CLINICAL EXCELLENCE
COACHING



THE OPERATING MANUAL

Preparing for a Magnet site visit

The structure, people and handoffs behind a well-coordinated visit

Clinical Excellence Coaching, LLC

With four editable Word resources and an Excel tracker
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START HERE

A coordinated visit starts with a shared plan

Use this manual to build an operation that supports care, confidence, and honest conversation.

The written submission describes the organization's nursing practice. The site visit examines how that practice is experienced across the organization. Staff need to recognize their own contribution, and the visit team needs to make participation possible without creating avoidable strain on patient care. Both forms of preparation matter.

This manual explains a practical operating model for a Magnet Program Director (MPD). It begins with the whole process, then shows the people, spaces, communications, and handoffs that make the day work. Adapt the model to the confirmed agenda, geography, resources, and staffing arrangements of your organization.

Read in this order	What you will learn	Pages
The whole operation	Process overview and team structure.	3-4
People and places	Assignments, rooms, communication and role guides.	5-15
Prepare and rehearse	Staff, partners and testing the plan.	16-18
The visit in action	Meeting flow, changes, requests and daily learning.	19-23
Checks and tools	Requirements, follow-up, adaptation and resources.	24-29

How to use the package

Read the overview with your leads. Fill in the team and room assignments in the Word tools. Use the Excel tracker for current dates, owners, coverage, and follow-up. Rehearse the working plan together before treating it as ready.

The role structure and worked examples are CEC planning guidance. Official requirements are identified and referenced separately. Use the applicable ANCC manual, current updates, and instructions for your visit. These resources do not replace official forms or assure designation.

THE OVERALL PROCESS

From preparation to follow through

The same team learns, rehearses, delivers, and improves.

01 **Understand the practice**
Connect the submission to staff experience.

02 **Build the operating plan**
Assign people, spaces, coverage and contacts.

03 **Rehearse and improve**
Time the handoffs and correct the gaps.

04 **Coordinate each visit day**
Brief, communicate, receive and guide.

05 **Close and sustain**
Complete follow-up and keep useful learning.

Internal preparation can begin after document submission. Review the structures described in the submission and ask whether staff experience them consistently. Confirm formal coordination and deadlines through the program once visit arrangements are established. A potential visit is a reason to organize useful work, not an assurance of an appraisal outcome.

The rehearsal connects the plan to reality. Test coverage, travel, attendance, room readiness, and communication while several activities happen together. On visit days, use one current agenda and a daily briefing cycle. Afterward, close requested follow-up and carry useful improvements into routine work.

Each phase produces something the next phase uses: a shared understanding, an assigned plan, a tested process, a coordinated day, and completed follow-up.

THE OPERATING STRUCTURE

The team behind each meeting

An illustrative three-stream model. Assign people and spaces to match the confirmed agenda.

MPD
Formal appraisal communication
All document requests

COMMAND CENTER

Leads and backups

Same operational plan
Current agenda and contacts
Staffing and room coordination
Open issues and next actions

Supervises navigators and connects gathering and meeting-room leads.

All groups

GROUP A

Unit readiness
Navigator + unit

Gathering space 1
Assigned gathering staff A

Meeting room A
Assigned meeting staff
Confirmed participants

GROUP B

Unit readiness
Navigator + unit

Gathering space 2 · Large shared room

Separated area B
Gathering staff B

Meeting room B
Assigned meeting staff
Confirmed participants

GROUP C

Unit readiness
Navigator + unit

Separated area C
Gathering staff C

Meeting room C
Assigned meeting staff
Confirmed participants

ONE COORDINATED TRIO PER MEETING: NAVIGATOR + GATHERING STAFF + MEETING STAFF

Appraiser escorts

Guide appraisers; manage agreed timing and handoffs.

Workroom coordinator

Maintain separate secure workroom and planned access.

Driver

Provide approved pickup, return and transport communication.

Team roles are distinct from permission to attend appraisal meetings. Follow official attendance limits.

BUILD THE TEAM

Assign a team to each meeting

Keep each group's handoffs connected even when sessions run at the same time.

For each concurrent meeting, assign a navigator, gathering-room staff, and meeting-room staff to work together. The navigator prepares the unit and confirms readiness. Gathering-room staff help collect participants, check arrivals, and move the group. Meeting-room staff prepare the destination and receive them. Each role knows its partners before the day begins.

Meeting stream	Navigator	Gathering team	Meeting team
A	Assigned navigator A	Assigned staff A	Assigned staff A
B	Assigned navigator B	Assigned staff B	Assigned staff B
C	Assigned navigator C	Assigned staff C	Assigned staff C

These are three role assignments, not necessarily three individual people. The gathering function may need one person to receive arrivals while another collects missing participants. A person who is walking a group cannot also be the only person receiving the next group. Test those conflicts in the rehearsal.

Give leads and backups the whole plan

Navigators connect to the command-center leads. Gathering-room staff and meeting-room staff have their own leads. Each lead needs a named backup, a contact route, and a clear escalation path. Escorts remain assigned to their appraiser and operate alongside the meeting teams.

Prepare backups with the same materials and rehearsal opportunities as the primary team. Record how a handover will be confirmed, including the next destination, outstanding issue, and current agenda version. A name on a backup list is not enough if that person cannot leave another duty.

Use the team assignment and session coordination tables in Team roles and visit logistics. Populate local names and contacts only in your approved internal copy.

