Royal College of Physicians | Improving Quality in Allergy Services

Clinical Quality and Workforce Metrics

Summary

The Clinical Quality and Workforce Metrics data is a new initiative by IQAS, which is aimed at helping shape future standards in allergy service provision nationally.

The data will be collected by registered IQAS services and uploaded onto a webtool annually. The data will then be analysed and a summary shared to help understand the status against these key metrics in allergy across the UK.

Based on the standardised data received over the forthcoming years, the IQAS steering group will shape future standards. We hope that these will be relatively straightforward and useful metrics to collect, and add great value at a national level. In other words, the metrics will not be directly linked to accreditation assessments, but help shape future standards for accreditation.

Registered services will be expected to collect data from 01 April 2019, with the first upload due in March 2020. The IQAS office team will be in contact with registered services to provide further details.

DRUG ALLERGY

Quality measure 1:

Percentage of referred patients in whom a pre-existing drug allergy label has been removed

Information needed:

Total number of patients in these categories who have been seen:

Total number of patients who have tested negative:

Quality measure 2:

Rate and severity of adverse reactions during challenge testing

Information needed:

Number of patients undergoing drug challenges:

Number of patients with positive challenges:

Severity of reactions (please provide data either as free text or in a table, as per scoring system shown in appendix 1):

Quality measure 3:

Percentage of patients referred for General Anaesthetic (GA) allergy testing in whom the identity of the culprit drug is confirmed

Information needed:

Total number of patients seen for GA allergy testing:

Number of patients in whom a culprit drug is identified:

Number of patients in whom an allergic cause cannot be confirmed:

Quality measure 4:

Percentage of patients in whom the appropriate level of information is obtained prior to testing:

Information needed:

Total number of patients seen for GA allergy testing:

Number of patients for whom a completed AAGBI referral form and/or copy of anaesthetic chart and tryptase results (if performed) were available:

Food Allergy

Quality measure 5: Percentage of patients in whom food allergy label was removed post-challenge:

Information needed:

Total number of patients challenged to foods:

Total number of food challenges undertaken:

% of patients challenged in whom a food allergy has been excluded:

Number of DBPCFCs:

Number of open food challenges:

Number of SBPCFCs (single blinds)

Number of patients with a positive skin test ± sSIgE to the relevant food allergen:

Total number of patients with a positive challenge:

% of challenge-induced anaphylaxis (defined as per WAO criteria for anaphylaxis):

Omalizumab for Chronic Spontaneous Urticaria

Quality measure 6: Mean improvement in UAS7 symptom scores following treatment with omalizumab:

Information needed:

Total number of patients commenced on omalizumab:

Total number of patients meeting NICE guidelines for therapy:

% of patients meeting NICE guidelines for treatment:

Mean UAS7 symptom scores before treatment:
Mean UAS7 symptom scores post-treatment:
% of patients in whom omalizumab had to be recommenced due to recurrence:

Workforce section

How many new allergy outpatients do you see in your service annually?	
How many follow up allergy outpatients do you see in your service annually?	

Please provide details of the budgeted workforce (i.e. exclude vacancies) who provide allergy care		
Grade	**Total number**	**Time dedicated to allergy service**
Consultants in allergy/immunology		*Drop down box in PAs*
Consultant/s in Resp Med/Dermatology or other specialty contributing to allergy service		*Drop down box in PAs*
STs/ junior doctors		*Drop down box in PAs*
GPs		*Drop down box in PAs*
Specialist Allergy Nurse/s		*Drop down box in hours*
Dieticians		*Drop down box in hours*
Pharmacists		*Drop down box in hours*
Psychologists		*Drop down box in hours*
Other (specify)		*Drop down box in hours*

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APPENDIX: GRADING SEVERITY OF ALLERGIC REACTIONS *(Based on the grading System for Allergic Reactions to Allergen Specific Immunotherapy; Cox L et al JACI 2010;125:569-74)*

TABLE I. World Allergy Organization Subcutaneous Immunotherapy Systemic Reaction Grading System (see text)

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
*Symptom(s)/sign(s) of 1 organ system present** **Cutaneous** Generalized pruritus, urticaria, flushing, or sensation of heat or warmth† **or** Angioedema (not laryngeal, tongue or uvular) **or** **Upper respiratory** Rhinitis - (eg, sneezing, rhinorrhea, nasal pruritus and/or nasal congestion) **or** Throat-clearing (itchy throat) **or** Cough perceived to originate in the upper airway, not the lung, larynx, or trachea **or** **Conjunctival** Erythema, pruritus or tearing **Other** Nausea, metallic taste, or headache	*Symptom(s)/sign(s) of more than 1 organ system present* **or** **Lower respiratory** Asthma: cough, wheezing, shortness of breath (eg, less than 40% PEF or FEV_1 drop, responding to an inhaled bronchodilator) **or** **Gastrointestinal** Abdominal cramps, vomiting, or diarrhea **or** **Other** Uterine cramps	**Lower respiratory** Asthma (eg, 40% PEF or FEV_1 drop NOT responding to an inhaled bronchodilator) **or** **Upper respiratory** Laryngeal, uvula, or tongue edema with or without stridor	**Lower or upper respiratory** Respiratory failure with or without loss of consciousness **or** **Cardiovascular** Hypotension with or without loss of consciousness	Death

Patients may also have a feeling of impending doom, especially in grades 2, 3, or 4.

Note: Children with anaphylaxis seldom convey a sense of impending doom and their behavior changes may be a sign of anaphylaxis; eg, becoming very quiet or irritable and cranky.

Scoring includes a suffix that denotes if and when epinephrine is or is not administered in relationship to onset of symptom(s)/sign(s) of the SR:a, ≤ 5 minutes; b, >5 minutes-to ≤10 minutes; c: >10 to ≤20 minutes; d:>20 minutes; z, epinephrine not administered.

The final grade of the reaction will not be determined until the event is over, regardless of the medication administered. The final report should include the first symptom(s)/sign(s) and the time of onset after the subcutaneous allergen immunotherapy injection*** and a suffix reflecting if and when epinephrine was or was not administered, **eg, Grade 2a; rhinitis:10 minutes.**

Final Report: Grade a-d, or z_____ **First symptom(s)/sign(s)**_____ **Time of onset of first symptom**_____

Comments: §

*Each grade is based on organ system involved and severity. Organ systems are defined as cutaneous, conjunctival, upper respiratory, lower respiratory, gastrointestinal, cardiovascular, and other. A reaction from a single organ system such as cutaneous, conjunctival, or upper respiratory, but not asthma, gastrointestinal, or cardiovascular is classified as a grade 1. Symptom(s)/sign(s) from more than one organ system or asthma, gastrointestinal, or cardiovascular are classified as grades 2 or 3. Respiratory failure or hypotension with or without loss of consciousness define grade 4 and death grade 5. The grade is determined by the physician's clinical judgment.

†This constellation of symptoms may rapidly progress to a more severe reaction.

***Symptoms occurring within the first minutes after the injection may be a sign of severe anaphylaxis. Mild symptoms may progress rapidly to severe anaphylaxis and death.

§If signs or symptoms are not included in the table or the differentiation between a SR and vasovagal (vasodepressor) reaction, which may occur with any medical intervention, is difficult, please include comment, as appropriate.