

Global Allergy and Asthma Excellence Network Allergic Rhinitis and Asthma Centres of Reference and Excellence (AirwaysCARE)

Audit Report

Audited Center:

Audit Date:

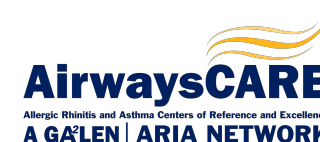
Head of the Center:

Deputy:

Auditor:

Audit was done: In person

By video conference



Infrastructure / Set up					
	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
1.	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	<input type="checkbox"/> <input type="checkbox"/> _____	B
2.	Outpatient clinic with separate clinic hours for allergic rhinitis and asthma 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 allergic rhinitis und asthma patients	Lead by experienced physician (board certified specialist) ≥4h / week of dedicated allergic rhinitis und asthma clinic (physician contact time)	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
3.	Open to children and adult patients	Centers need to be able to provide care for allergic rhinitis und asthma patients of any age, either by center staff or affiliated specialists	Evidence that allergic rhinitis und asthma patients of any age are provided with state-of-the-art care	<input type="checkbox"/> <input type="checkbox"/> _____	A

4.	Team of dedicated staff, with specific allergic rhinitis and asthma training	Center staff needs to comprise more than one physician and at least one nurse. All center staff need to be specifically and regularly trained in allergic rhinitis und asthma.	≥2 physicians and ≥1 nurse Record of ≥1 allergic rhinitis und asthma training per staff member per year, e.g. Global Allergy and Asthma Excellence Network school on allergic rhinitis und asthma, allergic rhinitis CME activity, ASTHMA activity etc.	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
5.	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	<input type="checkbox"/> <input type="checkbox"/> _____	B
6.	Accessibility and visibility	Allergic rhinitis and asthma 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	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	B
7.	Communication skills	Center staff needs to be able to communicate adequately with allergic rhinitis and asthma patients in national language and in English	Proof of adequate communication skills by interview with center staff	<input type="checkbox"/> <input type="checkbox"/> _____	B
8.	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	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	B
9.	Structured documentation, recording and archiving 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 Proof of presence and use of SOPs/ protocols	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	B
10.	Critical incidence reporting and error management ¹⁵	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	<input type="checkbox"/> <input type="checkbox"/> _____	B
11.	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 ≥50 patients were asked about their satisfaction in last 12 months (preferably by questionnaire)	<input type="checkbox"/> <input type="checkbox"/> _____	B

12.	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	<input type="checkbox"/> <input type="checkbox"/> _____	B
13.	Active recruitment of research funding and support for educational activities and advocacy on allergic rhinitis und asthma	Center needs to actively recruit extramural funding to support research, educational activities and/or advocacy on allergic rhinitis und asthma	Documentation of efforts to recruit funding (grant applications, donation program)	<input type="checkbox"/> <input type="checkbox"/> _____	B
14.	Support of the AirwaysCARE network	Training and activities in auditing and certifying Global Allergy and Asthma Excellence Network AirwaysCAREs and interaction with other AirwaysCAREs	Letter of intent to serve as a Global Allergy and Asthma Excellence Network AirwaysCARE auditor and to contribute to other AirwaysCARE network activities	<input type="checkbox"/> <input type="checkbox"/> _____	A
15.	“Never give up” attitude	Staff need to exhibit high motivation to help allergic rhinitis and asthma patients and show understanding that they may be the last resort of patients. Staff need 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	<input type="checkbox"/> <input type="checkbox"/> _____	B

Management

	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
16.	Knowledge of the ARIA guideline & GINA* ² Recommendations. National Guidelines are also welcome	All Centre staff members need to know the current version of the ARIA guideline & GINA Recommendations, if available. Centre approach to allergic rhinitis and asthma needs to be based on guideline recommendations	Access to at least one up-to-date national or international allergic rhinitis & asthma guideline (print or digital) Centre staff can answer questions on the allergic rhinitis and asthma GINA / ARIA guideline recommendations	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A
17	Knowledge and use of current nomenclature and classification of allergic rhinitis and asthma	Center staff needs to know and use the current allergic rhinitis and asthma classification and nomenclature	Evidence that staff uses current allergic rhinitis and asthma nomenclature and classification ¹ , 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 center physicians is essential and a checklist can facilitate this	Checklist for history taking needs to be present and used as evidenced by interview or asthma /rhinitis patient file review	<input type="checkbox"/> <input type="checkbox"/> _____	A
19	Knowledge and use of differential diagnostic algorithm	Center physicians need to be aware of the differential diagnoses of chronic allergic rhinitis and asthma and know how not to miss them. The guideline algorithm can help with this	Differential diagnostic algorithm needs to be present and used as evidenced by interview or allergic rhinitis and asthma patient file review	<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 activity, impact and control allows for standardized measurements and monitoring of patients can help to optimize allergic rhinitis and asthma management	needed ACT ,ACQ & biomarkers such as blood eosinophils and IgE, FeNO, spirometry or other pulmonary function measurement	<input type="checkbox"/> <input type="checkbox"/> _____	A
21	Identification of comorbidities and underlying causes	Center needs to have access to and use measures to identify comorbidities and causes of allergic rhinitis and asthma, for example sensitizations, infections, etc. including biopsies	Evidence that diagnostic measures for allergic rhinitis and asthma comorbidities and underlying causes are used, e.g. Prick Test protocols; Comorbidities: lung function test, rhinoscopy	<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., Indoor allergen exposure prevention and in certain patient's air and food allergen avoidance, encasing, psychological therapy	Evidence that Center physicians are familiar with the use of preventive strategies	<input type="checkbox"/> <input type="checkbox"/> _____	A
23	Use of ARIA & GINA* ² or national recommendations	Center physicians need to use ARIA & GINA guideline algorithms or relevant national guidelines including systemic therapy for pediatric and adult patients	Evidence that staff uses ARIA & GINA current therapeutic algorithms or relevant national guidelines for the treatment of chronic allergic rhinitis & asthma patients, e.g., by interview and/or patient file review Centre physicians can show, by using a patient file, that management decisions are in accordance with guideline recommendations	<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	A

