

# GA<sup>2</sup>LEN ANACARE

## Anaphylaxis and food allergy Centres of Reference and Excellence (ANACARE) Audit Report



Audit Date:		Head of the Centre:			
Audited Centre:					
Audited by:			Email:		
Last audit:					
<b>Infrastructure / Set up</b>					
Nr.	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
1.	Hospital setting	Centre needs to be in a hospital or affiliated with a hospital with inpatient facilities to allow for extended diagnostic work up and management of acute episodes and long-term management	Evidence of hospital setting or affiliation with hospital	<input type="checkbox"/> <input type="checkbox"/> _____	B
2.	Outpatient clinic with separate clinic hours for patients with anaphylaxis and food allergy headed by expert	Centre needs to have designated and expert leadership (experienced specialist physician) and to offer a minimum number of consultation hours per week exclusive for patients with anaphylaxis and food allergy	Lead by experienced physician (board certified specialist) ≥20h / week of clinic including patients with anaphylaxis (physician contact time)	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
3.	Open to children and/or adult patients	Centres need to be able to provide care for pediatric and or adult anaphylactic patients, either by Centre staff or affiliated specialists	Evidence that pediatric and or adult anaphylaxis patients are provided with state-of-the-art care	<input type="checkbox"/> <input type="checkbox"/> _____	A
4.	Team of dedicated staff, with specific training in managing anaphylaxis	Centre staff needs to comprise more than one physician and at least one nurse. All Centre staff needs to be specifically and regularly trained in managing anaphylaxis	≥2 physicians and ≥1 nurse Record of ≥1 training on anaphylaxis per staff member per year as Internal training	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A

5.	Multidisciplinary approach	Centre needs to be able to interact with other specialties for the management of comorbidities, the treatment of patients with differential diagnoses, and to perform extended diagnostics including the possibility to offer provocation tests as well as testing with native allergens for both food and drug allergies.	Evidence of interaction with other specialists	<input type="checkbox"/> <input type="checkbox"/> _____	B
6.	Accessibility and visibility	Anaphylactic patients need to be able to find the Centre via information on the web; Centre needs to have referral network(s) of physicians; Centre needs to work with patient association(s), where applicable	Centre clinic hours are available to patients. Evidence of local referral network. Evidence that patient organization recommends the Centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	B
7.	Communication skills	Centre staff needs to be able to communicate adequately with anaphylactic patients in national language and in English	Proof of adequate communication skills by interview with Centre staff	<input type="checkbox"/> <input type="checkbox"/>	B
8.	Quality management	Centre needs to have Quality Management (QM) system in place, need to have written protocols and standard operating procedures (SOPs)	Evidence of presence of QM system Proof of presence and use of SOPs/ protocols	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B
9.	Structured documentation, recording and archiving of patient data	Centre needs to have in place and use a databank to record patient data. Databank needs to allow retrieval of information needed to address scientific questions	Patient databank Minimum 100 patients with anaphylaxis in databank/year	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	B
10.	Critical incidence reporting and error management	Centre needs to have and make use of an incidence report book documenting all critical incidents. Centres must analyze all reported incidents and take and document appropriate action	Evidence of presence and use of incidence report book and follow up and documentation of error reports by appropriate action	<input type="checkbox"/> <input type="checkbox"/>	B

