

By Dr Jeremy Lim, Editorial Board Member

MRSA Infections in Singapore – Public Reporting to What End?

The *Straits Times*' headline screamed "800 were hit by superbug in Singapore hospitals" but I was left wondering what the Ministry of Health (MOH) was hoping to achieve with the latest information paper on "Hospital Acquired MRSA Infections in Singapore" released on 16 November 2007.

Let me explain. In general, public reporting of hospital data is intended to either educate patients as consumers and allow market forces to work better, or motivate provider hospitals to improve the quality of care delivered. Evidence on the former is sparse with the available data generally suggesting that few patients understand the results, let alone know how to use the reports available in any meaningful way. RAND Health in a 2000 monograph *Dying to Know: Public Release of Information about Quality of Health Care* dryly summarised: "... consumers and purchasers rarely use them." The data on the impact of public reporting on healthcare providers is a little more encouraging, and at least one well-controlled randomised trial in Wisconsin published in *Health Affairs* four years ago concluded that public reporting "appears to stimulate quality improvement activities in areas where performance is reported to be low." In Singapore, Minister for Health Khaw Boon Wan has gone on record at least twice attributing

the dramatic drop in price for LASIK surgery to public reporting of prices.

With this perspective on why public reporting is undertaken, let us evaluate the MRSA infection paper:

Helping patients make better choices. I asked lay friends what they thought of the information paper as reported in the media and the universal response was "So what?" Upon further thought, one intimated that he was actually not sure what MOH was trying to communicate and how he as a member of the public was supposed to react. I was not surprised that *The Straits Times*' account of the report highlighted the lack of information on the number of deaths attributable to MRSA infection (available incidentally for both the US and the UK), the increased length of stay for infected patients and whether patients in different ward classes were equally at risk, all arguably information the public would find useful to better understand the implications of MRSA infection.

Stimulating healthcare providers to improve. The MOH did not risk adjust and instead qualified the crude rates presented with the statement "The differing rates may be a reflection of the different casemix between the hospitals". This was particularly puzzling given that the same United States' CDC National Nosocomial



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Infections Surveillance (NNIS) system which the MOH relied on for definitions also proposes a fairly straightforward risk stratification methodology. Without risk adjustment, there is simply no way of knowing whether the reported higher rates per 1,000 patient-days in the Singapore General Hospital and National University Hospital are entirely due to their having more at-risk patients or whether there are actually significant opportunities for them to improve their infection risk profile. In the best case scenario, the two hospitals will undertake the necessary risk adjustments to determine where they truly stand and spur themselves to improve. In the worst case scenario, the hospitals' staff will nonchalantly accept they will always have the highest rates due to their casemix, become disenfranchised and disengage from further infection control efforts. I am not sure which scenario is more likely.

Taking a broader perspective, I worry that the decision to not risk adjust, which is so fundamental when dealing with complex medical conditions, will undermine the Ministry's efforts to persuade healthcare providers, including family physicians, to report clinical outcomes data centrally. Anecdotally, it appeared one of the concerns over data submission for the Medisave Chronic Disease Management Programme was over how the data would be used in public reporting. This information paper on MRSA is not encouraging.

I must confess that I was rather disappointed with the handling of the MRSA data. I am intuitively inclined towards public reporting to drive improvement and/or educate the public as consumers. In this instance, the absence of risk adjustment and clear explanation of the significance of the findings in terms the lay public can understand leave me doubtful as to what this latest report will actually achieve. ■