The Grateful Patient’s Guide to Improving Your Performance

What a survey of 2,000 health care users can teach us about fundraising
Gratitude alive and well in 2019

Patient-donors point to care as primary motivator for giving

Why patients gave to their medical facility, in so many words

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Your massive opportunity, and unsolvable puzzle

Limited development resources contend with enormous patient pool

Annual patient census\(^1\)

*Outpatient visits*

\[ \times 100,000 \]

*Inpatient admissions*

\[ \times 15,000 \]

Development resources\(^1\)

*MGOs*

*Quarterly mailings*

---

1) Illustrative.

Source: Philanthropy Leadership Council interviews and analysis.
Prevailing tactics not calibrated to actual opportunity

Half of donors and “very likely” prospects don’t hear from you

Philanthropic outreach misses large share of actual donors and interested prospects

Of donors did not receive outreach

54%

Of patients “very likely” to give to the hospital in the future did not receive outreach

43%

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Focus shifting to data-driven improvement

CDOs looking to make productive use of existing data assets

Predictive modeling is #1 next step

Percentage of survey respondents indicating “My organization does not use this strategy, but we would like to do so”

n=67

Better data interpretation needed

Development leaders challenged by data interpretation 2:1 Development leaders challenged by data access

Source: Philanthropy Leadership Council Topic Poll Survey; Philanthropy Leadership Council interviews and analysis.
Analysis limited by “closed system” paradox

Missing bullet holes guide addition of protective armor to WW2 bombers

Two solutions to keeping bombers in the sky

*The Air Force Way*
Concentrate additional armor on areas where returning planes have suffered most damage:

- Fuselage
- Leading edges of wings
- Tail gunner

Result:
Armor protects areas where damage is survivable

*The Abraham Wald Way*
Concentrate additional armor on areas where returning planes are undamaged:

- Engines
- Ailerons (trailing edges of wings)
- Cockpit

Result:
Armor protects areas where damage is fatal

PLC did the detective work

National survey puts patient affinity at the center of analysis

Sample patient profiles from patient gratitude survey

- Cancer patient: 66 years old, Lives in Nevada
- Allergy patient: 32 years old, Lives in Massachusetts
- Ob/gyn patient: 49 years old, Lives in Ohio

× 2,000

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Diverse sample allows for unbiased fact-finding

Demographic and experiential traits vary widely, represent reality

**Age breakdown**

- 42% 66+ years
- 28% 56-65 years
- 14% 46-55 years
- 10% 36-45 years
- 6% 18-35 years

**Top specialties**

- Orthopedics: 284
- Heart: 227
- Cancer: 206
- Chronic: 195
- GI: 140

**Regional distribution**

- 18% 66+ years
- 22% 56-65 years
- 11% 46-55 years
- 23% 36-45 years
- 14% 18-35 years

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Finding daylight between patient perspective, yours

Strategic framework gets comprehensive inspection for blind spots

Prospect Identification → Service Inflection → Follow-up Outreach

Three questions to fact-check industry assumptions

1. What assumptions inform your strategy?
2. How do patients really feel and behave?
3. What can we do to better align our strategy with the patient reality?
Prospect identification

Where you’re wrong about who’s ready to give, what it costs you, and how to right the ship
Reality check: gratitude is typical, generosity is not

Prospect identification strategies must dig deep for heightened affinity

Type of gratitude expressed by survey respondents following care

n = 1,965

77% Verbal thank you
10% Written thank you
6% Personal gift (e.g. flowers)
4% Donation

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Survey analysis works backwards from generosity

Affinity measured through action and strong intent

Three potential indicators of affinity

- **Made a donation**
- **“Very likely” to give in the future**
- **Made active expression of gratitude**

“Affinity rate” captures both giving and intent

- Includes patients who **donated and/or said they were “very likely” to give** to the hospital in the future
- Acknowledges affinity by:
  - “Following the money”
  - Incorporating patients’ intent to give (everyone had the same opportunity to answer “very likely” to the survey)

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Current thinking is right... in some cases

Survey confirms several characteristics where industry has good instincts

Analysis verifies conventional wisdom and illuminates blind spots

Confirmatory findings

• Care setting
• Acuity
• Wealth

Contradictory findings

• Specialty
• Age
• Relationship to care

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Inpatients still your best bet

Patients 2X more likely to become donor if they’re admitted

Percent of hospitals using wealth screening for prospect identification

<table>
<thead>
<tr>
<th>Care setting</th>
<th>Inpatient (%)</th>
<th>Outpatient (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>85%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Affinity rate of inpatient vs. outpatient respondents

<table>
<thead>
<tr>
<th>Care setting</th>
<th>Inpatient (%)</th>
<th>Outpatient (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>12%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Long-term illness most likely to drive affinity

Frequent users with deep ties edge out emergency cases

**Which type of treatment describes a patient that is most likely to become a donor to your hospital?**

*Answered by development professionals*

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Affinity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic care</td>
<td>10%</td>
</tr>
<tr>
<td>Emergency care</td>
<td>8%</td>
</tr>
<tr>
<td>Short term care</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Affinity rate of respondents based on treatment acuity**

n=1,925

Narrow advantage among top earners

Industry right to be uncertain about income’s relationship to affinity

Which annual income describes a patient who is most likely to become a donor to your hospital?

