

Queensland Transplant Services Plan 2026–2037



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Queensland Transplant Services Plan

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Acknowledgement of Country

Queensland Health acknowledges the Traditional and Cultural custodians of the lands, waters and seas across Queensland. We pay our respects to Elders past and present and recognise the role of current and emerging leaders in shaping a better health system. We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for the health and wellbeing of our peoples for millennia.

Recognition of lived experience

Queensland Health recognises people with lived experience of organ donation and transplant, their families, carers, and support persons. Their contribution to driving and informing the changes to the Transplant Service Plan is both critical and highly valued.



1 Introduction

Organ transplantation can transform lives, offering people with end-stage organ failure renewed health, independence and improved quality of life. Transplantation isn't just a single procedure, for many people it's a lifelong journey involving many services across the healthcare system.

Queensland Health recognises the vital role of organ transplantation and is pleased to have developed the **Queensland Transplant Services Plan 2026–2037**. This Plan is a bold, statewide commitment to continue to advance solid organ transplant services for heart, lung, liver, and kidney patients and their families in Queensland (1). This commitment includes working towards a coordinated approach across the broader national donation, retrieval and transplantation service system.

In 2024, the Australian Government released the National Strategy for Organ Donation, Retrieval and Transplantation (national strategy), setting out a national approach to increase donation rates and improve equitable access to transplant services across Australia. The Queensland Transplant Services Plan 2026-2037 (the Plan) has been informed by the national strategy and aims to future-proof our transplant services system to meet the needs of Queenslanders and other Australians who require a heart, lung, liver, and kidney transplant in Queensland. The Plan also affirms Queensland Health's integral role within the national donation, retrieval and transplantation system, now and into the future.

Queensland's heart, lung, liver and kidney transplant services are collectively delivered by four Hospital and Health Services - Metro North, Metro South, Children's Health Queensland and Townsville. These services care for people both within Queensland and interstate. The scope for this Plan covers the full transplant journey for each of the solid organs, inclusive of donation, retrieval, transplant and post-transplant care.

Queensland Health recognises that public health and prevention initiatives play a crucial role in reducing chronic disease and, in turn, the need for transplantation. For those who do require a transplant, Queensland Health is committed to supporting the delivery of high-quality, safe and person-centred care throughout the entire transplant journey. The clinicians and staff who deliver these life-saving services demonstrate a high level of dedication and commitment to quality care.

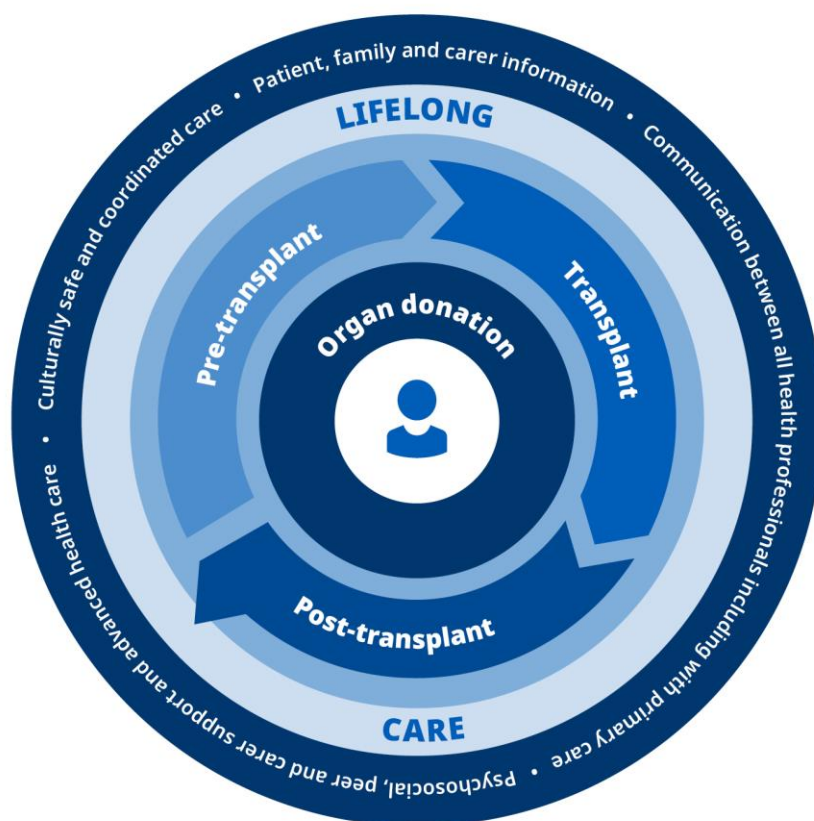
The Plan recognises that there are opportunities to strengthen governance and modernise care in line with best practice. The development of this Plan has been informed by extensive consultation with clinicians, consumers, including patients and their families and carers, and Hospital and Health Services. Thank you to everyone who contributed their insights and experiences. We look forward to working together into the future as we implement the Plan and continue to enhance our transplant service system.

1.1 The transplant journey

Transplantation is a surgical procedure in which organ(s), tissue or a group of cells are removed from one person (the donor) and transplanted into another person (the recipient) (2). The entire transplant journey extends beyond this single surgical procedure.

A person receiving a transplant may have more than 100 health service contacts around the time of their transplantation surgery. Following surgery, patients require lifelong care, both within the hospital and community service settings. Figure 1 provides an overview of the optimal transplant journey, including pre-transplant, transplant and post-transplant care.

Figure 1: High-quality, coordinated and safe care delivered throughout the person-centred transplant journey



Organ Donation

- Organ donation coordination
- Live donors

Pre-transplant

- Health condition resulting in potential transplant need
- Transplant assessment and waitlisting*
- Prehabilitation/pre-surgical optimisation as close to home as possible
- Bridging therapies
- Ongoing clinical monitoring and consideration of deterioration
- Organ retrieval
- Organ allocation
- Organ offer and acceptance

Transplant

- Pre-surgery workup e.g., electrocardiogram, bone density, chest x-ray, blood tests, dental checks, psychological evaluation
- Surgery

Post-transplant

- Immediate post-transplant care
- Lifelong care as close to home as possible
- Ongoing partnerships with community care providers
- Possible re-transplantation

**If not waitlisted for transplant, patients receive ongoing specialist care.*

Organ donation and transplantation are inextricably linked. An integrated and coordinated system across the transplant journey is required to enable patients to receive the best possible clinical outcomes. Support for patients and their families and carers is essential at every stage, whether someone proceeds to receiving a transplant or not. Where transplantation is not possible, timely information, advance care planning and access to palliative care is vital.

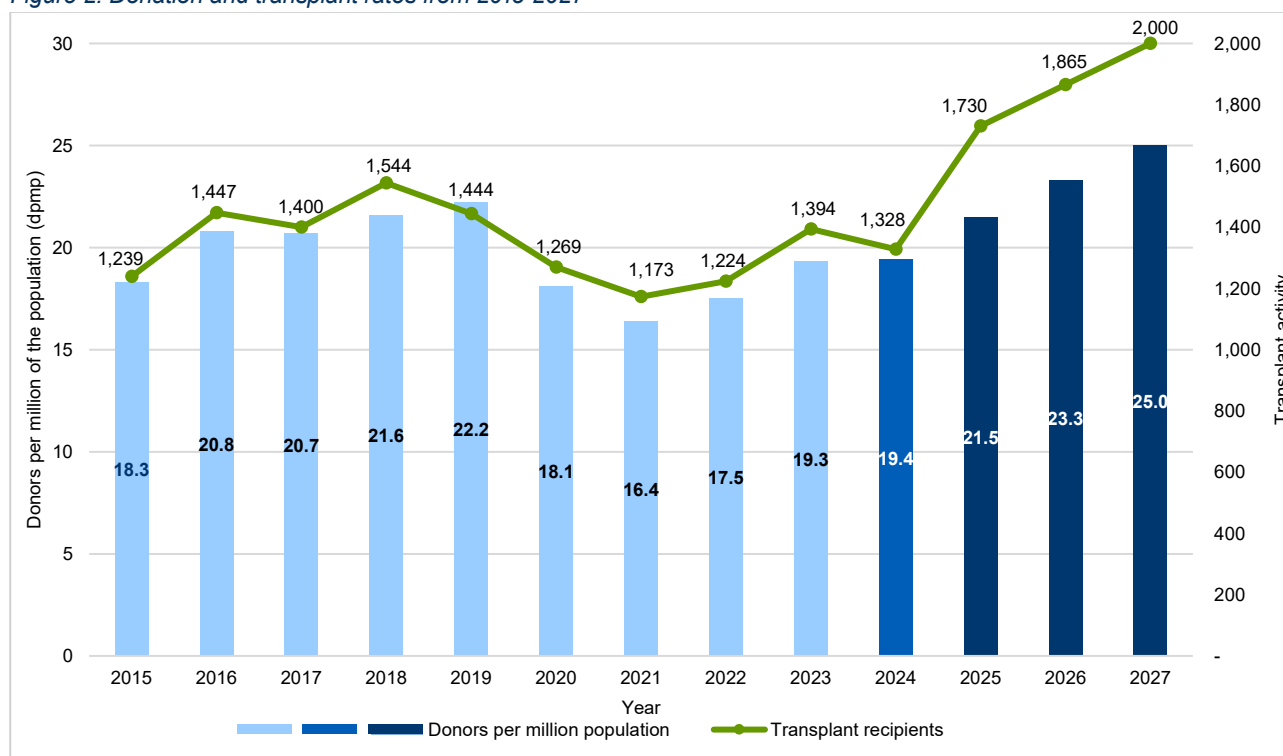
1.2 National context

In 2024, the Australian Government's Department of Health and Aged Care released the national strategy, providing a framework to enhance donation and transplantation across Australia (2). The vision outlined in the national strategy is to save and improve the lives of more Australians through a world-class, equitable, and future-focused system. This Plan aligns with the national strategy and the four priority areas proposed.

