



March 18, 2021

Chair Alonso Leon, Vice Chairs Neron and Weber and members of the committee:

I write today in support of HB 2441 to renew the University Venture Development Fund (UVDF), which is a unique program that fills a critical need. I am fortunate to have received two grants through the UVDF program for two separate projects, each which stem from true clinical need that I have witnessed at the bedside as a physician.

The first project focuses on **adolescent suicidality** and the development of novel technology that enhances outpatient suicidal monitoring to facilitate earlier identification of worsening suicidality that would allow more timely therapeutic interventions. We are currently experiencing exponential increases in adolescents presenting in crisis to emergency departments in Oregon and nationally. Unfortunately, suicide is now the second leading cause of death in adolescents. To address this issue, I'm developing wearable technology for use in outpatient settings that will empower patients to recognize early warning symptoms and seek help. This technology has the potential to dramatically and positively impact the lives of Oregonians in crisis.

The second project focuses on sepsis – another condition with high morbidity and a mortality rate of 25%. Sepsis is a leading causes of hospital readmission, but up to 80% of these readmissions could be prevented with earlier detection. Currently, prompt recognition of the condition is a challenge. Our group is aiming to develop simple technology for earlier sepsis detection in the hospital – and even in the home environment. This technology has the potential to save the Oregon healthcare system large amounts of money and improve the outcomes of patients with this growing condition.

While these projects are innovative with great potential for commercialization, due to the nature of early innovation, traditional grants and funding sources are difficult to obtain. UVDF funding was able to provide the projects with the support necessary to advance into subsequent stages of research and development where they were poised to secure funding from traditional grant and funding mechanisms.

By all measures, the seed funding provided to this work through the state's UVDF program has resulted in significant return for Oregon. Our sepsis project went on to form a startup company with headquarters in Oregon that now supports employment for two Oregonians. The suicide prevention

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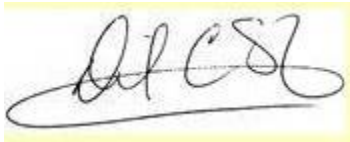
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project went on to receive grant funding from the National Institutes of Health (NIH). Most importantly, these projects are advancing our knowledge and ability to care for patients in ways that will directly translate to improved outcomes for Oregonians.

Neither the job creation, nor the advancement of care would have been able to occur without UVDF support. I urge your support of HB 2441 and the UVDF program. Please reach out with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Sheridan", is enclosed in a yellow rectangular box. The signature is fluid and cursive.

David Sheridan, MD, MCR

Assistant Professor

Pediatric Emergency Medicine

Department of Emergency Medicine/Department of Pediatrics

Oregon Health & Science University; Doernbecher Children's Hospital