Answered by development professionals

Affinity rate of upper income vs. middle income respondents

n = 1,965

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Affinity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above $130K</td>
<td>9%</td>
</tr>
<tr>
<td>$75K-$130K</td>
<td>8%</td>
</tr>
</tbody>
</table>

Surprise findings threaten status quo
Survey uncovers where the industry’s assumptions are off base

Analysis verifies conventional wisdom and illuminates blind spots

Confirmatory findings
- Care setting
- Wealth
- Acuity

Conventional wisdom

Contradictory findings
- Specialty
- Age
- Relationship to care

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Specialty analysis affirms big three focus…

Highest affinity specialties include oft-cited trifecta

**Affinity rate by patient’s treatment specialty**

n=1,965

- **Cancer**: 15%
- **Neurology**: 10%
- **Cardiovascular**: 9%

*Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.*
...And then serves up some twists

Affinity pops in three unexpected treatment areas

Affinity rate by patient’s treatment specialty

n=1,965

- Cancer: 15%
- Gastroenterology: 11%
- Neurology: 10%
- Allergy: 10%
- Cardiovascular: 9%
- Pulmonary: 9%

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Industry captivated by perceived boomer advantage

Zero development professionals pick millennial as most likely to donate

Which age group describes a patient that is most likely to become a donor to your hospital?

Answered by development professionals

n=49

- Baby Boomer: 73%
- Silent Generation: 20%
- Generation X: 6%
- Millennial: 0%

The consensus on age is exactly wrong

Boomers have lowest affinity, Gen X and Millennials share top billing

Affinity rate by generation of respondent

n=1,965

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Millennials</th>
<th>Generation X</th>
<th>Boomers</th>
<th>Silent Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 55 years old</td>
<td>12%</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 years old and older</td>
<td></td>
<td></td>
<td>6%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
More dollars, not just more interest

Young donors gave at a higher level

Median and average gift sizes of donors based on age

n=71

Median gift size:
- Below 55: $500
- 55 and Above: $200

Average gift size:
- Below 55: $1,091
- 55 and Above: $868

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.

1) Excludes one six-figure gift of disproportionate size relative to the rest of the sample.
“Next generation” donating today in spite of you

Patients under 55 donating without being asked

Before making the financial donation to the medical facility, did you receive any information directly from the facility about making a donation?

n=72

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Young patients practically soliciting themselves

Over half of patients under 55 asked for your outreach

Before making the financial donation, did you personally request the information on charitable giving from the medical facility?

n=72

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Lack of entrenched priorities creates opening

With less established giving pattern, an opportunity for you to stand out

Are you open to receiving information about how to make a charitable donation to the medical facility?
n=1,546

<table>
<thead>
<tr>
<th>Below 55</th>
<th>55 and Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>42%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Why are you not interested in receiving information about making a charitable donation?
n=1,075

<table>
<thead>
<tr>
<th>My charitable priorities lie elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 55</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>37%</td>
</tr>
</tbody>
</table>

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
More room to boost affinity, if properly engaged

Next gen at least twice as receptive to common engagement tactics

Percentage of respondents indicating that an engagement strategy would increase the likelihood of a future gift by “a lot”

n=1,967

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Opportunity gap even wider among existing donors

Young donors signal much higher renewal and upgrade ceiling

Percentage of donors indicating that an engagement strategy would increase the likelihood of a future gift by “a lot”

Results for previous donors only

n=72

<table>
<thead>
<tr>
<th>Engagement Strategy</th>
<th>Below 55</th>
<th>55 and Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on the impact of my donation</td>
<td>10%</td>
<td>47%</td>
</tr>
<tr>
<td>Invitations to special events</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>Personal communications from hospital leadership</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Special amenities and services to use for future care</td>
<td>20%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Data roundup: young patient affinity

Your case for investing in Millennials and Gen X

**Young vs. old patient opportunity, by the numbers**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage/倍数</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater overall affinity</td>
<td>2X</td>
</tr>
<tr>
<td>Higher average gift size</td>
<td>26%</td>
</tr>
<tr>
<td>More likely to self-solicit</td>
<td>6X</td>
</tr>
<tr>
<td>More interested in hearing from you</td>
<td>1.5X</td>
</tr>
<tr>
<td>More willing to increase affinity based on impact data</td>
<td>2.5X</td>
</tr>
</tbody>
</table>

*Individuals below 55 years old*

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Group discussion: next generation, now

Implications of age-based findings on prospecting and engagement

Stop doing

What strategies and tactics should you stop doing in order to elevate your focus on Millennial and Generation X patients?

