Measuring palliative care: how does the Z51.5 perform?

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Oceanic Palliative Care Conference 10–12 Sept 2025

BACKGROUND

Accurately identifying and documenting the delivery of palliative care (PC) within hospital settings is essential for understanding patterns of care, resource utilisation, and alignment with best-practice models. In Australia, the International Classification of Diseases, 10th Revision, Australian Modification (ICD-10-AM) code Z51.5 – "palliative approach to care" is used to capture episodes in which there is palliative intent. However, there is limited understanding regarding the use of this code and its alignment with the provision of specialist palliative care services.

AIM OF THIS STUDY: Investigate the proportion of overlap between a Z51.5 code and a hospital-based palliative care consultancy team (HBPCCT).

METHODS

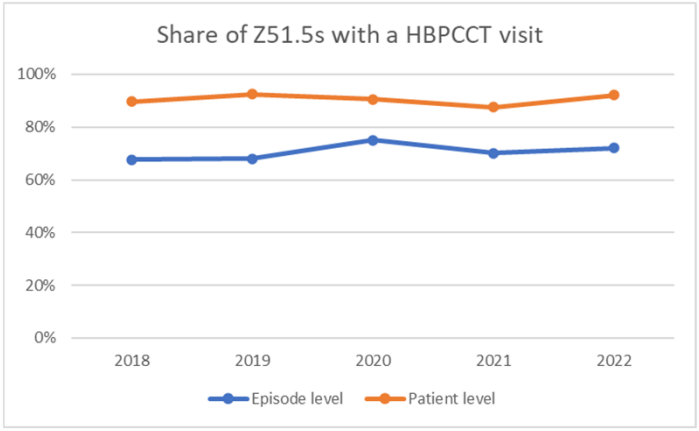
We obtained data between inpatient and outpatient services on all hospital decedents for five financial years from 1st July 2018 to 30th June 2023 for the Northern Hospital, Melbourne, Victoria, Australia. PC was identified via a PC inpatient bed episode, a "palliative approach to care" Z51.5 code, a consultation team visit or a community care episode.

For this study, we limited the sample to episodes where a Z51.5 code was listed. An overlap between the Z51.5 episode and a HBPCCT visit was identified by matching the patient identification number between the two datasets, and then by confirming if the HBPCCT visit date landed within the admission period for the Z51.5 episode, inclusive of admission and discharge days. For the patient-level overlap, we considered if any of a patient's Z51.5 episodes had also included a HBPCCT visit.

RESULTS

5,464 decedents were analysed. Data from financial years FY2018 to FY2022 was examined.

- Over the 5 years, HBPCCT episodes trended up (from 1031 to 1504).
- Z51.5 codes in admitted patient episodes also trended up (from 681 to 865).
- At the episode level, 70.8% of Z51.5-coded episodes had an overlapping HBPCCT visit. This has remained relatively stable over the study period (Figure 1)
- At the patient level, this increased to 90.5% of patients coded with a Z51.5-coded episode who received a HBPCCT visit (Figure 1).
- However, less than half of total HBPCCT episodes had an equivalent inpatient admission with a Z51.5 code.



CONCLUSION

PC activity in terms of HBPCCT episodes and "palliative approach to care" Z51.5 codes rose over a 5-year period. There was a high level of concordance suggesting that, in this setting, the Z51.5 code is a strong indicator of specialist palliative care involvement. However, there was a discrepancy in the number of HBPCCT episodes that attracted a Z51.5 code, suggesting that these codes alone do not capture all PC activity.

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