



# h Brakeley Briscoe

## Considering Philanthropy

Fall 2010

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## Managing a 21st Century Community Hospital Campaign

by Timothy P. Snyder and Stuart R. Smith

Most 21st century community hospitals possess the key building blocks to launch a successful capital or major gifts campaign. These include:

- Sharply Defined Needs
- Well Articulated Case for Support
- Passionate and Articulate Volunteers
- True Partnership With Physicians
- Seasoned Professional Fundraising Staff

However, often these building blocks are not well developed.

### Needs

At a time of rapidly changing technology, any hospital CEO, CFO, physician, or even patient can likely rattle off \$100 million of capital needs without having to think very hard. However, determining which capital needs should be the focus of a campaign may be much more difficult. And a further problem is that the costs are often so large that the capital campaign may not be able to fund the entire amount required for any one of the needs. Still, it is essential to pick needs,

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## From Personalized Medicine to Personalized Giving: Building a Health Care Needs List that Inspires

by Susan S. Holt

Most of us have probably struggled with how to go about organizing a needs list with accurate “price tags”. Plainly put, the needs list is where the rubber meets the road and is worth a considerable investment of planning time. A well done needs list guides the needs statement; it is an essential component of the case for support. It is the opportunity when all of your stakeholders — physicians, nurses, scientists, social workers, and other

providers — get to dream. They are not only encouraged but are charged with dreaming about what is needed in their unit or department to accomplish strategic goals, build programs and facilities and, in so doing, distinguish your institution. This process pushes us to make tough decisions — what can we realistically expect philanthropy to accomplish and what must be achieved through other sources.

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## From Personalized Medicine to Personalized Giving: Building a Health Care Needs List that Inspires

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**Vision → Strategic Plan → Action Plan → Program Support → Needs Assessment →  
Case Statement → Tailored Proposals → Philanthropic Investment → Vision**

Before going on to a step-by-step process of building a needs list, let's take a lesson from our health care colleagues. For the past two decades or so, physicians and scientists have teamed up to develop personalized treatment strategies that will optimize individual patients' outcomes. Personalized medicine leverages the advances in what biomedical science has learned about an individual's "molecular fingerprint" to develop targeted therapeutics and prevention strategies

We too need customized approaches and donor-centric opportunities to present to our philanthropic partners that become a prescription for impact.

### Going Back to the Basics

Strategic planning is a management tool and process that engages the institution's key stakeholders in shaping and agreeing upon the direction of the organization. It is a time to focus on institutional priorities and develop a plan that the stakeholders are committed to achieving.

This may be one of if not the most challenging times in health care advancement in our country. The changing health care landscape is requiring institutions to reexamine how they get the business of health care delivery done. Recognize that this is a time to return to the basics. Our institution may recommit or redefine itself in response to or in anticipation of the changing environment. The strategic plan and road map are essential ingredients, and step one in

arriving at a rational, compelling needs statement and list. Your vision and strategic plan become a part of the institutional DNA — the "molecular fingerprint", if you will.

So, how does the strategic plan translate into a needs list? We recommend taking the plan to your department chair, or service line chief, together with the finance officer for a discussion about funding needs and the design of program statements to support them. Advancement can play a key role in helping guide the program statement. It is important that the author(s) address each of the following:

- Description of the program
- Position, relevance and need in the context of mission and vision
- Timing
- Resources needed
- That all-important issue of space

Once the program statement is completed, it's time to convene its author(s), the financial officer and other key stakeholders to conduct a needs assessment for each program. If properly executed, the program statement will identify a range of resource needs which, depending upon the complexity of the program, will probably best be achieved through a mix of funders including private and federal or state funds, institutional commitments, and perhaps debt. By understanding the timing and role of each funding source, the advancement and financial officers are able to craft

a plan for how one source may leverage another. Leveraging lends itself particularly well to health care advancement. Hospitals and research buildings, and even smaller clinics and laboratories, are very complex facilities requiring sophisticated and frequently, interdependent financing. Understanding the role that each funding source plays and the plan for securing them, is essential to the CEO's and advancement officer's ability to eloquently state the need for each funding source and their reliance upon one another.

### Shaping the Needs List

Staying true to the strategic goals can be challenging! Suddenly new projects appear; just as worthy as those already identified. If this is the scenario development finds itself in, it is time for a discussion about phasing in and sequencing projects. Perhaps a new outpatient tower is built after the main hospital is completed, or the Translational Research Building comes on line after the Basic Sciences Building. The growth and design of health care facilities and programs are enormously complex. The development of new facilities involves a master campus plan, appropriate relationship building with neighborhood organizations, finance and debt structuring, the purchase of new land, securing certificates of need, cultivating buy-in from all the affected stakeholders who may or may not be affected by a move, the program statement, and board

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which will resonate with potential donors. The ER, pediatrics, oncology, and women's health issues may resonate more with donors than the new parking lot, administrative offices, or the conference room. And remember that as long as a need is part of the hospital's strategic plan, most moneys are fungible so that funds raised in a capital campaign can relieve financial pressure for some much-needed but less glamorous item.

## Case for Support

It may be clear to hospital administrators and staff why a renovated pediatric ER or another da Vinci machine is essential, but it's not likely to be so clear to a donor. In the 20th century, donors often gave to the campaign because the community hospital was indeed the local gem. But in an increasingly complex and confusing world where donors are asked daily to give to all kinds of causes, the case needs to be clear, logical, compelling, and SHORT. It needs to appeal to the heart and the head. Twenty-first century donors often want to see the numbers: "If I give X, what will be the tangible results?"