Example:
- Arbitrary age threshold for direct response outreach

Start doing

What strategies and tactics should you start doing in order to elevate your focus on Millennial and Generation X patients?

Example:
- Impact-heavy renewal letters for younger donors

Source: Philanthropy Leadership Council interviews and analysis.
An existential question no one is asking

In complex web of care interactions, patients don’t go it alone

Patient and family encounter multiple opportunities to cultivate gratitude

Family - Nurse
Nurse comforts family while patient is in surgery.

Spouse - Concierge
Concierge brings newspaper to spouse while patient sleeps.

Patient - Doctor
Patient and doctor discuss diagnosis and treatment plan.
Survey says families are better prospects

Family member affinity nearly double that of patients themselves

Affinity rate among family member respondents vs. patients

n=1,965

12% Family member

7% Patient

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Relatives reach deeper than patients

Larger average gift size adds to body of evidence around family affinity

Median and average gift sizes of family donors vs. patient donors

n=71

1) Excludes one six-figure gift of disproportionate size relative to the rest of the sample.

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Family more open to meaningful cultivation

Percentage of respondents indicating that an engagement strategy would increase the likelihood of a future gift by “a lot”

n=1,965

- Information on the impact of my donation: 10% Family member, 6% Patient
- Invitations to special events: 6% Family member, 3% Patient
- Personal communications from hospital leadership: 8% Family member, 4% Patient
- Special amenities and services to use for future care: 7% Family member, 4% Patient

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Intent to donate higher across care settings

Affinity gap is widest for inpatient encounters, but holds for outpatients

Inpatient setting affinity rates
n=600

<table>
<thead>
<tr>
<th>Family member</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Outpatient setting affinity rates
n=1,359

<table>
<thead>
<tr>
<th>Family member</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Spousal affinity is largest share of the pie

The most common high-affinity family member is the patient’s partner

Which family member received the medical services in question?
Among family members who expressed affinity
n=66

- My spouse or partner: 69%
- My child: 17%
- My parent: 12%
- My grandchild: 2%

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Affinity is consistent across relationship types

Among closest relations, relative parity in likelihood to give

**Affinity rate among survey respondents, by relationship to patient**

n=1,965

- Spouse: 12%
- Parent: 11%
- Child: 11%
- Patient: 7%

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Data roundup: family member affinity

Your case for investing in relatives and loved ones

Family vs. patient opportunity, by the numbers

- **2X** Greater overall affinity
- **48%** Higher average gift size
- **2X** Greater affinity when admitted
- **2X** More willing to increase affinity based on provider or leadership communications

*Family members of patients*

*Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.*
Time to shift from reactive to proactive strategy

Majority engage with family members when circumstances warrant

**Does your organization engage with family members of patients as part of your development strategy?**

*Answered by development professionals*

n=48

- Yes, routinely. We proactively identify and cultivate family members of patients. 69%
- Yes, occasionally. We engage with family members in one-off instances when appropriate. 17%
- No 10%
- Unsure 4%

Group discussion: grateful family program

Implications of family affinity findings on prospecting and engagement

Stop doing

What strategies and tactics should you stop doing in order to elevate your focus on family members of patients?

Example:
• Focus clinical allies narrowly on patient referrals

Start doing

What strategies and tactics should you start doing in order to elevate your focus on family members of patients?

Example:
• Family-centric rounding

Source: Philanthropy Leadership Council interviews and analysis.
Young patients and family members have twice the affinity for your hospital.
Service inflection

Proof there’s an ROI, and three steps toward realizing it
An overriding concern: Is service inflection worth it?

Without consistent tracking, ROI question remains unanswered

**Few organizations track rounding visits**

Percentage of organizations that track patient rounding

n=28

- **14%** Organizations tracking rounding
- **86%** Organizations not tracking rounding

**Lack of clarity on service inflection’s value**

Prospects bubble up from our program, but the ROI is hard to make sense of.

Chief Development Officer
Hospital in the Northeast

44%

Of requests for information from Philanthropy Leadership Council about concierge programs focus on ROI, not tactics or best practice

---

1) “Please identify the grateful patient program performance metrics you track: Number of grateful patients rounded on/visited during care.”

Source: Philanthropy Leadership Council Topic Poll Survey; Philanthropy Leadership Council interviews and analysis.
Non-clinical rounds correlate to 3X more affinity

Patients who receive a visit are significantly more likely to give

Affinity rate of patients receiving visits from non-clinical staff vs. patients with no visits

n = 1,965

1) "Did any of the following types of individuals visit or speak with you during your time at the medical facility?"

