



Checklist of the Documents Requested for the Application EAACI Certified Clinical centre in Rhinology

This document is prepared for you to check your evidence

While preparing your application, please first read the standards for EAACI Certified Clinical/Research centres in Rhinology and check whether your centre fulfils all the basic (essential) standards.

If you fulfil the **basic criteria**, we kindly ask you to **prepare a report on how you provide the basic standards and support it with evidence** related to these **basic standards** in digital format.

Once you have prepared your report, gathered the evidence in digital format and filled the application form, you can submit your application online through the EAACI Quality Centres website.

Please note that:

- 1. The evidence indicated in the evidence box for each basic standard should be in digital format (jpeg images or electronic documents such as word files or pdf) and should be numbered based on section (i.e.: section 1.1 strategic plan)
- 2. All digital documents can be presented in one pdf document if relevant explanation and numbering are used
- 3. The centres can upload additional evidence to support their eligibility and competency.
- 4. The centres are not asked for the existence of evidence related to "Area for improvement" part but, if the centre already has evidence for that standard, they can include it
- 5. The digital evidence can be in native language

EAACI is aware of the diversity in regulations across countries, which may lead to a limitation for covering some of the basic standards. So, if any of the standards are not covered due to local regulations or data protection policy, please first contact the Quality Committee to evaluate the eligibility of your application.

Please do not hesitate to contact with us for any questions.

Contact information: info@eaaci.org





DOCUMENT (EVIDENCE) CHECKLIST

QUALITY STANDARDS 1: PLANNING

Standards	Documents required
1.1.AIM AND	☐ The statement of the centre about their aim, mission and vision
STRATEGY	☐ Strategic plan of the centre for AR, CRS with or without nasal polyposis
	and NERD diagnosis, and management
1.2 REGULATION	 Relevant bylaws, instructions/protocols or SOPs related to AR, CRS with or without nasal polyposis and NERD management Descriptions of works and workflows
	$\ \square$ Job descriptions of the staff working in the outpatient clinic
	 Statement of the centre about their sources (which guidelines or other sources are used)
	 Algorithms related to management of AR, CRS with or without nasal polyposis and NERD
1.3.1. FACULTY AND STAFF	Lists of the physicians, assigned physicians, nurses and technicians working in the Rhinology Outpatient Clinic, provided by the Hospital Administration or local departmental leadership
	□ CV of the experts (certificates of the allergy & immunology or ENT specialist, list of publications, talks, projects, courses and/or training in general and related to rhinology). A statement should also be included about providing the criteria for being considered as an expert in the field
	☐ Workflow related to multidisciplinary approaches
	☐ List of the physicians in multidisciplinary team
	 Patient's notes (when available) or meeting reports showing the multidisciplinary approach
1.3.2. SETTINGS AND	☐ An official document provided by the hospital administration or Local
INFRASTRUCTURE	Departmental Leadership on the existence of Rhinology Outpatient Clinic, location of the clinic and a supporting statement for the application
	☐ List of equipment available in the outpatient clinic
	☐ Pictures from the outpatient clinic
	 Documentation of the diagnostic services of the clinic (skin tests, specific IgE tests, rhinomanometry, aspirin provocation test (if available), nasal endoscopy, nasal provocations, PFT and other available tests,) with pictures of the relevant facilities such as laboratories
	 Documentation of the treatment options of the clinic on the management of the cases (allergen immunotherapy, aspirin desensitization, biologic treatments, etc) Availability of standardized forms for tests used in rhinology
1.4. PATIENT	☐ The statement of the center of their policy on patient centered
CENTERED APPROACH	approach with examples
1.5. IMPACT ON PUBLIC HEALTH AND HEALTH ADVOCACY	□ Public releases on rhinology of the center (tv talks, newspapers, radio talks, social media posts, web page posts, leaflets etc)





1.6. ARCHIVING AND	☐ Documents on data managment and security overview, privacy and
DATA PROTECTION	confidentiality policies

QUALITY STANDARDS 2: DOING

Standards	Documents required
2.1.1. CLINICAL	□ Documents on management algorithms
PRACTICE	 Consent forms of the tests (allergen immunotherapy, nasal endoscopy, biologic treatments and aspirin desensitization)
	☐ Examples of test forms of the cases (if it is permitted by local regulations)
	☐ Examples from AIT protocols
	☐ Examples of biological treatments for CRS with ot without nasal polyposis
2.2. PATIENT	☐ Documents, brochures, information sheets on rhinology provided to the
CENTERED	patients/their relatives
APPROACH	☐ Agenda for seminars for the patients with AR, CRS or NERD (if applicable)
2.3. FACULTY	☐ Agenda and the program of the educational sessions (yearly)
AND STAFF	
DEVELOPMENT	
PROGRAM	

QUALITY STANDARDS 3: REVIEWING

Standards	Documents required
3.1. EVALUATIONS OF THE OUTCOMES	☐ Statistical reports related to outcomes and safety *(e.g. number of the patients applying the outpatient clinic, number of the different diagnostic tests/year, number of aspirin provocations/year, number of AIT and biological treatments applied/year, etc);
	☐ Patients feedback (if it exists)
	☐ Staff feedback (if it exists)
	*Basic information is necessary, however, providing more specific data
	could be helpful for determining the expertise in the different studies
	performed by the centres.

QUALITY STANDARDS 4: REVISION OF THE PROGRAM

Standards	Documents required
4.1 REVISION OF THE	☐ The reports on follow up criteria (based on data in part: Quality
PROGRAM	Standards #3)
	$\ \square$ The documents on how the center evaluates the outputs.
	☐ Meeting reports on evaluation of the center.
	$\ \square$ The documents on the decision on revision of the management of
	the outpatient clinic