Clinera

ONCOLOGY WORKFLOW INFRASTRUCTURE

Clinical workflow infrastructure for multidisciplinary cancer care.

A practical institutional brief on case preparation, tumour-board coordination, decision capture, follow-up, integration and governance.

THE OPERATING QUESTION	How can a cancer centre make every MDT case ready, every recommendation recoverable and every next step owned?

Prepared for cancer-centre leaders, MDT programme owners, clinical informatics, IT, information governance and prospective implementation partners.

EXECUTIVE SUMMARY

The MDT problem is operational before it is technological.

A tumour board succeeds when the right case information, specialties and accountability come together at the right time. Video conferencing alone does not create that operating system.

Clinera MDT is designed around four linked responsibilities:

01

Prepare

Collect the minimum case information and make missing pathology, imaging, history or prior decisions visible before the meeting.

02

Coordinate

Organise boards, participants, cases and source materials in one shared clinical workflow.

03

Decide

Record the recommendation, rationale, unresolved questions and participation while the team is together.

04

Follow

Assign ownership, preserve the longitudinal record and monitor whether agreed actions were completed.

What Clinera is	What Clinera is not
A specialty-care workflow platform for multidisciplinary collaboration, structured records and operational reporting.	A replacement for independent clinical judgment, a diagnostic service, or a claim that software alone will create a sustainable MDT programme.

THE INSTITUTIONAL CHALLENGE

Where multidisciplinary care loses continuity.

Across observed workflows, demonstrations and implementation discussions, the recurring friction sits between clinical intent and day-to-day execution.

01	**Case readiness**	Teams discover missing imaging, pathology or clinical history during the board, consuming specialist time and delaying a useful recommendation.
02	**Administrative load**	A coordinator may depend on spreadsheets, chat threads, calls and manually assembled presentations to keep the meeting running.
03	**Decision recoverability**	Recommendations and rationale can be scattered across notes or slide decks, making later review difficult.
04	**Follow-up ownership**	A decision is not an outcome. Without an owner, due date and visible status, the loop remains open.
05	**Programme evidence**	Leaders often lack a consistent view of cases discussed, participation, recommendations, action completion and adoption.
06	**Governance ambiguity**	Data location, controller and processor roles, access, retention, integrations and support responsibilities may not be settled early enough.

DESIGN PRINCIPLE

The platform should reduce coordination burden and make clinical work recoverable. It should not create another administrative layer for the team.

OPERATING MODEL

One workflow across the board.

Clinera connects the tasks before, during and after the meeting so the MDT can function as a repeatable clinical programme rather than a sequence of isolated calls.

STAGE	TEAM RESPONSIBILITY	CLINERA WORKSPACE	EVIDENCE CREATED
Prepare	Submit and validate the case	Structured case record, readiness checks, source materials	Completeness status and preparation history
Coordinate	Set the board and participants	Agenda, invitations, roles and meeting workspace	Attendance and board activity
Decide	Review evidence and agree next step	Recommendation, rationale, comments and unresolved questions	Recoverable decision record
Follow	Act, update and review	Owners, next actions, status and longitudinal timeline	Action completion and feedback

A deployment can support scheduled boards, ad hoc case discussions and expert panels. The operating model, clinical ownership and minimum-data set are configured with the institution.

