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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, 2013 through July 31, 2014. 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:_**1 January 2013 to 31 December 2013**_____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: **Ancilla College**_____

Address: **P.O. Box 1, 9601 Union Road, Donaldson, IN 46513**_____

Dean/Director of Nursing Program

     Name and Credentials: **Ann Fitzgerald, PhD(c), MSN, CNE**_____

     Title: **Director, Division of Nursing**_____ Email; **ann.fitzgerald@ancilla.edu**_____

Nursing Program Phone #: __**574-936-8898**__   Fax: __**574-935-1773**__

Website Address: __**ancilla.edu**__

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

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit:

If you are not accredited by NLNAC or CCNE where are you at in the process? Have begun to align the program with the ACEN guidelines by use of a consultant. Cannot begin process until 3 year average of 90% pass rate.

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_____No __**X**__

   additions and deletions on attachment)

9) Major changes in curriculum (list if positive response)   Yes __X__No_____

Approved changes by the ISBON in Februrary 2013; new curriculum begun 8/2013.

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

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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_____ Declining _X

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?
New curriculum implemented in fall 2013. Increased the admission GPA to 3.0 and implemented mandatory Remediation and testing for all students throughout the nursing program. Increased Exit HESI to minimum Score of 900.

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? **Use all HESI exams: Admission Assessment, HESI Specialty, and Exit Exam.**

2D.) When in the program are comprehensive exams taken: Upon Completion _X_____
As part of a course _____ Ties to progression or thru curriculum _X_____

2E.) If taken as part of a course, please identify course(s): _____

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

　　A. Faculty recruitment/retention: Unable to attract nursing faculty with teaching experience.

　　_____

　　B. Availability of clinical placements:_____

　　_____

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

　　_____

4.) At what point does your program conduct a criminal background check on students?
After admission to the Nursing program, then annually.

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5.)   At what point and in what manner are students apprised of the criminal background check for your program? **Upon receipt of a positive result, students are emailed and phoned, and must meet with the Director of Nursing and clinical faculty liaison.**

SECTION 3: STUDENT INFORMATION

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

Summer_____**0**_____Fall_____**8**_____Spring_____**0**_____

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

Summer_____**5**_____Fall_____**5**_____Spring_____**13**_____

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 for this reporting year.

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:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

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Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

Faculty Name:	
Indiana License Number:	
Full or Part Time:	
Date of Appointment:	
Highest Degree:	
Responsibilities:	

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

      1. Number of full time faculty:___**5**_____

      2. Number of part time faculty:___**0**_____

      3. Number of full time clinical faculty:___**4**_____

      4. Number of part time clinical faculty:___**0**_____

      5. Number of adjunct faculty:___**0**_____

C. Faculty education, by highest degree only:

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1. Number with an earned doctoral degree: **0**

2. Number with master's degree in nursing: **4**

3. Number with baccalaureate degree in nursing: **1**

4. Other credential(s). Please specify type and number: **CNE – 4, FNP – 2, PhD(c) - 1**

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.

_____   ___October 1, 2014_____

Signature of Dean/Director of Nursing Program   Date

____Ann Fitzgerald_____

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.

ANCILLA COLLEGE NURSING ORGANIZATIONAL CHART

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                    ┌─────────────────────────┐
                    │      Division Chair      │
                    │     Ann Fitzgerald       │
                    └─────────────────────────┘
                                │
                                │        ┌──────────────────────────┐
                                ├────────│  Administrative Assistant │
                                │        │      Rhonda Arvesen       │
                                │        └──────────────────────────┘
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1st Year Nursing   2nd Year Nursing

