

Freedom of Information Act 2000 – Request Reference FoI/24/114
Joint Infection Services

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)**

In completing a search for the information requested, Cardiff and Vale University Health Board (the UHB) has confirmed that this information is not centrally recorded or collated. To retrieve the information requested would require a manual search through individual patient records and the UHB considers that this would exceed the limit set within Regulations for responding to a request. The UHB has therefore relied upon the section 12 exemption of the Freedom of Information Act 2000 ('Exemption where cost of compliance exceeds appropriate limit') and is refusing your request.

The UHB has estimated that to complete the work needed to respond to this request would exceed the time limit as set within Regulations to respond to a Freedom of Information Act request. Under the Act there is an allowance of two and a half days, or 18 hours, to comply with a request and the cost limit set within the Fees Regulations for this amount of work (18 hours) is £450 for the UHB. The Fees Regulations specify that the cost of complying with a request must be calculated at the rate of £25 per hour.

- 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?**

Yes.

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

Summary of the local guidelines:

- Samples will be taken in ED, clinic, radiology, or in theatre depending on the patient, joint, and clinical status.
- An orthopaedic doctor will obtain the samples.
- For prosthetic joints, the sample is more likely to be taken in theatre, though this depends on the clinical status of the patient and the chronicity of the infection. Samples are routinely taken before antibiotic administration.
- Paediatric patients with suspected septic arthritis are managed by a paediatric orthopaedic surgeon.

- Patients are discharged depending on clinical suspicion following the gram stain results.
- 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?**
- a) Is joint aspirate collected in ED/triage, Assessment unit, inpatient ward, or theatre?**

Samples will be taken in ED, clinic, radiology, or in theatre depending on the patient, joint, and clinical status.

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

An orthopaedic doctor will obtain the samples.

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

For prosthetic joints, the sample is more likely to be taken in theatre, though this depends on the clinical status of the patient and the chronicity of the infection. Samples are routinely taken before antibiotic administration.

- 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 with suspected septic arthritis are managed by a paediatric orthopaedic surgeon.

- 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?**

Patients are discharged depending on clinical suspicion following the gram stain results.

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**

Same day.

b) Culture

Five days for direct culture, plus a further two days for culture from sub-culture of enrichment broth.

c) Blood culture

Five to ten days depending on clinical details.

d) White blood cell count

These are only performed for prosthetic joint aspirate samples, and the mean turnaround time for prosthetic joints is same day.

7. Does your Trust/Health Board conduct 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?

Within the Microbiology Lab.

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

Samples are tested as per our agreed criteria within the standard operating procedure.

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

Same-day turnaround.

d) What organisms are routinely tested for?

Numerous bacteria and yeasts.

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?

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?

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?

Cardiff and Vale University Health Board and Microbiology from Public Health Wales.

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

Cardiff and Vale University Health Board and Microbiology from Public Health Wales.