1. A **national approach** to optimise organ donation, retrieval and transplantation.
2. **Equitable access** for Australians who would benefit from organ transplantation with a focus on First Nations peoples and those living in rural, regional and remote areas.
3. Enhance organ retrieval and transplantation **capability and capacity to optimise transplant outcomes**.
4. **Enhance systems and data collection** and reporting to drive clinical best practice.

Alongside the national strategy, the Australian Organ and Tissue Donation and Transplantation Authority, more commonly known as the Organ and Tissue Authority (OTA) has set national performance targets of 25 donors per million population (dpmp) and 2,000 transplants annually by 2027 (Figure 2) (3).

Figure 2: Donation and transplant rates from 2015-2027



Source: Historic Activity – Donate Life, Australian Donation and Transplantation Report(s) (2015 to 2024).

By 2027, if national donation targets are met, Australia will be performing up to 2,000 solid organ transplants annually. This is an additional 672 transplant surgeries that could be undertaken every year. From 2024 to 2027 it means a 50 per cent increase (annualised growth of 14.6 per cent) in the volume of activity performed within our transplant services.

This growth in donation rates will place additional pressure on retrieval and transplant services. To achieve national targets and support greater access to transplantation, action is required to increase donations and concurrently enable the expansion of transplantation service capacity and capability in Queensland.

1.3 What this means for Queensland

Queensland must align with the national strategy to support equitable access to transplantation services for all patients (including First Nations peoples and those in rural, regional and remote areas), enhance retrieval and transplantation capability, and strengthen system performance monitoring.

Donations

Queensland Health has committed to advancing the national donation benchmarks over the next ten years. Most organs are currently donated by deceased donors, with support and consent from their families and carers.

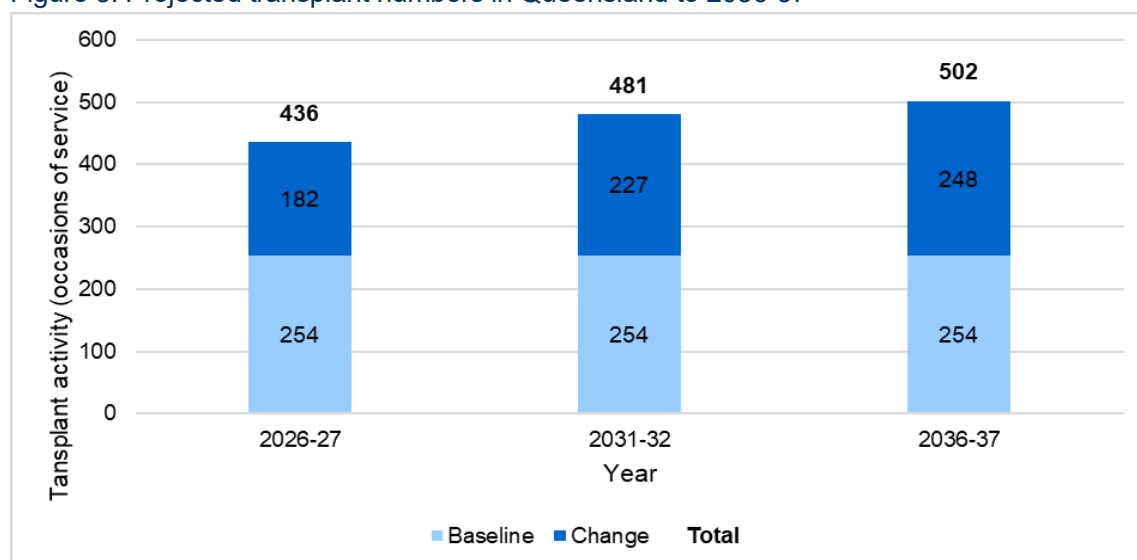
In 2024, Queensland performed 245 transplants from deceased donors across the four solid organs and 26 kidney transplants from living donors (5). Living donors make up a smaller proportion of all donations, typically for kidney and liver.

For transplantation to be possible, organs must come from donors who die in hospital under specific circumstances where their organs remain viable. This means that only a very small proportion of hospital deaths in Australia, (around 2 per cent) can be considered for donation. Of these, approximately one third (0.65 per cent) go on to become actual donors (5). Given this limited donor pool, every potential donation becomes critically important.

Transplants

As shown in Figure 3, achieving the national donation rate of 25 dpmp will require doubling the number of transplantations performed in Queensland. By 2036-37, the projected activity for kidney, liver, heart and lung is expected to reach 502 transplants compared to the 254 performed in 2023-24.

Figure 3: Projected transplant numbers in Queensland to 2036-37



Source: Transplant Projections (2023-24), System Planning Branch, Queensland Health; 2025
Note: Projections assume 25 dpmp, 3.0 organs per donor and with transplant type and facility based on historical data.

These projections are estimations based on donation targets. The number of transplantations is constrained by the supply of donated organs and does not represent a ceiling for the number of transplants Queensland could undertake into the future.

New technological advancements and the potential increased use of marginal donors is also not reflected in the projections. These considerations are important as not all donated organs may be able to be transplanted. Acknowledging these caveats, the future activity data indicates that significant growth in capacity is required within Queensland's transplant services.

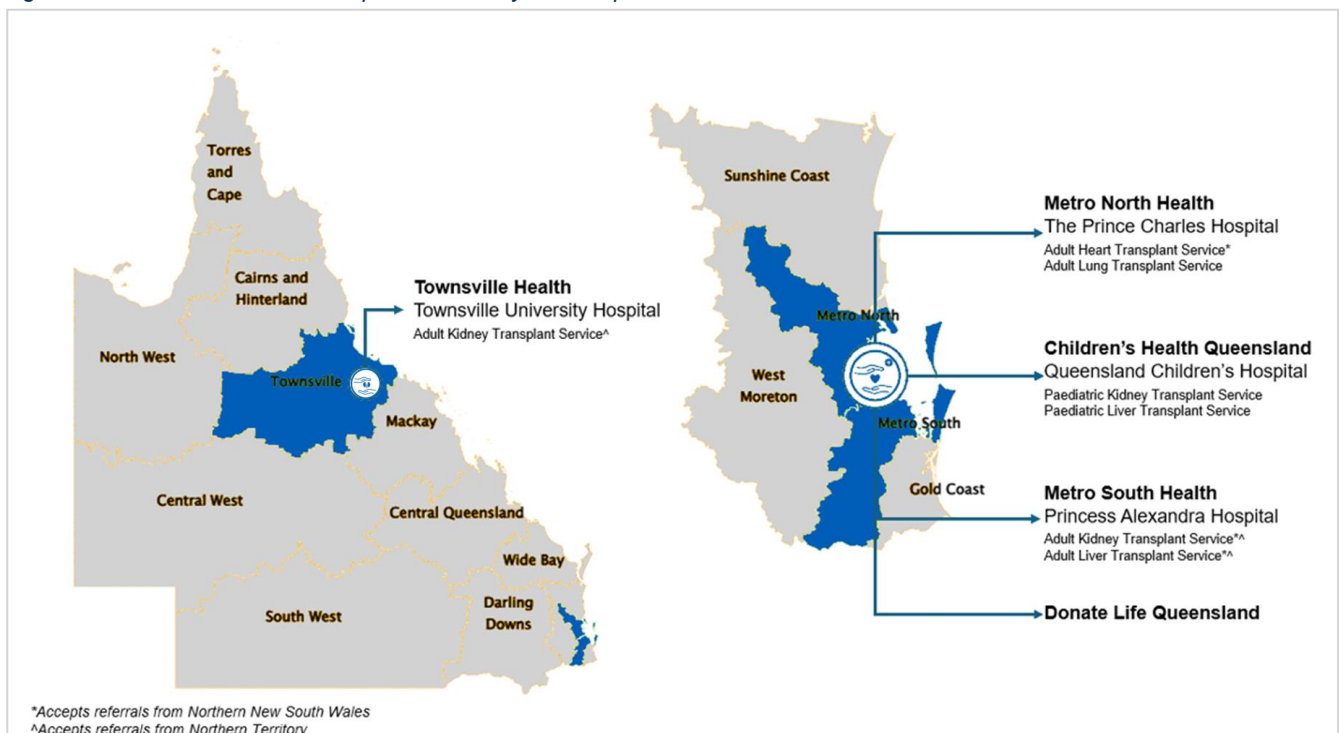
2 Queensland's current transplant services

Queensland Health has a long history of providing transplantation. In 1969, the first organ transplanted in Queensland was a kidney at the Princess Alexandra Hospital (PAH). Since then, Queensland's solid organ transplant services have expanded significantly to deliver care to adults (heart, lung, liver, kidney) and children (kidney, liver) providing both single-organ and complex multi-organ transplants.

Queensland Health provides services across the care continuum of a person's transplant journey including pre-transplant, transplant and post-transplant care (Figure 4).

- **Donation and retrieval care** is coordinated across the state by DonateLife Queensland and the two retrieval teams at PAH and The Prince Charles Hospital (TPCH) (7).
- **Pre- and post-transplant care** delivered across all 16 Hospital and Health Services (HHSs), supported by public, private, and non-government providers.
- **Specialist transplant services** delivered at four tertiary hospitals:
 - **Liver:** PAH, Metro South HHS and Queensland's Children's Hospital (QCH), Children's Health Queensland HHS.
 - **Kidney:** PAH, Metro South HHS; Townsville University Hospital, Townsville HHS and QCH, Children's Health Queensland HHS.
 - **Heart and Lung:** TPCH, Metro North HHS.

Figure 4: Queensland Health transplant service system map



Queensland Health's transplant services also provide care to patients across state borders including patients from northern New South Wales and the Northern Territory. Pancreatic transplants and paediatric heart and lung transplants are not currently performed in Queensland. Patients who require these services access them in other jurisdictions via interstate partnerships.

For the organ specific overview, including activity and future projections, refer to Appendix 1.

2.1 Transplant activity snapshot

The data snapshot below (Figure 5) describes Queensland's current retrieval and transplant service activity and projected transplant activity for each solid organ.

