INTRODUCTION TO EAACI CERTIFIED CLINICAL CENTRE (ECCC) ON ASTHMA/SEVERE ASTHMA

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 establishes "**EAACI Quality Centres**", categorized by "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.

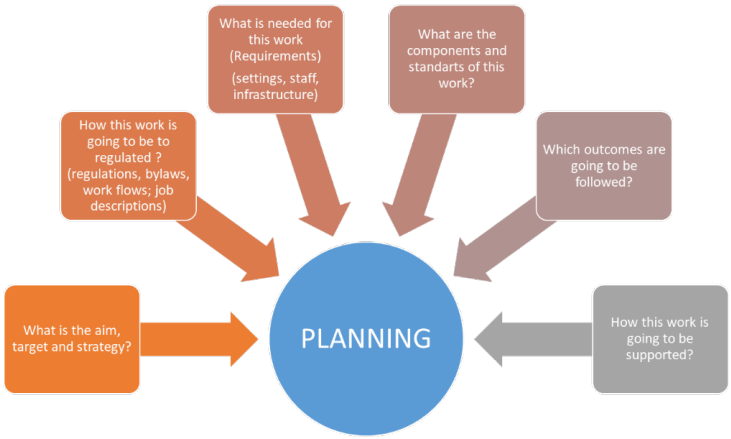
EAACI is aware of the diversity in regulations across countries, which may lead to a limitation for covering some of the basic standards. So, if any of the standards are not covered due to local regulations or data protection policy, please first contact the Quality Committee to evaluate the eligibility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

Contact information: info@eaaci.org

As the EAACI family, we 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.

PART 1:
STANDARDS FOR
EAACI CERTIFIED CLINICAL CENTRE (ECCC) ON ASTHMA/SEVERE ASTHMA

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 asthma/severe asthma

EVIDENCES FOR BASIC STANDARDS

1. The statement of the centre about their aim, mission and vision
2. Strategic plan of the centre for asthma/severe asthma diagnosis and management

1.2 REGULATION

1. The centre should have relevant instructions and Standard Operation Procedures (SOP) related to management of asthma/severe asthma
2. Job descriptions should be available for each physician and staff working in the centre for the management of asthma/severe asthma
3. The centre should follow national or international asthma guidelines, position papers and practice parameters of EAACI on asthma/severe asthma
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 asthma/severe asthma
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 practise sources (which guidelines or other sources are used)
5. Algorithms related to management of asthma/severe asthma

AREA FOR IMPROVEMENT FOR RECERTIFICATION

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 people from the centre should have be EAACI members
2. The centre should have at least two allergy immunology specialists (adults and/or pediatrics) and/or pulmonology specialists with evidence of expertise* in asthma diagnosis/management. It would be advisable to have a strong collaboration between allergy, immunology and pulmonology specialists
3. It would be advisable to have one nurse for asthma outpatient clinic
4. The centres should have a multidisciplinary approach to the patient with relevant specialists (ENT, gastroenterology, radiology, endocrinology, pulmonology, cardiology etc). When needed, the patients should be evaluated by this team and discussed for appropriate testing with the referring specialist

***Asthma experts:** All experts should have documented professional activity in management of asthma for ≥5 years. Manuscripts and/or congress abstracts or authorship in guidelines, in review articles, position papers, members of working groups of asthma of national/international societies are valid as proof of expertise. The expert will be evaluated based on publications/abstracts and participation in asthma 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 asthma 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 in the asthma outpatient clinic; nurses and technicians working or Outpatient Clinic provided by the Hospital Administration or local departmental leadership
2. CV of the experts (certificates of the allergy & immunology specialist, pulmonology specialist, list of publications, talks, projects courses and/or training in general and related to asthma). A statement should also be included about providing the criteria for being considered an expert in the field
3. Workflow and documents (reports, consultation notes etc) related to multidisciplinary approaches
4. List of physicians in multidisciplinary team
5. Patient's notes (when available) or meeting reports showing the multidisciplinary approach

AREA OF IMPROVEMENT FOR RECERTIFICATION

1. **Ongoing Staff Training:** Ensure that all staff regularly participate in training on updated asthma management protocols, new treatment approaches, and technological advancements
2. **Dedicated Asthma Care Coordinator:** Appointment of an "Asthma care coordinator" to oversee patient follow-ups, manage comorbidities, and organize multidisciplinary approaches effectively
3. **Enhanced Proof of Expertise:** Ensure asthma specialists actively participate in national and international conferences, with regular documentation of their contributions
4. It would be advisable to have at least one nurse or technician assigned for asthma diagnostic (PFT, BPT, SPT, exhaled nitric oxide measurements)