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 allergic rhinitis and asthma management	Evidence that allergic rhinitis & asthma patients 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	Center staff needs to be up to date with the literature on allergic rhinitis and asthma, especially on pathogenesis, for example by participation in journal club, attending annual meetings of scientific societies, membership in research societies, for EAACI ERS ATS AAAAI WAO and/or National Society Events	Evidence of knowledge of the current allergic rhinitis and asthma literature, e.g. by interview	<input type="checkbox"/> <input type="checkbox"/> _____	A
26	Scientific activity	Research activities in basic science, clinical science, translational science, epidemiology, and/or public health	Evidence of scientific activities and projects on allergic rhinitis and asthma	<input type="checkbox"/> <input type="checkbox"/> _____	A
27	Scientific productivity	Center needs to show that its research activities result in publications and other scientific output	0.5 peer reviewed paper on allergic rhinitis and asthma per year per center physician	<input type="checkbox"/> <input type="checkbox"/> _____	A
28	Clinical trials	Center needs to participate in clinical trials, pharma- and/or investigator-initiated; diagnostic and/or therapeutic trials	0.5 trials in allergic rhinitis and asthma per year per center physician	<input type="checkbox"/> <input type="checkbox"/> _____	A
29	Participation in registry	Registries can help to better understand allergic rhinitis and asthma. Center needs to participate in international, national, and/or regional registry activities	Evidence that center contributes to an allergic rhinitis and asthma registry or willingness to participate in upcoming registries	<input type="checkbox"/> <input type="checkbox"/> _____	A

Education					
	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.

30	Educational activities	Centre needs to contribute to the education of other specialists, e.g. allergists and non-specialists such as general practitioners and family physicians, medical students, residents, patients, and the general public	Evidence of 1 educational activity on allergic rhinitis and asthma per year for physicians and 1 per year for patients and/or caregivers	<input type="checkbox"/> <input type="checkbox"/> _____	A
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Advocacy					
	Requirement	Explanation	Deliverable(s)	Yes /No	Cat.
31	Increase awareness of allergic rhinitis and asthma	Center needs to increase awareness and knowledge of allergic rhinitis and asthma.	Evidence of 1 advocacy /awareness activity on allergic rhinitis and asthma 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 allergic rhinitis and asthma and allergic rhinitis und asthma patients	Evidence of interaction with allergic rhinitis and asthma patient organization	<input type="checkbox"/> <input type="checkbox"/> _____	A

Comments:

Audit result:

All requirements fulfilled, no areas with a need for further improvement, center should be certified

All requirements fulfilled, some areas with a need for further improvement, center should be certified

Areas with a need for further improvement:

Most requirements fulfilled, except for:

Center should be certified

upon providing documentation that these requirements are fulfilled

upon re-audit in _____ months

Categories (Cat.): Requirements of the category A are specific for AirwaysCAREs, whereas requirements of the category B are part of the Global Allergy and Asthma Excellence Network Centres of Excellence Quality Management and Certification program. Category B requirements do, therefore, not need to be audited, if the allergic rhinitis and asthma Centre is part of an audited and certified Global Allergy and Asthma Excellence Network Centre of Excellence.

Sousa-Pinto B, Bousquet J, Vieira RJ, Schünemann HJ, Zuberbier T, Bognanni A, et al. Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI Guidelines-2024-2025 Revision: Part I- Guidelines on Intranasal Treatments. *Allergy*. 2026;81(4):954-976.

Vieira RJ, Sousa-Pinto B, Bousquet J, Schünemann HJ, Zuberbier T, Bognanni A, et al. Allergic Rhinitis and Its Impact on Asthma (ARIA)-EAACI Guidelines-2024-2025 Revision: Part II- Guidelines on Oral and Ocular Treatments. *Allergy*. 2026. Doi: 10.1111/all.70305.

*2 [GINA recommendations 2025](#)

GINA 2026 to be released

All these GINA documents are at www.ginasthma.org

ABBREVIATIONS for Asthma are in GINA