



## **THE NATIONAL PANCREAS FOUNDATION CENTER AUDIT FORM**

The National Pancreas Foundation (NPF) was founded as a nonprofit 501(c)(3) organization in 1997. Since that time, we have made it our mission to significantly influence the pancreatic research community and provide much needed information and resources to patients who are courageously battling pancreatic disease.

### **REPORTING CAPABILITIES AND RESPONSIBILITIES**

1. There must be a designated point of contact with the NPF. This can be the Program Director or a designee.
2. The Center agrees to participate in NPF surveys in an effort to improve patient care and outcomes
3. The Center agrees to participate in the NPF's National Patient Registry. Ideally this entails active participation in the NPF Registry by developing the means to consent patients and transfer EMR's or developing another mechanism to enter patient data. At minimum, the institution will educate patients about the NPF Registry, distribute brochures to patients and encourage them to enter their information via the patient portal.
4. The Center agrees to the minimal NPF reporting standards by participating in occasional surveys to elucidate treatment patterns and best practices.
5. The Center agrees to co-market the program by highlighting the certification on the Center's web site with mutual links to the NPF website. At minimum, the Center will distribute NPF brochures to its patients
6. The Center will consent to an initial audit either electronically or in person and a 3-5 year follow up.

### **PROGRAM DIRECTOR QUALIFICATIONS AND RESPONSIBILITIES**

#### Qualifications

The Program Director should be board certified through the ABIM (American Board of Internal Medicine) in Gastroenterology or board certified in Surgery. For Pediatrics, the Program Director should be certified by the ABP (American Board of Pediatrics).

#### Responsibilities

1. Provides quality assurance and oversight for all aspects of patient care and operation of the NPF Center Program.
2. Assures the institution is providing adequate facilities and ancillary support to the NPF Centers Program.
3. Assures that all NPF Centers Program team personnel (physician and non-physician) are of the highest quality and continually strive to improve their expertise in the area of pancreatic disease.
4. Assures that all aspects of the agreement with the NPF Center are met.
5. Assures that the personnel time allotted to the care of patients with pancreatic disease is appropriate for the patient population.
6. Coordinates plans with other Program Directors or appropriate personnel when it is necessary for emergency, tertiary care, or care that is out of the scope of the center.

Please check for acceptance of these terms



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## **I. Organization/Facility Information**

Organization/Facility Name

Address

Program Director Name, Title

Program Director Email Address

Program Director Phone

Primary Point of Contact if different from Program Director

Point of Contact Email Address

Point of Contact Phone

If approved to be an NPF Center, NPF will provide a link from its website to the following URL

Phone Number for Appointments (will be listed on NPF site)

## **II. Designated Core Personnel**

**Must have a multidisciplinary approach to patient care. Check all that apply and provide the physician(s) name in the comments box. If you do not meet the criteria, please explain.**

Program Director

Individual should be board certified through the ABIM (American Board of Internal Medicine) in Gastroenterology or board certified in Surgery. Other requirements are stipulated on the first page of this application.

Physician name and comments

Gastroenterologists

At least two with one experienced in therapeutic endoscopy, including EUS and ERCP. One must have minimum of 5 years experience.

Physicians' names and comments

Pathologist with expertise in gastrointestinal disease

Physician name and comments

Interventional Radiologist

Gastroenterology expertise

Physician name and comments



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Pancreatiobiliary surgeon

At least two with experience/expertise in Distal pancreatectomy, Whipple's resection, total pancreatectomy and drainage procedures for pseudocysts and pancreatitis - Puestow and cyst-enterostomies. (One must have minimum 5 years experience)

Physicians' names and comments

**III. Special Expertise and Services. Must have access to 80% of the following personnel via on-site access or an established and ongoing referral relationship. Please list names and check all that apply.**

Dietitian/Nutrition Support

Registered Dietitian Nutritionist with credentials of RD or RDN available

Name and comments

Pain and symptom control specialist/service

Explain how you meet this criteria

Psychosocial support/social work

Ideal: Medical Psychiatrist

Acceptable: Patient support network which may including support groups, social worker access, and/or psychiatric back-up

If "Acceptable," please explain how you meet this criteria

Pancreatic function testing

Endoscopic Pancreatic Function Testing

Comments

Clinical trials

Ideal: Have clinical trials available for pancreatitis and have access to an IRB (Institutional Review Board) for research

Acceptable: Have a referral program and patient education for clinical trials

Comments

Prevention program to include alcohol and smoking education and cessation programs

Please explain how you meet this criteria

Endocrinology/understanding of type III diabetes

Endocrinologist interested in pancreatic diabetes, Lab testing available to assess endocrine function

Name and Comments



**The  
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Islet Autotransplantation Program in Pancreatic Disease

In-house program

Has a referral program

Program head and comments

Specific imaging requirements (MRI, CT, EUS, with a radiologist interested in pancreatic disease)

List imaging technology and physician's name

The Institution holds multidisciplinary meetings in pancreatic disease

Comments

**IV. Other**

The institution uses Electronic Medical Records

Ideal: EMRs including imaging, labs, prescriptions

Acceptable: EMR

Comments

The Institution is in good standing by The Joint Commission

Comments

The Institution is interested in either forming or supporting an existing NPF State Chapter

Comments

Patients have access to the NPF Animated Pancreas Patient

Comments

***If an institution does not have a specific service or advanced capability, a specific referral plan can be submitted for qualification or a detailed description of their programs and services may be submitted for consideration.***

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Electronic Signature of Program Director

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Date

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***For official use only***

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Approved By

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Date