ROOMS AND LOCATIONS

Give each space a clear purpose

Separate operations, staff gathering, meetings, and private appraiser work.

Command center

Team operations, phones, current agenda and authorized retrieval

Appraiser workroom

Separate secure space for private appraisal work

STAFF MOVEMENT: THREE ASSIGNED GROUPS

Gathering space 1

Conference room
Group A

Gathering space 2

Large room with separated areas

Group B

Group C

Meeting room A

Confirmed roster and session

Meeting room B

Confirmed roster and session

Meeting room C

Confirmed roster and session

The private staff meeting opportunity is separately arranged under official instructions.

Prefer a separate gathering area for each group. When space is limited, a large auditorium or conference room can hold clearly separated groups if conversations, sign-in, and movement do not disturb one another. Give every group its own assigned staff and destination. A shared physical room does not make the groups one meeting.

Use the confirmed roster to size each room. Check seating, accessible routes, sound, lighting, doors, nearby facilities, and the time needed to reach the destination. Also arrange the required private staff meeting opportunity separately from the gathering process. Follow the official location and notification instructions. [1, pp. 118-120]

Illustrative layout: three meeting streams use two gathering spaces. It is not a floor plan or a fixed room-count requirement.

COMMAND CENTER

Keep the full day visible

A practical workspace where the team can coordinate and solve problems.

Choose a room clear of normal visit traffic so the team can work without interrupting staff movement or appraiser activities. Proximity alone is not the deciding factor. Reliable internet, phones, enough tables and chairs, and a dependable way to reach the team are more useful than a prominent location. Team members need to know where to collect resources and speak with the leads.

Keep the current agenda and working run sheet available to everyone staffing the room. Maintain a controlled contact list for unit managers, nursing leaders, role leads, backups, room support, and transport. Share the central number and approved escalation contacts with the units. Assign someone to answer the phone while others are retrieving documents or resolving a problem.

Make information useful at the point of work

Keep concise journey resources and access to the full submission in approved locations. Have laptops available for authorized document retrieval. Separate the operational status view from confidential records. A shared screen can show that a response is being prepared without displaying the underlying personnel or complaint information.

Keep visible	Keep in approved restricted storage
Current agenda version and room map	Detailed staff contact information
Who owns the next action	Personnel or complaint records
Group arrival and room readiness status	Requested confidential documentation
Delay, action owner, and next check	Private appraisal discussions

A change should reach the people affected and receive acknowledgment. A lead should be able to see what is happening next and what still needs attention without reconstructing a long conversation. Keep refreshments available for the team, and plan coverage so a break does not leave the command phone unanswered.

COMMUNICATION

Close each handoff

A message is useful when the receiving person knows what to do next.

Use the organization's approved group communication channel for operational updates. Agree who monitors it, which role receives each type of message, and how an urgent issue is raised if the message is not acknowledged. Provide the command-center phone as a reliable contact route. Do not make access to a personal device the only way a staff member can report a problem.

Suggested update	Receiving action
Unit ready; approved participants notified	Gathering team confirms the collection or arrival plan.
Group received; one participant missing	Gathering lead checks with navigator and escalates absence.
Meeting room ready	Gathering team confirms the transfer with the room staff.
Group handed over	Meeting staff acknowledge receipt and seating readiness.
Request received from appraiser	MPD clarifies and coordinates the response.

These are suggested operational messages, not fixed phrases from an official process. Use a local reference rather than unnecessary personal detail. Keep patient information, personnel records, complaints, and private appraisal content out of the group chat.

Use the right decision route

A navigator can report that a nurse is unavailable. Unit leadership confirms safe release and coverage. The command-center leads and MPD coordinate the next step, using the appraiser-approved alternate arrangements or seeking clarification when needed. The operational chat does not authorize a new participant or a change to the appraisers' agenda.

For a delay, identify who is affected now and what they should do while a decision is made. Document the agreed change in the current run sheet. At breaks and the daily debrief, examine the cause so the same delay is less likely to recur.

ROLE GUIDE

The MPD and command center leads

Share the logistics while preserving a clear point for appraisal matters.

Before the visit

The MPD and leads review the whole operating plan together. Walk through concurrent sessions, room readiness, staff release, meals, transport, and the backup arrangements. Test that a lead can explain the next hour of activity without relying on the MPD to supply missing detail. Review who must be consulted for care constraints, roster changes, or agenda changes.

During the day

Leads monitor the working plan and coordinate the practical response to missed arrivals, supply needs, access problems, and route delays. The MPD may be in a validation meeting or formal appraiser debrief. Operational work should continue during that time, with the appropriate lead keeping track of decisions and bringing the MPD issues that require their involvement.

The MPD coordinates detailed discussions about the submission, data, performance review processes, and other requested evidence. Supporting staff may retrieve files, but the request stays visible to the MPD through completion. Avoid having several people send different versions of the same item.

What a good handover contains

Before a lead steps away, confirm the agenda version, next sessions, missing or delayed participants, unresolved room or staffing issues, and any request approaching its due time. State who is now covering the command phone and which decisions remain with the MPD.

At the end of the day, involve the whole crew in reviewing logistics. Convert observations into a small number of specific changes, each with an owner and a way to check whether the change worked. Revisit those assignments in the next morning's briefing.

Tools: Word 1, Team assignments; Room purposes and local locations; Session run sheet. Word 4, Morning team briefing; End of day team debrief.

