



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, 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 XXX

Dates of Academic Reporting Year: July 1, 2012 to June 30, 2013
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: IU Northwest School of Nursing

Address: 3400 Broadway, Gary, IN 46408

Dean/Director of Nursing Program

Name and Credentials: Linda R. Delunas, PhD, RN, CNE

Title: Director Email: ldelunas@iun.edu

Nursing Program Phone #: 219-980-6600 Fax: 219-980-6578

Website Address: http://www.iun.edu/nursing/

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

IU Northwest School of Nursing has a Facebook page

Please indicate last date of **NLNAC** or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: 2008 (Attached)

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 (*see Addendum*).

- | | |
|--|-----------------------|
| 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 _____ No <u>X</u> |

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 X No _____

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

2C.) If so, which exam(s) do you require? ATI RN Comprehensive Predictor

D.) 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): S485 Growth and Empowerment

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

A. Faculty recruitment/retention: We are able to recruit qualified faculty although it is difficult to recruit PhD prepared faculty

B. Availability of clinical placements: Adequate

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

4.) At what point does your program conduct a criminal background check on students? On admission for everyone and yearly if agency requires

5.) At what point and in what manner are students apprised of the criminal background check for your program? They are informed in person and in writing at their early pre-nursing advising, then again in writing with offer of admission. Policy is also in Bulletin.

SECTION 3: STUDENT INFORMATION

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

Summer 17 Fall 66 Spring 0

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

Summer 1 Fall 21 Spring 48

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: | Parks, Carol |
| Indiana License Number: | 28080891A |
| Full or Part Time: | Part time |
| Date of Appointment: | July 2013 |
| Highest Degree: | MSN |
| Responsibilities: | Clinical instruction in S471 Restorative Health (advanced med/surg) |

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

1. Number of full time faculty: 18 (including Director)
2. Number of part time faculty: _____
3. Number of full time clinical faculty: _____
4. Number of part time clinical faculty: 14
5. Number of adjunct faculty: 1

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 4
2. Number with master's degree in nursing: 24 (+ one MS, RD teaching Nutrition)
3. Number with baccalaureate degree in nursing: 2 (all part time clinical instruction 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 (*see Addendum*);
2. An organizational chart for the nursing program and the parent institution.

IU Northwest School of Nursing

Addendum (Explanations)

Section I-7: Answering “yes” indicates adequate resources

Section I-8 New clinical agencies

| Agency | Address1 | City | State | Zip Code | Agreement Start Date | Agreement End Date |
|---|---------------------|-----------------|--------------|-----------------|-----------------------------|---------------------------|
| IU HEALTH LAPORTE HOSPITAL | 1007 LINCOLNWAY | LAPORTE | IN | 46350 | July, 2013 | ongoing |
| KOUTS SCHOOL | 302 E. COLLEGE AVE. | Kouts | IN | 46347 | June, 2013 | ongoing |
| Lake County Jail | 2293 N. Main St. | Crown Point | IN | 46307 | July, 2013 | ongoing |
| Haven House Family Advocacy Center | P.O.Box508 | Hammond | IN | 46325 | March,2012 | ongoing |
| Theodor Roosevelt College & Career Academy | 730 W.25th Ave | Gary | IN | 46407 | September, 2012 | ongoing |
| Governors State University | 1 University Pkwy, | University Park | IL | 60484 | September, 2012 | ongoing |

Section IV-E-1 Faculty no longer employed

| | |
|--------------------------------|-------------------------|
| Faculty Name: | Piraino, Kristine |
| Indiana License Number: | Illinois only 041361050 |
| Full or Part Time: | Part time |



National League for Nursing Accrediting Commission, Inc.

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July 23, 2008

Linda A. Rooda, PhD, RN
Dean, School of Nursing
Indiana University Northwest
3400 Broadway
Gary, IN 46408-1197

Dear Dr. Rooda:

This letter is formal notification of the action taken by the National League for Nursing Accrediting Commission at its meeting on July 9-10, 2008. **The Board of Commissioners granted the baccalaureate degree nursing program continuing accreditation and scheduled the next evaluation visit for Spring 2016.**

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 strengths and areas needing development:

Strengths by Accreditation Standard:

Standard IV: Curriculum and Instruction

- Interdisciplinary education project involving faculty and students across nursing, social work, and medicine.

Areas Needing Development by Standard:

Standard I: Mission and Governance

- Develop written policies specifically applicable to the nursing faculty that address health and safety, regulatory, and clinical agency requirements.

Standard II: Faculty

- Facilitate the timely completion of graduate study for those faculty who do not currently hold at a minimum a master's degree with a major in nursing.

