

**32 Requirements to be met to become a GA2LEN Urticaria Centers of Reference and Excellence (UCARE)**

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| **Infrastructure / Set up** | | | | |
| **Nr.** | **Requirement** | **Explanation** | **Deliverable(s)** | |
|  | Hospital setting | Center needs to be in a hospital or affiliated with a hospital with inpatient facilities to allow for extended diagnostic work up and management of exacerbation | Evidence of hospital setting or affiliation with hospital | |
|  | Outpatient clinic with separate clinic hours for urticaria patients headed by expert | Center needs to have designated and expert leadership (experienced specialist physician) and to offer a minimum number of consultation hours per week exclusive for urticaria patients | Lead by experienced physician (board certified specialist)  ≥4h / week of dedicated urticaria clinic (physician contact time) | |
|  | Open to children and adult patients | Centers need to be able to provide care for urticaria patients of any age, either by center staff or affiliated specialists | Evidence that urticaria patients of any age are provided with state of the art care | |
|  | Team of dedicated staff, with specific urticaria training | Center staff needs to comprise more than one physician and at least one nurse. All center staff needs to be specifically and regularly trained in urticaria | ≥2 physicians and ≥1 nurse  Record of ≥1 urticaria training per staff member per year, e.g. GA2LEN school on urticaria, urticaria CME activity, etc. | |
|  | Multidisciplinary approach | Center 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 | Evidence of interaction with other specialists | |
|  | Accessibility and visibility | Urticaria patients need to be able to find the center via information on the web; center needs to have referral network(s) of physicians; center needs to work with patient association(s), where applicable | Center clinic hours are posted on website  Evidence of local referral network  Evidence that patient organization recommends the center | |
|  | Communication skills | Center staff needs to be able to communicate adequately with urticaria patients in national language and in English | Proof of adequate communication skills by interview with center staff | |
|  | Quality management | Center 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 | |
|  | Structured documentation, recording and archiving of patient data | Center 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  ≥50 urticaria patients in databank/year | |
|  | Critical incidence reporting and error management15 | Center needs to have and make use of an incidence report book documenting all critical incidents. Centers 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 | |
|  | Assessment of patient satisfaction and unmet needs | Center needs to regularly assess how satisfied their patients are with the work of the center and take appropriate action based on the outcome | Proof that ≥40 patients were asked about their satisfaction in last 12 months (preferably by questionnaire) | |
|  | In team communication | Center 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 center logistics, projects and concepts | |
|  | Active recruitment of research funding and support for educational activities and advocacy on urticaria | Center needs to actively recruit extramural funding to support research, educational activities and/or advocacy on urticaria | Documentation of efforts to recruit funding (grant applications, donation programme) | |
|  | Support of the UCARE network | Training and activities in auditing and certifying GA2LEN UCAREs and interaction with other UCAREs | Letter of intent to serve as a GA2LEN UCARE auditor and to contribute to other UCARE network activities | |
|  | “Never give up” attitude | Staff needs to exhibit high motivation to help urticaria patients 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 center will help them, however hard this may be. | Evidence of “never give up”-attitude by staff interview | |
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| **Management** | | | | |
| **Nr.** | **Requirement** | **Explanation** | **Deliverable(s)** | |
| 16 | Knowledge of and adherence to the EAACI/GA2LEN /EDF/WAO urticaria guideline | All center staff members need to know the current version of the international EAACI / GA2LEN / EDF / WAO guideline and their corresponding national guideline, if available. Center approach to urticaria needs to be based on guideline recommendations. | EAACI/GA2LEN/EDF/WAO guideline is present (paper / electronic version1)  Center staff can answer questions on the urticaria guideline recommendations  Center physicians can show, by use of a patient file, that management decision are based on guideline recommendations | |
| 17 | Knowledge and use of current nomenclature and classification of urticaria | Center staff needs to know and use the current urticaria classification and nomenclature | Evidence that staff uses current urticaria nomenclature and classification1, e.g. by interview and/or patient file review | |