ROLE GUIDE

Navigators prepare the next stop

Work ahead so units and participants know what is coming.

Navigators connect the scheduled units, their leaders and staff, the gathering team, and the appraiser escorts. They work ahead of the visit rather than arriving only when the appraiser reaches the unit. They need practical knowledge of routes, the current agenda, and the units they cover.

When nurses leave for a meeting

Contact the unit early enough to confirm the selected participants are present and that unit leadership has arranged safe coverage. Remind staff of the time and destination. Allow for patient handoff and the actual journey to the gathering area. Report readiness through the agreed channel. Gathering staff then help collect participants and follow up on missing arrivals.

If a nurse is absent or cannot leave, report the problem promptly to the command-center leads and MPD. The team uses the approved alternate arrangements or contacts the appraiser team for direction. Do not ask a nurse to leave an unsafe assignment or choose another attendee simply because that person is nearby.

When appraisers visit the unit

Confirm that the unit knows the expected arrival time, the appropriate staff are aware, and an accessible discussion space is available if needed. Check the route and communicate readiness to the escort. Help people feel comfortable describing their own work. Preparation must not narrow what appraisers may see or determine what staff are allowed to say.

Record actual travel or release delays during rehearsal. A route with an elevator, locked door, or a distant clinic may need a different allowance from a nearby inpatient unit. The goal is a calm handoff with enough time, not an identical countdown for every location.

Tools: Word 2, Unit and clinic readiness. Word 1, Meeting teams and handoffs. Excel, Coverage and Rooms.

ROLE GUIDE

Gathering teams receive and settle the group

Create a calm transition between patient care and the meeting.

Gathering-room staff work with their assigned navigator and meeting-room team. Once the navigator reports readiness, they help bring staff from the units and reconcile arrivals against the confirmed roster. Give clear directions before the visit and have someone remain available to receive participants while others collect late arrivals.

Receive people without rushing them

Help nurses sign in for local arrival tracking and locate their assigned group. The official attendance roster provided by the appraiser team is still required at meetings; a local gathering sheet is supplementary. [1, p. 125] Offer a place to sit, water or light refreshments where appropriate, and time to settle.

A concise journey booklet can help staff recognize familiar structures. Staff may bring relevant project notes or folders when permitted. Materials should help them recall their own work, not supply a common answer. Do not plan presentations unless discussed in advance with the Appraiser Team Leader. Keep confidential material in approved storage. [1, p. 125]

Belongings and the return

If the organization offers phone or belongings storage, agree on a secure method, responsibility, and return process before using it. Do not collect devices casually or leave them unattended. Confirm any accessibility or essential communication needs. This is a local arrangement, not a universal Magnet rule.

Before moving the group, confirm the receiving room is ready. After the session, coordinate the return to the gathering area when that is the agreed plan. Return belongings, ask briefly about the movement experience, and help staff return to the unit as planned. Feedback concerns handoff, travel, comfort, and timing, not the content of private appraiser conversations.

Tools: Word 2, Gathering and return arrangements. Word 4, Participant experience feedback. Excel, Coverage.

ROLE GUIDE

Meeting and meal room facilitators

Receive the group into a room that is ready for the session.

Assign staff to each meeting room and identify the lead overseeing those rooms. Prepare the space before the incoming group is sent: seating, access, sound, lighting, supplies, and any agreed meal arrangements. Confirm the correct session and current roster, not just the room's availability.

Coordinate meals before the meeting starts

Plan food quantities from the confirmed attendance and agreed meal arrangements. Confirm delivery location, timing, dietary or access needs through local processes, and the person receiving the delivery. Where meals arrive at a central point, assign transport to the meeting rooms. The goal is to have food distributed and participants seated before the appraiser arrives.

Communicate readiness to the gathering team. Receive the group, help people find seats, and support completion of the official attendance process. Finish practical setup with minimal disruption. Once the session begins, only those entitled to attend should remain; being a facilitator does not itself confer meeting attendance. [1, pp. 124-125]

Reset and hand back

Plan room preparation and walking time into the schedule. A five-to-ten-minute transition is an example to test, not an allowance to assume. If the previous session is still in progress, keep the incoming group settled in its gathering area and coordinate the change through the agreed route.

At the end, coordinate departure with the gathering team and prepare the room for the next use. Check what was left behind, reset supplies, clear food safely, and report anything that will affect the next group. Keep this handoff separate from the appraiser escort's movement to the next destination.

Tools: Word 1, Meeting and meal readiness; Meeting teams and handoffs; Session run sheet.

ROLE GUIDE

Appraiser escorts provide continuity

Be a knowledgeable guide and an attentive point of contact.

Select personable clinical or direct-care nurses who know the organization and can discuss their own experience clearly. Active shared-governance chairs may be well suited because they understand work across several teams. Match the selection to the applicable guide requirements and assign prepared backups. [1, pp. 120, 124]

Prepare knowledge and the route

Give escorts access to the organization's submission and a concise guide to its important structures, examples, and outcomes. This is preparation to answer honestly and recognize where information can be found. It does not require memorizing every narrative or responding beyond personal knowledge. Rehearse routes, access points, destinations, and handoffs with navigators.

At the first introduction, build rapport and ask how the appraiser prefers to receive timing reminders. Confirm practical needs, the next destination, and where the escort will wait when not attending a session. Know how to reach the MPD, command center, and workroom coordinator.

