

Status Review of the implementation
of the recommendations made in the
*“External Benchmarking Exercise: The
Prince Charles Hospital Heart and Lung
Transplant Services”* Report

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Purpose of this report

The purpose of this report is to provide the findings from a review of the status (Status Review) of the implementation of the recommendations made in the “*External Benchmarking Exercise: TPCH Health and Lung Transplant Services*” report. The report was the outcome of a review commissioned in 2024 by Metro North Hospital and Health Service (MNHHS).

MNHHS staff and consumers were welcoming and actively engaged in this Status Review, which is very much appreciated. Their openness is commendable, especially given the challenging environment of ongoing change and improvement.

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Executive Summary

In 2024 Metro North Hospital and Health Service (MNHHS) commissioned a benchmarking exercise of Queensland Heart and Lung Transplant Services, based at The Prince Charles Hospital (TPCH). The benchmarking exercise made forty-three (43) recommendations for improvement, which were provided to the MNHHS Executive. The purpose of this report is to provide the findings from a review of the status (Status Review) of the implementation of the recommendations made in 2024.

MNHHS accepted all recommendations from the benchmarking exercise. As of November 2025, this Status Review has found that MNHHS has made substantial progress in implementing the 43 recommendations. Thirty-four recommendations have been completed, with the remaining nine recommendations well underway.

Within the work completed by MNHHS key achievements include:

- Recruitment of senior leaders in Intensive Care and Thoracic Transplantation, alongside strengthened succession planning approaches.
- Clinical Practice Improvements including, updated evidence-based guidelines enhanced multidisciplinary team (MDT) meetings, and acquisition of advanced donor procurement technology (XVIVO™ HOPE system).
- Establishment of Transplant and Left Ventricular Assist Device (LVAD) databases, quarterly outcome reporting, and improved registry participation.
- Noticeable improvements in staff engagement, consumer involvement, and early research partnerships.

While progress has been substantial, key areas which require ongoing attention to complete all 43 recommendations and ensure sustainable change include:

- Embedding reforms into governance, workforce culture, and consumer communication.
- Strengthening codesign with staff and consumers to build trust and ownership of reforms.
- Succession planning and workforce sustainability, particularly in specialist roles.
- Enhanced governance reporting, moving beyond Red/Amber/Green dashboards to more detailed risk and impact analysis.

The Transplant Governance Oversight Committee has appropriate membership and provides structured leadership and accountability, with clear reporting lines to MNHHS Executive and Board committees.

Looking ahead, MNHHS can consolidate gains and transition to a strategic focus. Developing the five-year plan for transplant services (Recommendation 42) will be pivotal in embedding reforms, strengthening consumer and staff partnerships, and positioning TPCH as a leading centre for heart and lung transplantation in Queensland and Australia.

In summary, this status review has found that MNHHS has demonstrated commitment, investment in new and additional roles, and cultural renewal in response to the benchmarking review. The challenge now is to embed these changes into business-as-usual governance, focus on workforce sustainability, and build consumer trust to ensure the service's future resilience and excellence. Continued focus and development of the five – year plan will support MNHHS to continue to meet this challenge.

Introduction

Background and Context

In 2024 Metro North Hospital and Health Service (MNHHS) commissioned a benchmarking exercise of Queensland Heart and Lung Transplant Services, based at The Prince Charles Hospital. The aim of the benchmarking exercise was to strengthen and improve service delivery of the Heart and Lung Transplant Service.

The benchmarking exercise was undertaken by a group of reviewers whose expertise covered advanced practice cardiothoracic transplant nursing, heart transplant and heart failure medicine, lung transplant and lung failure medicine, cardiothoracic transplantation and general cardiothoracic surgery. The individuals each had on average over 3 decades of experience of transplantation hospital medicine to draw on.

The findings of the benchmarking exercise and 43 recommendations for improvement were provided to the Executive of MNHHS.

Terms of Reference for the Status Review

The Terms of Reference for this review were developed by Queensland Health and included the following objectives:

- (a) consider the status and sustainability of MNHHS's implementation of the forty-three (43) recommendations outlined in Appendix A of the Report.
- (b) prepare a report which includes:
 - i. MNHHSs response to the recommendations.
 - ii. the actions progressed and proposed by MNHHS to address those recommendations.
 - iii. the status of those actions, including outcomes and completion dates.
 - iv. how the recommendations have been implemented and/or embedded to ensure sustainable change.
 - v. the next steps to be taken by MNHHS to ensure sustainable change in response to the recommendations.
 - vi. how the governance and monitoring of the progress of recommendations is being undertaken.

The Status Review is not designed or intended to review individual conduct or workplace related matters.

The findings of this Status Review are structured as per objective (b) above.

Process and scope of the Status Review

The Status Review process included a review of key documents including but not limited to the benchmarking exercise report, list of the 43 recommendations, internal MNHHS reporting on progress of the actions against the 43 recommendations and other key documents as provided by MNHHS.

