

**PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Clinical Process/Oncology Care Measures
Paper Submission for FY2021 and Subsequent Years**

(NQF 0210) Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patients who died from cancer and received chemotherapy in the last 14 days of life.

DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patients who died from cancer.

(NQF 0215) Proportion of Patients Who Died from Cancer Not Admitted to Hospice

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proportion of patients not enrolled in hospice.

DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patients who died from cancer.

(NQF 0383) Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient visits that included a documented plan of care to address pain. Documented plan of care may include: use of opioids, nonopioids analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All selected surgical patients with a catheter in place postoperatively.

(*) indicates required for providers participating in the PPS-Exempt Cancer Hospital Quality Reporting Program.

* Facility Name: _____

* CEO Signature: _____ * Date: _____

* CEO Email Address: _____

Complete and submit this form via email to: PCHQualityReporting@hcqjis.org.

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