Most common types of non-clinical visitors

- 63% Concierge Staff
- 30% Hospital board members
- 29% Hospital executives
- 17% Development staff

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council interviews and analysis.
With a second visit, affinity skyrockets

Patients receiving two visits have 6x stronger affinity

Affinity rate of patients, by number of non-clinical visitors

n=1,965

- 2 rounding visits: 36%
- 1 rounding visit: 15%
- No visits: 6%

Patients who receive 2 or more visits are 5 times more likely to donate

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council interviews and analysis.
Patients also reward breadth of services

Number of likely donors multiplies as service becomes comprehensive

Affinity rate of patients, by number of services or amenities received\(^1\)

<table>
<thead>
<tr>
<th>Services or Amenities Received</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 services or more</td>
<td>19%</td>
</tr>
<tr>
<td>3 services</td>
<td>15%</td>
</tr>
<tr>
<td>2 services</td>
<td>9%</td>
</tr>
<tr>
<td>1 service only</td>
<td>10%</td>
</tr>
<tr>
<td>No services</td>
<td>3%</td>
</tr>
</tbody>
</table>

\(12x\) Patients who receive 4+ services are 12 times more likely to donate than those receiving no services

Services and amenities ranked by prevalence among high-affinity patients

1. Care coordination
2. Private room
3. Free parking
4. Same-day appointments
5. 24/7 support
6. Billing assistance

\(^1\) Services are defined as special services or amenities from the medical facility. Respondents could choose from the following options: private hospital room or suite, assistance with billing or insurance paperwork, care coordination or scheduling support, same- or next-day appointments, access to a 24/7 customer service helpline, free parking passes for you and/or your family, other.
Data roundup: service inflection

Your case for investing in rounding and patient services

Service inflection opportunity, by the numbers

**Patients receiving non-clinical visits**
- 3X Greater overall affinity
- 6X Greater affinity for patients receiving 2 or more visitors
- 5X More likely to donate if receiving 2 or more visitors

**Patients receiving services and amenities**
- 6X Greater overall affinity if receiving 4 or more services
- 12X More likely to donate if receiving 4 or more services

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council interviews and analysis.
Max out current service capabilities, then invest

Incremental approach builds on data, current tactics before new investment

Three incremental steps toward developing a high ROI service inflection strategy

Recommended for all

**Commit to metrics-driven service inflection**

- Use existing service excellence platform
  - Embrace your organization’s current patient experience infrastructure
  - Identify key contacts and procedures for resolving patient concerns
  - Prioritize service recovery in bedside contact

**Step 1**
- Hardwire tracking of:
  - Any rounding and support service activity
  - Downstream results

**Step 2**
- Build in-house infrastructure if the conditions are right
  - When demand and data demonstrate opportunity, build out service inflection apparatus to include:
    - Full spectrum of services
    - Dedicated staff
    - Potential to generate new revenue and leads

**Step 3**

Source: Philanthropy Leadership Council interviews and analysis.
What should I be tracking in service inflection?

Measure investment (in-hospital activity) and return (follow-up outcomes)

Track bedside and support interactions and follow them downstream

**Rounding**
- Rounding visits with new prospects and current donors
- Qualified prospects identified
- Types and number of service requests

**Concierge/Services**
- New donors
- Referrals from current concierge donors
- Total contacts/interactions for concierge services
- Calls to concierge liaisons

Follow-up metrics determine ROI
- In-person visits
- First-time gifts
- Gifts from current donors

Source: Philanthropy Leadership Council interviews and analysis.
Connect services to patient needs

Use bedside interaction to identify and support service improvement

John Muir flowchart provides blueprint for patient conversations, responses

“Is there anything we can do for you?”
Patient responds with:
• Compliment
• Request
• Issue/complaint
• Room change
• Other

Triage concerns to appropriate staff

1. Flag specific issues for patient experience team or other staff
2. Escalate to senior leaders as necessary
3. Notify charge nurse of all issues and compliments

If no concerns, take next steps for development-related follow-up

• Ask patient to recognize outstanding care or service
• Reconnect after treatment through appropriate channel

Related Resource: Rounding Conversation Script
See the introduction script, important questions, and general tips on rounding conversations in the Patient Fundraising Program Toolkit (p. 76).

Source: John Muir Health Foundation, Walnut Creek, CA; Philanthropy Leadership Council interviews and analysis.
John Muir created a rounding flowchart to guide staff and allies through all patient interaction at the bedside.

To develop this flowchart, philanthropy leaned on insights gained through relationships with hospital leaders and allies, and the responses of donors to their care experiences.