The status review involved interviews with 30 stakeholders onsite over a two-day period, their time and openness are very much appreciated. Stakeholders consulted included heart transplant consumers, lung transplant consumers, Metro North and Prince Charles executives, medical directors, the Metro North Board Chair, transplant nursing staff, nursing directors, allied health director, a representative from people and culture and senior medical leaders.

The review used MNHHS documents and information gained from stakeholder interviews. It is a status update on progress and sustainability of actions taken in response to the 43 recommendations from the benchmarking exercise, not a detailed audit and was completed over a period of eight days.

Findings

MNHHS response to recommendations

MNHHS has acknowledged that aspects of the 2024 report were extremely concerning and has accepted the findings and recommendations and indicated a commitment to continuously improving their transplant services.

Since receiving the 2024 report and recommendations MNHHS have indicated that they have commenced implementation of the 43 recommendations made, including a financial investment, increasing staffing, changes in senior leadership and improvements in reporting for greater transparency.

MNHHS report seeing a noticeable difference, particularly in the culture of the heart transplant service. They recognise the hard work of the current clinical teams in the transplant services and provide them with the full support of MNHHS. They are proud of the commitment of staff to implement the recommendations from the report and to improve transplant services.

Overall, MNHHS has dedicated substantial effort to implementing the 43 recommendations outlined in the 2024 report. The initial and critical step of accepting all recommendations was actioned in a timely way after receiving the Benchmarking report.

Engagement with stakeholders as part of this Status Review has demonstrated a strong commitment to resolving the issues highlighted in the benchmarking exercise and to executing related actions promptly. A well-defined structure of responsibility and accountability guides the organisational response, with key senior leaders collaboratively sharing these obligations.

Governance & Reporting

The Transplant Governance Oversight Committee is responsible for guiding the implementation of recommendations, transitioning from the former Benchmarking Exercise Steering Committee with a dedicated mandate to oversee delivery following the 2024 report.

The Committee's Terms of Reference specify its role in managing both the implementation and evaluation of benchmarking recommendations and outline several key objectives:

- Ensure that Heart and Lung Transplant Services remain sustainable and adhere to best practices.
- Provide advocacy to Metro North Executive and Metro North Board where recommendations necessitate additional resources.
- Appropriately identify, articulate, and escalate risks.
- Initiate actions as detailed in the recommendations action plan.
- Monitor outcomes of implemented improvements and make necessary adjustments.
- Develop a five-year strategic plan for transplant services.

Committee membership is appropriately constituted, including senior executive, operational, clinical leaders, and transplant consumer representatives.

Governance, reporting structures, and committee relationships are clearly outlined in the Terms of Reference, stating that reports will be made to the following:

- TPOCH Executive Leadership Team.
- Cardiology Performance Meeting.
- Thoracic Performance Meeting.
- TPOCH Clinical Governance Meeting.
- Monthly Transplant Town Hall.
- Monthly Metro North Executive Safety and Quality Committee.
- Bi-monthly Metro North Board Safety and Quality Committee.

Recent committee changes, enhanced engagement with consumers, and the inclusion of new members from the MNHHS executive are promising signs and are expected to improve oversight and governance of recommendation implementation.

Actions progressed and proposed

Details of each recommendation, status and an assessment of the action is provided in Appendix 1.



An assessment of progressed and proposed actions confirmed MNHHS's commitment to the reviewers' recommendations in the 2024 report. All recommendations were accepted and are in the process of being implemented accordingly, with actions aligned to the suggested improvements.

Status of actions

The benchmarking report included 43 recommendations. Although there were 43 recommendations in total, many of the recommendations called for several different actions to be implemented.

Details of each recommendation, status and an assessment of the action is provided in Appendix 1.

Substantial progress has been made in addressing these recommendations, with clear evidence showing that each one has been acted upon. At the time this progress was reviewed, the status of those actions is as follows:

Status Category	Number of Recommendations	Definition / Notes
 Completed	34	Evidence of implementation provided and demonstrates implementation of action in line with recommendation. Note - 8 recommendations are subject to recruitment completion.
 In progress	9	Clear actions being undertaken however recommendation will naturally take time to implement – often due to specialist nature of the workforce required.
Total	43	

Implementation and embedding change

For the past 18 months, senior leaders across TPCB have focused on responding to the 2024 report and implementing recommended actions.

Executive oversight and reporting to the MNHHS Executive and Board have been managed by the TPCB Executive.

Although the 2024 report and its recommendations have commanded significant attention over the last 18 months, project support appears to have been limited, resulting in a heavy workload for the senior leaders at TPCB. Despite these challenges, their dedication and efforts are evident.