11.	Assessment of patient satisfaction and unmet needs	Centre needs to regularly assess how satisfied their patients are with the work of the Centre and take appropriate action based on the outcome	Proof that ≥100 patients were asked about their satisfaction in last 12 months (preferably by questionnaire)	<input type="checkbox"/>	B
12.	In team communication	Centre needs to have regular meetings of staff to discuss projects and concepts. Decisions should be protocolled and followed by action where applicable.	Evidence of regular team meetings, at least once per month, on Centre logistics, projects and concepts	<input type="checkbox"/> <input type="checkbox"/>	B
13.	Active recruitment of research funding and support for educational activities and advocacy on anaphylaxis	Centre needs to actively recruit external funding to support research, educational activities and/or advocacy on anaphylaxis	Documentation of efforts to recruit funding (grant applications, donation program)	<input type="checkbox"/> <input type="checkbox"/> _____	B
14.	Support of the ANACARE network	Training and activities in auditing and certifying GA <sup>2</sup> LEN ANACAREs and interaction with other ANACAREs. Participation in ANACARE meetings and conferences	Letter of intent to serve as a GA <sup>2</sup> LEN ANACARE auditor and to contribute to other ANACARE network activities.	<input type="checkbox"/> <input type="checkbox"/> _____	A
15.	“Never give up” attitude	Staff needs to exhibit high motivation to help patients with anaphylaxis and food allergy and show understanding that they may be the last resort of patients. Staff needs to convey to patients, that they are in good care and that the Centre will help them, however hard this may be.	Evidence of “never give up”-attitude by staff interview	<input type="checkbox"/> <input type="checkbox"/> _____	B

**Management**

Nr.	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
16.	Knowledge of and adherence to the national and international anaphylaxis and food allergy guidelines. In case of discrepancy preference for local and most recent guideline.	All Centre staff members require knowledge of the current version of the national and international guideline, when available. Centre approach to anaphylaxis needs to be based on guideline recommendations.	At least one national or international anaphylaxis and food allergy guideline in the most recent version is present (paper or electronic version)  Centre staff can answer questions on the anaphylaxis and food allergy guideline recommendations  Centre physicians can show, by use of a patient file, that management decisions are in accordance with guideline recommendations	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
17.	Knowledge and use of current definition of anaphylaxis and food allergy	Centre staff needs to know and use the current anaphylaxis and food allergy classification and nomenclature	Evidence that staff uses current anaphylaxis definition e.g., by interview and/or patient file review	<input type="checkbox"/> <input type="checkbox"/> _____	A
18.	Knowledge and use of guided history taking/anamnesis	Structured history taking by Centre physicians is essential and a checklist can facilitate this	Checklist for history taking needs to be present and used as evidenced by interview or anaphylactic patient file review	<input type="checkbox"/> <input type="checkbox"/> _____	A
19.	Knowledge of differential diagnosis	Centre physicians need to be aware of the differential diagnoses of anaphylaxis and know how not to miss them.	Differential diagnostic knowledge needs to be present and used as evidenced by interview or file review of patient with anaphylaxis	<input type="checkbox"/> <input type="checkbox"/> _____	A

20.	Standardized assessments and monitoring of disease activity, impact and control of disease	The use of instruments for assessing disease severity, impact and control allows for standardized measurements and monitoring of patients can help to optimize anaphylaxis and food allergy management.	EAACI Guidelines on Anaphylaxis need to be present and used if needed. Additionally, the GA <sup>2</sup> LEN Food Allergy Management Guidelines 2021 once published (2021)	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
21.	Identification of comorbidities and underlying causes	Centre needs to have access to and use measures to identify comorbidities and causes of anaphylaxis for example food and venom allergy, mastocytosis, asthma, drug allergy, latex allergy	Evidence that diagnostic measures for anaphylaxis comorbidities and underlying causes are used, e.g., skin prick test, prick-prick test, serum specific IgE, tryptase standardized food challenge test, spirometry and patch testing for concomitant contact dermatitis	<input type="checkbox"/> <input type="checkbox"/> _____	A
22.	Knowledge and use of preventive approaches	Centre physicians need to know and educate patients and caregivers in the use of prevention strategies, e.g., avoidance and in certain patients' air and food allergen avoidance, psychological support	Evidence that Centre physicians are familiar with the use of preventive strategies	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
23.	Knowledge and use of therapeutic algorithm	Centre physicians need to know and use therapeutic guideline algorithms including systemic therapy for pediatric and adult patients	<p>Evidence that staff uses current therapeutic algorithms for the treatment of patients with anaphylaxis both for the acute episode and long - term management, e.g., by interview and/or patient file review</p> <p>Prophylactic measurements, SCIT/OIT? Training in Adrenaline administration?</p>	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A

