

ABOUT EAACI CERTIFIED CLINICAL CENTRE (E-CCC) and CERTIFIED CLINICAL AND RESEARCH CENTRE (E-CCRC)

EAACI has established **two categories** under its Clinical Certification Programme:

1. Certified Clinical Centre

This designation is for centres that provide **high-quality patient care** in a specific area (e.g., asthma, drug allergy). Centres applying for this level must meet the **basic standards outlined in Part 1** of this document.

2. Certified Clinical and Research Centre

Centres that not only provide excellent clinical care but also demonstrate **advanced research and educational activities** in the same area are eligible for this designation. To qualify, they must meet **both the standards in Part 1** (Certified Clinical Centre) **and the additional standards in Part 2** (Research Centre criteria).

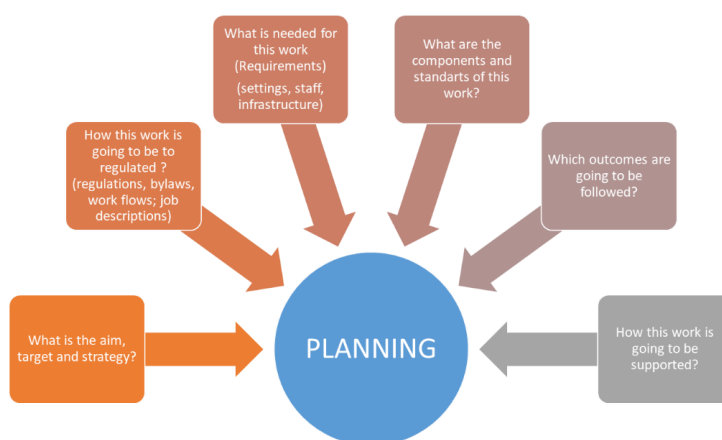
Centres that do **not** meet the requirements for advanced research activities are only eligible to apply as a **Certified Clinical Centre** and need to comply **only with the standards in Part 1**. There is **no need to fulfil the research criteria in Part 2** for this level.

This document provides standards for EAACI Certified Clinical Centre and Clinical and Research Centre.

Please first read the document “Question and Answers for the Quality Centres” and follow the necessary steps to prepare your application.

PART 1: STANDARDS FOR EAACI CERTIFIED CLINICAL CENTRE (E-CCC) FOR 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

EVIDENCE 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

EVIDENCE 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

1. 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 an EAACI membership
2. The centre should have at least two allergy immunology specialist (adults and/or paediatrics) and/or pulmonology specialists with evidence of expertise* in asthma diagnosis/management. It would be advisable to have a strong collaboration between allergy and 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.

EVIDENCE FOR BASIC STANDARDS

1. Lists of the physicians, assigned 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 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 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 Allergy and 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) 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 examination as well as laboratory tests such as serological tests, SPTs, and administration of immunotherapy and/or biologics should exist in case files

EVIDENCE 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 biologics can be done in a setting where emergency care equipment and team are available

1.4. PATIENT CENTERED APPROACH

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

EVIDENCE FOR BASIC STANDARDS

1. The statement of the centre of their policy on patient centred 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 analyse 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 and 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

EVIDENCE 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 web page
2. The webpage 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

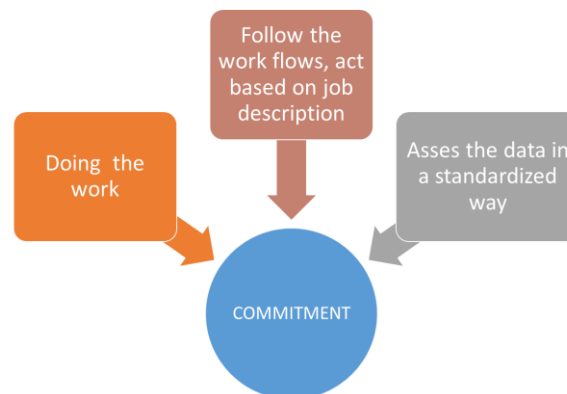
1.6. ARCHIVING AND DATA PROTECTION

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

EVIDENCE 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

EVIDENCE 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

EVIDENCE 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

EVIDENCE 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

EVIDENCE FOR BASIC STANDARD

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

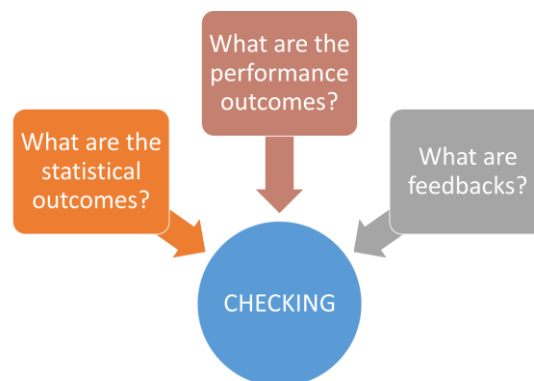
ADDITIONAL STANDARDS FOR SEVERE ASTHMA

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 rapid 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 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