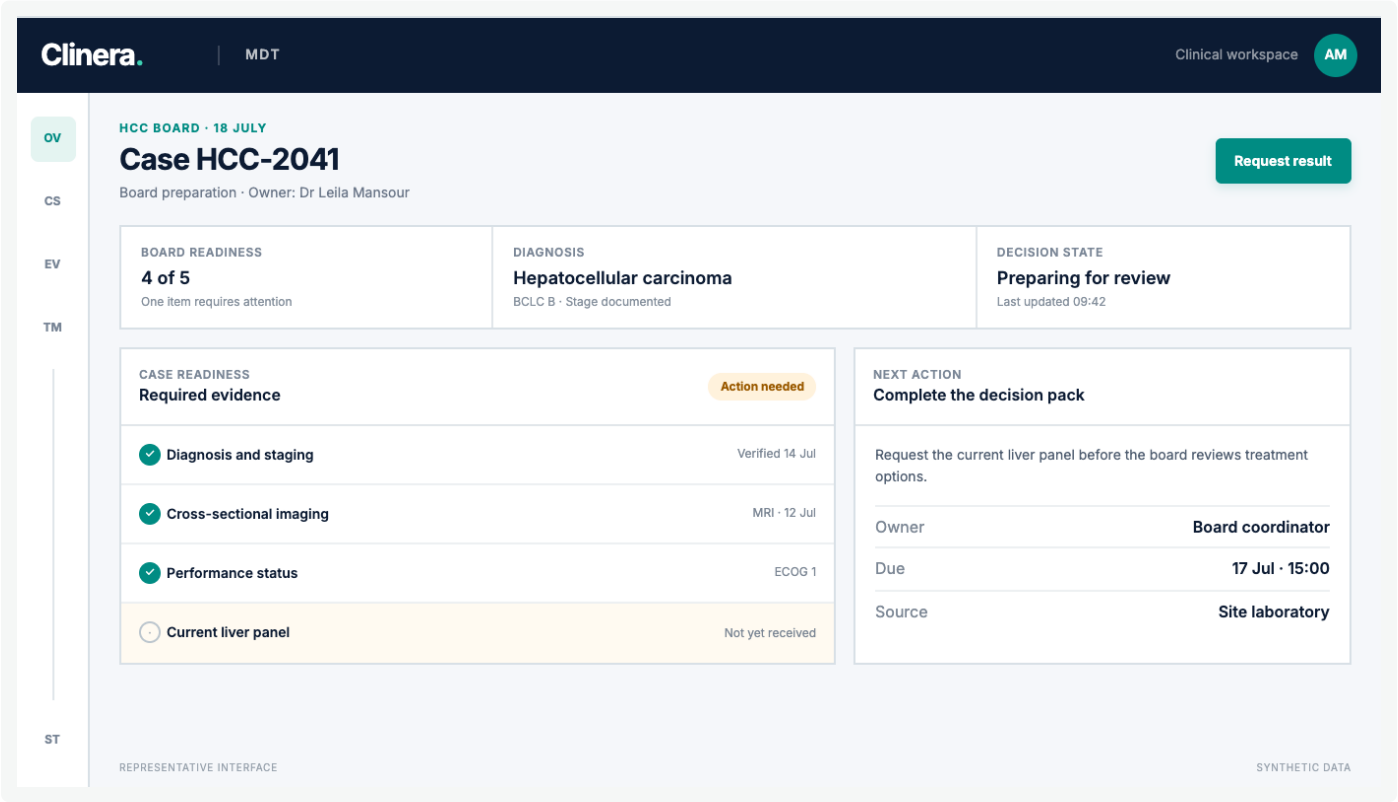
Useful programme measures

CASE FLOW	PARTICIPATION	DECISIONS	FOLLOW-UP
Submitted, ready, discussed, deferred	**Board activity and attendance**	**Recommendations and unresolved questions**	**Owned actions and completion**

REPRESENTATIVE INTERFACE

See what is ready before the board starts.

A single workspace makes preparation status, the clinical recommendation and the next action visible to the team.



Illustrative interface using synthetic demonstration data.

01

Case readiness

Identify missing evidence before specialist time is used.

02

Decision record

Keep the recommendation and rationale recoverable.

03

Owned follow-up

Make the next action, owner and status visible.

PRODUCT BOUNDARY

The interface supports workflow and documentation. Clinical decisions remain with the treating team.

PLATFORM CAPABILITIES

Designed for clinical operations, not only the meeting.

The capability set is organised around institutional workflows. Exact modules and configuration are confirmed in the deployment scope.

01

Structured case workspace

Patient and case information, clinical documents, history, comments and workflow status in one institution-governed record.

02

MDT board management

Board scheduling, agendas, case queues, participants and meeting collaboration.

03

Recommendation history

Document the recommendation, rationale, unresolved questions and a longitudinal history of prior discussions.

04

Operational follow-up

Assign next actions and responsibilities, then review status after the board.

05

Reports and dashboards

Monitor activity, case flow, participation, recommendations and agreed implementation measures.

06

Configurable clinical pathways

Adapt forms, minimum-data sets, roles and workflow steps to the tumour type and institution.

