# Does Dr. Dexter consult on monitoring anesthesia quality?

The consulting performed by Dr. Dexter and his colleagues does not directly involve monitoring anesthesia quality. In Dr. Dexter's intensive course and several of the briefer alternatives, he teaches repeatedly that two people answering the same question should get nearly identical answers if they are basing their responses on well-established statistical methods. This principle holds, for example, when calculating the appropriate number of hours of financial support a hospital should provide to an anesthesia group. In contrast, there is no one pain or nausea score, rate of compliance, or rate of complications that is optimal. There is no one best rate of unexpected admission to an intensive care unit from an ambulatory surgery center. If a facility strives to reach zero, the consequence can be an increase in the scheduling of certain types of surgical procedures as inpatient, such as pediatric bronchoscopy and laser cases. Consequently, benchmarking is needed to monitor anesthesia quality. Click here to learn why the implementation science is different, and click here for the full text.

Dr. Dexter does perform systematic literature reviews, including those with quality endpoints. He also develops and applies statistical methods for comparing endpoints among providers or facilities (i.e., hierarchical analyses). Benchmarking necessitates such appropriate risk adjustment methodologies. If your hospital were considering implementation of systematic quality monitoring and/or credentialing, Dr. Dexter can: (a) review the proposal in the context of current scientific literature and evaluate any inconsistencies, (b) identify issues that need to be addressed regarding the proposed statistical methodology, and (c) recommend additional areas amenable to quality monitoring.

Return to Frequently Asked Questions