Dedicating a project resource for implementation, management, and change oversight would have improved project management, stakeholder communication, and engagement. Strong project management helps coordinate efforts and track progress through clear milestones. Despite this, timely improvements have still been made. This was a strong theme from stakeholder consultation.

Some stakeholders have suggested that improving collaboration and involvement during the change process would encourage better engagement and support. Staff and consumers remain committed but have felt uncertain at times by unclear processes. The speed of implementation of change and differing levels of staff participation may have affected how thoroughly changes were adopted and will need careful tracking to assess their ongoing impact and lasting benefits beyond this point. Ongoing dialogue and co-design of actions can promote sustainable change and should remain central as implementation continues.

Next steps and further opportunities

To ensure sustainable change there are several opportunities which MNHHS may find helpful to consider and implement.

Appendix 2 provides a list of opportunities grouped into key areas of focus and where relevant refer to specific recommendations.

The main themes and opportunities for successful, lasting change are not unique to the response to the 2024 report. They apply to any proposed change or improvement and are essential for achieving sustainable results. Suggested opportunities to enhance the success and sustainability of the changes being implemented from the 2024 review include:

- Embed monitoring: Regular audits, dashboards, and KPIs for staff wellbeing, infection control, new roles and clinical outcomes.
- Strengthen co-design: Involve staff and consumers in role redesign, guideline translation, and model of care changes.
- Leadership succession planning: Ensure sustainability of new leadership appointments through structured succession frameworks which provide support and monitoring of impact of new leadership.
- Formalise collaborations: Academic and research partnerships should be formalised, not ad hoc, this contributes to the development of a research active organisation.
- Evaluate new roles: Nurse navigator, diabetes educator, and data manager roles need structured review cycles to confirm effectiveness.
- Project management: consider supporting change processes with formal project management resourcing.
- Governance: strengthen the level of detail and discussion at the Governance and Oversight Committee to enable committee members to offer robust advice and fully comprehend the impact and risk associated with proposed actions.

It is clear a substantial amount of work has been undertaken and changes implemented. There is an opportunity for MNHHS to complete the final recommendations and shift to a strategic focus. This strategic focus could include:

- Moving beyond completion of recommendations to embed changes into governance, workforce culture and consumer communication and engagement.
- Establishing clear metrics and reporting frameworks to track sustainability.
- Integrating succession planning and workforce sustainability.
- Strengthening consumer involvement and staff co-design to ensure reforms are trusted and lasting.

In this context, developing the 5-year plan (recommendation 42) provides a key chance to gather stakeholders for consultation and co-design, building on recent improvements to shape the future of the Transplantation service.

There is an opportunity for the Transplant Governance and Oversight committee to be restructured as a Transplant Strategy, Planning, and Improvement committee to coordinate governance and collaboration for the five-year plan.

Working collaboratively with independent facilitation to develop the five-year plan will help restore trust and establish Heart and Lung Transplant services as a leading centre in MNHHS, Queensland and Australia.

Ongoing support from both MNHHS leadership as well as government is essential for the plan's success and the advancement of transplant services.

Conclusion

MNHHS has made substantial progress in implementing the forty-three recommendations arising from the 2024 external benchmarking review of The Prince Charles Hospital (TPCH) Heart and Lung Transplant Services. All recommendations were accepted, and as of November 2025, thirty-four have been completed, with the remaining nine well underway.

Despite notable progress, stakeholders stressed that the recent improvements in transparency, trust, and partnership are essential. Leadership changes have begun to improve culture and collaboration, yet rebuilding trust will require time, resources, and continued openness for lasting improvements.

Appendices

Appendix 1: Actions Progressed and in progress

Recommendations Completed

(Note: Redactions have been made on recommendations where necessary to maintain consistency with the published version of the External Benchmarking exercise – TPCB Heart and Lung Transplant Services report).

Recommendation 1: All TPCB Staff have access to and receive confidential appropriate employee assistance, to support and protect mental health in response to this report or process associated with review of the Transplant Services. Where possible, the confidentiality and anonymity of those who were interviewed for this report, is respected.

Status:  Completed

Assessment: There is a clear recognition of the impact and challenge that the benchmarking report and associated media have had on staff. There are strong attempts to communicate the various and multiple support services available to staff. This communication and engagement with staff is ongoing. Feedback on the High Value conversation training and education is very positive; it is clear this is beneficial and positive that it is ongoing and available to the multidisciplinary team.

Recommendation 2: Do not close or pause the existing TPCB Heart Transplant Service.

Status:  Completed

Assessment – accepted and the service continues to function

Recommendation 3: Plan to improve resourcing to support the flow of heart transplant candidates through assessment and presentation onto the active waiting list

Status:  Completed

Assessment: The new nurse navigator role 1.0 FTE has been recruited and commenced. Funding for the role is recurrent. Whilst the role is appreciated by the broader transplant nursing team, implementation and training has been challenging within the current resources. This type of change management would benefit from codesign with current staff and recognition of the impact of training a new role within the team.