Use quiet reminders within attendance limits

Printed five-minute and two-minute cards can support an agreed timing method. Do not enter or remain in a private session merely to display a card. Organization guides remain only when they are part of the unit being visited or selected to attend that meeting. Agree on another timing method when the escort must wait outside. [1, pp. 124-125]

Pass document requests to the MPD, even when received directly. If a question is outside the escort's knowledge, say so and route it appropriately. During available breaks, report logistical blockers and travel delays. Share firsthand experience naturally while keeping private discussions private.

Tools: Word 1, Escort and transport brief; Quiet timing cards.

ROLE GUIDE

The appraiser workroom coordinator

Maintain a secure and usable place for private work.

The appraisers' workroom is separate from the command center and staff gathering areas. Appraisers need internet access and a secure room they can lock while away at meetings and unit visits. Confirm the locking and access arrangement with the MPD before the visit. [1, p. 123]

Prepare and maintain the room

Check lighting, comfortable seating, work surfaces, power, internet access, and the equipment agreed for the visit. Keep the room clean and basic refreshments available. Plan replenishment around the agenda and respect private working periods. A well-stocked room is only useful if the appraisers can access it when needed.

The coordinator anticipates scheduled room use from the current agenda and arranges access. For an unscheduled return, the appraiser tells the escort, who notifies the team so the room can be opened and ready. Agree on a backup contact so access does not depend on one unavailable person.

Protect the purpose of the space

Keep the room secure when not in use and follow the agreed access arrangements. It is not a place for team discussions, staff staging, storage of unrelated supplies, or reading the appraisers' materials. Handle printing, delivery, and technical support through the agreed process without disturbing confidential work.

Review the room each morning and at suitable intervals. Record a fault and who is resolving it, especially if it could affect access or a scheduled work period. A locked room with unreliable access is not operationally ready. Confirm that the backup arrangement works during rehearsal.

Tools: Word 1, Room purposes and local locations; Escort and transport brief. Excel, Rooms.

ROLE GUIDE

The driver and transport arrangements

Make the first and last journey predictable.

When the organization uses its own staff and vehicles, complete the local vehicle approval, checkout, driver training, and documentation processes before the visit. Confirm the vehicle, authorized driver, pickup point, travel route, and return arrangements. Transport requirements vary; use local policy and the confirmed visit arrangements.

Brief the driver on the agenda and give one reliable contact route for changes. Plan arrival at the hotel with time to meet the group without rushing. Verify where the vehicle can safely wait and where passengers will enter the organization. Consider traffic, accessible transport needs, parking, and the time between arrival and the first meeting.

The driver is part of the visit team

A nurse driver can offer a welcoming, knowledgeable introduction to the organization. Provide general orientation so ordinary questions can be answered accurately. The journey should not become a rehearsed presentation or a request for appraisal feedback. Refer formal questions or requests to the MPD.

For the return trip, agree on the standby arrangement and who confirms departure. Do not assume the scheduled end of the last meeting is the actual departure time. Notify the driver of agreed changes through the team's contact process. Keep an approved contingency available if the driver or vehicle becomes unavailable.

Include transport in the daily team brief and debrief. A pickup delay or unclear entrance can affect the whole morning. Record the cause and change the next day's plan where appropriate. The practical goal is a safe, reliable journey with a clear receiving handoff at each end.

Tools: Word 1, Escort and transport brief.

PREPARE PEOPLE

Help staff recognize their own work

Use everyday experience to make the submission meaningful.

Do good work because it benefits care and the work environment. During preparation, help nurses recognize how the structures described in the submission connect to that work. Shared decision-making, professional development, evidence-based practice, and use of data should be understandable through ordinary examples.

Use existing huddles, council meetings, and staff conversations. Choose one component of the professional practice model and ask what it means in that setting. A nurse may describe a change they helped make, support they received, or an improvement they are still working on. Repetition builds comfort when it preserves their own words and experience.

Conversation	What to listen for
How did staff influence that decision?	The route from an idea to a response or change.
What helped you develop your practice?	Specific access to learning and support.
What do these results mean for your team?	Understanding of the measure and current improvement work.
What still needs to improve?	A real concern and the response to it.

If a nurse struggles to answer, first check whether the wording is clear. A quiet conversation may help them recognize an experience they have not named. If the opportunity is genuinely absent, work with the responsible leaders to address the gap. More rehearsal cannot create an experience staff have not had.

Keep the journey resource short and accurate. Include the major structures, where staff participate, selected examples, current data locations, and where to find more detail. Give access to the full submission as required. Avoid personal data, inflated claims, or scripts for appraiser questions.

Tools: Word 2, Unit and clinic readiness; Staff reflection and practice examples; Gathering and return arrangements.

PREPARE PARTNERS

Coordinate beyond nursing early

Other participants may use different calendars and approval routes.

Executives, academic partners, community representatives, and colleagues outside nursing often need more advance coordination than staff within nursing's own reporting structure. Confirm the appropriate participants and session purpose through the agreed agenda process, then communicate early enough for travel, access, and schedule arrangements.

Provide the date, time, location, arrival point, contact route, and any confirmed access or technology needs. Ask for a response and a way to report a conflict. An invitation accepted months earlier does not guarantee that the person is still available when the agenda is finalized.

Brief for authentic participation

A partner briefing should help people recall their actual work with nursing. Academic partners may discuss shared education and learning. Community participants may describe access, collaboration, or unmet needs. Executives should speak to decisions, resources, and oversight within their role. Do not provide favorable answers or suppress different views.

