Freedom of Information Request: Our Reference CTMUHB_108_24

You asked:

I am writing to request your assistance with an open government request relating to your joint infection services according to the Freedom of Information Act 2000.

Please kindly complete the below questions.

Questions for clinical team(s):

1. **In 2022/2023 (or for the last recorded year with data available), in your Trust/Health Board, how many of the following did you record?**

   a) Paediatric patients with suspected septic arthritis in native joints
   b) Paediatric patients with suspected prosthetic joint infection (PJI)
   c) Adult patients with suspected septic arthritis in native joints
   d) Adult patients with suspected prosthetic joint infection (PJI)

   We can confirm that the Health Board does not centrally record this information. The information you require would be recorded within an individual patient's health record as part of their ongoing care. To provide you with this information, would require a manual trawl and significantly exceed the 18 hours time and £450 cost limit set out within Section 12 of the Freedom of Information Act.

2. **Does your Trust/Health Board follow or have any locally developed/adapted guidelines for the diagnosis and treatment of septic arthritis in native joints and prosthetic joint infections in both adults and paediatric patients?**

   a) If yes, please state which guidelines have been adapted and please provide a copy of your local guidelines

   The Health Board use the BOAST guidelines BOA Standards for Trauma and Orthopaedics (BOASts).

3. **When investigating suspected septic arthritis in native joints in both paediatric and adult patients, is a synovial fluid sample collected before or after antibiotics are administered and commenced?**

   There is no specific recommendation as to when a sample can be collected.

   a) Is joint aspirate collected in ED/triage, Assessment unit, inpatient ward, or theatre?

Aspiration would generally be done on an inpatient ward.

b) Who typically performs the procedure and collects the sample? (Please specify job role)

Samples are collected by the responsible radiologist/Consultant.

c) Does the above differ for suspected prosthetic joint infections? If yes, please clarify how this differs

Yes. Patients with implants would ordinarily have samples collected in theatre by a consultant.

4. What clinician would typically manage paediatric patients with suspected septic arthritis in native joints? (please select one or multiple)

I. Paediatric Consultant
II. Orthopaedic Consultant
III. Infectious Diseases Consultant
IV. Other (please specify)

Paediatric patients would ordinarily be under the joint care of both Paediatrics and Orthopaedic Consultants.

5. Are patients discharged before culture results from synovial fluid aspirate are received? If yes, what requirements need to be met before patients are discharged?

In most cases, patients are not discharged before culture results are received.

Questions for lab/diagnostic team(s):

6. For adult and paediatric patients with suspected septic arthritis of native joints, what are the mean turnaround times (in hours, or if more appropriate, working days) for results on the following tests from receipt of specimen: (please provide an answer for each result)

a) Gram Stain - 1 working day
b) Culture - minimum of 2 working days (for negative cultures), 3 working days for culture positive results.
c) Blood culture - 3 working days
d) White blood cell count - cell counts not performed, qualitative results via gram stain

7. Does your Trust/Health Board conduct PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?

No.

If yes:

a) Is this testing conducted on site?
b) At what point is testing requested – when the culture is negative or on request?
c) How long is the average turnaround time for results from receipt of specimen?
d) What organisms are routinely tested for?

N/A.

8. **Does your Trust/Health Board conduct 16S PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?**

   Yes.

   If yes:
   a) **Is this testing conducted on site?** - No
   b) At what point is testing requested – when the culture is negative or on request? - If the culture is negative and there is still a high suspicion of bacterial infection, the sample is referred on the request of the Consultant Microbiologist.
   c) How long is the average turnaround time for results from receipt of specimen? - 4-5 working days
   d) What organisms are routinely tested for? - General screen performed.

Joint question – input from both clinician and lab/diagnostic team:

9. **For joint infections, in your Trust/Health Board, please confirm the following:**
   a) Which roles or stakeholders are involved in the design of diagnostic pathways and introducing change/pathway improvement?
   b) Which team(s) hold the budget for investing and implementing in new technologies across the pathway (e.g. rapid diagnostic testing)?

   The Health Board follows the standard practice of BOA guidelines. However, should a change be proposed our Transformation and Innovation Teams would support the clinical team in the above.