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To Whom it may concern:

Re: Reference letter for Dr. Douglas Woodhouse

I am pleased to write this letter of reference for Dr. Woodhouse.

I had first met Dr. Woodhouse a couple of years earlier when he was looking at efficiency in the endoscopy unit at SCMH. That was a preliminary attempt at tackling the issue of wait times. He was quite interested in our suggestions.

More recently in January 2014, we had a 2-day performance clinic workshop with Dr. Woodhouse as the leader of the workshop. The goal of the workshop was to have the group come up with a feasible plan to deal with wait times in Endoscopy.

Besides the physicians, all other stakeholders were at the workshop including administration, nursing, IT and clerical staff. The workshop worked well with Dr. Woodhouse as the facilitator. He ensured there was discussion and involvement of all participants. He allowed us to come up with different strategies and at the same time invited the group to think outside the box. The interesting aspect of this workshop was we had to come up with a plan and be ready to implement it. We also had to be able to review the effect of the changes and report back to administration within 3 months.

Even after the workshop, we were not left alone to deal with the details of the implementation of the initiatives. He kept in touch with us regularly through e-mail as well as phone conversations. Having a deadline ensured that we would not procrastinate.

At the end of the workshop we had decided on 2 initiatives. We quickly realized within a few weeks that one of these initiatives was not showing

a demonstrable benefit and this program was terminated. The other program is continuing to do well.

In summary, it was great to work with Doug over these last few months. Though he is not an endoscopist, his background in engineering allows him to have a systems approach to the problem. He facilitated the group to think about the various components behind the actual booking of a procedure. He was supportive and at the same time gently pushed us to move on and not stagnate. The advantage of the performance clinic is that one gets to evaluate a new program quickly to see if it is working. If it is not working, it can either be tweaked or terminated.

The initiative that we have implemented is a pooled surveillance colonoscopy clinic. It is working well and both physicians and patients have accepted the program despite the initial hesitation. On a go forward basis, the number of patients entering the pooled colonoscopy clinics is increasing.

Being involved with the performance clinic workshop has been both a learning and fulfilling experience. It is one of the few times in health care where a group has met, decided on a change and implemented it within a short time with demonstrable benefits.

If any further information is required, please feel free to contact me.

Sincerely,

S. Bharati Reddy, MD , FRCPC