

INTRODUCTION TO EAACI CERTIFIED CLINICAL CENTRE (ECCC) ON RHINOLOGY

EAACI aims to improve quality of health care, research and education in allergy and clinical immunology. Targeting this aim, as one of its activities, EAACI intends to establish “**EAACI Quality Centres**”. Different type of centres including “Centre of Excellence” (ECE), EAACI Advanced Research Centre (EARC); and EAACI Certified Clinical Centre (plus Research) in certain fields of Allergy and Immunology.

EAACI Certified Clinical Centre (ECCC) defines the centres that fulfill the essential standards for delivering high-quality patient care in a specific area of Allergy and Immunology. As one level up category; **EAACI Certified Clinical and Research Centre (ECCRC)** defines the centres meeting both clinical standards but also some advanced standards particularly in research in that specific area. These centres are considered as conducting impactful research on that specific area.

EAACI guarantees that all processes related to Quality Centres will be managed under quality standards by covering planning, doing, checking and revising parts. This instruction provides information about the process AND standards for application for **EAACI Certified Clinical Centre** and **EAACI Certified Clinical and Research Centres**. All standards were prepared based on this quality approaches. Two different types of standards are being asked:

Essential (Basic) standards: All programs ask for the existence of specific standards based on recommendations on current guidelines and task force reports/position papers. The applicant centres should fulfill all essential standards. The rationale behind essential standards is to certify the centres who provide standardized and evidence-based care in that specific area.

Area for Improvement: These standards are not necessarily covered in the first application, but the centres will also be asked about their studies on providing the standards for “area for improvement” in the third-year evaluation. If the centres agree to apply for recertification after 5 years later, then they should fulfill both basic requirements and areas for improvement. The rationale behind “Area for Improvement” is to increase the extent and impact of the activities as well as scientific and educational collaboration and network of the centre throughout Europe.

Please read the standards and check whether your centre fulfills all the basic requirements. If you fulfill the basic criteria, we kindly ask you to prepare a report on how you provide the basic standards and attach the evidence related to these standards in digital format (please see the specific checklist for further details), fill in the application form and submit your application electronically to the Quality Committee.

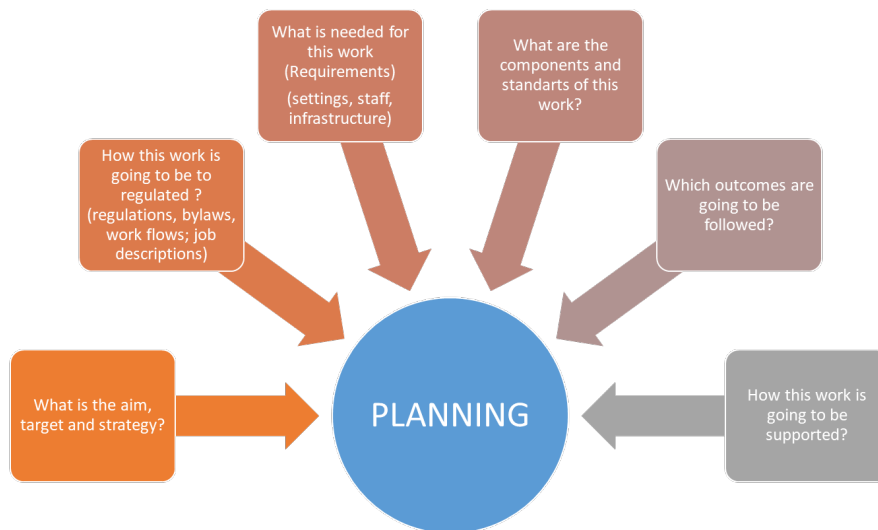
EAACI is aware of the diversity in regulations across countries, which may lead to a limitation for covering some of the basic standards. So, if any of the standards are not covered due to local regulations or data protection policy, please first contact the Quality Committee to evaluate the eligibility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

Contact information: info@eaaci.org

We as the EAACI family are very happy to introduce this great initiative which will increase the impact of patient care, and research as well as our collaborations and network throughout Europe.