Plan for a cancellation

Know who will receive the message and coordinate the response. If an alternative representative may be needed, discuss the process through the MPD and appraiser team rather than assuming a replacement is acceptable. This is especially important when an individual was specifically selected for a session.

Give partners the same practical attention as nurses: clear directions, a receiving person, an accessible route, and enough time to settle. Include their arrival in the run sheet. Keep private staff meeting opportunities independent of these scheduled group arrangements and communicate the official access route to staff. [1, pp. 118-120]

Tools: Word 2, Partner invitation and briefing; Executive and board briefing.



TEST THE PLAN

Rehearse the full movement

Measure the journey from patient handoff through return to the unit.

A mock visit tests whether the plan works when people are doing real jobs. Include the command center, unit leaders, navigators, gathering staff, meeting staff, escorts, workroom support, and transport as appropriate. Test concurrent streams so shared elevators, rooms, and staff assignments are exposed.

Measure before choosing buffers

Time the steps that determine readiness: reaching the unit, notifying the participant, arranging and completing handoff, walking to the gathering space, signing in, settling, and transferring to the meeting. Also time the return and resumption of care. Keep the clinical coverage decision with the responsible unit leaders.

A 30-minute preparation allowance can be a useful worked example. A distant clinic, transport between buildings, or a complex handoff may need longer. Include night-shift participation and breakfast sessions when reviewing coverage and return times. Repeat a route when conditions change or the first test did not reflect the actual day.

Test	What a useful finding looks like
Concurrent departures	Two planned absences overlap and require a coverage adjustment.
Arrival and room transfer	The gathering team needs another person during collection.
Route and access	An elevator or locked door adds travel time.
A cancellation	The team can locate the approved alternate and contact the MPD.
A request	The item reaches the MPD and an authorized custodian.

Record the problem, its effect, the owner, and the planned fix. Retest the change rather than closing the item because someone discussed it. Practice should build confidence in the operation and help staff speak comfortably, not score how closely they repeat prepared answers.

Tools: Word 4, Rehearsal and route timing. Excel, Rooms and Rehearsal.

A MEETING IN ACTION

A 10 a.m. nurse meeting

Illustrative timing. Test local routes, care handoffs and buffers before using this example.

COMMAND CENTER

Co-leads coordinate the operation. MPD handles appraisal matters and approved alternate decisions.

Readiness updates • Missing participants • Room status • Changed arrangements

01	02	03	04	05
9:30	By 9:50	9:50-9:55	10:00-11:00	11:00-11:15
PREPARE	GATHER	TRANSFER	MEET	RETURN
Navigator + unit	Gathering team	Gathering + meeting	Selected participants	Meeting + gathering
Confirm readiness and safe patient handoff.	Collect, check arrivals, settle and prepare.	Confirm room ready. Move, seat and finish meal setup.	Private discussion with appraiser. Respect attendance limits.	Return belongings, check logistics, travel and handoff.

APPRAISER MOVEMENT

Escort confirms route and destination → Appraiser meets the selected group → Escort to next agreed destination

Support staff stay available without assuming permission to remain in the meeting.

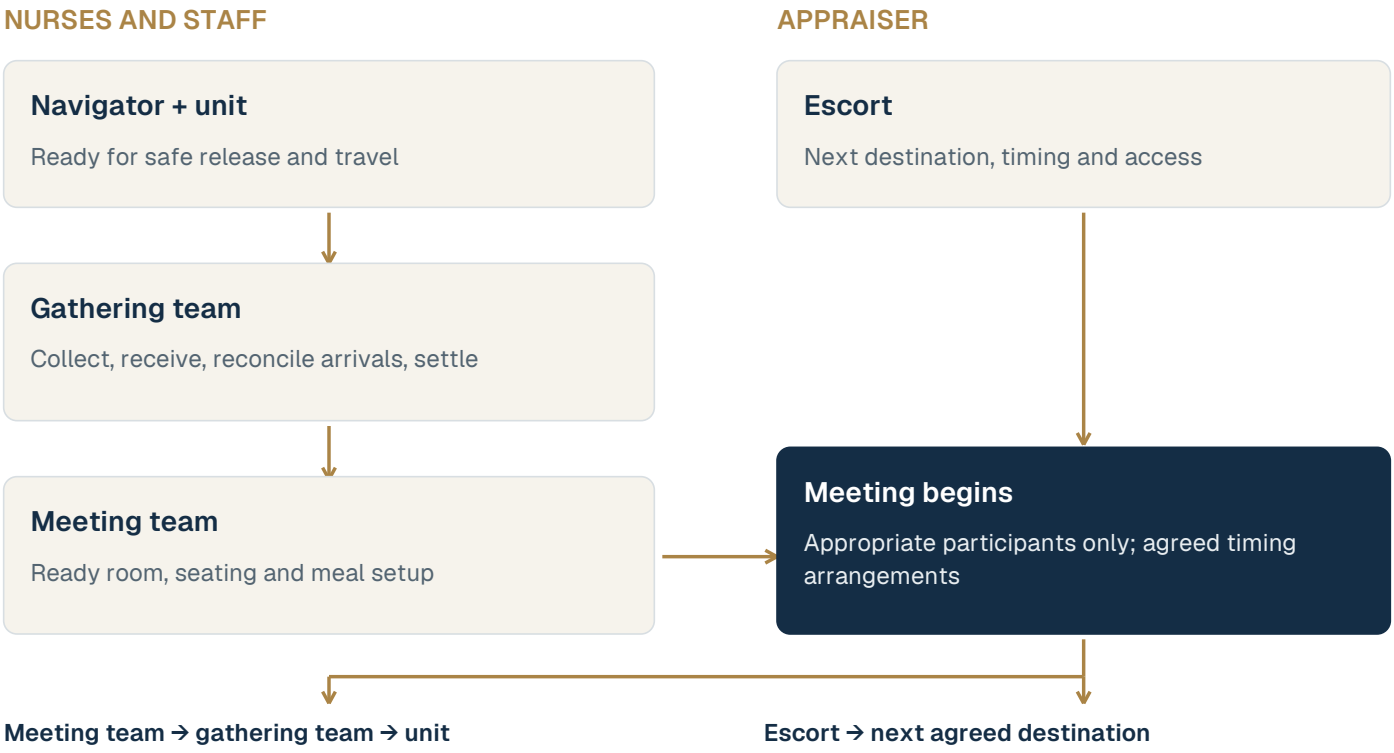
If readiness fails Protect care. Tell the assigned lead and command center. Confirm the agreed change before moving the group.