Flowchart covers patient journey comprehensively, including prospect identification, conversation guide, patient concern triaging, and follow-up protocol.

John Muir Health Foundation

- 18 FTE foundation
- Supports a 4-hospital system in Walnut Creek, CA
- Raised $14.4M in FY18

Source: John Muir Health Foundation, Walnut Creek, CA; Philanthropy Leadership Council interviews and analysis.
Don’t just react in the moment, have a plan

Key steps turned into thorough guidance for rounding

Provide staff with map for all facets of patient interaction

Excerpt

Patient has request

Patient has no request

Compliment

Room Change

Complaint

Notify charge nurse after visit

Manager of Inpatient Engagement XXX-XXX-XXXX

Integrated Director of Clinical Operations XXX-XXX-XXXX

Ask if they’d like to honor a caregiver

Letter two weeks after discharge

Phone call to ask about experience

Meeting

Bedside interaction focused on addressing patient concerns

Full flowchart covers entire patient journey from admission to after discharge

Rounders guided to completion of each action, including contact info of responsible staff

Related Resource:

Patient Rounding Flowchart

See John Muir’s full flowchart.

Source: John Muir Health Foundation, Walnut Creek, CA; Philanthropy Leadership Council interviews and analysis.
To assemble your flowchart, do the research

Gather intel from key stakeholders’ perspectives

Three essential tasks to develop a customized rounding protocol

1. Review existing patient experience strategy
   - Leverage your seat at leadership meetings to learn how your organization is working to improve patient experience
2. Ask allies to inventory available services
   - Understand allies’ roles in patient experience, including executives, clinicians, and staff
3. Consult donors about their experiences
   - Ask donors about their care experiences and what was meaningful to them
   - Ask allies to make connections to individuals and teams who can help make your rounding efforts useful to patients
4. Review caregiver recognition responses for an excellent source of insight into the qualities of exceptional care

Source: John Muir Health Foundation, Walnut Creek, CA; Philanthropy Leadership Council interviews and analysis.
Full menu of support captures recurring gifts

Recognition of $10K annual gift includes robust patient support

<table>
<thead>
<tr>
<th>Society Donor Problem</th>
<th>Solution Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling</td>
<td></td>
</tr>
<tr>
<td>Donor’s regular physician is unavailable and donor is unfamiliar with the appointment process</td>
<td>Identify appropriate physicians and arrange appointments</td>
</tr>
<tr>
<td>Navigation</td>
<td></td>
</tr>
<tr>
<td>Donor is confused on billing procedures and referral approvals for insurance</td>
<td>Answer questions and provide assistance</td>
</tr>
<tr>
<td>Comfort</td>
<td></td>
</tr>
<tr>
<td>Donor’s husband is alone after patient departure into surgery</td>
<td>Support to family and friends during emergency situations</td>
</tr>
<tr>
<td>Relationships</td>
<td></td>
</tr>
<tr>
<td>Donor is interested in the hospital’s population health strategy</td>
<td>Access to senior management on critical health care issues</td>
</tr>
</tbody>
</table>

Staffing requirements for comprehensive patient support:

1 Manager
3 Full-time liaisons
8 Part-time liaisons

Source: Martin Health Foundation, Stuart, FL: Philanthropy Leadership Council interviews and analysis.
Cleveland Clinic Martin Health

• 16 FTE foundation
• Supports 3-hospital system in Stuart, FL
• Raised $12.5M in FY18

► A minimum annual gift of $10,000 qualifies donors for Barstow-Reed Society recognition, which includes 24/7 comprehensive patient support.
► To provide broad assistance to donors and ease staff burnout, Martin Health recruits part-time liaisons for after hours support from existing hospital staff looking to work additional shifts.
► Over 16 years, the Barstow-Reed Society has steadily grown to 300 donors and has raised $104M cumulatively. The society maintains a steady pipeline of major gifts and participants through referrals from friends of donors.

Source: Martin Health Foundation, Stuart, FL; Philanthropy Leadership Council interviews and analysis.
Add bandwidth by hiring from the hospital

Night and weekend shifts managed by hourly staff from other departments

After-hours staff implementation at Martin Health Foundation

1. Recruit
   - Attract hospital employees with extra shifts
   - Utilize foundation staff to find recruits

2. Train
   - Provide protocol guide and scripting
   - Pair tenured liaisons with new hires on initial calls

3. Incentivize
   - Provide a base hourly pay for nights on calls, without calls
   - Offer increased pay for nights with calls
   - Pair tenured liaisons with new hires on initial calls

4. Back up
   - Assign a primary on-call liaison per night
   - Staff two back-up liaisons to assist as needed

Recruiting checklist
- Hourly Employees
- Strong interpersonal skills
- Knowledge of hospital