EVIDENCE 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 feedback (if any)
3. Staff feedback (if any)

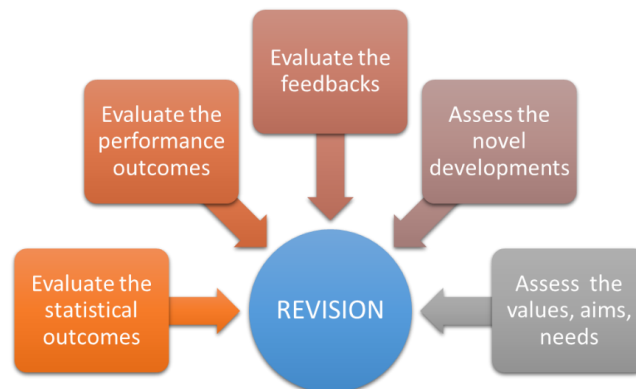
**Basic information is necessary, however, providing more specific data could be helpful*

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

EVIDENCE 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

PART 2: ADDITIONAL STANDARDS FOR

EAACI CERTIFIED CLINICAL and RESEARCH CENTRE (E-CCCR) ON ASTHMA/SEVERE ASTHMA

Centres that demonstrate **advanced research and educational activity in Asthma/Severe Asthma** may apply for the designation of **EAACI Certified Clinical and Research Centre in Asthma/Severe Asthma**.

In addition to meeting the **basic standards outlined in Part 1** (Certified Clinical Centre in **Asthma/Severe Asthma**), these centres must also **fulfil the following additional criteria**:

Obligatory standards:

1. Having at least 3 research articles published on asthma/severe asthma in peer reviewed journals in the last 5 years (being 1st, last or corresponding author in at least 2 of them)
2. Having either their own research laboratory or access to a research laboratory

AND at least 4* of below (Optional Standards):

1. Having at least one member of the unit with a H-index ≥ 20 (Scopus and Web of Science)
2. Having participated in at least 3 reviews, task force reports or guidelines on asthma/severe asthma in the last 5 years in peer reviewed journals
3. Having at least 2 ongoing research activities (both clinical and translational) on asthma/severe asthma
4. Having participated in clinical trials or registries or multicentred study (at least 1 in the last 5 years) on asthma/severe asthma
5. Having at least 2 original manuscripts on asthma/severe asthma published in Q1 or Q2 journals
6. Having at least 1 translational study on asthma/severe asthma published in peer reviewed journals
7. Having at least 5 abstract presentations on asthma/severe asthma in the last 5 years, including at least 1 in EAACI annual congress
8. Having a patent on asthma/severe asthma in the last 10 years
9. Offering or being affiliated with a MsD or PhD programs on asthma/severe asthma
10. Providing theoretical and practical lectures/courses specifically focused on asthma/severe asthma for both undergraduate students and allergy/immunology fellows
11. Providing public information on asthma/severe asthma on a regular basis
12. Performing health advocacy activities on asthma/severe asthma

EVIDENCE (* provide only those related to the selected criteria above)

1. Information on H index of the experts (Scopus or Web of Science)
2. List of the active ongoing projects of the centre on asthma/severe asthma and their outcomes

3. List of the peer reviewed published articles on asthma/severe asthma of the centre with the link to full text or PubMed (the last 5 year)
4. List of the abstracts presented in congress (national and international) (the last 5 year) on asthma/severe asthma
5. Educational program of the centre on asthma/severe asthma
6. Evidence on health advocacy of the centre
7. Documentation on patent on asthma/severe asthma
8. Data on involving multicentre studies or registries on asthma/severe asthma
9. Data on public impact on asthma/severe asthma of the centre

AREA FOR IMPROVEMENT

1. The centres are encouraged to be involved in multicentred studies
2. The centres are encouraged to have Master of Science or PhD programs on asthma/severe asthma
3. The centres are encouraged to be involved in allergy and immunology fellowship programs or in graduate education
4. The centres are encouraged to participate in advocacy studies and public information
5. The centres are encouraged to present annually an abstract on asthma/severe asthma in EAACI annual congress or focus meetings