Example absence: 30 minutes before + 60-minute meeting + 15 minutes after = 105 minutes. Actual needs may differ.

A MEETING IN ACTION

Two movements meet at one ready room

Staff preparation and appraiser movement happen in parallel.



Shared coordination: role leads and command center. Care and agenda changes are escalated.

The navigator's readiness update starts the staff collection and arrival work. Gathering staff reconcile the group and communicate missing participants. Meeting staff confirm the destination is ready before receiving the group. The escort separately brings the appraiser to the correct room through the agreed route.

During the meeting, staff and appraisers have the appropriate space for discussion. Support roles remain available without treating their assignment as permission to attend. Afterward, the gathering and meeting teams coordinate the nurses' return while the escort follows the appraiser's next destination. [1, pp. 124-125]

Communication goes through the assigned leads and command center when a problem affects another group, participant selection, care coverage, or the agenda.

WHEN THE PLAN CHANGES

Respond without losing the next handoff

Keep a delay visible and give the receiving team a clear next action.

A usable plan includes how to respond when the expected person, room, route, or resource is unavailable. Decide the contact and decision routes before the visit. Keep patient care, participant selection, and private appraisal work protected while the logistics change.

Situation	Practical response
Selected nurse absent or unable to leave	Navigator reports to co-leads and MPD. Confirm care constraints and use the approved alternate process; seek appraiser direction if needed.
Group member not at gathering point	Gathering staff check the roster and contact the navigator or unit. Escalate uncertainty rather than recording an assumed arrival.
Previous meeting still in progress	Keep the incoming group settled. Meeting staff and leads coordinate readiness and any agenda implications.
Route or access fails	Escort/navigator contacts the relevant lead. Confirm a workable route and receiving person before moving.
Room or technology unavailable	Notify the room lead and command center. Coordinate an authorized alternative and communicate it to all affected teams.

The operational change record should state the issue, time, immediate care or privacy concern, person notified, decision, owner, and acknowledgment. Keep one current run sheet. A correction in one person's copy is not a shared change.

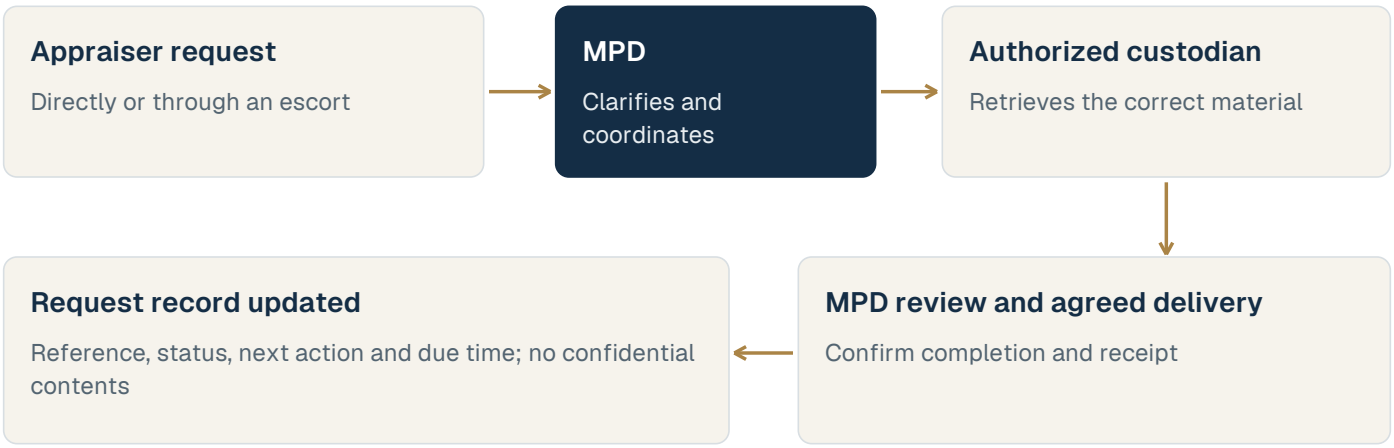
Urgent problems need prompt contact through the agreed route. At the next suitable break and daily debrief, examine the cause and the result of the response. Do not wait until the evening to tell a team that its next group cannot arrive as planned.