Two-tiered pay
- Without call: $3 per hour
- With calls: standard hourly foundation rate

Source: Martin Health Foundation, Stuart, FL; Philanthropy Leadership Council interviews and analysis.
Steady growth justifies continued investment

Over 15 years, nearly 10x growth in donors and revenue

Barstow-Reed Society donors and growth in giving

94%
Average annual renewal rate

Source: Martin Health Foundation, Stuart, FL; Philanthropy Leadership Council interviews and analysis.
Valuable support generates steady referrals

Friends of donors form a healthy pipeline of major gifts

2017 Barstow-Reed referral program at a glance

Friends of Donors Referral Process

- **Referral initiated**
  Donor calls on behalf of friend in the hospital

- **Assignment**
  Referral is assigned to major gift officer

- **Support**
  Referral receives identical support as a donor

- **Follow-up**
  MGO follows up with referral to initiate relationship

Referred friends received support from liaisons **98** times in 2017.

- 40 friends referred to program
- 18 gifts made to hospital
- **$292,022** funds raised from friends

Source: Martin Health Foundation, Stuart, FL; Philanthropy Leadership Council interviews and analysis.
Patients who receive **comprehensive and elevated service** are as much as 12X more likely to become donors.
Follow-up outreach

How to double your conversion rate with one adjustment everyone can make
Most assume gratitude peaks between 30-90 days

Only 1 in 4 believe first month is the right time to reach out

In your opinion, which of the following most closely describes the ideal timing for making initial outreach to a grateful patient prospect?

Answered by development professionals
n=47

- Within 1 month of treatment: 25%
- Between 1 and 3 months since treatment: 59%
- Between 3 and 6 months since treatment: 10%
- More than 6 months since treatment: 6%
- More than 6 months since treatment: 59%

“Window of generosity” open between 0-30 days

Drop in likelihood to give begins 1 month after treatment

How likely are you to make a future financial donation to the medical facility?

“Very likely” to make future financial donation

n=1,965

21% loss

In proportion of patients “very likely” to give after just one month

Time since treatment

Within the last week: 7.7%
Within the last month: 7.7%
Within three months: 6.1%
Within six months: 5.7%
Within the last year: 5.1%
Within three years: 2.4%

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
A simple way to double your conversion rate

When contacted within one month, patients donate twice as often

Percentage of patients who donated after receiving fundraising communications

*Timing of fundraising outreach relative to treatment*

n=255

<table>
<thead>
<tr>
<th>Timing of Fundraising Outreach</th>
<th>Donated Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 1 month</td>
<td>13%</td>
</tr>
<tr>
<td>More than 1 month</td>
<td>6%</td>
</tr>
</tbody>
</table>

n=97

n=158

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Not just a theoretical difference

Earlier outreach secures twice as many visits with major gift prospects

Percentage of major gift outreach that secured a visit at URMC

**Between 15-30 days after patient visit**

- 20% of major gift prospects agreed to meet with MGO

**Between 60-90 days after patient visit**

- 11% of major gift prospects agreed to meet with MGO

CASE EXAMPLE

University of Rochester Medical Center Foundation

- 58 FTE Foundation raised $68.4M in FY18
  - Gift officers tested phone and email outreach on patients with a recent treatment in a 3-4 month experiment.
- Supports 7-hospital system in Western New York
  - Outreach sent within 15-30 days post-treatment twice as likely to result in a qualification visit than outreach 60-90 days post-treatment.

Source: University of Rochester Medical Center, Rochester, NY; Philanthropy Leadership Council interviews and analysis.
Data roundup: follow-up outreach

A 2-point case for contacting patients with 1 month of care

Impact of outreach timing, by the numbers

21% Decline in proportion of patients who are “very likely” to give between 30 and 90 days after treatment

2X Higher conversion rate for patients contacted within one month of treatment

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Your mandate: accelerate all modes of first contact

Focus only on essential components of outreach to make it faster

**Annual fund**

- Cut out steps between you and prospects
- Make direct response about speed, not polish
- Send more email
- Create opportunities for self-soliciting

**Major gifts**

- Prioritize speed in MGO outreach workflow
- Prescribe and track MGO outreach within the “window of generosity”
- Right-size prospect research to phase of relationship
- Schedule and incentivize prospect cold-calling

Source: Philanthropy Leadership Council interviews and analysis.
Simplify appeals to a straightforward ask

Don’t let design and print process slow down your outreach

UCLA tests plain letter vs. glossy mailer ask

### Generic letter
- **One-page** letter from the hospital president
- **Basic** institutional scripting
- Printed on **standard paper**, written in paragraph format

### Appeals

#### High polish mailer
- Two-page patient profile
- Compelling pregnancy story
- Printed on **thicker paper** with **glossy finish**, includes **photos and graphics**

---

Don’t let design and print process slow down your outreach

Source: UCLA Health, Los Angeles, CA; Philanthropy Leadership Council interviews and analysis.
UCLA Health

- 68 FTE foundation
- Supports an academic health system in Los Angeles, CA
- Raised $223M in FY18

► UCLA tested the return rate of mailings to patients to determine the significance of outreach content and quality.

