

**LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH  
OUTCOMES EVALUATION REPORT: NON-COURSE/PROGRAM ITEMS**

**Section 1.**

Item Measured: II. D. Student Degree Completion Rate

Evaluation Period: 2016-2017

**Expectation (Threshold):** 1. On-time: 68% complete for: Basic- within 2 years, LVN Sum/Fall Entry – 1 year and LVN Sum /Spring Entry 1.5 years. 2. 150% (3 years): 75% complete for Basic- within 3 years, LVN Sum/Fall Entry – 1.5 years and LVN Sum/Spring Entry – 2 years.

**Finding:** On time completion rate for AY 2016-2017 is 63% (66 /104). Threshold not met. On-time completion rate for AY 2015-2016 is 64% (72/113) and three-year completion rate is 76% (86/113). Threshold met.

**Section 2A.**

**Action Required: X Yes (For rated items proceed to Section 2B and 3 as applicable)  
No (Proceed to Section 3)**

**Section 2B. (For rated items)**

**Items requiring action, possible cause and action plan:**

| <b>Item Measured</b> | <b>Discussion of Possible Cause</b>   | <b>Action Plan (Include remedy, responsible person, time frame)</b>                     |
|----------------------|---|---|
|                      | There are multiple factors affecting the students not completing their degrees on time. | Evaluate our admission criteria and possibly incorporate an interview process           |
|                      |   | Plan for a change in curriculum that will support student success.                      |
|                      |   | Continue early intervention, student success programs and tutoring to support students. |
|                      |   | Implement the tracking of at risk student and provide appropriate interventions         |
|                      |   |   |
|                      |   |   |

**Section 3.**

**Comments/findings requiring evaluation**

**None identified**

| <b>Discussion of Possible Cause:</b> | <b>Action Plan</b> |
|--------------------------------------|--------------------|
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|                                      |                    |
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|                                      |                    |

Completed by: H. Honda/J. Kohl  
Date Findings Presented to IE Committee: 4/5/18n  
Date Sent to Dean, IERP: 4/5/18

Date: 4/4/18  
Date Reviewed by IE Committee: 4/5/18

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**Section 4A. Evaluation of action plan(s) outcome:**

Action plan(s) effective:  Yes  No – (Complete Section 4B and readdress issue in OER action plan for next time period).

**Section 4B.**

**Identify items requiring further action**

| Item Number/Comment | Status |
|---------------------|--------|
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**COURSE/PROGRAM COORDINATOR NOTES:**

*Submit form with post implementation OER of next survey period.*

Course/Program Coordinator: \_\_\_\_\_  
Date Findings Presented to IE Committee: \_\_\_\_\_  
Date Sent to Dean, IERP: \_\_\_\_\_

Date Section 4 Completed: \_\_\_\_\_  
Date Reviewed by IE Committee: \_\_\_\_\_

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IE:dw  
Orig: 8/10/06

IE.SummEvalRpts  
Rev: 04/07, 06/07, 07/07, 12/07, 11/09, 6/15, 10/15