The response steps are CEC planning guidance. Follow the specific direction of the responsible clinical leaders and appraiser team.

DOCUMENT REQUESTS

Keep the MPD at the center of the response

A request can arrive through several people but needs one coordinated route.



If an appraiser communicates a request to an escort, the escort passes it directly to the MPD. The same route applies when the request is raised in a formal MPD discussion. Supporting staff may help locate documents, but the MPD coordinates what is being requested, who is preparing it, and how completion is confirmed.

Use the approved internal source and an authorized custodian. Confirm the correct version and response route before sending. The tracker holds the reference, owner, due time, and status; confidential content remains in its authorized system. Do not send personnel or complaint information in the operational group chat.

When a request is unclear or the material cannot be retrieved as expected, surface the limitation through the MPD. Do not reconstruct missing evidence, guess a number, or deliver an unreviewed substitute. Keep the next action visible until the request is resolved.

Tools: Word 3, Requested records and delivery. Excel, Requests. Use official requested-document forms separately.

THE DAILY RHYTHM

Brief together and improve together

Everyone who helps the visit run contributes to learning.

Hold a team pre-brief before the day's first operational commitments. Use the actual pickup and arrival plan. This operational briefing is separate from the daily Appraiser Team meeting with the Chief Nursing Officer (CNO), when the agenda and concerns are discussed and the CNO and MPD can raise observations. [1, p. 124]

Before the day begins

Review the current agenda, role and backup assignments, participant and room changes, route concerns, meals, transport, and open requests. Confirm who is covering each contact point. On later days, explain which changes came from the previous debrief and who is responsible for applying them.

After sessions and during breaks

Gather brief feedback about the participant experience: Was there enough time for handoff? Was the route clear? Did anyone feel hurried? Were belongings returned smoothly? Escorts can report delays and access problems at available breaks. Urgent issues still follow the immediate contact route.

At the end of the day

After appraisers leave for the day, bring the whole visit crew together: command-center leads, navigators, gathering and meeting staff, escorts, workroom support, and driver. Ask where the operation slowed, which participants were hard to locate, what felt rushed, and what should change tomorrow.

Keep the discussion about logistics. Do not ask staff to repeat private appraiser questions or answers, and do not use feedback to coach the next group's responses. Record a few clear actions with owners. At the next pre-brief, confirm the change and later check whether it improved the experience.

Tools: Word 4, Morning team briefing; Participant experience feedback; End of day team debrief.

OFFICIAL CHECKPOINTS

Keep requirements separate from local methods

These selected checkpoints support planning; they are not the full manual.

Checkpoint	Planning action
Applicable requirements	Confirm the applicable manual, current official updates, and program instructions before setting local deadlines. [1, 2]
Staff access	Make appraisal documentation available to staff from 40 calendar days before the visit through its conclusion, subject to the proprietary-information provision. [1, p. 119]
Public notices	Follow Magnet Program Office specifications; post at least 30 calendar days before and during the visit. Include relevant off-campus locations. Send posting details and copies/photos to the Magnet Program Specialist. [1, p. 119]
Selected participants	Respect random selection and the confirmed roster. Follow the appraiser-approved alternate arrangements rather than making independent substitutions. [1, p. 120]
Private meeting opportunity	Notify staff of the confirmed date, time, and location. Arrange privacy away from leadership offices, or the agreed virtual route. [1, pp. 118, 120]
Meeting attendance	Take attendance using the appraiser-team-provided Site Visit Attendance Roster. Local gathering records supplement it. [1, p. 125]

The workbook can calculate the 40-day and 30-day planning dates when a visit start date is entered. A calculated date does not prove that access or posting occurred. Assign an owner and record how completion was verified.

Official updates supersede affected printed requirements. Review the current ANCC update page before using this section for a later visit. [2]

RECORDS AND PRIVACY

Prepare the right access and protect conversations

Know what is requested, who holds it, and how it may be reviewed.

Use the current requested-document instructions and coordinate with record custodians early. The site visit includes validation of data and described processes. The Appendix F update includes professional development goals alongside self-appraisal and peer feedback in periodic performance review. Prepare access to the applicable records without copying them into a general planning pack. [1, pp. 117-123; 2]

The Required Documentation for Site Visit form and CNO attestation address specific categories and periods. Use the official versions and the applicable instructions. A CEC tracking table records responsibility and progress; it does not replace those forms or determine that the requirements are met.

Control who is present

Clinical/direct-care nurse guides have specific attendance limits. They remain at a unit visit only when they belong to that area, or at a meeting when they are selected participants. Meal meetings and unit tours have direct-care participation provisions. Confirm the full definition and session instructions rather than relying on a job title alone. [1, pp. 124-125]

Outside consultants are not included in staff meetings or unit tours. Keep private staff access separate from routine attendance coordination. Do not photograph or record appraisers conducting the visit or display their images. Their CVs are for CNO/MPD conflict review, not public distribution. [1, pp. 120, 124-125]

Keep the decision in perspective

A site visit does not guarantee designation. Appraisers submit their analysis to the Commission on Magnet, which makes the decision. Prepare staff to describe their actual experience, including what still needs to improve. [1, p. 118]

Use Notices and records for local verification and routing only. Store sensitive content in approved systems.

FOLLOW THROUGH

Close the visit without losing the learning

Finish the requested work and keep the improvements that help everyday practice.