Areas Needing Development by Standard (cont.):

Standard III: Students

- Ensure that information is clear regarding specific pre-requisites for admission and the competitive application process for all applicants.
- Ensure that all nursing students, including those in the BA/BS to BSN and RN to BS options, are subject to common policies (e.g., health status documentation requirements).

Standard VI: Integrity

- Implement strategies to ensure that all documents (paper and electronic) are accurate, current, clear, complete, and consistent.

Standard VII: Educational Effectiveness

- Ensure the expected levels of achievement are measurable, and the assessment methods are aligned and provide useful data for the area being assessed.
- Present required outcome data separately for each of the three program options and use the data for program improvement accordingly.

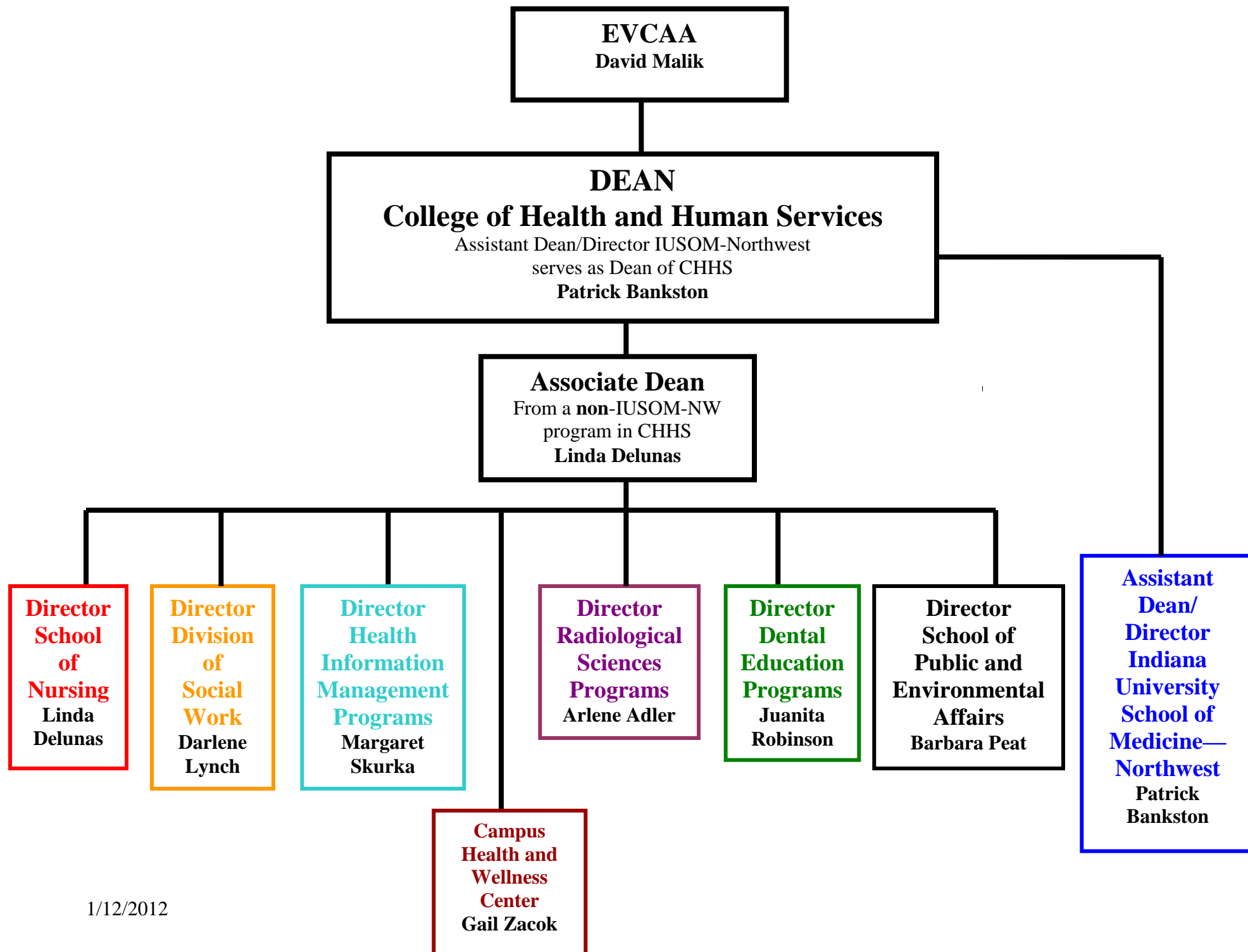
On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. By choosing to have accreditation by NLNAC, your nursing program demonstrates a continued interest in having the program measured against the highest national standards of quality in nursing 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.