Recommendation 4: Establish a Heart Transplant MDT Meeting Terms of Reference, including a defined quorum of attendees which must identify compulsory attendance of heart transplant physicians and surgeons as part of their employment, face to face where possible. This document should illustrate acceptable interactions, and professional behaviour discussing clinical decisions, aligned with Code of Conduct for the Queensland Public Service. Senior nursing staff from 1B/2E and Allied Health transplant specialists should be invited to attend this weekly transplant MDT Meeting. Outcomes should continue to be documented in minutes and circulated to all parties following each meeting.

Status:  Completed

Assessment: This recommendation has been actioned and all senior medical leaders interviewed commented how improved the MDT meeting is now. Surgeons are now attending in person, cases are being presented well, processes are clearer with patient letters dictated and the Director Cardiac Transplant reviewing and approving the minutes from the meeting.

Recommendation 5: Develop evidenced-based, local consensus guidelines for the management of heart wait-listed and transplant candidacy patients and all (medical & surgical consultants) agree to abide by them. This document must refer to and keep abreast of, up-to-date international and national practice, and evidence-based care.

Status:  Completed


Assessment: The guidelines have been updated and are due to be published in November 2025. It was noted that consumers would benefit from these guidelines being translated into plain language consumer information and utilised to communicate clinical information to heart wait-listed and transplant candidacy patients.

Recommendation 6: Regular donor and transplant outcome audit reporting (at no less than 3 monthly intervals) in a collaborative, inclusive, agreed upon and transparent fashion. A data management system that records all patients listed for and receiving advanced heart failure therapies (including MCS and heart and heart/lung transplantation), all donor offers, and their outcomes, needs to be established. This requires appropriate permanent FTE to manage data, establish and maintain this, as well as contribute to, and benchmark with ANZ Heart, ANZ Lung and ISHLT Registries.

Status:  Completed

Assessment: Two data bases for Heart Transplantation and Left Ventricular Assist (LVAD) are in the process of being built and additional support has been provided to the Lung transplant database. There is a clear focus on data management and meeting the requirements of registries. To support this, work an internal employee has moved into a data manager role. Quarterly outcomes reporting is presented at the Transplant Oversight Governance committee. It will be important to continue this data work and develop regular performance reports to track clinical outcomes and performance of the Transplant service.

Recommendation 8: TPCH must use the existing funding for the additional 1.0 cardiologist FTE in the Heart Transplant Service to recruit a new Head of Advanced Heart Failure and Heart Transplantation. The Reviewers believe that there should be a worldwide search for an experienced individual outside TPCH, with strong clinical skills in heart failure, cardiac transplantation and MCS in addition to academic credentials.

Status:  Completed – subject to recruitment completion

Assessment: There is an interim clinical Director currently leading the unit. Whilst the incumbent is a consultant within the Heart Transplant team, they are new to the Clinical Director role. An international search and recruitment process is underway for the new Clinical Director. Recurrent


funding has been confirmed for the new role. Given the past challenges for the role, it will be critical that an appropriately experienced leader is recruited into the role. The leadership required of this role to build the service into a flagship leading service will be large and require senior leadership experience. This appears to be well understood by the MNHHS executive.

Recommendation 9: A new [REDACTED] of Intensive Care should be appointed. [REDACTED] based on a worldwide search. This recruit should be experienced in all aspects of heart and lung transplantation and MCS ICU management and ideally have academic credentials and a major commitment to raising the research activities and profile of the Department of Intensive Care.

Status:  Completed

Assessment: It was made clear that this recommendation has been actioned. The Intensive Care Unit (ICU) leadership team has a very strong commitment to improvement both clinical and cultural within the ICU, and particularly a focus on improving external relationships with clinical units across TPC. The leadership team have developed a liaison model to establish and maintain positive working relationships with clinical units particularly the transplant teams. A focus on research has increased and collaborative research projects are being undertaken with the Critical Care Research Group within existing resources. It is evident the leadership team are working hard to improve culture and relationships which ultimately improve patient care and experience and staff satisfaction.

Recommendation 10: ICU should either become a 24-hour consultant led department, or at least as a compromise, the consultant intensivist must remain on site to receive face-to-face handover when cardiac surgical and transplant cases occur after hours. Transplant and complex cardiothoracic cases must not be handed over to a junior doctor or trainee.

Status:  Completed – subject to recruitment completion

Assessment: The ICU leadership is strongly committed to maintaining a 24-hour consultant-led model of care. A recent audit of 110 transplant patients confirmed the ongoing involvement of ICU consultants afterhours in transplant patient management. TPC executives have conducted a benchmarking study with ICU medical and nursing leaders from three interstate intensive care units specialising in transplant care. Findings from this exercise indicate broad support for an onsite, after-hours roster of ICU consultants. Recurrent funding has been allocated to increase senior medical staff by 3.3 FTE for afterhours coverage. Additional funding will also enhance Nurse Manager and Nurse Educator hours. These resources are positively received by the ICU team, and recruitment efforts are underway to fill the newly funded positions.

