

PANCREATITIS CRITERIA

Designated Core Personnel

Must have a multidisciplinary approach to patient care with on-site access to the following core personnel:

- Program Director (as described below)
- Gastroenterologists
 - At least two with one experienced in therapeutic endoscopy, including EUS and ERCP (One must have min. 5 years' experience)
- Pathologist with expertise in gastrointestinal disease
- Interventional Radiologist
 - Gastroenterology expertise in Interventional Radiology
- 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 min. 5 years' experience)

Special Expertise and Services

Must have access to 80% of the following personnel via on-site access or an established and ongoing referral relationship

- Dietitian / nutrition support
 - Registered Dietitian Nutritionist with credentials of RD or RDN available
- Pain and symptom control specialist/service
- Psychosocial support/social work
 - Ideal: Medical Psychiatrist
 - Acceptable: Patient support network which may including support groups, social worker access, and/or psychiatric back-up.
- Pancreatic function testing
 - Acceptable: Endoscopic pancreatic function testing
- 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
- Prevention program to include alcohol and smoking education and cessation programs
- Endocrinology/understanding of type III diabetes
 - Endocrinologist interested in pancreatic diabetes, lab testing available to assess endocrine function
- Islet autotransplantation program
 - Have an in-house program or an appropriate referral program
- Specific imaging requirements
 - MRI, and CT with a radiologist interested in pancreatic diseases
- Electronic Medical Records
 - o Ideal: EMRs including imaging, labs, prescriptions

• Acceptable: EMR

<u>Other</u>

- If an institution does not have a special expertise or service, a referral plan or detailed description of their programs and services can be submitted for consideration. The institution must have the designated core personnel.
- The institution should be in good standing by The Joint Commission
- Patients should be provided access to the NPF Animated Pancreas Patient
- Strongly consider the formation of or support/partnership with an existing NPF State Chapter
- The institution should have interdisciplinary meetings

Reporting Capabilities & Responsibilities

- There must be a designated point of contact with the NPF. This can be the Program Director or a designee.
- Agree to participate in NPF surveys in an effort to improve patient care and outcomes
- Agree to participate in the NPF's National Patient Registry
 - Ideal: The institution actively participates in NPF Registry by developing means to consent patients and transfer EMR's or develops mechanism to enter patient data.
 - Acceptable: Educates patients about NPF Registry, distributes brochure to patients, and encourages them to enter their information through the patient portal
- Agree to the minimal NPF reporting standards
- Agree to co-market the program
 - Ideal: The institution agrees to highlight the certification on their website with mutual links to the NPF website
 - Acceptable: Distribution of NPF brochures to patients
- Sign Letter of Agreement and consent to an initial audit either electronically or in person and a 3-5 year follow up

Program Director Qualifications and Responsibilities

Qualifications

i. The Program Director should be board certified through the ABIM (American Board of Internal Medicine) in Gastroenterology or board certified in Surgery.

Responsibilities

- ii. Provides quality assurance and oversight for all aspects of patient care and operation of the NPF Center Program.
- iii. Assures the institution is providing adequate facilities and ancillary support to the NPF Centers Program.
- iv. 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.
- v. Assures that all aspects of the agreement with the NPF Center are met.
- vi. Assures that the personnel time allotted to the care of patients with pancreatic disease is appropriate for the patient population.
- vii. 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.