Southern Health and Social Care Trust

Quality Care - for you, with you

Information Governance Team

FOI - 2214

13th May 2024

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

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)

Response:

Please see attached PDF.

The Trust has a legal duty to protect patient confidentiality and, in line with this duty, the figure <5 has been provided where figures are very low. This is because of the potential risk of identification of an individual. In reaching this decision the Trust has taken into account the small geographical area which the Trust serves and the sensitivity of the information requested. In addition the Trust has taken into account the fact that all information disclosed in response to an FOI is disclosed to the 'world at large' and is published on the Trust website.

S 40 (2) (third party information) of the Freedom of Information Act 2000 has been applied to exempt the redacted information from disclosure. The Trust does not consider the disclosure of the redacted information to be fair to the individuals concerned as there is the potential risk of identification of an individual(s) which they would not expect, and which would therefore breach the fairness element of the first principle of the Data Protection Act 2018

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

Response:

We have adapted the British Society for Rheumatology Guidance and are in the process of updating our guidance.

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?

Response:

The aim is to collect before antibiotics.

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

Response:

It is collected in ED, MAU, IP ward depending on expertise of ED doctor and availability of Rheumatology staff to perform

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

Response:

Rheumatology Specialty doctor/ST

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

Response:

Rheumatology staff do not aspirate prosthetic joints. This would be Orthopaedics or radiology at the request of orthopaedics.

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)

Response:

We are only involved with patients 16+

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?

Response:

Depends on the index of suspicion for septic arthritis. If suspected then cultures would be waited for. If not strongly suspected and alternative diagnosis such as crystal arthritis thought more likely then patient can return to RAC.

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

Response:

The time of final authorisation of a result is recorded. Gram stain and cell counts would be 'interim results', and so this information is not recorded.

b) Culture

Response:

Mean is approx. 4.4 days*

c) Blood culture

Response:

Mean is approx. 4.5 days*

d) White blood cell count

Response:

The time of final authorisation of a result is recorded. Gram stain and cell counts would be 'interim results', and so this information is not recorded.

**turnaround time from receipt to authorisation of report*

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

Response:

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?

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?

Response:

Yes

If yes:
a) Is this testing conducted on site?

Response:

No, samples are referred to UKHSA

b) At what point is testing requested – when the culture is negative or on request?

Response:

After negative culture, and on request of Consultant Microbiologist

c) How long is the average turnaround time for results from receipt of specimen?

Response:

Average time from postage to receipt of report = 7.3 days

d) What organisms are routinely tested for?

Response:

Bacteria

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?

Response:

Laboratory testing procedure is according to national guidelines (UKHSA SMI). Major changes would be in conjunction with stakeholders

We are currently performing this and involving Microbiology and hope to involve Orthopaedics.

b) Which team(s) hold the budget for investing and implementing in new technologies across the pathway (e.g. rapid diagnostic testing)?

Response:

If rapid diagnostic testing was implemented this would be through Labs

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