

How We Started

By John Molander

How did Venti-Now get started?

The call to arms in this war against Coronavirus began in Mid-March of 2020. That's when my sister who is an ER doctor on the front lines, began to relate the carnage to our family and how the severe lack of necessary ventilators was increasing the death toll.

I always start with the premise that 'somebody, somewhere has tackled this problem before'. My search of medical literature came upon a UK government sponsored ventilator, designed and tested specifically for rapid manufacturing in the face of a pandemic. These doctors had created an elegantly simple design that used off the shelf components and a bellows formed from the BVM bags already in use in hospitals. If you want to go fast, look to see how to use what hospitals already have in stock.

With that design in hand, I worked with fellow engineers to make improvements and built one unit to prove the concept. In a week we had a working unit in hand.

I quickly realized that this endeavor requires a team effort. I called the CEO at the consulting company Your Encore and asked Brad Lawson for help. He enthusiastically responded, and soon my FDA team and my QA team of volunteers were staffed and up and running. I created the Venti-Now nonprofit to provide a means to both raise funds and distribute payments to vendors. I brought in very skilled volunteers to lead our efforts in Design, Medical, Legal, Fund Raising, Communications, and Manufacturing.

I engaged P&G with the work our team was doing and they graciously provided the seed funding. This helped, to continue our efforts, to refine our designs, and later provided part time professionals to lead key parts of our team. In 2 ½ weeks We had our very thorough and professional FDA submittal in for an Emergency Usage Authorization. In the Medical world, this lightening speed is just unheard of.

The University of Cincinnati organization, including UC Engineering and UC Medical responded with staff and biomedical engineering students to work on the design, supply path, FDA submission, and instrumented mannequin testing. In three weeks, we had laboratory testing and feedback from ICU doctors, nurses, and respiratory therapists.

We now have a supply path that includes a class II medical assembly plant which can produce 1000+ units per week. We are looking for companies willing to license, under very generous terms, our designs, IP, and experience to get these to hospitals quickly.

If you have the capability to manage a supply path like this, please contact us for licensing options.

John Molander,

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