MARVIX AI

PATIENT MANAGEMENT CONFERENCE NOTE TEMPLATE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

1 PATIENT & CONFERENCE DETAILS

PATIENT NAME

DATE OF CONFERENCE

DOB

LOCATION / FORMAT

AGE / SEX

CONFERENCE TYPE

MRN / PATIENT ID

CURRENT LOCATION / LEVEL OF CARE

PRIMARY DIAGNOSIS / REASON FOR CARE

2 REASON FOR CONFERENCE

2 INDICATION FOR THE CONFERENCE

Complex care coordination · treatment planning · goals-of-care discussion · discharge planning · family meeting · interdisciplinary review · change in clinical status · prolonged hospitalization · conflict resolution · high-risk decision-making · barriers to care...

3 CONFERENCE PARTICIPANTS

3 PRESENT OR PARTICIPATING

PRIMARY PROVIDER

CONSULTING SPECIALISTS

NURSING TEAM

THERAPY TEAM

CARE COORDINATOR / CASE MANAGER

SOCIAL WORKER

PATIENT (PRESENT / NOT PRESENT / UNABLE)

FAMILY MEMBER OR CAREGIVER

LEGAL REPRESENTATIVE / SURROGATE DECISION-MAKER, IF APPLICABLE

INTERPRETER, IF APPLICABLE

OTHER PARTICIPANTS

4 CLINICAL BACKGROUND

4 RELEVANT HISTORY & COURSE

Primary diagnosis · secondary diagnoses · reason for admission or current care episode · relevant past medical history · recent hospital course · recent procedures · current treatment plan · major clinical events leading to the conference…

5 CURRENT CLINICAL STATUS

5 CONDITION AT TIME OF CONFERENCE

Neurologic or mental status · hemodynamic status · respiratory status:

Nutrition status · functional status · pain control:

Infection status · wound or line / drain concerns:

Current medications or treatments:

Current limitations or risks:

6 ACTIVE PROBLEMS / ISSUES DISCUSSED

6 ISSUES REVIEWED

Medical · surgical · functional · psychosocial · behavioral · nursing · medication · safety · disposition · financial · insurance · caregiver-related concerns…

7 RECORDS / DATA REVIEWED

7 CLINICAL DATA REVIEWED DURING THE CONFERENCE

RECENT PROGRESS NOTES

CONSULTANT RECOMMENDATIONS

LABORATORY RESULTS

IMAGING REPORTS

PROCEDURE REPORTS

THERAPY NOTES

MEDICATION LIST

NURSING UPDATES

PRIOR CARE PLANS

DISCHARGE PLANNING DOCUMENTS

ADVANCE CARE PLANNING DOCUMENTS, IF APPLICABLE

8 INTERDISCIPLINARY DISCUSSION

8 INPUT BY DISCIPLINE OR PARTICIPANT

Provider recommendations and specialist opinions:

Nursing concerns and therapy updates:

Care coordination barriers and social work needs:

Patient preferences and family / caregiver concerns as expressed in the meeting:

Areas of agreement and areas of disagreement:

9 PATIENT / FAMILY GOALS AND PREFERENCES

9 STATED GOALS, EXPECTATIONS & UNDERSTANDING

Stated goals, preferences, expectations, and concerns · understanding of the medical situation · quality-of-life priorities · treatment preferences · discharge preferences · caregiver capacity · cultural or religious considerations · decision-maker involvement…

10 MEDICAL DECISION-MAKING SUMMARY

10 MAJOR DECISIONS DISCUSSED

Treatment options reviewed:

Risks and benefits discussed:

Alternatives considered and clinical rationale:

Unresolved questions:

Final consensus or recommendation, where reached:

A ASSESSMENT

11 CLINICAL ASSESSMENT BASED ON THE DISCUSSION

Overall status · primary clinical concerns · major barriers to progress · risks requiring monitoring · clinical reasoning behind the agreed management approach…

P PLAN

12 AGREED CARE PLAN

Medical treatment plan · diagnostic plan · medication plan:

Nursing plan · therapy or rehabilitation plan:

Behavioral health plan · nutrition plan:

Wound or line / drain plan · safety plan:

Discharge or transition plan · goals-of-care plan, if applicable:

Family / caregiver communication plan · escalation or contingency plan:

AI ACTION ITEMS

13 ASSIGNED NEXT STEPS

ACTION ITEM	RESPONSIBLE PERSON / TEAM	TARGET DATE	FOLLOW-UP REQUIREMENT

Pending authorization, referral, test, placement, or family decision:

BC BARRIERS TO CARE / DISPOSITION

14 IDENTIFIED BARRIERS

Insurance authorization · placement availability · home support · caregiver limitations · transportation · medication access · equipment needs · therapy tolerance · medical instability · safety concerns · pending diagnostic results…

F FOLLOW-UP PLAN

15 POST-CONFERENCE FOLLOW-UP

Next provider evaluation · next family update:

Repeat conference if needed · pending results to review · referral follow-through:

Discharge planning milestones · timeline for reassessment:

T TIME DOCUMENTATION, IF APPLICABLE

16 TIME SPENT

TOTAL TIME SPENT

CONFERENCE START TIME

CONFERENCE END TIME

CARE COORDINATION TIME

COUNSELING / FAMILY DISCUSSION TIME

DOCUMENTATION TIME, IF APPLICABLE

B BILLING CONSIDERATIONS

17 BILLING ELEMENTS

E/M LEVEL, IF APPLICABLE

CARE CONFERENCE CODE(S), IF APPLICABLE

CARE COORDINATION CODE(S), IF APPLICABLE

PROLONGED SERVICE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / CARE COORDINATION / FAMILY CONFERENCE

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME