

Clario's Smart Worklist

Clario is committed to increasing radiology productivity with a worklist designed to work for you.

Reconstructing Health System Radiology

Most health systems have been through at least a little consolidation. This usually results in 2 or more siloed radiology departments. Breaking down the silos can result in a faster, better and less expensive radiology department, but getting this done can seem like a daunting task.

Clario recommends a phased approach to rebuilding your radiology department

1. Phase 1 involves setting a vision and selecting vendors for your long term solution
2. Phase 2 puts everyone on a single, unified worklist
3. Phase 3 swaps out the legacy PACS viewer(s) for new viewer(s)

Phase 1: Setting a Vision and Selecting Vendors

Find the answers to these questions when setting your vision:

- Is the health system moving to single EMR?
- Is the health system moving to a single VNA?
- What viewer features are desirable for clinical use?
- What viewer features are desirable for diagnostic use?
- What are the priorities (for example, is there one PACS that is especially expensive)?
- What is the timeline?

Phase 2: Everyone on a Single List

Before replacing your existing PACS and VR solutions, you can deploy the worklist. There are several advantages to this:

- Analytics can be gathered on the entire enterprise
- Hospitals can begin to transition out of the legacy PACS into the new worklist. For example, adding notes to the worklist, instead of the PACS and confirming that exams are ready to read
- All radiologists are on the same system, can chat with each other, and optimization of workflows can begin
- During this phase, the VNA should become the central archive for ALL medical images created in the health system

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Phase 3: Swapping out Legacy PACS Viewer(s)

With all the images flowing into a single VNA, and all the Radiologists reading on a single worklist, completing the removal of PACs from the workflow is relatively easy. Only the viewer needs to be replaced.

The best viewer replacement will read directly out of the VNA (like a clinical image viewer) and display all modalities the enterprise reads. If a viewer suitable for all modalities is not available, legacy viewers can stay in place to read that modality.

The resulting system will be best-of-breed, componentized and vendor neutral. You will have more flexibility, less cost and better performance. With the right approach and some patience, you can achieve your goal without massive disruption or significant risk.