Recommendation 11: The Heart Transplant Service must focus on heart transplant and advanced heart failure therapies such as MCS. In approximately 66% of all advanced general heart failure cases, mechanical support or heart transplant will never be considered, and care going forward should be managed elsewhere (ie. under general cardiology).

Status:  Completed

Assessment: A comprehensive audit conducted in late 2024 confirmed that current practices align with established national guidelines for LVAD indications. The transplant team will maintain ongoing monitoring of LVAD utilization to ensure continued adherence to national standards.

Recommendation 12: Heart and Lung Transplant Surgical rostering needs to be revisited regarding any beneficial cross-cover between heart and lung transplant roster availability, as well as reconsidering the public general cardiothoracic surgical rosters, and any conflict with private cardiothoracic surgical commitments. Rostering will be improved in conjunction with recommendation 13.

Status:  Completed

Assessment: Although it has been difficult globally to recruit a skilled heart transplant surgeon, TPCH successfully secured a new Heart Transplant surgeon after three tries. The new team member will start at TPCH in January 2026 and will help lower the total on-call hours for each surgeon in the group.

Recommendation 13: Heart and Lung donor procurement systems require changes to ensure sustainability. Surgical support would ultimately be the decision of a new Surgical Head of Transplantation but could involve increasing the number of procurement surgeons to accommodate the potential loss of both current surgeons, in addition to training senior surgical trainees. Nursing and perfusion support for sustainable procurement similarly needs attention.

Status:  Completed

Assessment: There is clear commitment to enhancing donor procurement systems. Additional resources have supported more nursing staff and donor coordinator training. Funding for perfusionists has increased, and process changes mean they no longer need to attend full retrievals. A trainee surgeon has received additional training, expanding the surgical team to three procurement surgeons.

Recommendation 14: Any post-Review changes to staffing and resources across the TPCH Heart and Lung Transplant Services must not result in depleting the current successfully deployed resources of the Lung Transplant Service.

Status:  Completed

Assessment: It was made clear that any changes to staffing and resources have been additional resource and not a reallocation from the Lung Transplant Service.

Recommendation 15: [REDACTED]

Status:  Completed

Assessment: This recommendation has been responded to and actioned

Recommendation 16: The TPCH heart transplant service must acquire the XVIVO™ HOPE system for donor heart procurement. Involvement of Anaesthesia and Perfusion Departments in planning and training on the technology is required.

Status:  Completed

Assessment: TPCH has acquired the XVIVO technology and staff have finished the necessary training. So far, six organ retrievals have taken place. This presents an excellent chance to conduct retrievals at greater distances from TPCH, which is expected to increase the number of donor organs available for transplant.

Recommendation 17: The Cardiothoracic Surgical Department should explore collaboration with the Critical Care Research Group and other local academic institutions.

Status:  Completed

Assessment: Relationships between clinical teams and the Critical Care Research Group are improving, with growing opportunities for collaboration driven by committed clinical leaders. The recent visit of USA and Swedish teams, organised by the group, highlights prospects for skill development and future collaborations.

Recommendation 19: A cardiothoracic surgeon needs to be recruited as Head of Thoracic Transplantation and Mechanical Circulatory Support within the Department of Cardiothoracic Surgery, also reporting to the Director of the department. This recruit should be experienced in all aspects of heart and lung transplantation and MCS and ideally have academic credentials and a major commitment to raising the research activities and profile of the Department of Cardiothoracic Surgery. This recruitment must be based on a worldwide search.

Status:  Completed

Assessment: Commitment to this recommendation is clearly demonstrated through recruitment of a new cardiothoracic surgeon who commences in January 2026.

Recommendation 20: The Transplant Infectious Diseases (TID) Liaison staff should be seen as core members of both the Heart and Lung Transplant Services. A TID Service should be able to review outpatients, contribute to protocols, be linked in emerging key microbiological diagnostic results and TPCH Infection Control and infection prevention strategies and results.

Status:  Completed

Assessment: An Infectious Diseases team member, credentialed in Transplant infectious diseases, serves as the main contact for the Transplant team. Communication is strong, with weekly MDT meetings and positive relationships. As transplant infectious disease grows more complex, future succession planning and resource support will be needed to maintain expertise for the team.

Recommendation 21: An increased use of Hospital-in-the home should be considered to relieve busy transplant nursing staff and enable ID oversight, stewardship and assistance.

Status:  Completed

Assessment: Opportunities to expand Hospital in the Home have been identified, and eligible patients can access these services. However, it remains unclear whether referrals or admissions have changed significantly. This should be considered in future care model redesigns.