STANDARDS FOR EAACI CERTIFIED CLINICAL CENTRE (ECCC) ON RHINOLOGY

QUALITY STANDARD 1: PLANNING



1.1. AIM AND STRATEGY

1. The centre should have a strategy/strategic plan compatible with this aim/vision and mission for diagnosis and management of allergic rhinitis (AR), chronic rhinosinusitis (CRS) with or without nasal polyposis and NSAIDs Exacerbated Respiratory Disease (NERD)

EVIDENCES FOR BASIC STANDARDS

1. The statement of the centre about their aim, mission and vision
2. Strategic plan of the centre for AR, CRS with or without nasal polyposis and NERD diagnosis, and management

1.2 REGULATION

1. The centre should have relevant bylaws, instructions and Standard Operation Procedures (SOP) related to management of AR, CRS with or without nasal polyposis and NERD
2. Job descriptions should be available for each physician and staff working in the centre for the management of AR, CRS with or without nasal polyposis and NERD
3. The centre should follow national or international guidelines, position papers and practice parameters of EAACI on AR, CRS with or without nasal polyposis and NERD
4. The centre should have the definition of the works and related workflows based on these sources

EVIDENCES FOR BASIC STANDARDS

1. Relevant bylaws, instructions/protocols or SOPs related to AR, CRS with or without nasal polyposis and NERD management
2. Descriptions of works and workflows

3. Job descriptions of the staff working in the outpatient clinic
4. Statement of the centre about their clinical practice sources (which guidelines or other sources are used)
5. Algorithms related to management of AR, CRS with or without nasal polyposis and NERD

AREA FOR IMPROVEMENT

The centre should have an active quality management protocol including planning, doing, reviewing and revising of the works of the outpatient clinic. This circle should be done on a regular basis

1.3. PATIENT CARE

1.3.1. Faculty and Staff

1. At least two of the members of the centre should have EAACI membership
2. The centre should have at least one allergy & immunology and one ENT (ear, nose and throat) specialists* with evidence of expertise** in AR, CRS with or without nasal polyposis and NERD diagnosis/management
3. It would be advisable to have one nurse for the rhinology outpatient clinic
4. The centres should have a multidisciplinary approach to the patient with relevant specialists (immunologists, pulmonologists, etc). When needed, the patient should be evaluated by different specialists in the team and the case discussed for appropriate testing/management with the referring specialist

**Licensing issues may vary depending on the country. If you are not fully covering this standard due to regulations of your country, but providing the other standards, your centre can be considered eligible for application. Please ask the Quality Committee for your centers' eligibility.*

***Rhinology experts: All experts should have documented professional activity in management of rhinology for ≥5 years. Manuscripts and/or congress abstracts or authorship in guidelines, in review articles, position papers, members of working groups of rhinology of national/international societies are valid as proof of expertise. The expert will be evaluated based on publications/abstracts and participation in rhinology related working groups in international or national societies in the past 5 years following this scoring system : 2 points for participating in guidelines, 1-4 points for publications, 1-2 for abstracts, 2 points for participating in rhinology related working groups in international or national societies. The experts need to obtain at least 5 points in evaluation.*

EVIDENCES FOR BASIC STANDARDS

1. Lists of the physicians, assigned physicians; nurses and technicians working or assigned to work in the Rhinology Outpatient Clinic, provided by the Hospital Administration or local departmental leadership
2. 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 food allergy). A statement should also be included about providing the criteria for being considered as an expert in the field
3. Workflow and documents (reports, consultation notes etc) related to multidisciplinary approaches
4. List of the physicians in multidisciplinary team
5. Patient's notes (when available) or meeting reports showing the multidisciplinary approach

AREA FOR IMPROVEMENT

1. **Ongoing Staff Training:** Ensure that all staff regularly participate in training on updated AR, CRS and NERD management protocols, new treatment approaches, and technological advancements
2. **Dedicated Rhinology Care Coordinator:** Appointment of an "Rhinology care coordinator" to oversee patient follow-ups, manage comorbidities, and organize multidisciplinary approaches effectively
3. **Enhanced Proof of Expertise:** Ensure rhinology specialists actively participate in national and international conferences, with regular documentation of their contributions

