



32 Requirements to be met to become a Urticaria Center of Reference and Excellence (UCARE)

Infrastructure / Set up			
Nr.	Requirement	Explanation	Deliverable(s)
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 exacerbation	Evidence of hospital setting or affiliation with hospital
2.	Outpatient clinic with separate clinic hours for atopic dermatitis patients 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 atopic dermatitis patients	Lead by experienced physician (board certified specialist) ≥4h / week of dedicated atopic dermatitis clinic (physician contact time)
3.	Open to children and/or adult patients	Centres need to be able to provide care for pediatric and or adult atopic dermatitis patients, either by Centre staff or affiliated specialists	Evidence that pediatric and or adult atopic dermatitis patients are provided with state-of-the-art care
4.	Team of dedicated staff, with specific atopic dermatitis training	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 atopic dermatitis	≥2 physicians and ≥1 nurse Record of ≥1 atopic dermatitis training per staff member per year, e.g. GA2LEN school on atopic dermatitis, EAVD course, atopic dermatitis CME activity, etc.
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	Evidence of interaction with other specialists

6.	Accessibility and visibility	Atopic dermatitis 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 posted on website Evidence of local referral network Evidence that patient organization recommends the Centre
7.	Communication skills	Centre staff needs to be able to communicate adequately with atopic dermatitis patients in national language and in English	Proof of adequate communication skills by interview with Centre staff
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
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 ≥250 (alternatively >50 patients with moderate/severe) atopic dermatitis patients in databank/year
10.	Critical incidence reporting and error management ¹⁵	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
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)
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
13.	Active recruitment of research funding and support for educational activities and advocacy on atopic dermatitis	Centre needs to actively recruit extramural funding to support research, educational activities and/or advocacy on atopic dermatitis	Documentation of efforts to recruit funding (grant applications, donation program)
14.	Support of the ADCARE network	Training and activities in auditing and certifying GA ² LEN ADCAREs and interaction with other ADCAREs	Letter of intent to serve as a GA ² LEN ADCARE auditor and to contribute to other ADCARE network activities

15.	“Never give up” attitude	Staff needs to exhibit high motivation to help atopic dermatitis 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 Centre will help them, however hard this may be.	Evidence of “never give up”-attitude by staff interview
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Management

	Requirement	Explanation	Deliverable(s)
16.	Knowledge of and adherence to the national and international atopic dermatitis guidelines. In case of discrepancy preference for local and most recent guideline.	All Centre staff members need to know the current version of the national and international guideline, if available. Centre approach to atopic dermatitis needs to be based on guideline recommendations.	At least one national or international atopic dermatitis guideline in the most recent version is present (paper / electronic version) Centre staff can answer questions on the atopic dermatitis guideline recommendations Centre physicians can show, by use of a patient file, that management decision are in accordance with guideline recommendations
17.	Knowledge and use of current nomenclature and classification of atopic dermatitis	Centre staff needs to know and use the current atopic dermatitis classification and nomenclature	Evidence that staff uses current atopic dermatitis nomenclature and classification, e.g. by interview and/or patient file review
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 atopic dermatitis patient file review
19.	Knowledge of differential diagnostic	Centre physicians need to be aware of the differential diagnoses of atopic dermatitis and know how not to miss them.	Differential diagnostic knowledge needs to be present and used as evidenced by interview or atopic dermatitis 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 atopic dermatitis management.	EASI ¹ , SCORAD ² , IGA/PGA ³ , DLQI ⁴ , need to be present and used if needed
21.	Identification of comorbidities and underlying causes	Centre needs to have access to and use measures to identify comorbidities and causes of atopic dermatitis, for example sensitizations, infections, etc. including biopsies	Evidence that diagnostic measures for atopic dermatitis comorbidities and underlying causes are used, e.g. skin prick test, prick-prick test, serum specific IgE, atopy patch test, standardized food challenge test and patch testing for concomitant contact dermatitis
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., skin care, and in certain patient's air and food allergen avoidance, encasing, psychological therapy	Evidence that Centre physicians are familiar with the use of preventive strategies
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	Evidence that staff uses current therapeutic algorithms for the treatment of chronic atopic dermatitis patients, e.g., by interview and/or patient file review
24.	Counseling	Counseling of patients and their families, for example on skin care, triggers of exacerbation, stress, daily life issues can help to optimize atopic dermatitis management	Evidence that atopic dermatitis patients receive counseling, e.g., by interview and/or patient file review

