

What is it?

An eConsult is a **non-emergent** electronic consultation ordered online through Mayo Clinic. When complete, it provides an electronic response from a Mayo Clinic specialist answering a specific clinical question regarding your patient.

Who Can Use It?

As this time, eConsult is available to authorized specialists on staff at Kootenai Health.

eConsult Request

- ▶ Access eConsult order form at kh.org/mccnresources
- ▶ Complete patient information section
- ▶ Complete requesting physician information section
- ▶ Enter the primary diagnosis
- ▶ Enter the specialty department at Mayo Clinic where you would like the eConsult reviewed
- ▶ Select the results/records to send
 - ✓ Provide pertinent portion of the patient's medical record that should accompany the eConsult.
 - ✓ **Limited to 25 pages.** Limiting medical record information to documents and timeframes relevant to the medical specialty and clinical question of the requesting physician will improve the quality and efficiency of eConsults.
- ▶ **Obtain patient-signed Authorization for Disclosure of Protected Health Information**
- ▶ Select the primary reason for Mayo eConsult
- ▶ State your focused clinical question:
 - ✓ You are limited to **ONE** question per eConsult
 - ✓ The question must be specific to your patient's medical diagnosis
 - ✓ The question must be obvious and succinct
- ▶ Complete the clinical summary note that supports the reason for the eConsult
- ▶ Submit eConsult order form via the electronic option
- ▶ You can print off the eConsult order, complete, sign and fax it to 208-625-6247
- ▶ You can print off the eConsult order, complete, sign and drop it off in the Medical Staff Services office eConsult coordinate, Jessica, can be reached at 208-625-5080

Kootenai Health eConsult Order

Patient's first name, MI and last name: _____		
First	MI	Last
Patient's last 4 digits SSN: _____		
Patient's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Patient's DOB (MM/DD/YYYY): ____/____/____		
Requesting Provider's first and last name: _____		
First	Last	
Mobile Phone #: ____/____/____		
Office Phone #: ____/____/____		
Email for notification of completed request: _____		
Office Contact Person's first and last name: _____		
First	Last	
Office Fax #: ____/____/____		

STOP
Before submitting this eConsult order, verify that you referred to "AskMayoExpert" (AME) regarding the basis for your eConsult.

To what specialty department should the eConsult go?	
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include most recent office H&P or Consult?
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include Patient medical history, current medications, family history, date of onset (if not included in Clinical Summary or H&P / Consult)?
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If hospitalized within past year, include most recent discharge summary?
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include lab results?
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include radiology study results and images?
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include cardiac study results and images?
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include pathology results? <i>Note: slides are required for Hematology, Brain Cancers, and Breast Cancers.</i>
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Include other records or studies? <i>If yes, specify study name and date of service in Comments.</i>
Comments: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I have obtained a patient-signed Authorization to Release of Information and have forwarded this to the Kootenai Health eConsult Coordinator.
Comments: _____	

Provider Signature: _____ Date: _____ Time: _____

KOOTENAI HEALTH
Cour d'Alene, Idaho

Health Information Secure Fax: 208-625-6247
 eConsult email: MCCNEConsult@kh.org

KOOTENAI HEALTH eCONSULT ORDER
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