Sharon J. Tanner, EdD, RN
Executive Director

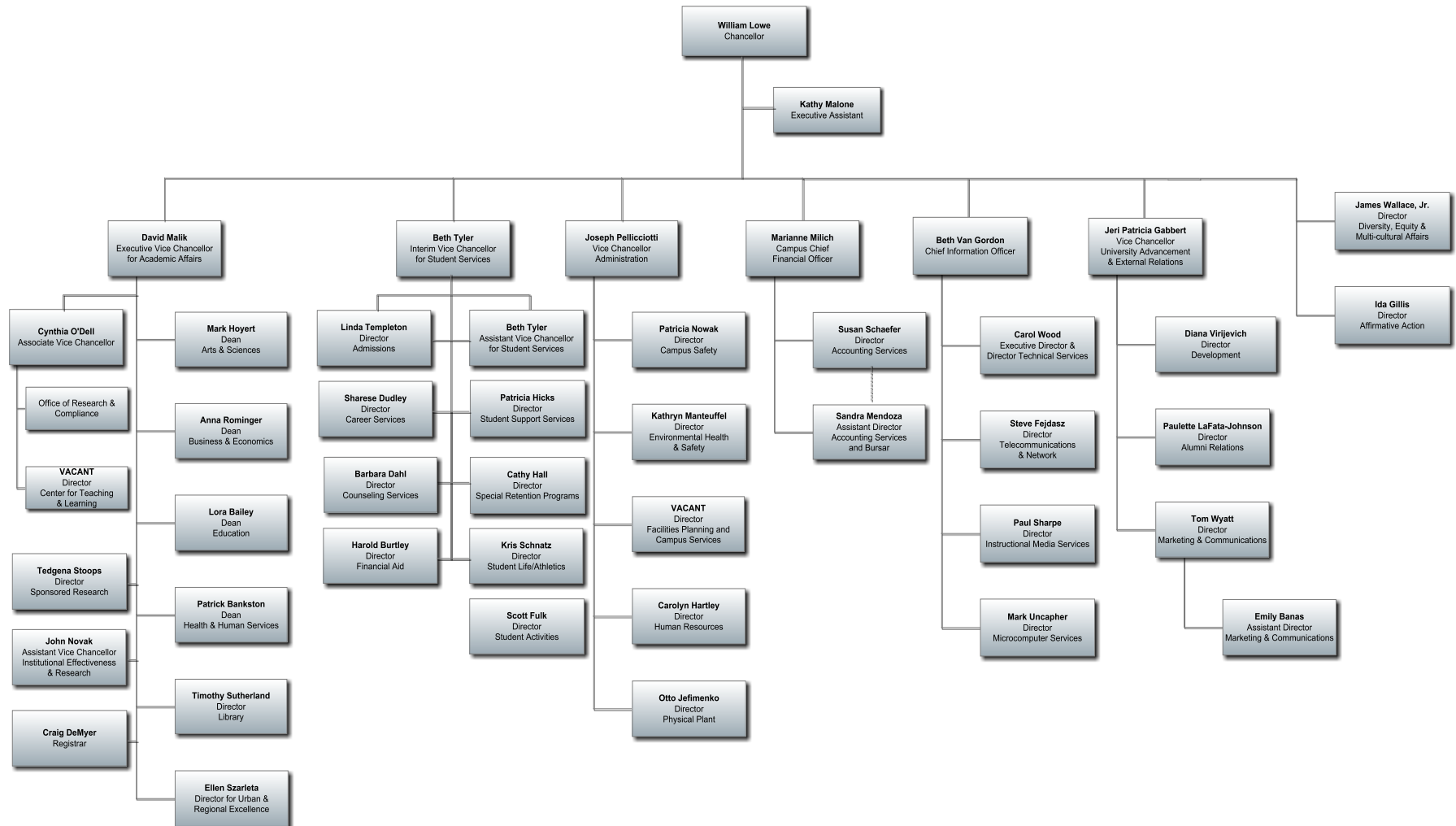
cc: Tina DeLapp, EdD, RN Program Evaluator
Carolyn Kornegay, PhD, RN Program Evaluator
Amy Pelleg, MSN, RN, BC Program Evaluator

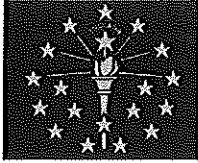
Enc. Summary of Deliberations of the Evaluation Review Panel



INDIANA UNIVERSITY NORTHWEST

Campus Organizational Chart





**Indiana
Professional
Licensing
Agency**

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Phone: (317) 234-2043
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Nicholas Rhoad, Executive Director

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.

Linda Delunas, PhD, RN 9/23/2013
Signature of Dean/Director of Nursing Program Date

Linda Delunas

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.