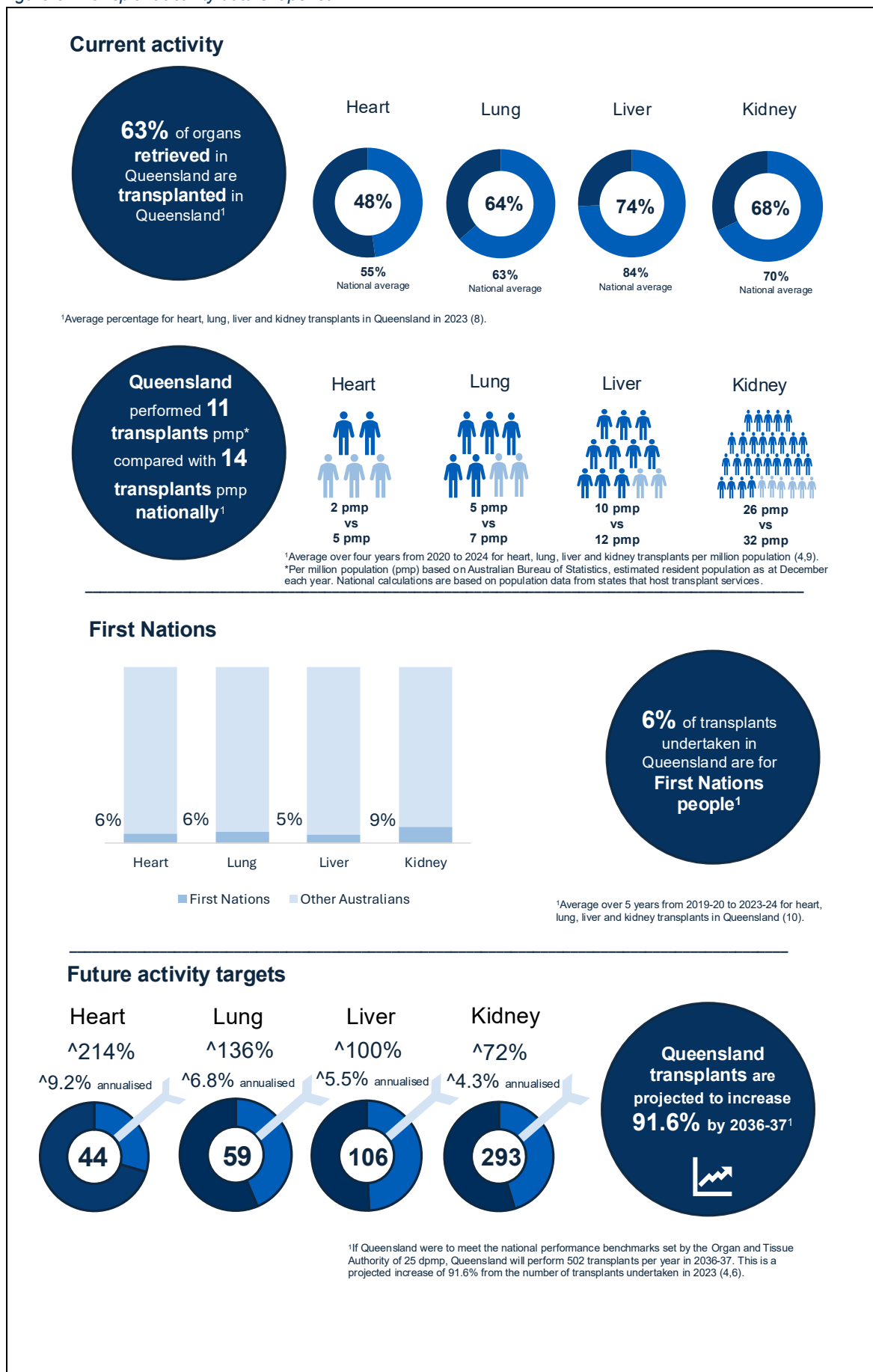
In 2023, 63 per cent of the organs retrieved in Queensland were transplanted within the state. This varies across each of the solid organs with 48 per cent of hearts retrieved and transplanted in Queensland versus 74 per cent retrieved to transplanted livers. There are many reasons for these fluctuations as organs are allocated via a national organ matching system. This means that organs will not always be transplanted in the same state in which they are retrieved. There are also circumstances whereby the retrieved organ is not suitable for transplantation.

Between 2020 to 2024, on average, Queensland performed 11 transplants per million population (pmp) compared to the 14 transplants pmp performed nationally. Across each of the solid organs in Queensland, this pmp rate is slightly below the national pmp for transplant activity. This is most notable for heart transplantation which was 2 pmp versus the national rate of 5 pmp.

Transplant activity is expected to increase in line with donation rates projected by the OTA. By 2036-37, the number of solid organ transplantations performed in Queensland is projected to increase by 91.6 per cent overall. This includes 44 heart transplants (214.3 per cent overall growth, ~9.2 per cent annualised growth); 59 lung transplants (136 per cent overall growth, ~ 6.8 percent annualised growth); 106 liver transplants (100 per cent overall growth, ~ 5.5 per cent annualised growth) and 293 kidney transplants (72.3 per cent overall growth, ~4.3 per cent annualised growth).

Further information and data analysis for each solid organ is detailed in Appendix 1.

Figure 5: Transplant activity data snapshot



2.2 Service system challenges

Clinical and consumer consultation informed the development of this Plan including testing and validating data and information analysis. This process highlighted several consistent system-level challenges across Queensland's transplant services. These challenges present Queensland Health with a tangible opportunity to enhance and strengthen the transplant service system into the future. See Table 1 for a summary of the common challenges identified.

Table 1: Common challenges across Queensland transplant services

What we heard	
Workforce	Workforce shortages across transplant services, compounded by lengthy and complex pathways to advanced surgical specialties. Lack of opportunity for clinicians to build capability and undertake training, professional development or research opportunities due to large clinical workloads. Increased workload and burnout among medical, nursing and allied health staff due to the reactive and emergent nature of transplants. The uneven distribution of specialist expertise across metropolitan and regional areas limits the quality and timeliness of referrals and constrains service growth. The increasing capability of HHSs across Queensland to undertake hepatobiliary (HPB) surgery (liver and pancreas) is reducing opportunities for HPB surgeons at the PAH to carry out the volume of surgery necessary to maintain their skills. This also impacts the delivery of a cost-efficient service.
Infrastructure	There are infrastructure limitations within some of the hospital facilities which impacts transplant services (i.e. single rooms for infection control, intensive care unit (ICU) capacity, operating theatre availability etc).
Person-centred care	Due to the number of clinical contacts a potential transplant recipient experiences, the transplant journey can be fragmented, with poor coordination between different service providers across primary care, hospitals and community services. Limited access to psychosocial, peer, and advanced care support. Patient education information is often insufficient or not culturally appropriate. Social and financial burdens on patients (especially those relocating to Brisbane during the pre- and post-transplant stage) remain high, especially for transportation and accommodation costs.
Equity	Approximately 6 per cent of all transplants undertaken in Queensland are for First Nations peoples. First Nations, Māori, and Pacific Islander peoples experience poorer health outcomes and require culturally safe care tailored to their specific needs. Geographic barriers reduce access to outpatient clinics and consistent follow-up care, impacting equity of access and long-term outcomes for patients living in regional areas. Conservative donor selection policies and restrictive waitlisting criteria limit transplant opportunities.
Data systems	Queensland Health's information systems are not compatible with information systems in the private sector and interstate which impacts service coordination.
Funding	There is insufficient funding allocation for non-Activity Based Funding (ABF) service components such as organ retrievals and perfusion, innovation and new therapies.
Retrievals	Rapid growth in organ donation is placing capacity constraints on the retrieval system. The use of normothermic regional perfusion (NRP), a technology considered superior to existing approaches, is currently constrained by legislative requirements. The <i>Transplantation and Anatomy Act 1979</i> is outdated and does not adequately support contemporary transplantation and donation practices. Organ perfusion technology is not routinely used across the services to reduce cold storage.

Heart and Lung Transplant services

In May 2024, Metro North HHS commissioned an external benchmarking exercise for Heart and Lung Transplant Services at TPOCH to ensure these services continue to deliver life-saving care to Queenslanders who need it (11). Forty-three recommendations were made relating to workforce culture and capacity, service provision and infrastructure availability (11). At the time of developing this Plan (in late 2025), implementation of the benchmarking report's 43 recommendations was underway (11). Metro North HHS is committed to continuing to identify ways to strengthen transplant services.

To support improvements at TPOCH, the Director-General of Queensland Health also commissioned an independent status review of the implementation of these recommendations, focusing on assessing that what is implemented is effectively embedded and sustained.

3 The future service system

Queensland Health is committed to delivering world leading transplant services that deliver high-quality patient care across the transplant journey.

Transplant services are at the precipice of change. Increasing donation rates, alongside emerging technologies, new innovations and changes to contemporary best-practice care will influence how transplants are provided into the future. The release of the national strategy paves a unified way forward for a more coordinated and equitable transplant system. The Plan recognises the shared responsibility between the Australian Government and Queensland Health to achieve coordinated care and improved outcomes and experiences for patients. Success will require strong partnerships nationally and within Queensland, empowering clinicians to lead continuous quality improvement and ensuring the person is at the centre of the transplant journey.

The following sections outline important considerations for the future transplant service system. This includes a commitment to enhancing coordinated person-centred care, recognition of the increasing donation rates and emerging technological innovations. Each of these are key components that influence how transplant care is provided and the way services are delivered across Queensland into the future.

3.1 Coordinated person-centred care

Patients and their families and carers should feel informed, supported and confident at every stage of their transplant journey, from pre-transplant assessment through to post-transplant recovery and lifelong follow-up (Figure 1).

Queensland's transplant future should be built on stronger multidisciplinary clinical collaboration across every stage of the transplant journey. This will be achieved through effective partnerships to better connect local specialists and primary health teams with the statewide transplant services. Partnership opportunities and outreach services will help identify potential transplant candidates earlier, strengthen the capability of local services to refer patients and continue to provide appropriate care closer to home, following the transplant.