Recommendation 23: The line reporting responsibility and rostering of the retrieval perfusion nurse role should sit within Cardiothoracic surgical/operating theatre team services and not within transplant nursing. Additionally, management of perfusion equipment and supplies (including storage) should lie with Cardiothoracic surgical services.

Status:  Completed


Assessment: TPCCH accepted the recommendation and reviewed the reporting structure, but no changes were made. Regular reviews are planned. Perfusion equipment and supplies management has changed, with supplies now stored in the operating theatre.

Recommendation 24: Evidence based nursing practice standard (policy/procedure) with appropriate ongoing training and succession planning, specific to the care of cardiac transplant recipients, dovetailing with Recommendation 7 and 22.

Status:  Completed – subject to Model of Care redesign work

Assessment: The organisation demonstrates a focus on evidence-based nursing practice and is currently reviewing its models of care. This review offers a chance to strengthen current approaches through evidence-based methods, with distinct opportunities for training and succession planning built in.

Recommendation 25: Provision of administration support and Review of Nurse Practitioner role responsibilities – reassignment of non-clinical responsibilities.

Status:  Completed subject to recruitment completion


Assessment: The new Assistant Nursing Director is conducting a comprehensive review of roles, including Nurse Practitioners, to optimise specialist functions and reduce administrative workload. Interim administrative support has been provided, with plans to recruit another assistant by January 2026. Monitoring the impact and consulting affected nursing staff will be essential.

Recommendation 26: Permanent recruitment of Nursing Director who can provide leadership, mentorship and vision for Transplant nursing staff. The Reviewers recommend this role is an overarching position specifically in charge of Cardiothoracic Transplant Nursing and sits alongside the medical directors of heart and lung transplantation and the proposed surgical director of thoracic transplantation and MCS

Status:  Completed

Assessment: The Assistant Nursing Director has been in the role for 2 months. Nursing leadership are actively reviewing models of care and consulting with transplant team staff to optimize specialist skills and reduce administrative tasks. They are committed to involving both staff and consumers in proposed changes. Model of care redesign provides an opportunity to re-engage transplant consumers in codesign.

Recommendation 27: Employment of a diabetes educator across lung and heart transplant services (see recommendation in Allied Health sections). The lack of diabetes education FTE is a major service gap.

Status:  Completed – subject to recruitment completion

Assessment: Recurrent funding is secured and recruitment for a Senior Diabetes Educator has begun. A monitoring process should be set up to assess the role's effectiveness and workload sustainability.

Recommendation 28: Employment of a heart and lung Transplant data manager would enable to CNC to focus on clinical nursing roles and responsibilities.

Status:  Completed

Assessment: An internal employee was appointed data manager in February 2025. After one year in the role (by February 2026), it will be important to review its effectiveness and adjust as needed.

Recommendation 29: Review of policies related to infection control practices including allocation of single rooms, air handling and filtration and standardisation and audit of cleaning service provision on wards housing transplant recipients.

Status:  Completed

Assessment: The Transplant Patient – Bed Management and Infection Control policy was implemented in February 2024. Implementation is monitored with daily updates to the Director of Infectious Diseases and regular review by the Standard 3 committee. Consistent reporting shows strong compliance, particularly with single room allocation. This ongoing monitoring ensures the sustainability of the change in operational practice.

Recommendation 30: Review of criteria for clinical directive to relocate heart transplant recipients post-transplant to 2E.

Status:  Completed

Assessment: Staff have been informed via memo that heart transplant patients will return to Ward 1B and lung transplant patients to Ward 1C. Senior leadership has not indicated any non-compliance with this directive. There is an opportunity to include this in regular KPIs to monitor adherence.

Recommendation 31: Review of current policy related to delayed transfers from ICU discharge from ICU should align with recipient progress.

Status:  Completed


Assessment: Discussions indicate ICU discharge aligns with recipient progress. Monitoring delayed ICU discharge for transplant patients could be included in regular KPI reporting.

Recommendation 33: Recommend an additional Social Worker who is solely allocated to Heart failure to enable the heart transplant Social Worker to focus on heart transplants and MCS patients.

Status:  Completed


Assessment: An additional full time senior social worker has commenced in June 2025. Monitoring of impact will be important.

Recommendation 34: Employment of an Allied Health Assistant or administration officer to assist Social Work with travel forms, travel arrangements and accommodation bookings etc. which will alleviate administration burden on Social Workers.

Status:  Completed – subject to recruitment completion

Assessment: Senior allied health leadership, in consultation with social work staff, have reviewed the recommendation and determined that increasing social work hours would be more beneficial than hiring an allied health assistant. Recruitment for additional social work staff is currently in progress. While this approach does not fully align with the original recommendation, further assessment will be necessary to evaluate whether the concerns raised in the benchmarking exercise are being addressed.