CLINICAL BOUNDARY

Clinera supports workflow, documentation and collaboration. It does not diagnose, prescribe or replace professional judgment. All clinical outputs require review by qualified healthcare professionals, and clinical decisions remain with the treating team.

INTEGRATION AND INTEROPERABILITY

Integration is scoped, not assumed.

The objective is to reduce duplicate work without creating an uncontrolled data pathway. Source systems, permissions, data mappings, ownership and support must be validated before implementation.

PATTERN	DOCUMENTED ARCHITECTURE	DEPLOYMENT BOUNDARY
Application interfaces	RESTful APIs with JSON payloads	Enabled endpoints and source-system access are agreed per project
Authentication	OAuth-based API access and role-aware middleware patterns	Identity provider, SSO and token policies depend on the institution
Lifecycle	Versioned APIs and Swagger-style documentation patterns	Final interface specification and change control sit in the SOW
Clinical data	Data model designed with FHIR resource concepts	FHIR conformance or exchange profiles require validation; this is not a certification claim
Clinical systems	Pathway for EHR/EMR and third-party integration	Discovery, feasibility, privacy, cost and ongoing support are separately scoped

A safe integration sequence

01	**Discover**	Identify the actual source systems, owners, constraints and intended clinical outcome.
02	**Minimise**	Exchange only the data needed for the agreed workflow and lawful purpose.
03	**Validate**	Test mappings, roles, auditability, exception handling and clinical sign-off.
04	**Operate**	Define monitoring, incident ownership, change control and support responsibilities.

SECURITY, PRIVACY AND DEPLOYMENT

Controls must follow the institution's operating model.

Clinera supports deployment patterns designed for different data-residency, privacy and infrastructure requirements. No hosting model removes the need to define accountability.

01

Data protection

Documented patterns include AES-256 encryption at rest and TLS for data in transit. Final key management and infrastructure controls are deployment-specific.

02

Access and isolation

Role-based access, attribute-aware controls, institutional separation and database-level row policies are available architecture patterns.

03

Auditability

Audit trails can record user, timestamp, entity, action and other request context. Retention and export routing are configured with the institution.

04

Continuity

Backups, recovery procedures, monitoring and operational objectives are agreed for the selected hosting model and support scope.

SHARED OR MANAGED CLOUD	PRIVATE CLOUD	ON-PREMISE
Suitable where an approved cloud region, processor model and managed operations meet institutional requirements.	Supports stronger institutional control over tenancy, network design and location while retaining cloud infrastructure.	Can operate inside institution-controlled infrastructure, including restricted-network patterns documented for enterprise deployment.

Governance note

The healthcare institution remains responsible for its lawful basis, clinical governance, permitted users, retention requirements and use of the platform. Controller, processor and subprocessor roles; data location; support access; security incident handling; and deletion/export obligations must be stated in the applicable agreements.

IMPLEMENTATION AND EVIDENCE

Start with a programme, not a software login.

Sustainable adoption requires a named owner, a real meeting cadence, a minimum-data set, coordinator capacity, clinical sponsorship and an agreed route from pilot evidence to operational funding.

01	**Discover**	Map the existing MDT workflow, administrative burden, data sources, governance constraints and success measures.
02	**Configure**	Agree tumour pathway, roles, forms, minimum-data set, boards, permissions and hosting model.
03	**Validate**	Run technical, privacy, clinical and operational acceptance with named owners.
04	**Onboard**	Train coordinators and clinical users around a live workflow, not a generic product tour.
05	**Measure**	Track repeat use, case readiness, board activity, recommendation capture, follow-up and user feedback.
06	**Scale**	Expand only when programme ownership, funding, support and evidence justify the next phase.

EVIDENCE BASIS	CLAIM BOUNDARY
Clinera MDT technical architecture and high-level specification documents; enterprise on-premise deployment guide; 2026 vendor capability evidence pack; observed MDT workflows, pilots, demonstrations and implementation discussions across MENA and Sub-Saharan Africa.	This paper is an institutional product brief, not a certification, legal opinion, clinical guideline or commitment to a universal configuration. Product modules, hosting, controls, service levels, integrations and regulatory responsibilities are confirmed in the applicable proposal, SOW, MSA and DPA.

DISCUSS YOUR MDT PROGRAMME

Bring us the workflow, governance constraint or operational bottleneck you are trying to solve.

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