1.3.2. Settings and infrastructure

1. There should be a rhinology outpatient clinic working for at least one year and with a minimum frequency of once a week and a day hospital
2. Hospital administration or Local Departmental Leadership should approve this outpatient clinic officially
3. The centre should have necessary diagnostic tools including skin test, specific IgE tests, rhinomanometry, nasal endoscopy, nasal challenge, pulmonary function tests (PFT) (to assess comorbid asthma), and access to imaging
4. The centre should have necessary management and treatment tools including biologic treatments and allergen specific immunotherapy (AIT). Experienced centres may apply aspirin desensitization (optional)
5. There should be a dedicated setting with emergency equipment in the outpatient clinic with access to day hospital or to the ICU when necessary
6. The information on clinical history and physical examination as well as laboratory tests such as serological tests, SPTs, and advisably administration of immunotherapy and/or biologics should exist in case files

EVIDENCES FOR BASIC STANDARDS

1. An official document provided by the hospital administration on the existence of the Rhinology Outpatient Clinic, location of the clinic and a supporting statement for the application
2. List of the equipment available in the outpatient clinic
3. Pictures from the outpatient clinic
4. Documentation of the diagnostic services of the clinic: skin tests, specific IgE tests, rhinomanometry, aspirin provocation tests (if exists), nasal endoscopy, nasal provocations, PFT (to assess comorbid asthma), and other available tests, with pictures of the relevant facilities such as laboratories
5. Documentation of the treatment options of the clinic on the management of the cases (allergen immunotherapy, aspirin desensitization, biologic treatments, etc)
6. Availability of standardized forms for tests used in rhinology

AREA FOR IMPROVEMENT

1. There should be a standardized form to evaluate the patients
2. Recommend implementing systems to digitalize and integrate patient evaluation forms with hospital records for communication and analysis
3. Advanced tests such as smell tests may be included in management of some cases

1.4. PATIENT CENTERED APPROACH

1. A patients' centered approach should be followed up in the centre. The patients should be a part of the decision on management strategy related to themselves

EVIDENCES FOR BASIC STANDARDS

1. The statement of the centre of their policy on patient centered approach with examples

AREA FOR IMPROVEMENT

1. Organize regular feedback sessions to actively involve patients in shared decision-making regarding their treatment and management
2. Develop structured systems to collect and analyze patient feedback
3. Act on patient feedback, implement necessary improvements, and communicate these enhancements to the patients
4. Implement patient support networks and direct them to community-based resources for additional assistance and self-management strategies

1.5. IMPACT ON PUBLIC HEALTH AND HEALTH ADVOCACY

1. The centre should have released information to the public on rhinology

EVIDENCES FOR BASIC STANDARDS

1. Public releases on rhinology of the centre (tv talks, newspapers, radio talks, social media posts, web page posts, leaflets etc)

AREA FOR IMPROVEMENT

1. The centre is encouraged to have an active webpage. In the clinical department webpage, the existence of the rhinology outpatient clinic should be highlighted. The patients may apply for an appointment from the website
2. The website includes relevant information on referral paths, available testing and therapeutic options
3. The centres are encouraged to have an active social media account on rhinology
4. The centres are encouraged to act as a health advocate in the rhinology area

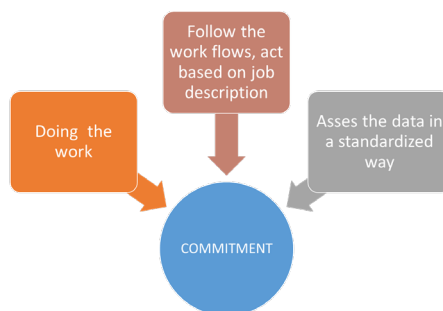
1.6. ARCHIVING AND DATA PROTECTION

1. The rhinology outpatient clinic should have an electronic or physical data storage system that complies with local and national regulations
2. Patient data should be securely stored and managed according to applicable legal and institutional data protection policies

EVIDENCES FOR BASIC STANDARDS

1. Document on data management and security overview, privacy and confidentiality policies

QUALITY STANDARD 2: DOING



2.1. PATIENT CARE

2.1.1. Clinical practice

1. The centre should perform necessary tests on a regular basis in the management of AR, CRS and NERD
2. Information on history, physical examination, diagnostic tests and their results and management strategies should be present in case files
3. The centre should perform all the basic diagnostic tests and management procedures

