

Freedom of Information Request

Ref: 24-128

16 April 2024

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

- We can confirm that we do hold the information you are requesting

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 based on the ICD10 codes suggested:

- a) Paediatric patients with septic arthritis in native joints - M00.9**
- b) Paediatric patients with prosthetic joint infection (PJI) - T84.5 + Y83.1**
- c) Adult patients with septic arthritis in native joints - M00.9**
- d) Adult patients with prosthetic joint infection (PJI) - T84.5 + Y83.1**

Question	2022/23 Admissions Total	2022/23 Patient Total
a) Paediatric patients with septic arthritis in native joints - M00.9	35	23
b) Paediatric patients with prosthetic joint infection (PJI) - T84.5 + Y83.1	0	0
c) Adult patients with septic arthritis in native joints - M00.9	34	32
d) Adult patients with prosthetic joint infection (PJI) - T84.5 + Y83.1	7	7

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?

Before

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

Adults: This is usually collected in the Emergency Department, theatre or ward this would depend on when the team were alerted.

Paediatrics: Usually theatre.

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

Adults: Junior doctor (SHO or SPR)

Paediatrics: Surgeon – either middle grade specialist trainee or consultant.

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

Adults: Prosthetic joint infections are usually done in theatre.

Paediatrics: It would not – we generally do not see prosthetic joint infections in paediatric patients.

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?

Adults: Patients are discharged before result if well and there is a low index of suspicion for infection.

Paediatrics: Sometimes. The discharge criteria in these cases are typically afebrile for 48 hours/tolerating oral antibiotics, improving clinical picture/function and significant fall in raised inflammatory markers (at least 33% fall).

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

4 hours

b) Culture

3 days

c) Blood culture

6 days

d) White blood cell count

4 hours

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?

Microbiology and orthopaedic team.

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

Microbiology, diagnostics or orthopaedics depending on the point of testing.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Data Protection Officer
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click [here](#).

Yours sincerely

Freedom of Information Team
University Hospitals Bristol and Weston NHS Foundation Trust