Recommendation 36: Support current business case for an additional 2.0 FTE psychologists to work across both Heart and Lung Transplant Services (this would be additional to the 0.8 FTE funded for CF). Initial appointment of 1.0 FTE in addition to re-engagement with Clinical Liaison Psychiatry to provide dedicated service hours for heart and lung transplant Services would be an immediate start, supporting action that consumers and patients require.

Status:  Completed subject to recruitment completion

Assessment: There is clear commitment to this additional resource. Funding has been secured for the extra psychologist, and collaboration with the consultant liaison psychiatry service has been


enhanced. It will be important to monitor how the additional resources are utilised for Transplant patients.

Recommendation 37: Increase Heart Transplant Service Dietician FTE to at least 0.5FTE (ideally 1.0 FTE), to cover more inpatient and outpatient reviews. A senior Heart Transplant Service dietician (HP4) is needed. This would increase overall dietician FTE by 1.0 to cover both Heart and Lung Transplant Services.

Status:  Completed subject to recruitment completion

Assessment: Funding matches the recommendation and recruitment has begun. Once resources increase, monitoring workload and FTE sustainability is essential.

Recommendation 38: Review pharmacy FTE to have a dedicated resource for the Heart Transplant Service/ VAD (Inpatient and Outpatients).

Status:  Completed subject to recruitment completion

Assessment: Additional FTE has been funded, and recruitment is yet to occur. Regular monitoring and evaluation will be required to ensure the additional resource is dedicated to the Transplant service /VAD inpatient and outpatients and not diluted with other duties.

Recommendation 40: TPCCH Human Resources Department and General Administration/Management Teams review past response to the issues laid out here and enable 'zero tolerance' and improved workplace preventative strategies and cultural support to staff experiencing future inappropriate workplace interactions.

Status:  **Completed**

Assessment: The current leadership at TPCCH demonstrates a strong dedication to fostering a positive workplace environment and prioritising safety for all staff. Proactive measures are in place to support employees, including the implementation of a new recommended training program focused on high-value conversations. While shifting organisational culture can be complex, efforts are underway to address inappropriate behaviours as they arise and offer appropriate support to staff, supported by an authentic commitment from recently appointed leadership.

TPCCH People and Culture Services and Executive Management team indicate they have reviewed historical issues and have improved and strengthened measures to prevent recurrence. There is a zero-tolerance appropriate to inappropriate workplace behaviours. To ensure ongoing progress and sustainability, regular culture surveys—particularly pulse surveys for smaller teams—as well as systematic reporting of cultural and staff experiences, should be integrated into KPI monitoring reported to the Transplant Governance and Oversight committee.

Recommendations In Progress

Recommendation 7: The Heart Transplant Service needs to have current, easily accessible, evidence-based peri-operative management protocols (including immunosuppression and anti-infective strategies) which are finalised, adhered to and regularly reviewed (ie. every 2 years) based on clinical data.

Status:  In progress

Assessment: Clinical guidelines are under development with a completion time noted as end of November 2025. It was indicated the clinical guidelines will be published on the MNHHS Intranet and accessible to staff.

Recommendation 18: Surgical training to enable lung transplant cases to be performed using contemporary techniques through thoracotomy access, without the use of cardiopulmonary bypass must occur.

Status:  In progress

Assessment: The Lung Transplant team indicated they are committed to contemporary techniques. A newly recruited surgeon, joining in January 2026, is trained in these methods and will support training for current team members.

Recommendation 22: TPCCH should increase nursing staff across the transplant program to align with ISHLT standards. Staffing should be increased as follows 3.5 Nursing FTE in the Heart Transplant Service, 2.2 FTE in the MCS Service and 4.0 Nursing FTE in the Lung Transplant Service. The current Heart and Lung Transplant Services nursing ratios are inadequate, and a risk to patient safety and the organisation. - To facilitate on-call transplant coordination without impacting the day-to-day thoracic transplant nursing workforce, the additional FTE recommended heart and lung transplant CN will assist will providing a more robust on-call service that also reduces the impact of personnel missing the following day. -It is recommended that TPCCH recommend TPCCH nursing leadership look at other Australian (and international) thoracic transplant programs, where different nursing roles have been adopted to address some of these issues e.g. Employment of Pre-Transplant assessment coordinators, staff working PM/night duty on-call roster shifts to reduce the loss of daytime staff.

Status:  In progress

Assessment: There is a commitment to safe roster practices and an optimised nursing workforce. A roster review has been completed, and recruitment for additional specialised roles is underway. While more FTE will improve rosters and staffing, training needs for new nurses and their impact on the current team should be carefully considered to ensure effective integration with a focus on minimising a negative impact on the existing team.

