**Council/Meeting Agenda**

| **Council / Meeting Name** |  | Please check off all components and indicators that relate to each topic being discussed. |
| --- | --- | --- |
| **Location** |  |
| **Date** | Click here to enter a date. |
| **Time** |  |
| **Conducted By** |  |
| **Topic** | **Time Allotted** | **Facilitator** | **Magnet Components** |
|  |  |  | [ ]  People[ ]  Patient Experience[ ]  Quality[ ]  Financial Performance[ ]  Operations |
|  |  |  | [ ]  People[ ]  Patient Experience[ ]  Quality[ ]  Financial Performance[ ]  Operations |
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|  |  |  | [ ]  People[ ]  Patient Experience[ ]  Quality[ ]  Financial Performance[ ]  Operations |