Coordination of care must be strengthened through strong governance mechanisms, robust data collection and effective models of care within each of the four solid organ services ensuring timelier and more equitable care.

Clinicians working across the transplant journey should also be supported to collaborate more effectively. This will be achieved by enabling staff to work to their full scope of practice and implementing networking opportunities and communities of practice to grow capability and share learnings within and across services.

3.2 Increasing donations

Increasing consent rates is one of the key mechanisms to address the ongoing shortage of organs available for transplantation. One of the most effective mechanisms is having as many people as possible registered as a donor on the Australian Organ Donor Register (AODR). In 2024, only 31 per cent of Queenslanders were registered with the AODR (5). Although registration rates have increased since the Queensland Government introduced an AODR link to the online drivers' licence and registration renewal platform in July 2024, the rate needs to increase to at least 50 per cent to meet the national target of 25 dmp.

Another important factor to increasing consent rates is the family knowing their loved one wants to be a donor and providing their consent. Eight out of ten families consent to organ donation when they know their loved one is registered (12). Australia's national DonateLife reform program aims to promote donor registration and discussion of donation intention with family.

Expanding donation rates is reliant on several other factors, some of which are being explored by the Australian Law Reform Commission (ALRC), which is currently undertaking a review of national human tissue laws. As part of this review the ALRC has been asked to consider contemporary and emerging technologies and practices.

Greater use of marginal donor organs (those from older or higher-risk donors), including those following Voluntary Assisted Dying (VAD), will result in the expansion of the donor pool. Queensland achieves strong transplant outcomes but is currently more conservative than other jurisdictions in its approach to using marginal donors. Broadening the acceptance criteria, to include VAD, could safely increase organ availability, recognising that for many patients the risk of not receiving a transplant is far greater than the risks associated with marginal organs. If VAD donations are supported, there needs to be further consideration to how this is safely integrated into clinical practice.

Perfusion technology, including ex-vivo lung perfusion (EVLP), normothermic machine perfusion (NMP) and hypothermic oxygenated perfusion (HOPE), offer a way to safely increase the use of marginal organs. These technologies are starting to be used by lung, liver and kidney retrieval teams in Queensland; however, the costs associated with perfusion technology and its disposable kits are high. Additional consideration to how this technology can be sustainably funded is required. Normothermic regional perfusion (NRP) is a newer perfusion technique that is considered superior to EVLP, NMP, and HOPE (13), but is not yet available in Australia due to the current definition of death. Identifying opportunities to update the statutory definition of death to enable the use of NRP technology is one of the specific objectives of the ALRC Review of Australia's human tissue laws.

On 9 December 2025, the Queensland Parliament passed the Health Legislation Amendment Bill (No. 3) 2025. This Bill amends the Transplantation and Anatomy Act 1979 to establish a consent framework that allows a Senior Available Next of Kin to consent to the use of certain procedures (known as ante-mortem interventions) on potential organ donors. These changes will aim to maximise opportunities for organ donation by providing clear authority for families and next of kin, enable assessment of organs in a timely manner and improve the viability of those organs for transplantation.

3.3 Future transplant innovations and technologies

Advances in technology are set to change the way organs are retrieved, transplanted, and cared for in the years ahead. Many of these advancements will improve clinical outcomes for transplant patients and their families and carers but may also change how our services are currently delivered. To effectively respond to these new innovations, the statewide transplant services will be supported to be responsive and agile to embed translational research into clinical practice, with the ability to adopt and scale up contemporary practice where appropriate. Doing so will position Queensland as a leader, paving the way for clinical excellence in Australia.

Research is progressing rapidly in areas which may change how many people require a transplant. Stem cell therapies are advancing and, in the future, could repair damaged organs (heart, lung, kidney and liver), removing the need for organ transplantation altogether (14). For example, kidney regeneration technologies are in preclinical stages of development, and if successful, will aim to replace normal kidney functionality, reducing the need for donor organs (15).

Donated marginal organs could change the way donations occur, while also increasing the volume. Nanomedicines delivered during perfusion (at the point of retrieval) may allow donated organs to be treated before transplantation, improving the quality of the donated organs (16, 17). Xenotransplantation (animal-to-human) is also advancing and may eventually help meet future organ demand (14). In addition, devices such as left ventricular assist devices and artificial hearts are becoming more reliable and, in the future, may offer long-term treatment for advanced heart failure, reducing demand for donor hearts.

Better diagnostic tools and tissue typing are also emerging, offering more precise donor–recipient matching and rejection monitoring (18). For example, machine learning algorithms have been used to

evaluate the viability of liver organs, particularly looking for steatosis and fibrosis in non-alcoholic fatty liver disease (19). Advances in artificial intelligence and machine learning may also enhance medical imaging and patient monitoring. Similarly, genomic profiling and personalised medicines hold promise for refining immunosuppression strategies, reducing the risk of rejection and improving long-term outcomes (16).

In post-transplant care, remote monitoring through wearable devices could enable real-time health tracking, allowing complications to be detected and addressed earlier (18). Further, biomarkers to predict complications post-transplant are emerging as they are both sensitive and cost-effective techniques. For example, cell-free DNA may possibly predict chronic lung allograft dysfunction, a common risk factor for graft loss in the early post-transplant period (20).

In the short term, Queensland transplant services* will strengthen existing models of care by embedding contemporary innovations already available, such as machine perfusion, into routine retrieval and transplantation practice. At the same time, services must be positioned to adopt emerging technologies as they become safe and viable. This will require clear decision-making pathways, sustained investment in trials and research, and the right infrastructure, funding, and workforce. Strong partnerships with researchers, industry, other transplant centres, and jurisdictions across Australia will also be essential. With a coordinated approach, Queensland can introduce new technologies in a way that is safe, equitable, and sustainable.

3.4 Queensland's priority areas

Four priority areas are outlined below, with actions for implementation phased across the next ten years and beyond. While these priority areas align with the national strategy, the actions outlined are tailored to Queensland's unique context, offering a clear pathway for how Queensland will progress from 2026-2037 to meet these national goals. The intent is to support a nationally coordinated transplant service system whilst also providing best-practice clinical care in Queensland that meets the needs of the local population.

The following sections provide an overview of what it means for Queensland to implement each of the priority areas, specific actions for delivery and what success looks like in the future. The actions have been split out into short- (within one year), medium- (one to five years) and longer-term (five+ years) horizons, recognising it takes time and resources to build the capacity and capability of the future transplant service system.

Many actions are achievable through existing resources and leverage off initiatives and opportunities already underway across the system. Actions that require new or additional investment will progress through formal budgetary processes over the next five to ten years.

Priority area 1

Priority area 1 aims to support a national approach to optimise organ donation, retrieval and transplantation (2).

Queensland's response

Queensland Health will work towards a consistent, person-centred approach to organ donation, retrieval and transplantation as outlined in the national strategy. In the short term, this includes strong state representation on national governance structures, promoting donor registration through partnerships, and co-producing accessible information with patients and their families and carers. Over the medium term, Queensland will expand opportunities for living donation through dedicated models of care, support practice improvement initiatives and developing sustainable workforce models to enable donation activity. Legislative review will also be undertaken to ensure Queensland's framework supports opportunities to increase donation and consent rates.

Table 2: Queensland's response to priority area 1 of the national strategy

Actions across the person-centred transplant journey	
Short-term actions – within the next 12 months	
1.1	Queensland Health will have appropriate representation on the Jurisdictional Organ and Tissue Steering Committee to enable consistent alignment to national priorities and opportunities for statewide quality improvement.
1.2	Continue partnerships with the Department of Transport and Main Roads to promote education and engagement to increase Queensland registration on Australian Organ Donor Register, especially for targeted groups (e.g. 17–25-year-olds, culturally and linguistically diverse and First Nations communities).
1.3	Work with consumers to co-produce clear and accessible information on the transplant journey for all four solid organ transplant services. Information must be trauma-informed, reduce uncertainty, and foster collaborative relationships between patients and healthcare professionals.
1.4	Review and implement the recommendations (where appropriate) from the Independent Health and Aged Care Pricing Authority funding review of organ and tissue donation and transplantation. These recommendations should be actioned alongside the new Queensland Health statewide services costing framework (currently under development, due for completion March 2026).
1.5	Statewide transplant and donation services annually report on clinical outcomes and performance indicators through the departmental Statewide Services Program to support transparency and benchmarking against national and organ-specific guidelines.
1.6	Formalise the existing partnership between the North Queensland Kidney Transplant Service and the Queensland Kidney Transplant Service to ensure strong clinical governance, consistent and coordinated care across both services.
1.7	The Department of Health to work closely with Metro North HHS to ensure the recommendations from the 2024 External Benchmarking Exercise are implemented within the TPCH heart and lung transplant services.
Medium-term actions – 1 to 5 years	
1.8	Develop and embed clinical pathways within the kidney and liver transplant services to increase living donation opportunities, supporting both the recipient and organ donor. This pathway needs to reflect existing clinical guidelines and should include strong ethical safeguards, additional matching, counselling and surgical planning for both the donor and recipient, and long-term donor follow up.
1.9	Establish a clinical network for donation, retrieval and transplant services across Queensland. The network would be rotationally hosted by the statewide transplant services with the purpose being to provide expert advice, review services in line with best practice and implement quality and safety improvement projects.
1.10	Following completion of the Australian Law Reform Commission review of Human Tissue Laws, conduct a review of Queensland legislation to identify opportunities to increase donation and consent rates.
1.11	Transplant services are reviewed under the Patient Travel Subsidy Scheme (PTSS).

*Queensland Transplant Services refers to the Queensland HHSs delivering transplantations care including, Metro North, Metro South, Children's Health Queensland and Townsville HHSs.

Priority area 2

Priority area 2 aims to enable equitable access for Australians who would benefit from organ transplantation with a focus on First Nations peoples, culturally and linguistically diverse populations and those living in rural, regional and remote areas (2).