► The mailings were a direct comparison of a generic letter appeal vs. a high-polish appeal. Both appeals included an ask.

► The average response rate was 1.6x higher for the generic letter appeal than the high polish appeal.

Source: UCLA Health Foundation, Los Angeles, CA; Philanthropy Leadership Council interviews and analysis.
Prospects don’t need shiny in order to give

Simple, direct ask outperforms high-polish patient story

Response rate for recent UCLA patient appeals
n=24,470

<table>
<thead>
<tr>
<th></th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic letter</td>
<td>0.59%</td>
</tr>
<tr>
<td>High polish mailer</td>
<td>0.36%</td>
</tr>
</tbody>
</table>

Scale to generate savings

“Mailings with more generic content should cost less in content development and staff time.”

Melissa MacRae
Executive Director
UCLA Health Foundation

Source: UCLA Health, Los Angeles, CA; Philanthropy Leadership Council interviews and analysis.
Adjust email practices to reflect preferences

Patients want contact that is faster and cheaper—for you

4 out of 10 patients prefer email, but only 1 out of 10 receive it

*Patient outreach preferences¹ vs. actual outreach received²*

---

1) Survey question: “How would you prefer the information [about how to make a charitable donation to the medical facility] be provided to you? (n=453)

2) Survey question: “How was the information on charitable giving delivered to you?” (n=317)

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
Consider noninvasive “opt-in” during patient stay

Accessible alternative serves as digital philanthropy brochure

Hume Hospital\(^1\) tests “philanthropy add-in”

- Early stage development of an add-in for their MyChart Bedside patient portal
- Link on iPad would take patients to a page to honor their caregiver

Following hospital industry trends

- 20% of hospitals already offer inpatients tablets during their stay

Easy access to info and services

Available information ranges from diagnosis to food service to comfort services.

\(^1\) Pseudonym

Source: Philanthropy Leadership Council interviews and analysis.
Hume Hospital

- 8 FTE foundation
- Supports hospital system in the Midwest
- Raised $9M in FY18

- Hume Foundation is testing a MyChart Bedside philanthropy application on their in-room iPads for patients.
- Application would give inpatients the opportunity to learn about philanthropy and honor a caregiver.
- Director of Development worked closely with clinical leadership and IT team to create support for the initiative.
- If they receive approval, the development team plans to create a marketing and awareness campaign on the application.

Source: Philanthropy Leadership Council interviews and analysis.
Provide MGOs a roadmap for near-term contact

Specific touchpoints ensure that prospect interactions happen in time

Beaumont MGOs make three attempts to connect within 30 days

1. MGO attempts visit with patient and records in-hospital action in database
   - Within 48 hours

2. Letter sent (referencing rounding visit if appropriate)
   - 1-2 weeks after discharge

3. Call prospect to schedule meeting
   - 1-2 weeks after letter

Source: Beaumont Health, Royal Oak, MI; Philanthropy Leadership Council interviews and analysis.
The foundation’s rounding protocol for MGOs specifies outreach activities and their cadence during and immediately following a care experience.

Procedure lays out three specific touchpoints that MGOs must complete within 30 days.

Gift officers will do at least one of the following to engage donors: make a patient visit, send a “thinking of you” letter, or call the patient.
Start the clock ticking on referrals immediately

URMC hardwires accountability through a referral aging tracker

**URMC Foundation’s Clinician Referral Tracker**  
*Listed by gift officer, according to date*

<table>
<thead>
<tr>
<th>Fiscal Year of Delegation / Days Elapsed from Date of Delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>Q3 August &gt; 120</td>
</tr>
<tr>
<td>:---</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>44</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>22</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>8</td>
</tr>
</tbody>
</table>

**Related Resource:** Referral Dashboard  
See the dashboard URMC uses to track referrals.

**Nuts and bolts of an effective dashboard**

- Gift officers record referral dates in database
- Database connected to data visualization tool
- Heat map illustrates number of uncontacted referrals
- Managers view age of uncontacted referrals for each gift officer

Source: University of Rochester Medical Center Foundation, Rochester, NY; Philanthropy Leadership Council interviews and analysis.
AVP and managers use a clinician referral dashboard to gain visibility into the length of time since a referral prospect has gone without contact from an MGO.

Referral dashboard takes data from the prospect database to create a list of the number of uncontacted referrals by date and gift officer. A data visualization tool renders this list as a heat map that shows which gift officers have the greatest number of “old” referrals.

