

Angel investors: Watch business in action

Have you ever heard someone say, “You don’t want to see sausage being made”? The implication is that the process of making sausage may be revolting to watch.



Ronald Shiffler

Conversely, seeing “businesses being made” is the opposite of sausage-making; it’s exciting.

In Savannah, you can watch entrepreneurship in action, compliments of Ariel Savannah Angel Partners (www.savannahangelpartners.com). Ariel has regular meetings to give fledgling business owners an opportunity to explain their value propositions and convince Ariel members to invest in them.

Free enterprise at its best: smart people with new ideas who need capital to grow or survive.

The basics of angel investing is best left to another

column, but briefly, angel investors fit somewhere between banks and venture capitalists. VCs get all the press and notoriety. They invest large sums of money in later-stage companies — companies that generally have evolved to a tipping point where the business can be scaled up quickly.

Angel groups invest moderate sums of money in very early stage enterprises that typically have exhausted startup funds from owners, family members, government grants, and/or bank loans. The business may or may not have a revenue stream from sales. Angel groups rarely attract much attention from the media, but serve as lifeblood to companies that need immediate money to continue operations. However, angel investing is ultra high risk.

That brings us to Optima Neuroscience (<http://www.optimaneuro.com>), a medical software and device company out of Gainesville,

Free enterprise at its best: smart people with new ideas who need capital to grow or survive.

Fla. Football fans reading this column will recognize that location as the home of the University of Florida and, sure enough, this company evolved out of the university’s medical school.

Dr. Ryan Kern, president, presented at the most recent Ariel meeting and explained that his company has a software product called IdenEvent and a medical device, CereScope, that work hand-in-hand to analyze brain waves and assess the likelihood of seizures.

Here is a scenario that Optima Neuroscience addresses: Someone comes into a hospital’s ICU with trauma to the head from an auto accident or fall. How bad is the head injury? Hospital personnel hook up an EEG to monitor brain activity. The

machine spits out a continuous stream of squiggly lines that trained personnel can read and interpret. The problem is those “trained personnel” are not constantly watching the monitor to see how the injury is progressing.

Should a seizure occur, brain cells and brain function may be destroyed. If you can predict when a seizure is likely to occur, drugs can be administered that will lessen or prevent damage. The question is: When do you administer treatment?

Optima Neuroscience believes its neurological monitoring technology will “... improve the diagnosis and management of patients with seizure disorders ... by allowing the physician to quickly focus on areas of interest.” In other words, by constantly

monitoring brain waves the technology can assess on a 0 percent-to-100 percent scale whether a patient is trending toward or away from a potential seizure.

In addition, the real-time CereScope monitor can be placed in the ICU and hooked up to pagers, a nursing station, etc., with sounds and symbols that alert nurses and doctors to a potential problem.

Intriguing, right? It’s a long way from proof-of-concept to actual implementation in an ICU, but Kern and his staff seem to be headed in the right direction.

If you would like to attend Ariel meetings as an observer, contact Ray Wenig, president and COO at rwenig1@earthlink.net. See you next week.

Ronald Shiffler is the dean of the College of Business Administration at Georgia Southern University. He can be contacted at ronaldshiffler@georgiasouthern.edu.