| Pat Bawcum Instructor | Beth Bailey Instructor | Brandi Hulse Instructor | Judy Bachelder Instructor | Kelly Clark Instructor |
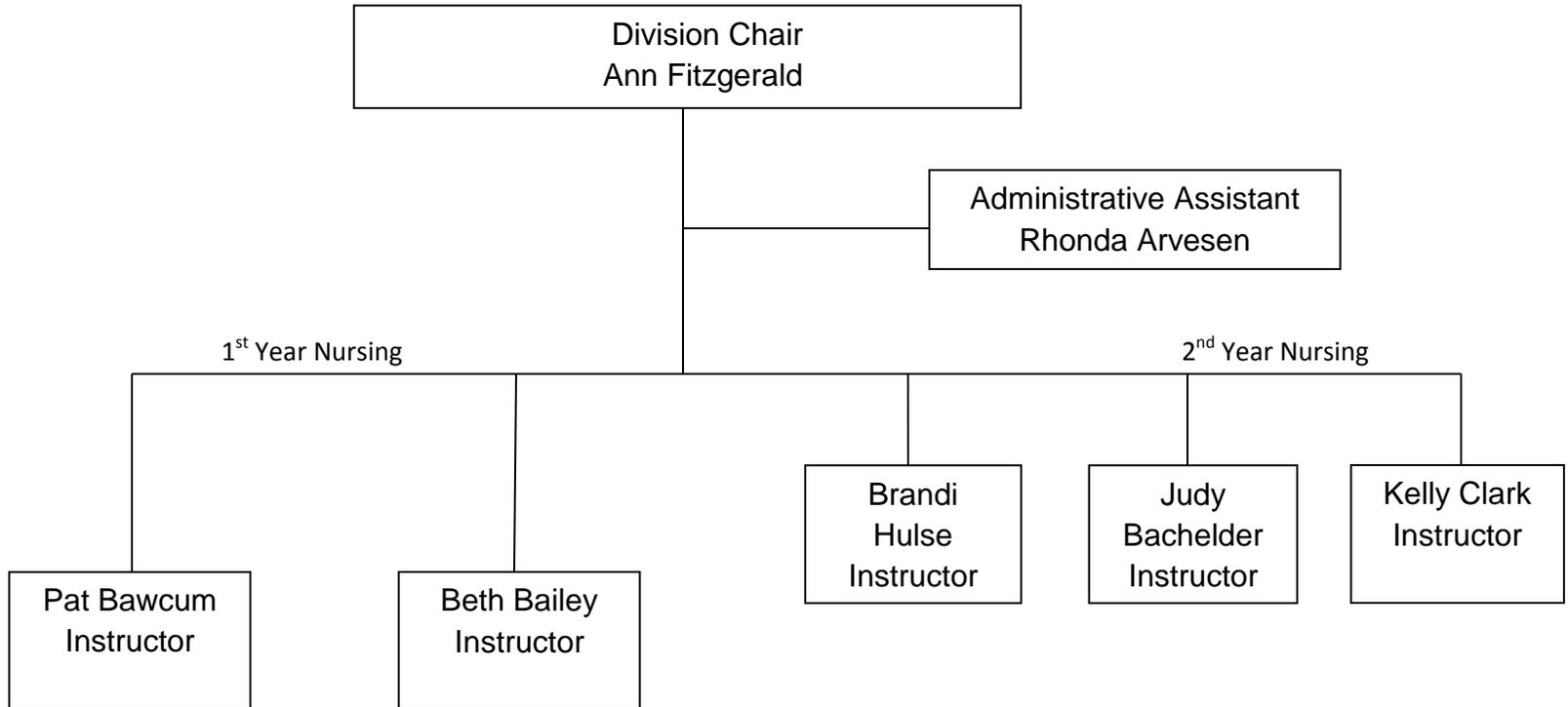
Ancilla College Organizational Chart 2013-14

- Board of Trustees
  - President
    - Executive Assistant
      - Exec. Dir. of Finance & Administration
        - Dir of Business Affairs
        - Business Office Clerk
        - Director of Building Maintenance
        - Financial Aid Director
          - Custodian
          - Ass't Fin. Aid Director
        - Dir of Information Technology
          - Desktop & Web Support Specialist
        - Bookstore Manager
          - Bookstore Ass't
        - Athletic Director
          - Athletic Compliance Officer/ Sports Information Director/ Head Women's Softball Coach
          - Head Cheer Coach/Sport's Information Ass't/Athletic Admin. Ass't.
          - Field Maintenance/ Head Men's Golf Coach
          - Field Maintenance/ Head Men's Golf Coach
          - Head Women's Basketball Coach/Recruiter/Adjunct Instructor
          - Head Men's Basketball Coach/Recruiter/Adjunct Instructor
          - Head Men's Baseball Coach / Assistant to the Director of Field Maintenance
      - Exec. Dir. of Admissions
        - Assistant Director of Admissions
        - Admissions Counselor (2)
        - Coordinator of Graphic Design
        - Enrollment Management Office Coordinator
      - Executive Director of Institutional Advancement
        - Associate Dir of Institutional Advancement
        - Public Relations
      - Coordinator of Mission Integration
      - Dean of Academic & Student Services
        - Faculty
          - Div. of Business, Behavioral Science, Education, Logistics, Criminal Justice & History
          - Div. of Humanities
          - Div. of Science, Math & Information Technology
          - Div. of Nursing & Health Sciences
            - Admin. Ass't
        - Registrar's Office
          - Interim Registrar
          - Administrative Assistant to the Division Chairs/Registration Specialist
        - Library
          - Library Dir
            - Library Assistant
        - Office of Institutional Effectiveness
          - Interim Director of Institutional Effectiveness
        - Student Development
          - Director
            - Coordinator of ADA Compliance, Supplemental Instruction and Testing
              - Assistant to the Coordinator of ADA Compliance
            - Coordinator of SOAR Program/Academic Advisor
            - Academic Advisors