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__X__   ASN_____   BSN_____

Dates of Academic Reporting Year:____5/28/13 – 5/10/14_____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing:_____Ivy Tech Community College - Valparaiso_____
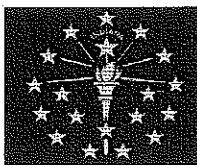
Address:__3100 Ivy Tech Drive Valparaiso, IN 46383_____

Dean/Director of Nursing Program

        Name and Credentials:__Lora Plank, MSN, RN_____

        Title:_Interim Dean, School of Nursing_____ Email_lplank@ivytech.edu_____

Nursing Program Phone #:_219-476-4723_____ Fax:__219-464-9751_____

Website Address:_____http://ivytech.edu/nursing/_____

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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____

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 _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 _X___ No ____

Gail Smith Estes, MSN retired effective May 15, 2014. Lora Plank, MSN has been appointed Interim Dean, School of Nursing effective May 16, 2014. This has been reported to the ISBN.

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 _X___ No ____

   additions and deletions on attachment)
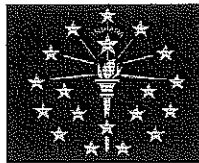
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Clinical Facility Additions/Deletions

Facility	Address	Addition	Deletion
St. Catherine's Hospital	4321 Fir Street East Chicago, IN 46312	X	

9) Major changes in curriculum (list if positive response)   Yes_____ No __X___

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_____ No___X_____

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

All students are required to take the ATI comprehensive predictor and an ATI live review._____

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):

NRSG128 Practice Issues for Practical Nursing_____

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

A. Faculty recruitment/retention:_Challenges related to the recruitment of qualified____

MSN prepared adjunct faculty due to a competitive market._____

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?

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.

SECTION 3: STUDENT INFORMATION

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

Summer_____0_____ Fall____20_____ Spring____19_____
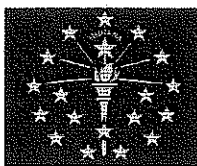
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2.) Total number of graduates in academic reporting year:

Summer_____15_____ Fall___13_____ Spring____1_____

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.

No formal complaints

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:	Ellen Noll
Indiana License Number:	28166176A
Full or Part Time:	Full time
Date of Appointment:	August 12, 2013
Highest Degree:	MSN
Responsibilities:	Didactic, lab, clinical, office hours, advising hours, tutoring

Faculty Name:	Danielle Corley
Indiana License Number:	28170997A
Full or Part Time:	Part time
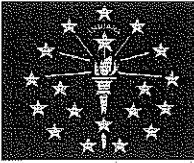
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Date of Appointment:	March 17, 2013
Highest Degree:	BSN
Responsibilities:	Clinical instruction

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

   1. Number of full time faculty:___11 (includes administrative Nursing Dean)_____

   Please note that Ivy Tech nursing faculty teach in both the ASN and PN nursing programs, unless otherwise indicated.

   2. Number of part time faculty:___1_____

   3. Number of full time clinical faculty:___8 out of 11 faculty teach clinical courses___

   4. Number of part time clinical faculty:___1 of 1 teaches clinical courses_____

   5. Number of adjunct faculty:___N/A_____
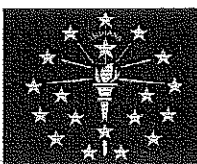
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C. Faculty education, by highest degree only:

    1. Number with an earned doctoral degree: 0

    2. Number with master's degree in nursing: 11

    3. Number with baccalaureate degree in nursing: 1

    4. Other credential(s). Please specify type and number: 0

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;

Name	Credentials	Full-time	Part-time
Ellen Noll	MSN	X	
Allyson Saary	MSN	X	
Gail Smith-Estes	MSN	X	

    2. An organizational chart for the nursing program and the parent institution.
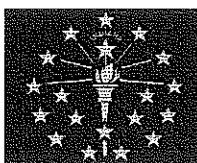
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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.
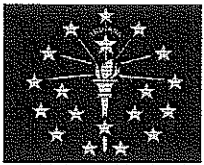
Lora Plank MSW RN   _9/26/14_

Signature of Dean/Director of Nursing Program   Date

LORA PLANK MSW, RN

-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.

NLNAC

National League *for* Nursing Accrediting Commission, Inc.

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
Page 1

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

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

Thomas Snyder
President

Mary Ostrye, Ph.D.
Provost
Senior Vice President
CAO

Thomas Coley, Ph.D.
Chancellor
Northwest/North Central
Region

Calvin Thomas IV
Vice President
Health Division

Margaret Semmer, Ph.D.
Vice Chancellor Academic and
Student Success
Northwest/North Central
Region

Laurie Peters, Ph.D.
Associate Vice President
Nursing

School of Nursing

Lora Plank, MSN
Interim Dean
School of Nursing
Northwest

R.Marinaro-Kroush,
MSN
Department Chair
Northwest

Multiple
Nursing Faculty
Valparaiso/Gary

NORTHWEST REGION

IVY TECH
COMMUNITY COLLEGE

Nursing
September 2014

Margaret Semmer, Ph.D.
Vice Chancellor Academic and Student Success

Laurie Peters, Ph.D.
Associate Vice President Nursing

Kathleen Kostecka
Admin. Asst.
Valparaiso

Lora Plank, MSN
Interim Dean
School of Nursing
Northwest

Jennifer McCloud
Admin. Asst.
Gary

Julie Verkler, BSN, MS
SIM Coordinator
Valparaiso

R.Marinaro-Kroush, MSN
Department Chair
Northwest

Susan Kilroy
SIM Coordinator
Gary

Cynthia Berg, MSN
Asst. Professor
Valparaiso

Cynthia Thomas, MSN
Asst. Professor
Valparaiso

Amy Howe, MSN
Instructor
Gary

Jessica Rayner, MSN
Asst. Professor
Gary

Maureen Anleitner, MSN
Assistant Professor
Valparaiso

Sharon Newcomb, MSN
Asst. Professor
Valparaiso

Nancy Love, MSN
Asst. Professor
Gary

Mary Moell, MSN
Instructor
Gary

Wenfei Yang, MSN
Instructor
Valparaiso

Norma Perez, MSN
Asst. Professor
Valparaiso

Creola Henderson, MSN
Asst. Professor
Gary

Donnita Scully, MSN
Asst. Professor
Gary

Susan Corbett, MSN
Instructor
Valparaiso

Debra Martin, MSN
Instructor
Valparaiso

Vacant
Instructor
Gary

Vacant
Instructor
Gary

Tareylon Chairse, MSN
Instructor
Valparaiso

Vacant
Instructor
Valparaiso

Vacant
Instructor
Gary

Vacant
Instructor
Gary

Valparaiso Nursing Faculty

Gary Nursing Faculty

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Nursing
September 2014