Queensland's response

Queensland Health will focus on improving equity of access to transplant services, particularly for First Nations peoples, culturally and linguistically diverse communities, and those living in regional and rural areas. In the short term, this includes strengthening partnerships between transplant units and First Nations health workers to provide culturally safe, tailored care. Over the medium term, Queensland will expand models of care that bring pre- and post-transplant services closer to home and support networked models that build local capability and strengthen referral pathways. A consistent application of evidence-based guidelines for managing waitlisted patients will also ensure fairer, safer and more coordinated care across the state. In the longer term, Queensland will work with the Transplantation Society of Australia and New Zealand (TSANZ) to adapt eligibility guidelines that better reflect the needs of diverse communities. Together, these actions will help ensure that all Queenslanders have equitable access to safe, high-quality transplant care.

Table 3: Queensland's response to priority area 2 of the national strategy

Actions across the person-centred transplant journey	
Short-term actions – within the next 12 months	
2.1	Build formal partnerships between the transplant services and Aboriginal and Torres Strait Islander Health Worker and Liaison Officer roles ¹ to deliver culturally tailored support for transplant patients. Consider work underway through National Indigenous Kidney Transplantation Taskforce (NIKTT) and the Queensland Health Strengthening Culturally and Clinically Safe Models of Care to translate learnings into all Queensland transplant services.
Medium-term actions – 1 to 5 years	
2.2	Investigate and implement alternative models of care (e.g. networked or outreach models, telehealth, Hospital in The Home) to deliver pre-transplant and post-transplant care closer to home for all four solid organs.
2.3	Expand and formalise outreach clinics in regional and rural Queensland, building on existing successful networked service models. For example, this networked approach will enable dedicated transplant clinician time from the statewide services to be allocated to provide on-site consultations, education, and case support.
2.4	Develop and consistently apply evidence based, local clinical guidelines for the management of waitlisted transplant candidates for all solid organs. These guidelines should be routinely reviewed against best-practice evidence and national standards. This action is inter-linked with the establishment of a clinical network (action 1.9).
Long-term actions – 5+ years	
2.5	HHSs to partner with First Nations communities to enable equitable access to organ transplant services. This should be part of the development and implementation of their First Nations Health Equity Strategies .
2.6	Expand and strengthen transplant workforce across allied health and nursing professions in rural, regional and remote areas to ensure pre- and post- transplant care models are well structured and supported for transplant recipients.

¹ this is the role title for a qualified professional in First Nations healthcare.

*Queensland Transplant Services refers to the Queensland HHSs delivering transplantations care including, Metro North, Metro South, Children's Health Queensland and Townsville HHSs.

Priority area 3

Priority area 3 aims to enhance organ retrieval and transplantation capability and capacity to optimise transplant outcomes (2).

Queensland's response

Queensland Health will enhance transplant service capability and capacity to meet demand. In the short term, this includes developing new planning guidelines and service need assessments for infrastructure and workforce requirements. Over the medium term, the Plan advocates for increased support for allied health professionals to enable them to work to their full scope of practice. In addition, the Plan calls for improved access to mental health support, the use of best practice technology and enhanced care coordination. In the longer term, Queensland will build a robust, highly skilled workforce pipeline, ensuring that transplant services are resilient, and capable of delivering high-quality care into the future.

Table 4: Queensland's response to priority area 3 of the national strategy

Actions across the person-centred transplant journey	
Short-term actions – within the next 12 months	
3.1	Monitor the success of current fatigue management strategies and the effectiveness of interventions to support the transplant workforce in alignment with enterprise bargaining agreements.
Medium-term actions – 1 to 5 years	
3.2	Develop a new planning guideline for transplants (inpatient and outpatient) to guide future service and infrastructure planning across Queensland. This new projection methodology should incorporate living donations, consider emerging technological advancements, and better reflect the true demand for transplant services.
3.3	Undertake a service demand assessment in line with revised planning guidelines to better understand projected service activity and associated impact on infrastructure requirements including inpatient beds (ICU, surgical and rehabilitation), operating theatres and outpatient spaces.
3.4	Support and enable allied health professionals to work to their full and extended scope of practice across the care spectrum, including appropriate professional leadership, education and clinical supervision. This may also include expanding allied health or clinical assistant roles and streamlining/ automating processes.
3.5	The Transplant Infectious Diseases (TID) Liaison will be a core member of all transplant services. The TID will lead the development and implementation of infection-related protocols, review transplant outpatients, and ensure timely responses to key microbiological diagnostic results. The TID Liaison will also play an active role in hospital-wide Infection Prevention and Control strategies.
3.6	All transplant services will proactively deliver cancer prevention, education, and assessment for all recipients on immunosuppressant therapy, ensuring continuous alignment with evolving clinical guidelines throughout the transplant journey.
3.7	Develop and implement a sustainable model for the DonateLife Queensland workforce based on activity, ensuring staff are deployed where and when needed to maximise opportunities to increase donation and consent rates.
3.8	HHSs to undertake workforce planning to support the future resourcing and capability building within transplant services and across the relevant sub-speciality areas. Utilise the Department of Health statewide workforce mapping dashboard to support this planning.
3.9	Establish a nationally benchmarked staffing model across all transplant units to provide dedicated support and guidance for patients throughout the transplant journey, ensuring coordinated, person-centred care.
3.10	Embed and integrate mental health support into the statewide transplant services to support patients, their families and carers throughout the entire transplant journey.

3.11	Implement contemporary best practice organ perfusion technologies for retrievals within the statewide transplant services. This includes providing staff training and enabling supporting operating models.
3.12	Develop and embed a model of care that proactively supports patient transitions from paediatric to adult services for all four solid organs, including targeted guidance on medication support and psychosocial support.
3.13	Undertake a statewide review of hepatobiliary surgical services to inform a coordinated, networked model of care.
3.14	Implement nurse navigator or care coordinator roles to deliver tailored support and resources to patients, families and carers throughout the transplant journey.
Long term actions – 5 years plus	
3.15	Implement a sustainable transplant workforce strategy that builds on the broader Queensland Health workforce pipeline strategy. The strategy needs to focus on sustainability building regional workforces, support early-career entry into transplant services, and attract, develop, and retain skilled professionals nationally and internationally.

*Queensland Transplant Services refers to the Queensland HHSs delivering transplantations care including, Metro North, Metro South, Children's Health Queensland and Townsville HHSs.

Priority area 4

Priority area 4 aims to enhance systems, data collection and reporting to drive clinical best practice (2).

Queensland's response

Queensland Health will strengthen information systems, data collection, and research to drive evidence-based, high-quality transplant care. In the short term, this includes establishing a minimum data set, aligning to national registries and implementing a shared data system across the two Queensland kidney transplant services. Over the medium term, Queensland Health will enable integrated, shared-care models through connected digital health systems, linking HHSs, private providers, and interstate services. In the longer term, all transplant services will operate on a consistent digital platform, ensuring safe, efficient, and standardised delivery of care across the state.

Table 5: Queensland's response to priority area 4 of the national strategy

Actions across the person-centred transplant journey	
Short-term actions – within the next 12 months	
4.1	Establish a minimum dataset for all statewide transplant services to standardise data capture across HHSs. Ensure consistency of data capture across all HHSs and use insights from these registries to inform state-level service planning, future investment proposals, workforce development, and continuous improvement in clinical practice.
4.2	Implement a shared data system across the two Queensland kidney transplant services (Kidney and Transplant Services Information System) and undergo a feasibility assessment once established to expand this into liver, lung and heart.
Medium-term actions – 1 to 5 years	
4.3	Embed research and innovation into transplant care by partnering with universities, research institutes and national and international bodies. This includes evaluating emerging approaches (e.g. donation after voluntary assisted dying) and integrating newly approved therapies.
4.4	Enable shared care in transplant through an integrated digital health system connecting HHSs, private providers, and services outside Queensland (e.g. access to the Viewer or My Health Record).
4.5	Ensure all transplant services are operating on a consistent digital platform (e.g. TPCH implementation of integrated electronic medical records (ieMR)).

4.6	Establish protocols, clinical trials and knowledge-sharing mechanisms to ensure safe, evidence-based adoption and consistent delivery of optimal care across all four solid organ transplant programs.
Long-term actions – 5 years plus	
4.7	Implement the minimum dataset across all statewide transplant services to ensure consistent data capture and use registry insights and patient reported measures to inform state-level service planning, future investment proposals, workforce development, and continuous improvement in clinical practice.
4.8	Queensland Health to partner with the Organ and Tissue Authority (OTA) to support research and innovation that informs the development and practical application of transplant eligibility guidelines to meet the needs of priority populations.

4 What success looks like for Queensland

Measuring success is essential to ensuring Queensland transplant services are world leading, safe, sustainable, and responsive to patient, family and carer needs. Success measures will help identify what is working, highlight areas for improvement, support accountability and inform evidence-based decision making. Table 6 outlines the success measures that are aligned to the actions under each of the four priority areas.

Table 6 – Success measures

What success looks like across the four priority areas	
Priority area 1: to support a national approach to optimise organ donation, retrieval and transplantation	
1.	Increased donors and retrievals in Queensland, including living donors for kidney, which translates to more people receiving an organ transplant.
2.	Patients, carers and families are informed, supported and involved in decisions throughout every stage of the transplant journey.
Priority area 2: to enable equitable access for Australians who would benefit from organ transplantation with a focus on First Nations peoples, culturally and linguistically diverse populations and those living in rural, regional and remote areas	
1.	There is an increase in the proportion of people from priority populations referred to transplant services.
2.	There is an increase in organ transplantation for priority populations that experience higher burden of disease.
3.	Post-transplant care is provided closer to home where clinically safe through partnerships with local health services, including primary care and Aboriginal and Torres Strait Islander community-controlled services.
Priority area 3: to enhance organ retrieval and transplantation capability and capacity to optimise transplant outcomes	
1.	Improved staff experiences and enhanced staff retention within the transplant units.
2.	Queensland Health has the appropriate workforce, infrastructure, equipment (e.g. perfusion technology), digital systems to support future increases in retrievals and organ transplant activity.
3.	Patient reported experience and outcome measures (PREMs and PROMs) are embedded into routine practice, with results monitored and actioned to improve care quality, equity, and patient quality of life, including for priority populations.
Priority area 4: to enhance systems, data collection and reporting to drive clinical best practice	
1.	Data capture, benchmarking, and transparency to drive continuous improvement across Queensland's transplant services is delivered/ routinely undertaken.
2.	Digital systems are integrated and support seamless, shared care across the transplant journey.
3.	Increased translation of research and innovation across the organ transplant journey.