24.	Counseling	Counseling of patients and their families, for example on skin care, triggers of exacerbation, stress, daily life issues can help to optimize anaphylaxis and food allergy management	Evidence that patients with anaphylaxis and food allergy receive counseling, e.g., by interview and/or patient file review	<input type="checkbox"/> <input type="checkbox"/> _____	A
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### Research

	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
25.	Scientific orientation	Centre staff needs to be up to date with literature on anaphylaxis and food allergy, especially on pathogenesis, for example by participation in journal club, attending annual meetings of scientific societies, membership in research societies, for example EAACI, FAAM, PAAM	Evidence of knowledge of the current anaphylaxis literature, e.g., by interview	<input type="checkbox"/> <input type="checkbox"/> _____	A
26.	Scientific activity	Research activities in basic science, clinical science, translational science, anaphylaxis and food allergy, and/or public health	Evidence of scientific activities and projects on anaphylaxis and food allergy (any triggers)	<input type="checkbox"/> <input type="checkbox"/> _____	A
27.	Scientific productivity	Centre needs to show that its research activities result in publications and other scientific output	One peer reviewed paper on anaphylaxis and/or food allergy every 3 years	<input type="checkbox"/> <input type="checkbox"/> _____	A
28.	Clinical trials	Centre needs to participate in clinical trials, pharma- or investigator-initiated; diagnostic or therapeutic trials	One trial in food allergy, venom allergy, drug allergy and anaphylaxis every second year	<input type="checkbox"/> <input type="checkbox"/> _____	A
29.	Participation in registry	Registries can help to better understand anaphylaxis Centre needs to participate in international, national, and/or regional registry activities	Evidence that Centre contributes to a anaphylaxis registry or willingness to participate in upcoming registries	<input type="checkbox"/> <input type="checkbox"/>	A

### Education

Nr.	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
30.	Educational activities	Centre needs to contribute to the education of other specialists, e.g., allergists non-specialists such as emergency physicians, pediatricians, general practitioners and family physicians, medical students, residents, patients, and the general public	Evidence of 1 educational activity on anaphylaxis per year for physicians and 1 per year for patients and/or caregivers	<input type="checkbox"/> <input type="checkbox"/>	A

### Advocacy

Nr.	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
31.	Increase awareness of anaphylaxis and food allergy	Centre needs to increase awareness and knowledge of anaphylaxis and food allergy	Evidence of 1 advocacy /awareness activity on anaphylaxis and food allergy (any triggers) per year	<input type="checkbox"/> <input type="checkbox"/>	A
32.	Interaction with and support of patient organization(s)	Patient organizations can help to improve the management of anaphylaxis and food allergy for patients suffering from severe allergic reactions	Evidence of interaction with patient organization for anaphylaxis/ food allergy/allergic diseases	<input type="checkbox"/> <input type="checkbox"/>	A

**Comments:**

- Audit result:**
- All requirements fulfilled, Centre will receive certificate
  - Most requirements fulfilled, except for:  
Centre will receive certificate upon providing:
  - Re-audit in \_\_\_\_ months

**Categories (Cat.):**

GA<sup>2</sup>LEN Food Allergy Management Guidelines 2021

EAACI Guidelines on Anaphylaxis Allergy 2014

AAAAI Practice Parameters on Anaphylaxis 2019,

WAO Anaphylaxis Guidelines 2020

**Abbreviations:** EAACI (The European Academy of Allergy and Clinical Immunology ([www.EAACI.org](http://www.EAACI.org)) ); GA<sup>2</sup>LEN = Global Allergy and Asthma European Network; QM = Quality management, SOP = standard operating procedure; ANACARE = Anaphylaxis Centre of Reference and Excellence; AAAAI = American Academy of Allergy, Asthma and Immunology; WAO = World Allergy Organization.