

Joint Infection Services

Reference Number: RDF2309-24

Date of Response: 19/03/24

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

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

Answer:

b) Paediatric patients with suspected prosthetic joint infection (PJI)

Answer:

c) Adult patients with suspected septic arthritis in native joints

Answer:

d) Adult patients with suspected prosthetic joint infection (PJI)

Answer:

The Trust does not code for Suspected as requested in questions 1 a,b and c.

The Freedom of Information Act allows the public to ask for copies of information held. This information is not held in documentation within the Trust; therefore, we are unable to release information in response to the above questions.

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?.* No current Trust Guidelines available. The Trust follows National Guidelines:

[Septic Arthritis \(Causes, Treatment, and Management\) | Patient](#)

[Septic arthritis - NHS \(www.nhs.uk\)](http://www.nhs.uk)

- a) *If yes, please state which guidelines have been adapted and please provide a copy of your local guidelines.* Answer: Please see response to question 2.
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?.* Trust answer: Before when clinical situation allows, ie patient not septic.
- b) *Who typically performs the procedure and collects the sample? (Please specify job role)*
Answer: Emergency Department or Orthopedic doctor, usually F2 or above.
- c) *Does the above differ for suspected prosthetic joint infections? If yes, please clarify how this differs*
Answer: Unable to respond. Please see answer to question 1.
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)*
- Answer: Often combination of all of the above
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?*
Answer: In certain instances (ie clinically improved, awaiting extended cultures only) yes.

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*
Answer: Unable to calculate mean TAT specifically for this patient group, but all meet the deadline of 24 hours
- b) *Culture*
Answer: unable to calculate mean TAT specifically for this patient group, but currently 90.3% of all synovial cultures meet the deadline of 48 hours to initial report

c) *Blood culture*

Answer: unable to calculate mean TAT specifically for this patient group, but currently 100% Blood Culture positives meet the deadline of 48 hours to initial report

d) *White blood cell count*

Answer: unable to calculate mean TAT specifically for this patient group, but currently 100% synovial fluid cell counts meet the deadline of 24 hours

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

Answer: only 16s (below answer to question 8).

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?*

Please see answer to question 8.

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?*

Answer: Not tested routinely, though this can be requested upon consultant Microbiologist advice.

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? Most likely after negative culture*

c) *How long is the average turnaround time for results from receipt of specimen? Unable to calculate the average but 88% of all samples referred for this testing are reported within 14 days*

d) *What organisms are routinely tested for? N/A – any organisms which can be detected/isolated*

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?*

Answer: Microbiology and Orthopedic clinicians

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

Answer: Microbiology