

**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

xANNUAL 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.

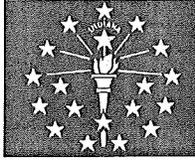
Indicate Type of Nursing Program for this Report: PN _____ ASN x _____ BSN _____

Dates of Academic Reporting Year: May 28, 2013-May
10, 2014 _____
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: _____ Ivy Tech Community College
Bloomington _____

Address: 101 Daniels Way, Bloomington, IN
47404 _____

Dean/Director of Nursing Program



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NLNAC

National League for Nursing Accrediting Commission, Inc.

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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:

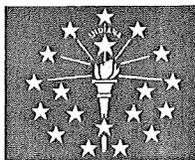
Evidence of Non-Compliance by Accreditation Standard and Criterion

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 3



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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)

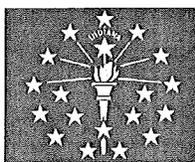
Standard 5 Resources

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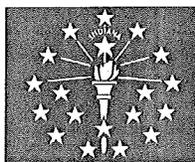
On behalf of the Commission, we thank you and your colleagues for your commitment to quality nursing education. If you have questions about this action or about Commission policies and procedures, please write or call me or a member of the professional staff.

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 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



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Harris Beach, PLLC
Buffalo, New York



August 2, 2013

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

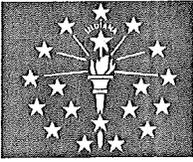
Dear Mr. Snyder:

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



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If you are not accredited by NLNAC or CCNE where are you at in the process? NA

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 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

2B.) If **not**, explain how you assess student readiness for the NCLEX. All students are required to take the ATI Comprehensive Predictor and take a live or virtual NCLEX review course.

2C.) If **so**, which exam(s) do you require?
_____ NA _____

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

2E.) If taken as part of a course, please identify course(s): NRSG 208 Practice Issues for the Associate Degree Nurse _____

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

A. Faculty recruitment/retention: _____ x _____

B. Availability of clinical placements: _____

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



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4.) At what point does your program conduct a criminal background check on students? _____
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.

5.) At what point and in what manner are students apprised of the criminal background check for your program? _____ see above _____

SECTION 3: STUDENT INFORMATION

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

Summer _____ 23 _____ Fall _____ 37 _____ Spring _____ 20 _____

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

Summer _____ 0 _____ Fall _____ 2 _____ Spring _____ 59 _____

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.

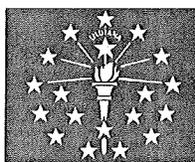
4.) Indicate the type of program delivery system:

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:	Judith DeGraff
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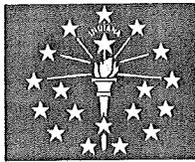
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Indiana License Number:	28106158A
Full or Part Time:	Part Time
Date of Appointment:	1-14-14
Highest Degree:	MSN
Responsibilities:	Clinical

Faculty Name:	Mary Jane Fleener
Indiana License Number:	28109896A
Full or Part Time:	Part Time
Date of Appointment:	8-19-13
Highest Degree:	MSN
Responsibilities:	Clinical

Faculty Name:	Tamara Forte
Indiana License Number:	28180410A
Full or Part Time:	Part Time
Date of Appointment:	1-9-14
Highest Degree:	MSN
Responsibilities:	Clinical
Faculty Name:	Christina Poe



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Indiana License Number:	28171621A
Full or Part Time:	Part Time
Date of Appointment:	8-19-13
Highest Degree:	MSN
Responsibilities:	Clinical

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

1. Number of full time faculty: 12 Please note that Ivy Tech Nursing Faculty teach in both PN and ASN programs unless otherwise noted.

2. Number of part time faculty: 5

3. Number of full time clinical faculty: 11 of 12 full time faculty teach clinical courses

4. Number of part time clinical faculty: 4 of 5 part time faculty teach clinical courses

5. Number of adjunct faculty: _____

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: _____

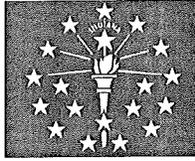
2. Number with master's degree in nursing: 17

3. Number with baccalaureate degree in nursing: _____

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

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 _____



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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;

Faculty No Longer Employed by the Institution Since Last Annual Report

Name	Credentials	Full-Time (X)	Part-Time (X)
Lynae Phillips-Mitchell	MSN		X

2. An organizational chart for the nursing program and the parent institution.



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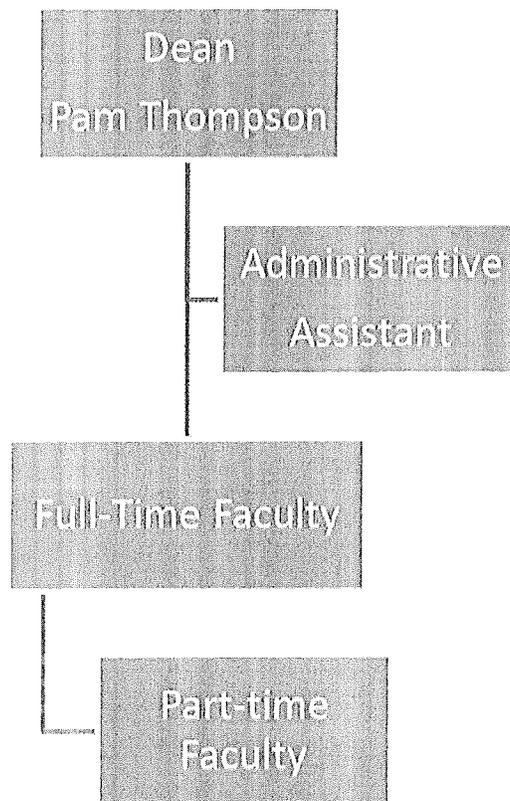
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APPENDIX C