Recommendation 32: Expansion of the physiotherapy services to include support for cardiac transplant patients awaiting transplantation and provision of facilities and equipment.
Review/benchmark against other Australian thoracic transplant services

Status:  In progress

Assessment: Senior physiotherapists are conducting the recommended benchmarking exercise. Funding has increased, enabling more physiotherapy hours from July 2025, with further recruitment ongoing. A new Occupational Therapist role has been created and is also being recruited. Once hiring is complete, ongoing monitoring will be important to evaluate the impact, integration, and sustainability of these positions.

Recommendation 35: Re-structuring of clinic space or assessment timetable to ensure transplant Social Work, Pharmacy, dietetics and psychology have clinic rooms to see patients rather than using the waiting room. This is a problem for many of the allied health team, clinic nursing staff and pharmacy.

Status:  In progress

Assessment: A comprehensive redesign process is underway with an aim to restructure clinics to ensure all members of the transplant/LVAD team have a room to see patients. Once complete this will provide an improved patient experience and privacy which is best practice. Support for the redesign process is being provided by the MNHHS Helix team who provide expertise in redesign, improvement and innovation. Currently a directive is in place to ensure patients are having consultations in appropriate spaces. It is usual for this type of redesign work to take longer to design and implement the required changes to practice. It will be important that the Governance and Oversight committee is kept up to date with regular reporting on progress and identifies any barriers to change it may assist with.

Recommendation 39: The Heart Failure and Heart Transplant Service reporting line needs to be changed.

Status:  In progress

Assessment: While a review has been conducted, the progress of the reporting structure redesign remains unclear and should be discussed at the Transplant Governance and Oversight committee. Reporting line changes are complex and require careful timing. Leadership changes so far have had a positive effect. It is reasonable to allow more time and consideration before implementing this recommendation. Work on the future reporting structure is in progress.

Recommendation 41: TPC Management Teams, Human Resources Department and Transplant leaders to improve rostering, excess overtime and excess leave balances, by increasing FTE to support leave relief.

Status:  In progress

Assessment: Key leaders indicate a commitment to improving rostering, excess overtime and excess leave balances. As noted by the Benchmarking exercise reviewers the recommended increases in FTE

will be required to significantly impact on improving rosters, overtime and leave management. It will be important to include these measures as KPIs in ongoing performance reporting and monitoring for the transplant services.

Recommendation 42: A 5-year plan is created for Heart and Lung Transplant Services, allowing for succession planning, growth, increasing use of machine perfusion and linking with academia. It is imperative that this plan is created with and executed by TPCH executive to support a collegiate approach to a growing service, with a focus on improving patient satisfaction and outcomes.

Status:  In progress

Assessment: There is clear commitment to this recommendation and planning has commenced on the best method to undertake this significant planning process. This is an opportunity to engage consumers, staff and key leaders across the organisation in developing a 5-year plan to build on the improvements currently being implemented to develop a flagship Transplant service for MNHHS and Queensland.

Recommendation 43: Increase TPCH on-site servicing by Renal Medicine, Gastroenterology and Dental Surgery.

Status:  In progress

Assessment: Progress is being made in all three areas. The Renal team plans to move to a new on-site location by February 2026. A dental chair has already been established, and care models are under development. Gastroenterology staffing is expanding, with one staff member already started and another expected by February 2026. It is important that the Governance and Oversight committee monitors and evaluates the impact of these changes.

Appendix 2: Opportunities to support sustainability of improvements

Focus Area	Recommendation	Opportunity
Workforce	Recommendation 1 & 40	Embed staff wellbeing initiatives into routine governance reporting and evaluate their long-term impact. Consider regular pulse surveys for smaller teams to monitor culture.
	Recommendation 3	Future role introductions could be improved by involving existing staff to improve training, integration, and acceptance.
	Recommendations 8, 9, 10, 19	Establish succession planning frameworks and track leadership impact on service culture and outcomes.
	Recommendation 20	Track sustainability of role, undertake resource planning for future growth in transplant infectious disease complexity.
	Recommendation 24	Use model of care redesign as a vehicle for codesign with staff and consumers
	Recommendation 25	Monitoring staff feedback and workload impact is essential for sustainability.
	Recommendation 27	Monitoring effectiveness and workload of the new role for sustainability will be key.
	Recommendation 5	Embedding consumer-friendly communication into clinical practice can strengthen trust and transparency and support accessibility and understanding
Consumers	Recommendation 17	Create structured research partnerships with academic institutions to embed innovation and a sustainable research approach and evaluation of research outputs.
Research	Recommendation 29	Strong compliance observed, but sustainability requires ongoing monitoring and regular committee review.
Operational	Recommendation 30	Directive implemented, but embedding requires inclusion in regular KPIs to monitor adherence.
	Recommendation 31	Current practice aligns with recipient progress, but monitoring delayed discharges will ensure sustainability.
	Recommendation 6	Databases are being built and quarterly reporting occurs, but sustainability depends on resourcing and regular performance reviews.