ADDITIONAL STANDARDS FOR SEVERE ASTHMA

1. The centre should have at least two specialists; at least one from the Allergy & immunology speciality and one from Pulmonology with evidence of expertise* in severe asthma diagnosis/management
2. There should be at least one nurse trained and dedicated for severe asthma diagnostics (PFT, BPT, SPT, exhaled nitric oxide measurements) and management procedures (trained on biologicals, inhalation treatment and asthma medications)
3. The centre should have a multidisciplinary approach to the patient with relevant specialists (ENT, gastroenterology, radiology, endocrinology, pulmonology, cardiology, psychiatry, etc) in order to manage comorbid conditions with severe asthma

***Severe asthma experts:** All experts should have documented professional activity in management of severe asthma for ≥5 years. Manuscripts and/or congress abstracts or authorship in guidelines, in review articles, position papers, members of working groups of asthma of national/international societies are valid as proof of expertise. The expert will be evaluated based on publications/abstracts and participation in asthma 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 asthma related working groups in international or national societies. The experts need to obtain at least 5 points in evaluation.*

1.3.2. Settings and infrastructure

1. There should be an "Asthma Outpatient Clinic**"** working for at least one year 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. There should be a dedicated setting with emergency equipment necessary for bronchial challenge tests, administration of immunotherapy and/or biologics in the outpatient clinic/day hospital, with access to the ICU
4. The centre should have necessary diagnostic tools for asthma including PFT, BPT and SPTs.
5. The information on clinical history and physical examintation as well as laboratory tests such as serological tests, SPTs, and 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 Asthma/Severe Asthma Outpatient Clinic, location of the clinic and staff list and support statement for application.
2. List of the equipment available in the outpatient clinic
3. Pictures from the outpatient clinic
4. Documentation of the facilities of the clinic (PFT, BPT, SPT rooms, inhalational treatment training room statement and pictures of the laboratories)
5. PFT, BPT and SPT forms

ADDITIONAL STANDARDS FOR SEVERE ASTHMA

1. There should be a "Severe Asthma Outpatient Clinic" working for at least one year with a minimum frequency of once a week and a day hospital
2. Hospital administration/local departmental leadership should approve this outpatient clinic officially
3. The centre should have access to the required departments (ENT, gastroenterology, psychiatry, radiology, cardiology and endocrinology, etc) both to manage comorbid conditions with severe asthma and to do differential diagnosis of severe asthma
4. The availability of tests, including SPT, in vitro serum specific IgE tests, complete blood count, etc is necessary for the phenotyping of severe asthma
5. The administration of biologicals can be done in a setting where emergency care equipment and team are available

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

ADDITIONAL STANDARDS FOR SEVERE ASTHMA

1. In addition to allergy, immunology and pulmonology, multidisciplinary care teams, including ENT physicians, dietitians, psychologists, and social workers, to comprehensively address the complex needs of severe asthma patients are needed
2. Develop personalized action plans with specific steps for recognizing and managing exacerbations, ensuring patient adherence and proactive management
3. Enhance patient education through targeted programs on biologic therapies, steroid-sparing treatments, and emerging options for severe asthma, including proper inhaler techniques and adherence strategies
4. Implement frequent, structured follow-up visits to continuously monitor treatment efficacy and adjust care plans based on patient response and evolving needs
5. Ensure patients have timely access to biologic treatments and other advanced therapies in accordance with clinical guidelines

1.5. IMPACT ON PUBLIC HEALTH AND HEALTH ADVOCACY

1. The centre should have released information to the public on asthma/severe asthma.

EVIDENCES FOR BASIC STANDARDS

1. Public releases on asthma 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 asthma 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 asthma

4. The centres are encouraged to act as a health advocate in the asthma area

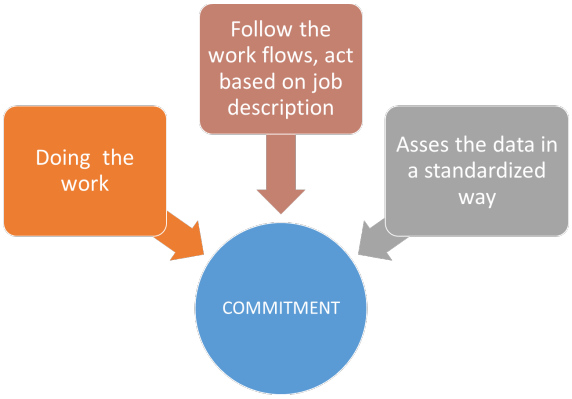
1.6. ARCHIVING AND DATA PROTECTION

1. The asthma 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

- 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 investigations on a regular basis in the diagnosis and management of asthma based on algorithms
2. Information on asthma history and management and test results should be recorded in case files
3. The centre should be able to perform at least simple spirometry with bronchodilator test and at least one type of BPT (exercise, methacholine, cold air, AMP, etc) when needed
4. Standardized protocols based on PFT and BPT guidelines (and specific bronchial challenge protocols, when available) should be used