5 Implementation, monitoring and review

The development of the Plan has brought together the many voices of consumers, clinicians, researchers, and government partners. It acknowledges the complexities within the transplantation system but also highlights the opportunities and advancements into the future, paving an ambitious way forward.

Through implementation of this Plan, Queensland Health will achieve the shared goal whereby all Queenslanders who require a transplant have access to safe, high-quality, person-centred care. The success of the Plan relies on true collaboration across the entire health system. Strong partnerships will continue to be essential in strengthening and sustaining transplant services.

Implementation of the Plan and its actions will be supported by clearly outlined roles and responsibilities across the Department of Health, HHSs and the statewide transplant services. Ongoing annual reporting and monitoring of Queensland's donation and transplant services will be overseen by the Statewide Services Program and the oversight committee, the Assessment and Review Panel. Actions requiring additional investment or resourcing will proceed through formal state budgetary processes as required.

A comprehensive review of the progress of the actions will be undertaken at the three-year mark to assess achievements, respond to national or local policy shifts, and adapt to changes in service demand. This review will inform updated actions to ensure the Plan remains responsive, effective, and aligned with the needs of Queenslanders.

Queensland Health sincerely thanks everyone who has contributed their time, expertise, and experience to shaping this Plan. Queensland Health acknowledges the people who shared their personal stories of organ donation and transplantation, reminding us of the profound importance of this work and the lives it changes.

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Appendix 1: Organ specific summaries

An overview of Queensland Health's current transplant services is provided in section 2. The section below provides details of the four solid organs, including service activity. For consistency across the document, all growth rates are calculated using the compound annual growth rate (CAGR) formula and reported as annualised growth rates.

A.1 Kidney transplantation in Queensland

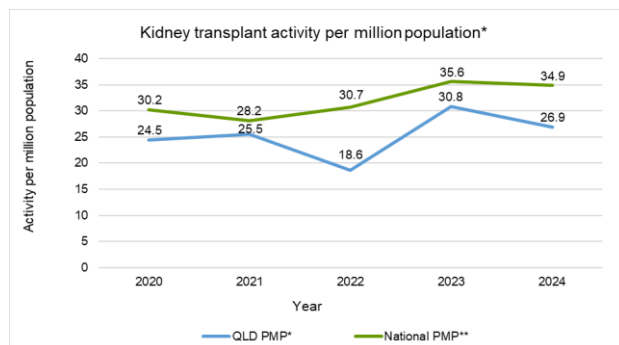
Overview of services

Kidney transplantation is the most effective treatment for many people with end-stage kidney disease. Compared to dialysis, transplantation can offer improved survival rates and increased quality of life. There are many people currently on dialysis who would benefit from receiving a kidney transplant. Queensland's transplant capacity has recently expanded with the establishment of the North Queensland Kidney Transplant Service.

The introduction of this service marks a significant step forward in improving access to care and delivering more transplants across the state. The Queensland Kidney Transplant Service (QKTS) is a statewide service providing both adult and paediatric kidney transplantation and is based at the PAH. Paediatric patients receive care at the Queensland Children's Hospital, in partnership with the PAH, ensuring continuity of specialist care throughout the transplant journey.

In July 2025, North Queensland Kidney Transplant Service (NQKTS) was established as Queensland's second kidney transplant site. The service is currently operating as a networked service across five HHSs (Townsville, Cairns and Hinterland, Mackay, North-West, and Torres and Cape). The transplant surgery is being undertaken within Townsville University Hospital, with coordinated pre- and post-transplant care provided closer to home across the five northern HHSs.

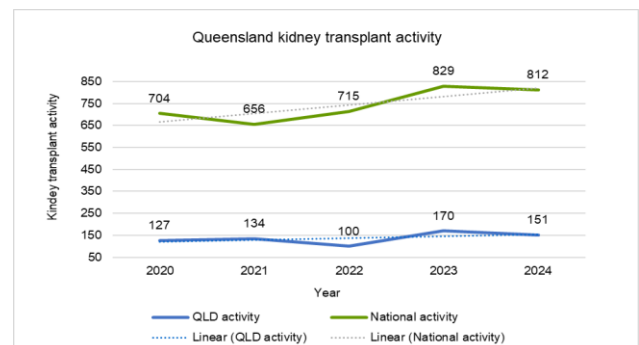
Figure 6: A snapshot of kidney transplant activity in Queensland in 2024



Source: DonateLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024. Population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

*PMP based on the Australian Bureau of Statistics, estimated resident population as at December each year.

**National calculations are based on population data from the states that host transplant services.



Source: DonateLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024. Population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

**National calculations are based on population data from the states that host transplant services.

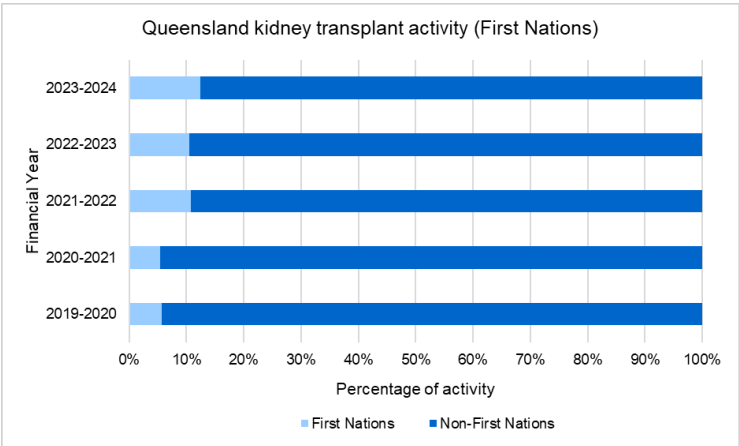
Between 2020 and 2023, the number of kidneys retrieved in Queensland increased from 139 to 192, representing an annualised growth rate of 11.4 per cent. This equates to a four-year average of 28.1 kidneys retrieved pmp. The Queensland retrieval rate is slightly below the national rate of 30.4 kidneys retrieved pmp over this period (8).

Over the five-year period from 2020 to 2024, Queensland recorded an average kidney transplant rate of 25.5 pmp, compared with the national average of 31.9 pmp. Although Queensland's average transplant rate was slightly lower than the national rate, transplant activity in the state grew more rapidly, increasing

at an annualised growth rate of 4.4 per cent over the period, compared with 3.6 per cent nationally (Figure 6). In Queensland, the number of kidney transplants increased from 127 in 2020 to 151 in 2024.

First Nations

Figure 7: First Nations and non-First Nations kidney transplant activity in Queensland in 2019-20 to 2023-2024



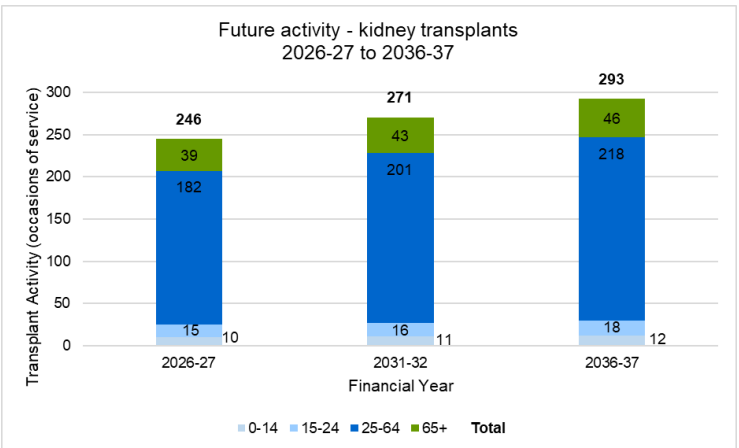
Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), 2019-20 to 2023-24, filtered by service related group (SRG) = 57, System Planning Branch, Queensland Health; 2025

Between 2019-20 to 2023-24, First Nations peoples made up nine per cent of the total kidney transplant activity over this period. This proportion increased from six per cent in 2019-20 to 12 per cent in 2023-24, representing an annualised growth of 21.8 per cent (Figure 7).

This increase in First Nations representation may reflect improvements in access and service delivery e.g. the availability of Aboriginal and Torres Strait Islander Health Workers to provide culturally appropriate care.

Future activity targets

Figure 8: Future activity projections for kidney transplants in Queensland



Source: Transplant Projections (2023-24), System Planning Branch, Queensland Health; 2025.

Note: Projections assume 25 dpmp, 3.0 organs per donor and with transplant type and facility based on historical data and national benchmarks.

If Queensland were to meet the national performance benchmarks set by the OTA, deceased-donor kidney transplant activity is expected to increase to 293 transplants by 2036-37 (from 170 transplants in 2023 - see Figure 6), representing an annualised growth rate of approximately 4.3 per cent over the period (Figure 8).

