course objectives



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- Teaching methods and evaluation methods
- A topical outline (for theory courses)
- Identification of the major clinical and laboratory experiences indicating the type of patient units and any other clinical experiences

Note: If Standard 6 Outcomes is to be presented, include the entire program evaluation plan with student learning outcome and program outcome data for the past three (3) years (at a minimum). Provide clear substantial evidence that the evaluation plan is being used to inform the program decision-making processes. Specific strategies and/or actions should be identified for each component as indicated.

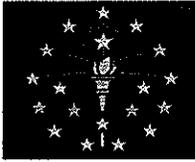
(3) Format for Follow-Up Report

- The number of text pages should not exceed fifty (50); the appendices have no page limit.
- The report should be typed on both sides of the page using 1½ or double-spacing, 1 inch margins, and bound securely.
- All pages including the appendices are to be numbered consecutively and ordered according to a table of contents.
- Each copy of the report should have a title page.
- Confidential records (e.g., faculty transcripts, student records) should **not** be included.

(4) Submission of Follow-Up Report

- Six (6) copies (paper and electronic) of the Follow-Up Report and six (6) copies (paper and electronic) of the current school catalog are to be sent to NLNAC on or before the date indicated in the NLNAC Board of Commissioners accreditation decision letter.
- Submission dates
 - Reports due in the Fall Cycle must be submitted by October 1st.
 - Reports due in the Spring Cycle must be submitted by February 15th.

The NLNAC Professional Staff are available to answer questions.



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August 2, 2013

Thomas Snyder, MBA
President
Ivy Tech Community College of Indiana
50 West Fall Creek Parkway North Drive
Indianapolis, IN 46202

Dear Mr. Snyder:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) at its meeting on July 11-12, 2013. The Board of Commissioners received, reviewed, and accepted the Follow-Up Report of the associate nursing program and affirmed the next visit for Fall 2018. The details of the decision put forth by the Commission have been sent to the program's nurse administrator.

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 ACEN policies and procedures, please contact me.

Sincerely,

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