

There's no time to waste in your grateful patient strategy

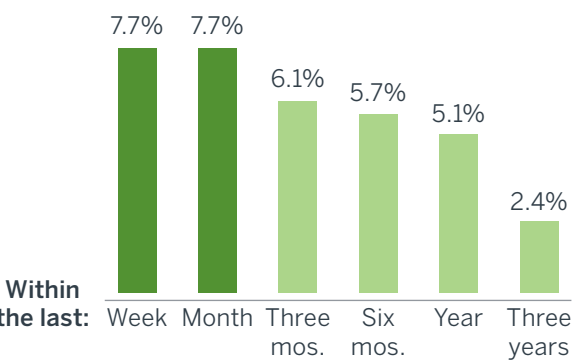
New data collected from 2,000 patients and family members shows that an effective grateful patient strategy must focus on how to prepare, foster, and respond rapidly to patient prospects.

Here's why: The “window of generosity” peaks within one month of discharge and closes steadily afterward. With a 30-day countdown, this is what it looks like to design a program that acts while the opportunity is the greatest.

3 Prioritize speed over perfection

The number of patients who are very likely to give makes its biggest decline after just one month post-discharge.

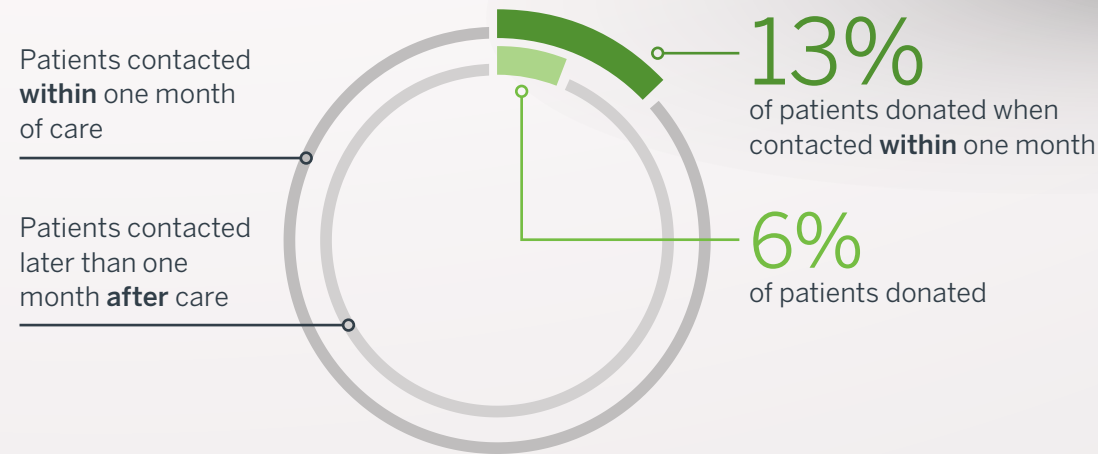
Window of generosity closes quickly after treatment



21% loss

in proportion of patients “very likely” to give as time since treatment passes from one to three months

Patients who receive fundraising communication within one month of treatment are **twice as likely to donate** than those who get information after one month.



RECONSIDER:

- Large-scale mailings that require a month or more to get out the door
- Meticulous prospect research that delays first contact

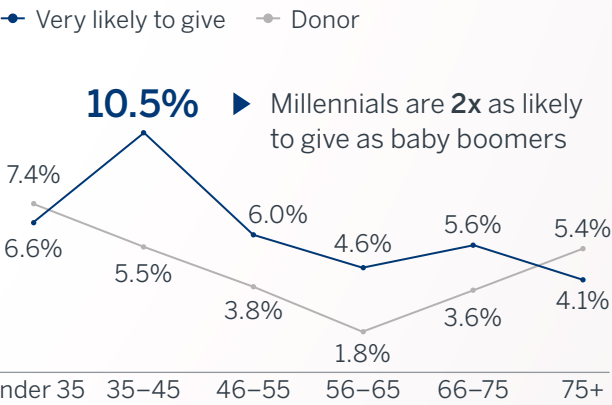
START:

- Developing outreach that prioritizes speed over polish
- Mandating quick turnaround from clinician referral to outreach

1 Predict gratitude before it happens

Prospect identification strategies too often rely on what conventional wisdom says a grateful patient donor is supposed to look like.

Likelihood to give weakens with age



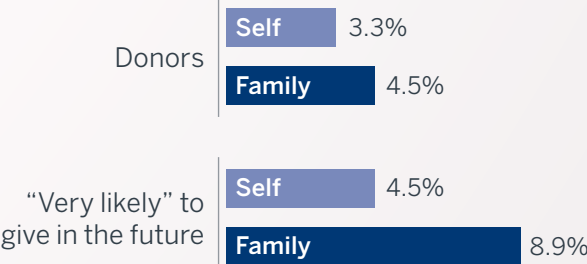
Millennials are **2x** as likely to give as baby boomers

Younger patients want to hear from you

42% under 55

26% 55 and above

Higher affinity among family



RECONSIDER:

- Limiting outreach exclusively to older patients
- Failing to provide opportunities for family members to express gratitude

START:

- Expanding appropriate outreach modes to younger donors
- Developing a strategic approach to incorporating family members in cultivation

2 Be more present in the patient experience

Patients who receive non-clinical rounding and a broad menu of support service are much more likely to donate.

Rounding works

Patients are:

- **3x** more likely to donate if rounded on by **one** non-clinical staff member

and

- **7x** more likely to donate if rounded on by **two or more** non-clinical staff members

Yet, only...

49% of development teams round on patients

Service matters

Patients are:

- **4x** more likely to donate if they received **one** special service/amenity

and

- **14x** more likely to donate if they received at least **four** services

Yet, only...

51% of development teams provide special services

RECONSIDER:

- Leaving money on the table because of cultural aversions to rounding and concierge

START:

- Committing to metrics-driven service inflection
- Finding ways to leverage existing patient experience infrastructure to generate leads