**These projections are indicative and do not account for future innovations that may influence demand or delivery.*

A.2 Liver transplantation in Queensland

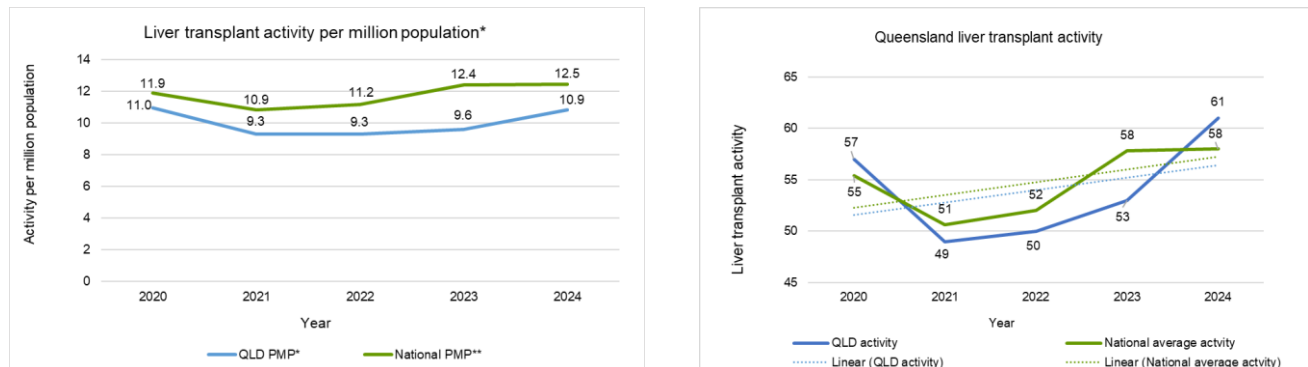
Overview of services

Liver transplantation is a critical treatment for people with end-stage liver disease and complex metabolic conditions.

The Queensland Liver Transplant Service (QLTS) provides comprehensive statewide care, ensuring patients across have access to highly specialised surgical and medical expertise. QLTS delivers transplantation services for the entire state and is based at PAH for adults and at the QCH for paediatric patients.

Retrieval and transplant activity

Figure 9: A snapshot of liver transplant activity in Queensland in 2020 to 2024



Source: DonateLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024. Population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

*PMP based on the Australian Bureau of Statistics, estimated resident population as at December each year.

**National calculations are based on population data from the states that host transplant services.

Source: DonateLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024. Population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

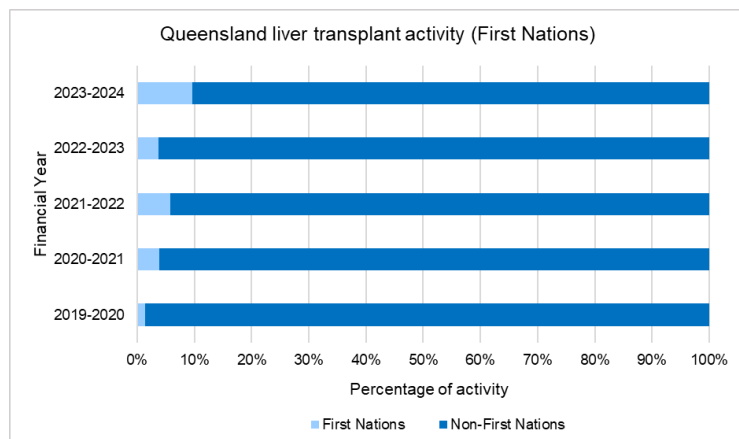
National calculations are based on population data from the states that host transplant service.

Over the same period, Queensland recorded an average liver retrieval rate of 11.2 pmp, slightly exceeding the national average rate of 10.8 livers retrieved pmp (8).

Between 2020 and 2024, Queensland performed an average liver transplant of 10.0 pmp annually, compared with the national average of 11.8 pmp. In Queensland, the number of liver transplants per annum increased from 57 in 2020 to 61 in 2024. Over this period, transplant activity grew at an annualised rate of 1.7 per cent, slightly above the national growth rate of 1.3 per cent (Figure 9).

First Nations

Figure 10: First Nations and non-First Nations liver transplant activity in Queensland in 2019-20 to 2023-2024

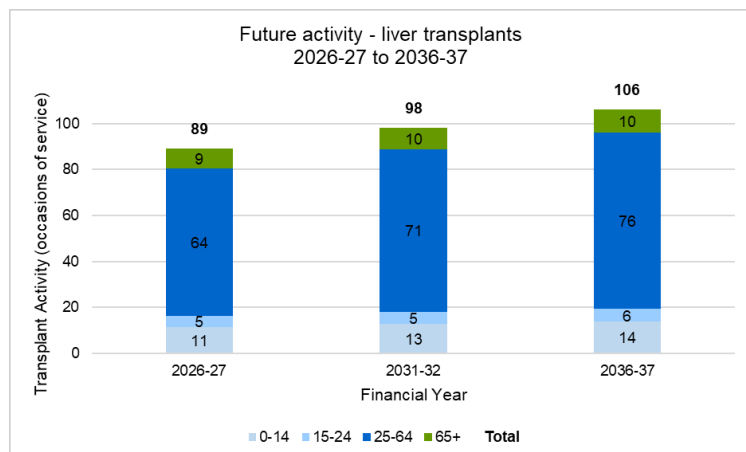


Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), 2019-20 to 2023-24, filtered by service related group (SRG) = 57, System Planning Branch, Queensland Health; 2025

Between 2019–20 and 2023–24, First Nations peoples accounted for an average of five per cent of all liver transplant activity. The proportion of liver transplants undertaken for First Nations peoples has increased over the period (Figure 10). The increase may reflect targeted efforts to improve equity in access, enhanced referral pathways, or increased clinical need.

Future activity targets

Figure 11: Future activity projections for liver transplants in Queensland



Source: Transplant Projections (2023-24), System Planning Branch, Queensland Health; 2025.

Note: Projections assume 25 dpmp, 3.0 organs per donor and with transplant type and facility based on historical data and national benchmarks.

If Queensland were to meet the national performance benchmarks set by the OTA, deceased-donor liver transplant activity is expected to increase to 106 transplants by 2036-37 (from 53 in 2023 - see Figure 9), representing an annualised growth rate of approximately 5.5 per cent over the period.

**These projections are indicative and do not account for future innovations that may influence demand or models of care.*

A.3 Heart transplantation in Queensland

Overview of service

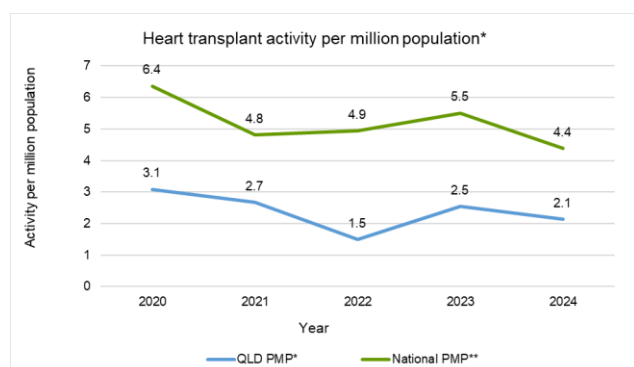
Heart transplantation is a vital treatment option for people with end-stage heart failure, offering improved survival and quality of life where other therapies are no longer effective. Queensland's heart transplant service provides statewide access to this highly specialised care and is one of four heart transplant services across Australia.

The Queensland Heart Transplant Service is based at TPCCH and delivers care for adults and adolescents, with occasional transplants provided for patients from other jurisdictions on a case-by-case basis. Children requiring heart transplantation are referred interstate to specialist paediatric services in Victoria (Royal Children's Hospital) or New South Wales (Westmead Children's Hospital).

In 2024, external reviewers from interstate transplant centres were engaged by Metro North HHS to undertake the *External Benchmarking Exercise: TPCCH Heart and Lung Transplant Services*. The benchmark review made 43 recommendations for service improvement predominately focused to heart transplant services. Metro North HHS continues to monitor progress to ensure service improvements are embedded and deliver sustained benefits for people across Queensland.

Retrieval and transplant activity

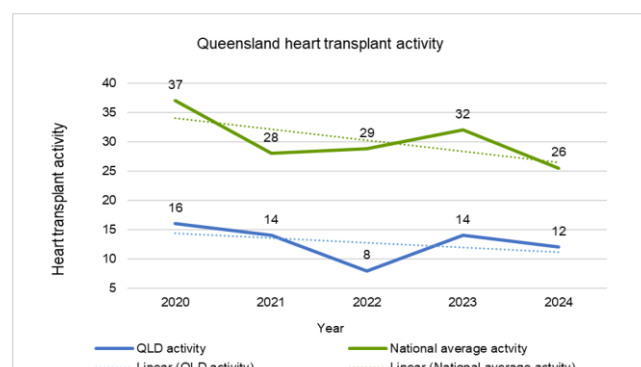
Figure 12: A snapshot of heart transplant activity in Queensland from 2020 to 2024



Source: DonatLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024.

Population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

*PMP based on the Australian Bureau of Statistics, estimated resident population as at December each year**National calculations are based on population data from the states that host transplant services.



Source: DonatLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024.

Population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

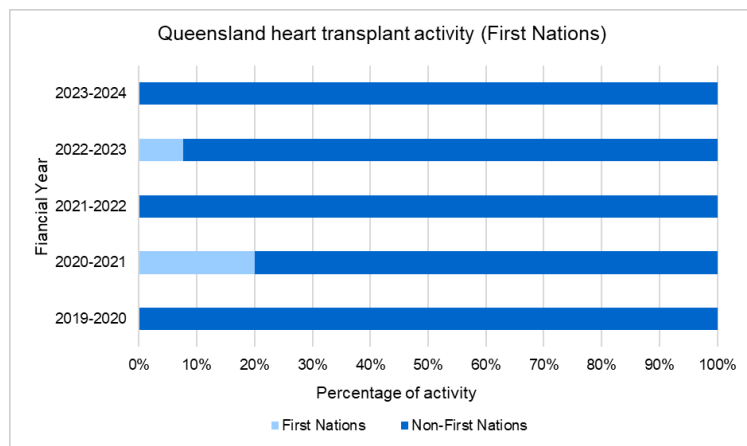
Between 2020 and 2023, there was no change to the number of hearts retrieved in Queensland, with 27 retrievals recorded in both years. Across the four-year period, this equated to an average retrieval rate of 4.7 hearts pmp. The Queensland retrieval rate is slightly below the national rate of 5.1 hearts retrieved pmp over this period (8).

