



# Innovative CRM solution helps assure healthy hearing for every child in Queensland



## MODERNISING OUTDATED & INADEQUATE SPREADSHEETS AND SYSTEMS

As part of Queensland Health’s comprehensive program of health services to the people of Queensland, Australia, the organisation provides free hearing screening for every child born in this state.

The screening equipment used for testing, produces reports in the form of simple text output. When the program initially launched, results were parsed into Excel spreadsheets and manually interpreted by staff members, who utilised Excel for both analysis and archival.

When the volume of testing became unmanageable using spreadsheets, Queensland Health engaged a partner to develop a database. Over time this, too, became inadequate to support the program’s extended care pathway and analytic requirements.

In 2012, the Healthy Hearing Program received funding for the development of the “QChild” system, which aimed to cover management of child birth data, hearing screening results, audiology consultations and extended care pathways data. QChild was designed to collect all hearing screening data from all newborns, centralise the data collected, eliminate possible record duplication, and provide tools for analysis.

By design, the solution must also automate the workflow that directs children requiring treatment to the appropriate medical and professional resources, as well as track their progress throughout the early childhood years.

Another requirement for the system was to provide data and report all indicators identified in the National Performance Indicators to Support Neonatal Hearing Screening in Australia. The program also required a system for reporting and correlating data for research purposes i.e. association of risk factors to hearing loss.

## AT A GLANCE

**Case Study**  
Queensland Health

**Website**  
[health.qld.gov.au](http://health.qld.gov.au)

**Industry**  
Health

**Company Size**  
85,000+

**Country**  
Australia

By examining such data, the Healthy Hearing Program will be able to better identify possible causes of hearing impairment, and in turn, potentially intervene before the impacts of hearing impairment occur. Collecting clinical data and correlating these with findings over time and large volumes of births will help facilitate research in causality.

## SOLUTION

Since Queensland Health already used Microsoft Dynamics CRM and other related Microsoft technologies, the organisation decided to expand on its deployment of Microsoft Dynamics CRM 2011.

The project was launched with a “fit/gap” analysis project conducted by Microsoft Consulting Services, which established the baseline requirements of the functional specification. Members of our Dynamics 365 team then developed a solution built upon Microsoft’s XRM platform, which would support the fundamental record structure required quite robustly. The “X” in XRM refers to the relationship management of anything, not just customers.

The original fit/gap analysis suggested that the Dynamics CRM platform would provide an 82% match with the organisation’s requirements, requiring about 18% customisation. However, the needs and requirements that surfaced during development shifted the ratio closer to 40% “out-of-the-box” and 60% customisation. Fortunately, the robustness of Dynamics CRM as a development platform allowed for this adjustment.

The resulting system, QChild, provides secure access to this data to all users in every hospital in the Queensland Health system. It also interfaces with important organizations that see children along the Healthy Hearing continuum, such as Family Support Services, the multidisciplinary Childhood Hearing Clinics and Early Intervention.

A secondary web based system, The QChild Portal, enables import of screening data from all birthing hospitals across Queensland, which is then processed and imported into QChild, triggering automated workflows based on the screening results.

Using Microsoft Dynamics CRM as the development platform enabled very rapid application development for the QChild project. “The project was commenced in March 2012 and we launched with public hospitals in March 2013,” says Dr. Rachael Beswick, Healthy Hearing Program Team Leader. “This includes a delay due to difficulties in procuring infrastructure that delayed the release of QChild for four months.”

## BENEFITS

Having a centralised and automated system for data collection, workflow management and results analysis has enabled Queensland Health to attain a higher level of business intelligence.

*“We have an entirely new exposure to the activity of the staff involved. We are seeing things we could never see before and looking at quality in a new way, because there was no possibility of us knowing the things we now know.”*

**Senior Project Officer**  
Queensland Health

We have an entirely new exposure to the activity of the staff involved in the Healthy Hearing program end-to-end,” reports Gavin Bott, Queensland Health Senior Project Officer. “We are seeing things that we could never have seen before, and we’re looking at quality in an entirely new way, because there simply was no possibility of us knowing the things we now know.”

“The system facilitates institutional knowledge across the organisation: The full record of audit where every action is recorded allows us to understand not only what’s been done, but very often you can see why things have been done. You can almost trace a train of thought when somebody has made an error by looking through the audit actions and time stamps.”

Dr. Beswick adds several key benefits:

- Timeline analysis. “We can look at timeframes between things very easily — time from birth to referral to appointment, for example.”
- Alerts and notifications. “We can setup dashboards that can alert us whenever anyone slips out of benchmarks.”
- Performance indicators. “We can look at every single aspect of everybody’s performance. We can look at all of the professionals in the system, too. We can look at individual screeners or individual audiologists or individual hospitals to ensure a high quality of work.”
- Monitoring capabilities. “Newborn hearing screening data needs to be reported at a national level.” Bott describes the “macro/micro” aspect of the obligations to the infants themselves. “We’re reporting nationally, but we also ensure that each infant is getting the care they need. We can assure that they are each being looked after well.”

[Learn more about Queensland Health](#)



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