

Private equity acquisition of hospitals may increase adverse events

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Hospital-acquired adverse events are increased in association with private equity acquisition of hospitals, according to a study published in

the Dec. 26 issue of the *Journal of the American Medical Association*.

Sneha Kannan, M.D., from Massachusetts General Hospital in Boston, and colleagues examined changes in hospital-acquired adverse events and hospitalization outcomes associated with [private equity](#) acquisitions of U.S. hospitals. Data from 100 percent Medicare Part A claims were compared for 662,095 hospitalizations at 51 private equity-acquired hospitals and 4,160,720 hospitalizations at 259 matched control hospitals not acquired by private equity.

The researchers found that hospital-acquired adverse events or conditions occurred in 10,091 hospitalizations. Compared with those treated at control hospitals, Medicare beneficiaries admitted to private equity hospitals experienced a 25.4 percent increase in hospital-acquired conditions (4.6 additional [hospital](#)-acquired conditions per 10,000 hospitalizations). This increase was driven by a 27.3 percent and a 37.7 percent increase in falls and central line-associated bloodstream infections, respectively, at private equity hospitals, despite placement of 16.2 percent fewer central lines. At private equity hospitals, there was a doubling of surgical site infections, from 10.8 to 21.6 per 10,000 hospitalizations, despite an 8.1 percent reduction in surgical volume; these infections decreased at control hospitals. Compared with control hospitals, there was a slight decrease in mortality at private equity hospitals (3.4 percent on average), but no differential change was seen in mortality by 30 days after discharge.

"These findings heighten concerns about the implications of private equity on [health care delivery](#)," the authors write.

More information: Sneha Kannan et al, Changes in Hospital Adverse Events and Patient Outcomes Associated With Private Equity Acquisition, *JAMA* (2023). [DOI: 10.1001/jama.2023.23147](https://doi.org/10.1001/jama.2023.23147)

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