EVIDENCES FOR BASIC STANDARDS

1. Documents of management algorithms
2. Consent forms of the tests (BPT, SPT, etc)
3. Examples of these test forms
4. Written BPT procedures, including technical details for dilution preparation and administration and references
5. Examples from PFT, pre/post PFT, BPT (case files if it is permitted by local regulations)

2.1.2 Long Term Management

1. Each patient should be given a training on asthma triggers, asthma medications and inhalation treatment
2. A written action plan for asthma exacerbations should be provided

EVIDENCES FOR BASIC STANDARDS

1. Examples of written action plans for the patients

2.2. PATIENT CENTERED APPROACH

1. The centre should provide necessary information on asthma and its management (such as asthma inhalation devices, medications and written asthma action plans) to the patients and their relatives
2. This information could be provided in person, or in seminars or as written documents related to their asthma

EVIDENCES FOR BASIC STANDARDS

1. Documents, brochures, information sheets on drug allergy provided to the patients and their relatives
2. Agenda for seminars for the patients with asthma

2.3. FACULTY AND STAFF DEVELOPMENT PROGRAM

1. A regular seminar/literature/case discussion time on asthma should be done at least once a month

EVIDENCES FOR BASIC STANDARD

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

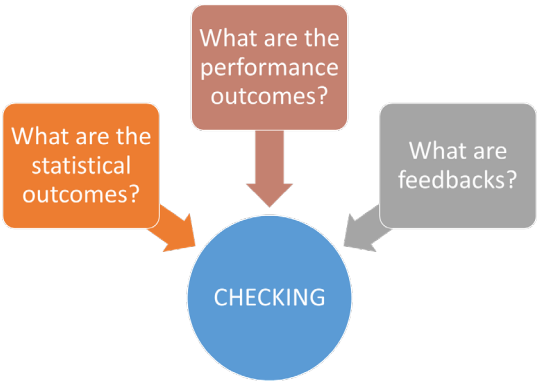
ADDITIONAL STANDARDS FOR SEVERE ASTHMA

1. Training on Advanced Therapies: Regular seminars should be conducted to provide updates on the use of biologics, steroid-sparing therapies, and other advanced treatment options for severe asthma. While not all centres may have the capacity to organize formal courses, foundational training should be available for newly added faculty or staff
2. Annual Update Seminars: Given the fast advancements in biologics and other therapies, annual update seminars should be held to address newly approved indications, changes in administration or dosing, and newly identified side effects. These sessions should focus on relevant updates rather than repeating the entire course content
3. Training on severe asthma exacerbation management by workshops on recognizing and managing severe asthma exacerbations, including use of emergency treatments and escalation strategies
4. Optimization of patient communication skills in order to communicate complex treatment plans and foster shared decision-making with patients and caregivers

AREA FOR IMPROVEMENT

1. A standardized training program on asthma 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 asthma
4. Staff/faculty are encouraged to join national and international courses asthma

QUALITY STANDARD 3: REVIEWING



3.1. EVALUATION OF THE OUTCOMES OF THE OUTPATIENT CLINIC

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 PFT, BPT and SPT per year)
2. Patient feedbacks (if it exists)
3. Staff feedbacks (if it exists)

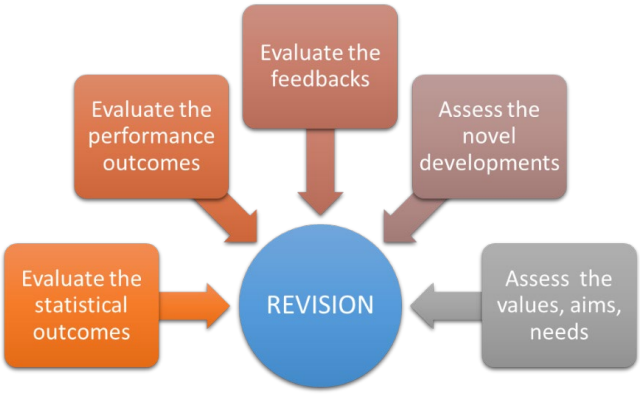
**Basic information is necessary, however, providing more specific data could be helpful*

AREA FOR IMPROVEMENT

1. The patients should be evaluated at least once a year about the long term outcomes of asthma and treatment side effects
2. 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
3. Patient feedback as well as satisfaction should be obtained.
4. Feedback of the physicians, nurses and allied healthcare workers should be obtained
5. 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 asthma

**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