## Volunteers

Campaigns have always run on volunteers, who identify, cultivate, and ASK potential donors. But hospital board members have often been recruited with an explicit statement that they are there for their knowledge and not for their money and that they don't need to give. They may have been told that it's the foundation board's job to



Lakeland (FL) Regional Medical Center is in the quiet campaign phase. The family campaign is nearly complete and the physician partnership phase will soon begin.

bring in philanthropic money, while the hospital board's job is to run the hospital. Even foundation boards may have been recruited with the understanding that they should attend the gala, bid on a vacation house, and manage the foundation staff in its activity of running the annual fund but that making and getting major donations was the staff's job. But in the 21st century it is essential that both these boards participate actively in a capital campaign, which means giving, cultivating, and asking.

## Partnership With Physicians

Traditionally capital campaign leaders looked to physicians as potential lead donors for various reasons: they often had the understanding of the hospital, a personal and financial interest in the successful outcome of the campaign, and the financial assets to make major donations.

Now in a time of change in healthcare delivery and financing,

physicians are on the front lines of these changes. Although many physicians still have the capacity to be leading donors in a capital campaign, many do not. So the ability of physicians to identify grateful patients may be more important than their roles as donors. Although some would argue that HIPPA regulations make it difficult for physicians to identify grateful patients, we would argue that the legislation and regulations simply codify the rules for working with grateful patients.

## Role of Professional Staff

The most sensitive relationship in campaign management is the one between the professional (foundation) staff and the consultant. Two or three decades ago consultants tended to take complete charge of the campaign leaving staff to continue their existing duties. In the 21st century foundation staffs tend to be much more sophisticated and capable of managing the campaign. Using the consultant as "strategic counsel" rather than direct campaign manager is increasingly common. The consultant helps to design campaign strategy, provides support and coaching as needed to foundation staff and campaign leaders, trouble shoots, and brings the experience and perspective gained in advising many other campaigns.



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[www.BrakeleyBriscoe.com](http://www.BrakeleyBriscoe.com) | [info@brakeleybriscoe.com](mailto:info@brakeleybriscoe.com)  
+1-800-416-3086

George A. Brakeley III, Executive Chair  
Marianne G. Briscoe, President & Managing Director  
Alden F. Briscoe, Executive Vice President & Managing Director



## From Personalized Medicine to Personalized Giving: Building a Health Care Needs List that Inspires

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approval ... all in their proper order. No wonder, the needs list may almost become an afterthought or a burgeoning billion-dollar list! Prioritizing becomes the name of the game.

A final word of caution as you work with leaders to prioritize and possibly pare down the list: it is easy for one needs list for a hospital, clinic or research building to look just like another. Resist the temptation to pull out the same model and simply re-tweak. Instead, this is the time to reflect your institutional fingerprint! By tying a truly unique needs list back to a needs statement that is representative of your institutional distinctions you will create a “molecular fingerprint” of your organization for giving. The process of designing tailored proposals that meet the interest of your donors then becomes a satisfying and highly successful outcome for your institution and your philanthropic partners!

### LET'S MEET: CONFERENCES AND SPEECHES

#### October 20, 2010 – October 23, 2010

Association for Healthcare Philanthropy (AHP) 44th Annual International Conference; San Antonio, TX. Stuart R. Smith and Timothy P. Snyder will be presenting with Holly Parrish from Lakeland Regional Medical Center on “Seizing the Moment for Your First Capital Campaign: a Current Successful Case Study” on Saturday, October 23, at 10:30 a.m. Stu Smith is also presenting “Moves Management” at the Idea Exchange on Friday, September 22, at 7:45 a.m. Marianne G. Briscoe will be presenting the George A. Brakeley Jr. AHP Journal Awards. Alden F. Briscoe and Susan S. Holt attending. Brakeley Briscoe exhibiting at booth 220.

#### November 1, 2010 – November 6, 2010

Council for Resource Development (CRD) 44th Annual Conference; Washington, DC. Timothy P. Snyder facilitating the Presidents track session, “The Leadership Triad: Board Chair/Chief Executive Officer/Chief Development Officer.” Alden F. Briscoe attending. Brakeley Briscoe exhibiting.

#### November 5, 2010

Association of Fundraising Professionals (AFP) Golden Gate Chapter 24th Annual National Philanthropy Day; San Francisco, CA. Marianne G. Briscoe and Julie Ver Steeg attending.

#### November 19, 2010

Association of Fundraising Professionals (AFP) Silicon Valley National Philanthropy Day; San Jose, CA. Marianne G. Briscoe and Julie Ver Steeg attending.

#### January 23, 2011 – January 25, 2011

CASE-NAIS 41st Annual Independent Schools Conference; Chicago, IL. Marianne G. Briscoe and Alden F. Briscoe attending.

#### March 20, 2011 – March 23, 2011

Association of Fundraising Professionals (AFP) 47th Annual International Conference; Chicago, IL. Marianne G. Briscoe and Alden F. Briscoe attending. Brakeley Briscoe exhibiting at booth 326.

### Winners of the George A. Brakeley Jr. AHP Journal Awards

Congratulations first place winner **Jeanne Jachim** for your article, “Major gift officers: A valuable commodity — are we using and evaluating them well?” from the Fall 2010 *AHP Journal*.

Congratulations second place winner **Maureen Simmons, MA, CFRE** for your article “Corporate partnerships: The new paradigm” from the Fall 2010 *AHP Journal*.