South Eastern Health and Social Care Trust

Information Governance

17 May 2024 **Our Ref:** RFI 56501

Freedom of Information Act 2000
Information in Relation to Septic Arthritis

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to above which you requested on 9 February 2024. Please accept my apologies for the delay in responding to your request. Thank you for your understanding and forbearance.

A response to each of the questions raised has been provided by the Surgery & Elective, Maternity & Paediatric Services Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

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Rebecca Manning
Information Governance Officer

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. The information requested is not recorded or collated within the Trust.

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 does not follow or have any locally developed/adapted guidelines for the diagnosis and treatment of septic arthritis in native joints and prosthetic joint infections in adults and paediatric patients.

Q3a. 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?

A3a. No, it is not routine practice to collect a synovial fluid sample prior to treatment with antibiotics.

Q3b. Is joint aspirate collected in ED/triage, Assessment unit, inpatient ward, or theatre?

Q3c. Who typically performs the procedure and collects the sample? (Please specify job role)

Q3d. Does the above differ for suspected prosthetic joint infections? If yes, please clarify how this differs

Q3b,d. In regards to Question 3b - 3d, yes, the practice may differ depending on the specialty attending to the patient.

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. The clinician who would typically manage paediatric patients with suspected septic arthritis could be either a Paediatric clinician or an Orthopaedic clinician.

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. This would depend on the Clinical symptoms of the patient and the availability of treatment options in the community.

Questions for lab/diagnostic team(s):

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

A6a. For routine joint fluids requests - A Gram stain report is released on the day of sample receipt. If the sample is suitable, a cell count is also reported. Urgent requests will be reported within two hours of the sample receipt.

A6b. For Joint fluid culture, the turnaround is 4 to 7 days depending on whether or not there is growth.

A6c. For blood culture, the turnaround is 5 to 7 days. A minimum of 5 days for a negative culture. For positive blood cultures the target is to release a Gram stain result within two hours of the culture flagging positive.

A6d. For white blood cell count, the turnaround is up to 4 hours for an inpatient.

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. Yes, occasionally the Trust perform on site, 16S PCR on culture-negative joint fluid in patients with ongoing septic arthritis not responding to treatment. The send away test turnaround is 2 weeks.

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?

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

A8. I refer you to the response to Question 7.

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. Any new testing would need to be part of a business case developed with the Trust Laboratory.