Research			
	Requirement	Explanation	Deliverable(s)
25.	Scientific orientation	Centre staff needs to be up to date with the literature on atopic dermatitis, especially on pathogenesis, for example by participation in journal club, attending annual meetings of scientific societies, membership in research societies, for example ESDR, EAACI, EADV	Evidence of knowledge of the current atopic dermatitis 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 atopic dermatitis
27.	Scientific productivity	Centre needs to show that its research activities result in publications and other scientific output	One peer reviewed paper on atopic dermatitis every 3 years
28.	Clinical trials	Centre needs to participate in clinical trials, pharma- or investigator-initiated; diagnostic or therapeutic trials	One trial in atopic dermatitis every second year
29.	Participation in registry	Registries can help to better understand atopic dermatitis. Centre needs to participate in international, national, and/or regional registry activities	Evidence that Centre contributes to a atopic dermatitis registry or willingness to participate in upcoming registries

Education

	Requirement	Explanation	Deliverable(s)
30.	Educational activities	Centre needs to contribute to the education of other specialists, e.g. dermatologists and allergists non-specialists such as general practitioners and family physicians, medical students, residents, patients, and the general public	Evidence of 1 educational activity on atopic dermatitis per year for physicians and 1 per year for patients and/or caregivers

Advocacy

	Requirement	Explanation	Deliverable(s)
31.	Increase awareness of atopic dermatitis	Centre needs to increase awareness and knowledge of atopic dermatitis	Evidence of 1 advocacy /awareness activity on atopic dermatitis per year
32.	Interaction with and support of patient organization(s)	Patient organizations can help to improve the management of atopic dermatitis and atopic dermatitis patients	Evidence of interaction with atopic dermatitis patient organization

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References: 1 = Hanifin JM, Thurston M, Omoto M, Cherill R, Tofte SJ, Graeber M. The eczema area and severity index (EASI: assessment of reliability in atopic dermatitis. *Exp Dermatol* 2001; 10:11–8; 2 = Severity scoring of atopic dermatitis: the SCORAD index. Consensus Report of the European Task Force on Atopic Dermatitis. *Dermatology* 1993; 186:23–31; 3 = Eichenfield LF, Lucky AW, Boguniewicz M, Langley RGB, Cherill R, Marshall K, et al. Safety and efficacy of pimecrolimus (ASM 981) cream 1% in the treatment of mild and moderate atopic dermatitis in children and adolescents. *J Am Acad Dermatol* 2002; 46:495–504.; 4 = Finlay AY1, Khan GK. (1994) Dermatology Life Quality Index (DLQI)--a simple practical measure for routine clinical use. *Clin Exp Dermatol*.;19(3):210-6. This document was modified based on the UCARE audit report, based on the original GA²LEN Quality Management report.

Abbreviations: EASI = Eczema Area and Severity Index; SCORAD = SCORing AD; IGA/PGA = Investigators/Physicians Global Assessment; DLQI = Dermatology Quality of Life Index; EAACI (The European Academy of Allergy and Clinical Immunology (www.EAACI.org)); ESDR = European Society for Dermatological Research (www.esdr.org); Global Allergy and asthma European Network; QM = Quality management, SOP = standard operating procedure; ADCARE = Atopic dermatitis Centre of Reference and Excellence; SID = Society for Investigative Dermatology (<http://www.sidnet.org>); EADV = European Academy for Dermatology and Venereology (<https://www.eadv.org>)