EVIDENCES FOR BASIC STANDARDS

1. Documents of algorithms' management
2. Consent forms of the tests that may require it (allergen immunotherapy, nasal endoscopy, biologic treatments and aspirin desensitization)
3. Examples of test forms of the cases (if it is permitted by local regulations)
4. Examples from AIT, aspirin desensitization protocols
5. Examples of biological treatments for chronic rhinosinusitis with or without nasal polyposis associated asthma

2.2. PATIENT CENTERED APPROACH

1. The centre should provide necessary information on rhinology and its management to the patients and their relatives
2. This information could be provided in person, or in seminars or as written documents related to the disease

EVIDENCES FOR BASIC STANDARDS

1. Documents, brochures, information sheets on rhinology provided to the patients/their relatives
2. Agenda for seminars for the patients with AR, CRS with or without nasal polyposis or NERD (if applicable)

2.3. FACULTY AND STAFF DEVELOPMENT PROGRAM

1. A regular seminar/literature/case discussion time on one of the rhinology subjects (AR, CRS with or without nasal polyposis and NERD) should be done at least once a month

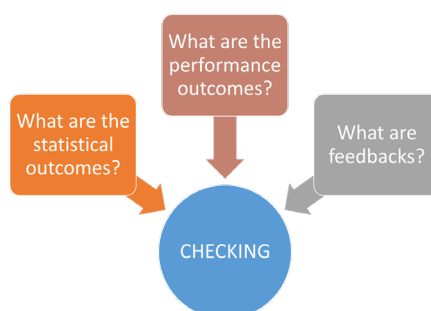
EVIDENCES FOR BASIC STANDARDS

1. Agenda and the program of the educational sessions (yearly)

AREA FOR IMPROVEMENT

1. A standardized training program on rhinology for working staff should be available in the centre
2. The physicians and other staff working in the outpatient clinic should have training on communication skills
3. Staff/faculty should have CME for the activities related to rhinology
4. Staff/faculty are encouraged to join national and international courses on rhinology

QUALITY STANDARD 3: REVIEWING



3.1. EVALUATION OF THE OUTCOMES

1. The centre should have assessment tools to follow up the performance of the clinic
2. The centre should collect all the relevant data for assessment of these predetermined outcomes

EVIDENCES FOR BASIC STANDARDS

1. 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);
2. Patients feedback (if it exists)
3. Staff feedback (if it exists)

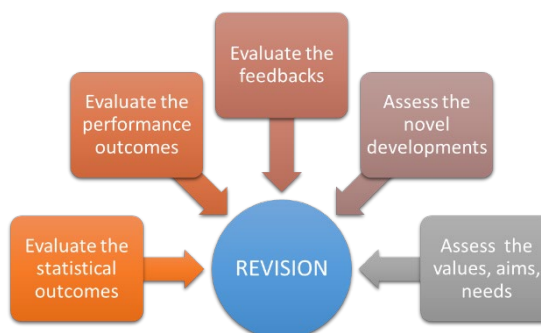
**basic information is necessary, however, providing more specific data could be helpful*

AREA FOR IMPROVEMENT

1. The centre should have detailed/specific predetermined outcomes on activities of the outpatient clinic (statistical outcomes; performance data/safety data) and provide these outcomes at least annually
2. Patient feedback as well as satisfaction should be obtained by using validated questionnaires
3. Feedback of the physicians, nurses and allied healthcare workers should be obtained
4. The centre should also define strategic targets* in addition to descriptive analysis: these targets could be related to patient care; education and research as well as all activities under the umbrella of this outpatient clinic. Examples: increase the number of outpatient clinic days/increase the number of publications on rhinology

**please define yours*

QUALITY STANDARD 4: REVISION OF THE PROGRAM



4.1 REVISION OF THE PROGRAM

1. The centre should review all the outcomes of the centre
2. These outcomes should be evaluated in regular time intervals (at least annually)
3. The centre should revise all the work of the outpatient clinic based on these outcomes and novel development and other requirements

EVIDENCES FOR BASIC STANDARDS

1. The reports on follow up criteria (based on data in part: Quality Standards #3)
2. The documents on how the centre evaluates the outputs
3. Meeting reports on evaluation of the centre
4. The documents on the decision on revision of the management of the outpatient clinic