**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 |
|  | |  |  | People  Patient  Experience  Quality  Financial  Performance  Operations |
|  | |  |  | People  Patient  Experience  Quality  Financial  Performance  Operations |
|  | |  |  | People  Patient  Experience  Quality  Financial  Performance  Operations |
|  | |  |  | People  Patient  Experience  Quality  Financial  Performance  Operations |
|  | |  |  | People  Patient  Experience  Quality  Financial  Performance  Operations |
|  | |  |  | People  Patient  Experience  Quality  Financial  Performance  Operations |