Bloomington Region School of Nursing Organizational Chart





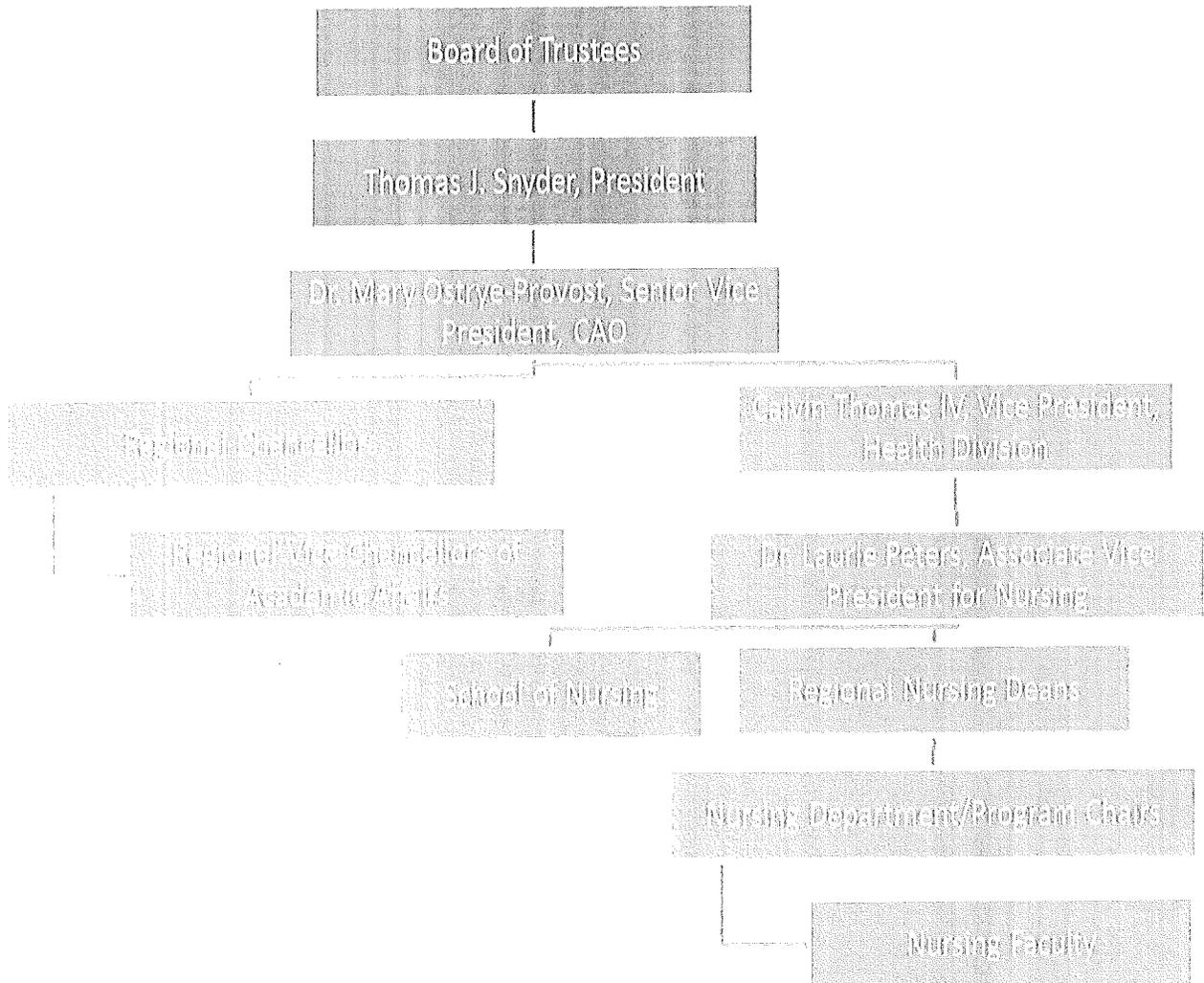
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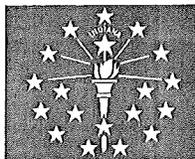
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**Statewide School of Nursing Organizational
Chart**





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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.

Pamela K. Thompson

6-11-14

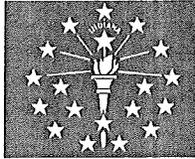
Signature of Dean/Director of Nursing Program

Date

Pamela K. Thompson

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.