

Reference Number: FOIAH2324/626
From: Private Individual
Date: 08 February 2024
Subject: Joint Infection Services

Q1 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)

A1 a) 25
b) Zero
c) Information not held - Alder Hey Children's NHS Foundation Trust is a specialist children's hospital and does not provide treatment to adults.
d) Information not held - Alder Hey Children's NHS Foundation Trust is a specialist children's hospital and does not provide treatment to adults.

Q2 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

A2 No, the Trust use national guidelines.

Q3 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?

- a) Is joint aspirate collected in ED/triage, Assessment unit, inpatient ward, or theatre?
- b) Who typically performs the procedure and collects the sample? (Please specify job role)
- c) Does the above differ for suspected prosthetic joint infections? If yes, please clarify how this differs

A3 a) Theatre
b) Orthopaedic surgeon
c) No

Q4 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)

A4 II. Orthopaedic Consultant

Q5 Are patients discharged before culture results from synovial fluid aspirate are received? If yes, what requirements need to be met before patients are discharged?

A5 Yes. Clinical and blood parameters need to demonstrate improvement.

Q6 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
- b) Culture
- c) Blood culture
- d) White blood cell count

A6

- a) 1.52hrs
- b) 2.61 days
- c) 4.36 days
- d) not performed

Q7 Does your Trust/Health Board conduct PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?

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?

A7

- a) No
- b) On request
- c) Variable dependent on when requested
- d) All

Q8 Does your Trust/Health Board conduct 16S PCR testing of bacteria from synovial fluid of patients who have suspected septic arthritis of native joints?

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?

A8

- a) No
- b) On request
- c) Variable dependent on when requested
- d) All

Q9 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)?

A9 a) Divisional and clinical leads

b) Divisional and clinical leads