| 18 | Knowledge and use of guided history taking/anamnesis | Structured history taking by center physicians is essential and a checklist can facilitate this | Checklist for history taking1 needs to be present and used as evidenced by interview or urticaria patient file review | |
| 19 | Knowledge and use of differential diagnostic algorithm | Center physicians need to be aware of the differential diagnoses of chronic urticaria and know how not to miss them. The guideline algorithm can help with this. | Differential diagnostic algorithm1, 2 needs to be present and used as evidenced by interview or urticaria patient file review | |
| 20 | Standardized assessments and monitoring of disease activity, impact and control of disease | The use of instruments for assessing disease activity, impact and control allows for standardized measurements and monitoring of patients can help to optimize urticaria management. | UAS71,3, AAS4,5, CU-Q2oL6,AE-QoL5,7, UCT5,8,9 need to be present and used  At least one of them needs to be used in 80% of chronic urticaria patients | |
| 21 | Identification of comorbidities and underlying causes | Center needs to have access to and use measures to identify comorbidities and causes of chronic spontaneous urticaria, for example autoreactivity/autoimmunity, infections, etc. including biopsies | Evidence that diagnostic measures for urticaria comorbidities and underlying causes are used, e.g. ASST, BAT, biopsy, etc. | |
| 22 | Provocation and threshold testing in CINDUs | Provocation testing and threshold assessment are important in the diagnostic workup of CINDUs. SOPs are needed as is the use of appropriate instruments / protocols such as dermographometers5,10, TempTest®11, pulse controlled ergometry12 | Standardized documentation of provocation and threshold testing13  Instrument / techniques are available and used as evidenced by patient file reviews | |
| 23 | Knowledge and use of therapeutic algorithm | Center physicians need to know and use therapeutic guideline algorithm, for example use of non-sedating antihistamines, updosing of non-sedating antihistamines, restrictive use of glucocorticosteroids, use of step 3 therapies. | Evidence that staff uses current therapeutic algorithm1 for the treatment of chronic urticaria patients, e.g. by interview and/or patient file review | |
| 24 | Counseling | Counseling of patients and their families, for example on triggers of exacerbation, stress, avoidance of non-steroidal anti-inflammatory drugs, daily life issues can help to optimize urticaria management | Evidence that urticaria patients receive counseling, e.g. by interview and/or patient file review | |
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| **Research** | | | | |
| **Nr.** | **Requirement** | **Explanation** | **Deliverable(s)** | |
| 25 | Scientific orientation | Center staff needs to be up-to-date with the literature on urticaria, especially on pathogenesis, for example by participation in journal club, attending annual meetings of scientific societies, membership in research societies, for example EMBRN, ESDR, EAACI | Evidence of knowledge of the current urticaria literature, e.g. by interview | |
| 26 | Scientific activity | Research activities in basic science, clinical science, translational science, epidemiology, and/or public health | Evidence of scientific activities and projects on urticaria | |
| 27 | Scientific productivity | Center needs to show that its research activities result in publications and other scientific output | 0.5 peer reviewed paper on urticaria per year per center physician | |
| 28 | Clinical trials | Center needs to participation in clinical trials, pharma- and/or investigator-initiated; diagnostic and/or therapeutic trials | 0.5 trials in urticaria per year per center physician | |
| 29 | Participation in registry | Registries can help to better understand urticaria. Center needs to participate in international, national, and/or regional registry activities, e.g. CURE14 | Evidence that center contributes to a urticaria registry | |
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| **Education** | | | | |
| **Nr.** | **Requirement** | **Explanation** | **Deliverable(s)** | |
| 30 | Educational activities | Center needs to contribute to the education of other specialists, e.g. dermatologists, allergists, ER-physicians, non-specialists such as general practitioners and family physicians, medical students, residents, patients, and the general public | Evidence of 1 educational activity on urticaria per year for physicians and 1 per year for patients | |
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| **Advocacy** | | | | |
| **Nr.** | **Requirement** | **Explanation** | **Deliverable(s)** | |
| 31 | Increase awareness of urticaria | Center needs to increase awareness and knowledge of urticaria, for example by contributing to UrticariaDay6, support of the Urticaria Network3. | Evidence of 1 advocacy /awareness activity on urticaria per year | |
| 32 | Interaction with and support of patient organization(s) | Patient organizations can help to improve the management of urticaria and urticaria patients | Evidence of interaction with urticaria patient organization | |