Managers use dashboard to facilitate conversations about referral follow-up with gift officers.

Source: University of Rochester Medical Center, Rochester, NY; Philanthropy Leadership Council interviews and analysis.
Train MGOs to get going with minimal research

CHOP research team provides additional support as necessary

<table>
<thead>
<tr>
<th>MGOs tackle first round</th>
<th>Researchers add on as relationship advances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary intel for prospect evaluations</td>
<td>More detailed support for prospect interactions</td>
</tr>
<tr>
<td>• Basic background from LinkedIn, patient database, and Google searches</td>
<td>• Business organizations and civic involvement</td>
</tr>
<tr>
<td>• Wealth vendor rating</td>
<td>• Hospital and board connections</td>
</tr>
<tr>
<td></td>
<td>• Giving history</td>
</tr>
</tbody>
</table>

In-depth profiles for prospect follow-up
• Wealth rating verification
• Answers to gift officers’ questions on a prospect
• Detailed giving and business background

• VP of Advancement trains MGOs on how to glean key intel from DIY searches
• Prospect Development team offers regular “Research 101” training

Source: Children’s Hospital of Philadelphia, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.
Children’s Hospital of Philadelphia

• 93 FTE foundation
• Supports pediatric hospital in Philadelphia, PA
• Raised $129M in FY18

► To encourage gift officer proactivity and limit demands on prospect researchers, the foundation has MGOs perform initial prospect research.

► VP of Advancement and Prospect Development team provide regular training for MGOs on how to find useful information through DIY searches of the Internet, patient database, and wealth screening.

► Prospect Development team prepares progressively more in-depth reports for MGOs’ use as meetings are secured and cultivation advances.

Source: Children’s Hospital of Philadelphia, Philadelphia, PA; Philanthropy Leadership Council interviews and analysis.
Convene group discovery sessions

Scheduled, socialized sessions simplify difficult cold calls

Rady Children’s discovery sessions consistently generate new prospects

Regular time carved out for group cold calling

Philanthropy cold calls for an hour, twice a month, during team meetings

Ready-to-go resources prep MGOs for valuable interactions

Call script supports MGOs who need talking points

Opportunities list interests callers who otherwise lack engagement

Calls per staff member

5-6

New prospects each session

1-2

To explore these topics in more depth, see Tactic 3 in Engineering the Major Gifts Enterprise.

Source: Rady Children’s Hospital Foundation, San Diego, CA; Philanthropy Leadership Council interviews and analysis.
Rady Children’s Hospital Foundation

- 44 FTE foundation
- Supports a pediatric health system in San Diego, CA
- Raised $31M in FY16

- Rady dedicates two of four major gift team meetings per month exclusively to conducting discovery calls to prospects with whom the foundation has no previous relationship.

- These sessions are bolstered with supporting resources and group debrief sessions to help make qualification a regular behavior amongst MGOs.

- Group call sessions have increased and improved qualification activity at the foundation, with qualification calls and new prospect meeting volumes increasing by nearly 50% year-over-year for some MGOs.

Source: Rady Children’s Hospital Foundation, San Diego, CA; Philanthropy Leadership Council interviews and analysis.
Generosity peaks within 1 month of a care experience
How to shift from yesterday to tomorrow

Set aside assumptions to find and engage prospects with more affinity

Conventional wisdom lowers ceiling on results

6% prioritize Millennials and Generation X

14% track non-clinical rounding visits

17% have a proactive family engagement strategy

25% pursue a 30-day outreach window

Data provides roadmap for higher yielding strategy

2x greater affinity among Millennials and Generation X vs. Baby boomers

3x greater affinity when patients receive non-clinical visitors

2x greater affinity among family than patients themselves

2x Higher conversion when contact is made within 30 days

Source: Philanthropy Leadership Council Patient Gratitude Survey; Philanthropy Leadership Council analysis.
A better result awaits

Current Result
Low Conversion, Modest Production

Preferred Result
High Conversion, High Production

Source: Philanthropy Leadership Council interviews and analysis.
The philanthropic power of the patient experience

“Why I gave,” in your donors’ words

I thought the care I received was extraordinary. Our family is set up for monthly giving as we support the institution and its goals.

The MD saved my life.

They helped me so I thought it would be nice to help them.

Both my wife and son have received outstanding medical care from the facility and its physicians.

They can use the donation for further research to assist myself and others.

My family and I were very appreciative of their support and service and wanted to show our gratitude.

LEGAL CAVEAT
Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member’s situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the “A” logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.
Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the “Report”) are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.

2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.

3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.

4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.

5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.

6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.

© 2019 Advisory Board • All rights reserved • advisory.com • WF1088241-091919-CA-speech-c