At the end of the visit, reconcile outstanding requests through the MPD. Record the precise item, owner, agreed route, due date, and confirmation of delivery. Appendix F addresses specific pre-visit and post-visit follow-up deadlines for deficiencies and outstanding material. Confirm which instructions apply to each request rather than applying one deadline to every item. [1, pp. 121-122]

Thank the staff and partners who contributed, including those whose work happened behind the scenes. Invite feedback on preparation, communication, coverage, access, and the experience of participating. Preserve the distinction between operational learning and confidential appraisal discussion.

Keep the useful structure

Some practices deserve to continue: accessible professional practice information, clear council communication, meaningful use of data, reliable coverage for staff participation, and prompt follow-up when a gap is found. A well-run visit should reveal which routine systems helped and which depended on exceptional effort.

Retain a clean planning template, route measurements where still relevant, lessons learned, and decisions that future teams will need. Remove or archive outdated operational copies through local records policy. Do not carry forward old participant rosters, room numbers, or contact details as if they were current.

Make room to notice the achievement

Careful preparation creates space to see nurses speak with pride about their work. The visit team should be able to step back at appropriate moments and appreciate that experience. The work of nursing excellence continues after the visit and after the designation decision; the structures should support it throughout.

Tools: Word 4, Changes and final follow up. Excel, Actions and Requests.

ADAPT THE MODEL

Fit the structure to the organization

Keep the responsibilities clear even when the geography and team size change.

Begin with the confirmed agenda and actual number of simultaneous activities. Assign the functions needed at those times, then decide how many people and spaces are required. Do not begin with a fixed headcount copied from an example. A small team still needs a way to cover an absence and receive participants while another person is moving a group.

Local situation	Adaptation to test
Several groups in one large space	Separate seating and arrival points; assigned staff for each group; check sound and movement.
Multiple buildings or distant clinics	Measure transport and access time; confirm receiving contacts and contingency routes.
Small coordination team	Combine duties only when they do not conflict; make relief and backup coverage explicit.
Staff across shifts	Plan access, communication, selected attendance and safe coverage across those shifts.
Virtual or hybrid visit arrangements	Use the relevant official instructions; test technology, privacy, guide access and handoffs for that format.

Keep the manual's operating functions recognizable: someone prepares the unit, someone receives the group, someone prepares the meeting room, someone guides the appraiser, and someone coordinates the whole plan. Each function needs a clear handoff even if local job titles differ.

The most useful measure of the design is whether staff can participate safely and confidently while the visit proceeds according to the agreed arrangements. Change a form or layout when it helps that purpose. Keep the official selection, access, privacy, and record requirements intact.

USE THE TOOLS

Four Word resources and one workbook

Use forms for working details and the workbook for current status.

Resource	Use it to
Word 1: Team roles and visit logistics	Assign leads/backups and meeting teams; map rooms; plan routes, meals, transport, and handoffs; print timing reminders.
Word 2: Staff and partner preparation	Prepare units, participants, and partners; document coverage, arrival, belongings arrangements, and return.
Word 3: Notices and records	Verify local completion of official notices/access steps and coordinate requested records through the MPD.
Word 4: Rehearsal and follow up	Plan the mock visit, record findings, run briefings, manage changes, and close follow-up.
Excel tracker	Eight tabs: Overview, Actions, People, Run sheet, Coverage, Rooms, Rehearsal, and Requests.

Start with the local plan

Enter the organization and visit dates. Confirm the agenda version and the responsible leads. Use the assignment and room tables to identify gaps before adding every participant. Populate the workbook with references and operational information appropriate for the approved storage location.

The workbook's formulas support planning. They do not determine safe staffing, authorize a participant, certify readiness, or submit anything to ANCC. Review flags and calculated times with the responsible people. An empty field means the information still needs attention, not that a task is complete.

Copy only the sections you need for each group, room, or day. Keep one authoritative place for changing status so a Word copy and a spreadsheet do not silently diverge. Use the same session or group reference across the assignment table, run sheet, and attendance coordination.

All templates are blank for local adaptation. Follow local policies for personal information, storage, access, retention, and disposal.

REFERENCES

Sources and scope

Check the applicable requirements before each visit.

[1] American Nurses Credentialing Center. (2023). Magnet Recognition Program 2023 Magnet Application Manual (13th ed.). Appendix F, Site Visit Phase. See the page references beside official checkpoints in this manual. Use the full applicable manual and the instructions issued for the organization's visit.

[2] American Nurses Credentialing Center. Magnet Application Manual Updates and FAQs, including Updates to the Magnet Recognition Program 2023 Magnet Application Manual. Current online materials reviewed November 9, 2026. The Appendix F page 120 amendment adds professional development goals to the specified performance-review validation.

Open the official ANCC updates and FAQs

Using this CEC resource

Clinical Excellence Coaching, LLC provides the operating model, diagrams, examples, and editable planning tools in this package. They support local preparation and should be adapted to the organization's confirmed visit arrangements. Local roles, staffing, room layouts, timing buffers, transport methods, and belongings arrangements are not universal ANCC requirements.

The examples do not reproduce an organization's roster, confidential records, actual contact list, or official ANCC forms. Use the supplied official forms separately. The manual explains preparation and coordination; it does not certify compliance or predict the designation decision.

Maintain the latest approved agenda, applicable manual, official updates, and program communications in the organization's controlled location. When those instructions change, review the affected tools and brief the people using them.

Clinical Excellence Coaching, LLC | Site visit preparation manual | November 2026