Between 2020 and 2024, Queensland performed an average of 2.4 pmp heart transplants compared with 5.2 pmp nationally. In Queensland, the number of heart transplants decreased from 16 in 2020 to 12 in 2024, representing an average annual decline of 6.9 per cent over the period, compared with a national decline of 8.4 per cent (Figure 12). Contributing factors for the decline may include conservative waitlisting practices, a more complex patient cohort, donor characteristics such as age, and donation pathways.

Despite a decrease in activity, there was an increase in the average length of stay for heart transplant recipients between 2019-20 (31 beddays on average) and 2023-24 (43 beddays on average). A large proportion in the increase in length of stay was attributable to time spent in ICU and may indicate the increased complexities of care required.

First Nations

Figure 13: First Nations and non-First Nations heart transplant activity in Queensland in 2019-20 to 2023-24



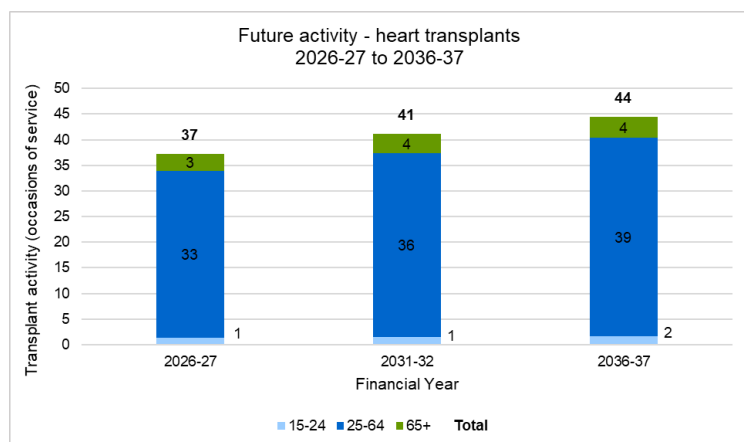
Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), 2019-20 to 2023-24, filtered by service related group (SRG) = 57, System Planning Branch, Queensland Health; 2025

Between 2019-20 and 2023-24, First Nations peoples made up six per cent of the total heart transplant activity (Figure 13). In some years, there was no First Nations activity, however, these numbers should be interpreted with caution due to the low overall heart transplant activity numbers.

These rates highlight the importance of improving access to heart transplant services for First Nations peoples and ensuring culturally safe care. This could include expanding work underway through Metro North's *Connecting Care to Country* initiatives and the *Heart Outreach Program for Health Equity*.

Future activity targets

Figure 14: Future activity projections for heart transplants in Queensland



Source: Transplant Projections (2023-24), System Planning Branch, Queensland Health; 2025.

Note: Projections assume 25 dpmp, 3.0 organs per donor and with transplant type and facility based on historical data and national benchmarks.

If Queensland were to meet the national performance benchmarks set by the OTA, deceased-donor heart transplant activity is expected to increase to 44 transplants by 2036–37 (from 14 in 2023 - see Figure 12), representing an annualised growth rate of approximately 9.2 per cent.

**These projections are indicative and do not account for future innovations that may influence demand or models of care.*

A.4 Lung transplantation in Queensland

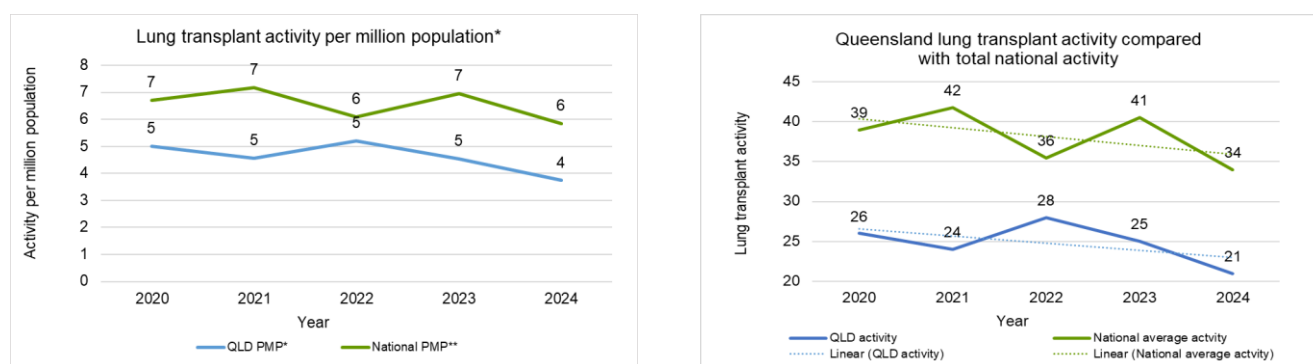
Overview of services

Lung transplantation is a lifesaving treatment for patients with end-stage lung disease, noting there are limited other treatment options currently available at this point. Queensland's lung transplant service provides statewide access to this highly specialised care, ensuring patients across the state can benefit from advanced surgical and medical expertise.

The Queensland Lung Transplant Service is based at TPCH in Metro North HHS and delivers comprehensive lung transplant care for adults. As part of the *External Benchmarking Exercise: TPCH Heart and Lung Transplant Services* conducted in 2024, the lung transplant service was independently reviewed alongside the heart program. This process identified strengths and opportunities for improvement, with recommendations now being implemented and overseen by Metro North HHS.

Retrieval and transplant activity

Figure 15: A snapshot of lung transplant activity in Queensland from 2020 to 2024



Source: DonateLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024. National population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

*PMP based on the Australian Bureau of Statistics, estimated resident population as at December each year **National calculations are based on population data from the states that host transplant services.

Source: DonateLife. Historic activity – Australian Donation and Transplantation Report(s). 2015-2024. National population data - Australian Bureau of Statistics. National, state and territory population: Australian Government; 2024.

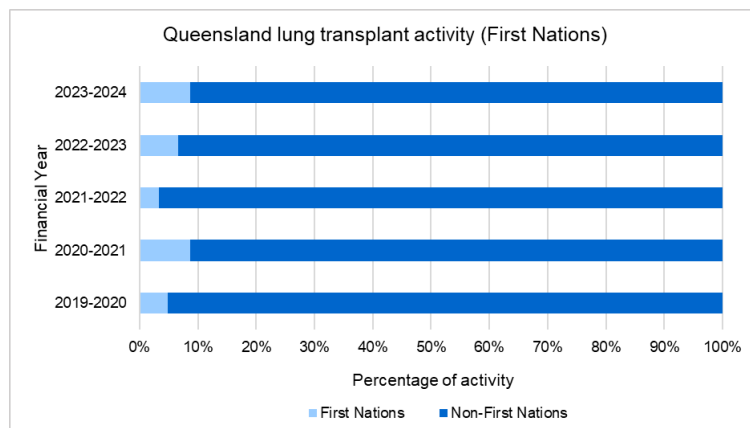
Between 2020 and 2023, lung retrievals in Queensland increased from 60 to 92, representing annualised growth rate of 15.3 per cent. Queensland recorded an average retrieval rate of 14.4 lungs pmp, slightly below the national average of 14.8 pmp over the same period (8).

Between 2020 and 2024, Queensland performed an average of 4.6 pmp lung transplants compared with 6.6 pmp nationally (Figure 15). In 2020, 26 lung transplants were undertaken in Queensland, compared with 21 in 2024. Transplant activity decreased at an annualised rate of 5.2 per cent over the period, compared with a national annualised decline of 3.4 per cent. This reduction may reflect systemic challenges and the impact of new therapies, such as for cystic fibrosis, which have reduced the need for lung transplantation.

Similar to the heart transplant service, average length of stay for lung transplant recipients increased between 2019-2020 (27 beddays on average) and 2023-24 (31 beddays on average), reflecting an annualised growth rate of 3.5 per cent. This increase may indicate a more complex and ageing patient cohort among lung transplant recipients.

First Nations

Figure 16: First Nations and non-First Nations lung transplant activity in Queensland in 2019-20 to 2023-2024



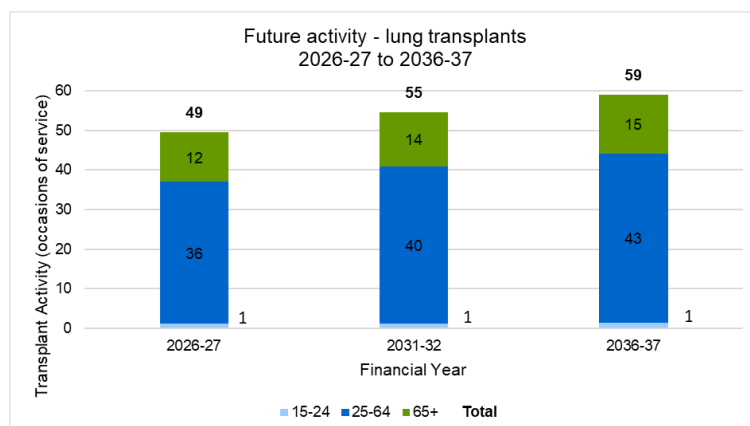
Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC), 2019-20 to 2023-24, filtered by service related group (SRG) = 57, System Planning Branch, Queensland Health; 2025

Between 2019-20 to 2023-24, First Nations peoples made up an average of six per cent of the total lung transplant activity over this period. This proportion increased from 5 per cent in 2019–20 to 9 per cent in 2023–24, representing an annualised growth rate of 15.8 per cent over the period (Figure 16).

This increase may reflect improvements in access to culturally safe care e.g. Metro North's Urban Respiratory Outreach Clinic. Continued focus on culturally safe and consistent access to transplant services remains essential.

Future activity targets

Figure 17: Future activity projections for lung transplants in Queensland



Source: Transplant Projections (2023-24), System Planning Branch, Queensland Health; 2025.

Note: Projections assume of 25 dpmp, 3.0 organs per donor and with transplant type and facility based on historical data and national benchmarks.

If Queensland were to meet the national performance benchmarks set by the OTA, deceased-donor lung transplant activity is expected to increase to 59 transplants by 2036–37 (from 25 in 2023 - see Figure 15), representing an annualised growth rate of approximately 6.8 per cent.

**These projections are indicative and do not account for future innovations that may influence demand or models of care.*