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# Impact of changes to coding palliative care

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## Impact of changes to coding of palliative care

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**What is the purpose of this technical report?** This report outlines the significant change to the coding standard for palliative care that was implemented as part of The International Statistical Classification for Diseases and Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Ninth Edition on 1 July 2015. This is impacting reporting continuity.

**What are the implications for users of the data?**

When analysing data relating to palliative care, consideration should be given to the impact of this change and to the selection of care types used for deriving counts.

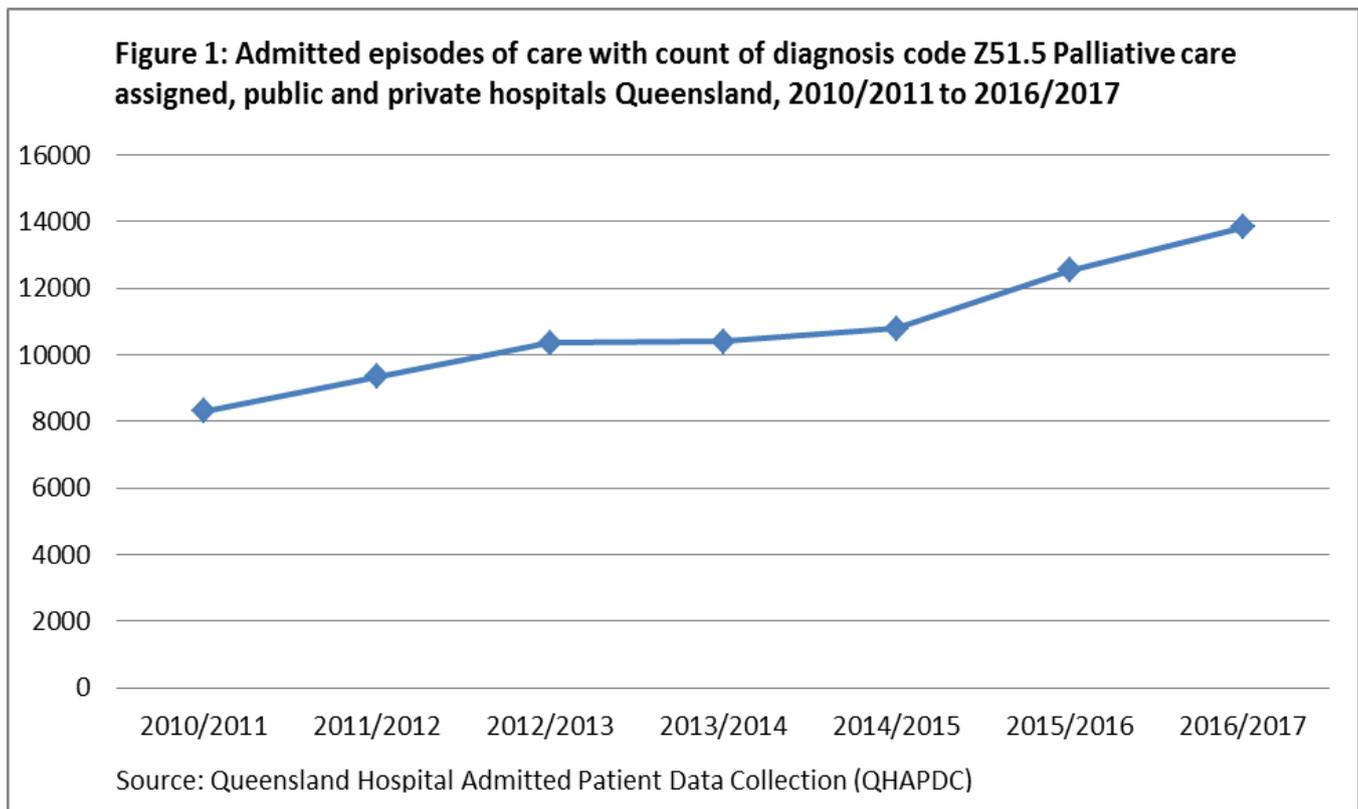
The implementation of The International Statistical Classification for Diseases and Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) Ninth Edition on 1 July 2015 and subsequent changes to the Australian Coding Standards (ACS) relating to palliative episodes of care has significantly impacted reporting and analysis.

Prior to 1 July 2015, it was mandated that diagnosis code *Z51.5 Palliative care* was to be assigned only for episodes of care with care type 30 Palliative care and only as an additional diagnosis code. The change included in the ICD-10-AM and ACS Ninth Edition noted that diagnosis code *Z51.5 Palliative care* could be assigned as an additional diagnosis independent of the admitted patient care type.

As noted in ACS 2116 *Palliative care*, palliative care or end of life care is where the clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs<sup>1</sup>. While a patient may require admission to a hospital for the management of an acute condition, this does not mean that they cannot also be receiving palliative care for an underlying condition or disease. Palliative care has always been provided when required – irrespective of care type, but recording of this activity has been masked until recently by the coding standards as can be seen in Figure 1.

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<sup>1</sup> Australian Consortium for Classification Development (2015) *Australian Coding Standards Ninth Edition – 1 July 2015*. Darlinghurst: Independent Hospital Pricing Authority.



The coding change has resulted in a greater visibility in the types of episodes of care where palliative care is being provided (Table 1). Increased information relating to the provision of palliative care services for admitted patients can allow for improved service planning and resource development.

**Table 1: Admitted episodes with Z51.5 Palliative care assigned, public and private hospitals Queensland, 2013/2014 to 2016/2017**

Care type	2013-14	2014-15	2015-16	2016-17
<i>Acute</i>	-	-	2,166	3,061
<i>Newborn</i>	-	-	-	2
<i>Geriatric evaluation and management</i>	-	-	11	25
<i>Psychogeriatric</i>	-	-	1	-
<i>Maintenance</i>	-	-	58	70
<i>Mental health</i>	-	-	3	2
<i>Rehabilitation</i>	-	-	15	25
<i>Palliative Care</i>	10,400	10,784	10,279	10,646
<b>Total</b>	<b>10,400</b>	<b>10,784</b>	<b>12,533</b>	<b>13,831</b>

Recent data quality initiatives identified that while diagnosis Z51.5 *Palliative care* can now be assigned with any care, it is expected that this code will be assigned for all episodes of care with care type 30 *Palliative care*. This is supported by the national data element definition for this care type<sup>2</sup>. To assist with maintaining data of high quality, there was active follow up of episodes of care with care type 30 *Palliative care* that did not have Z51.5 *Palliative care* assigned for 2016-17 and a

<sup>2</sup> Australian Institute of Health and Welfare, Hospital service-care type, code N[N], accessed 24 January 2018, <http://meteor.aihw.gov.au/content/index.phtml/itemId/584408>

new data validation was implemented from 1 July 2017 that requires the assignment of diagnosis code Z51.5 *Palliative care* as an additional diagnosis for episodes of care with care type 30 Palliative care.

When analysing data relating to palliative care, consideration should be given to the impact of this change and to the selection of care types used for deriving counts.

It is recommended that anyone intending to analyse this data should contact the Statistical Services Branch for further information.

## **Conclusion**

Changes to coding standards as part of ICD-10-AM Ninth Edition have led to a significant shift in the assignment of diagnosis code Z51.5 *Palliative care* by enabling use of this diagnosis code across multiple care types.

Care should be taken when comparing trends in assignment of palliative care for hospital separations pre and post 2015-16 in light of these changes.