Acknowledgements

Special thanks to those clients surveyed and interviewed for this research initiative. Additional appreciation to those clients who participated in the case studies in this report:

- Cleveland Clinic
- Yale-New Haven Hospital
- Penn Medicine
- Saint Barnabas Healthcare System
- Loyola University Health System
- Beebe Medical Foundation
- St. Vincent’s Health System

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Introduction

Increased competition for state and federal funding, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regulations, and most recently, the 2010 healthcare reform bill have created a state of uncertainty within many levels of the healthcare community. In the wake of growing regulation and declining reimbursements, healthcare organizations are increasingly relying upon individual giving to ensure the continuum of care they provide. In this best practices research initiative, we focus on the healthcare industry and the strategic decisions involved with this constituency as it pertains to the mining of donor/patient data for development efforts.

In conjunction with the first release of our Best Practices for Prospect Research in Healthcare Fundraising in April 2009, WealthEngine conducted an extensive survey of healthcare organizations in order to gain a better understanding of how these organizations implemented targeted fundraising strategies through systematic prospect research and other methods. Our intent was to:

• Profile innovative organizations that have adopted a strategic approach to incorporating prospect research in their major gifts and other fundraising efforts, and

• Share the best practices that have contributed to their success in an effort to create dialogue, share knowledge and ultimately, advance the practices across the spectrum of healthcare philanthropy.

Since our first Best Practices report in 2009, and as a result of subsequent webinars and workshops on Best Practices, various practices and relevant findings have evolved, creating the need for a second edition of our report. This updated report offers a review of overall giving to the sector and the legislative changes we are experiencing through healthcare reform. In addition, new case studies demonstrate the practical application of Best Practices in Action at Cleveland Clinic, Loyola University Health System, St. Vincent’s Foundation, and Yale-New Haven Hospital.

Background

State of Healthcare Philanthropy

As state and federal funding for healthcare has become more competitive and requirements for bond initiatives have become more stringent, healthcare organizations are relying on philanthropy more than ever. In 2007, the healthcare industry received approximately $23.2 billion through philanthropic channels. This represented an increase of 5.4% from the previous year. However, in 2008 healthcare giving decreased 6.5% to $21.64 billion1, a notable decline in the wake of the recession but still a sizable contributor to overall healthcare funding.

Although Giving USA reported a decline in 2008, the Association for Healthcare Philanthropy’s (AHP) annual survey of its constituents reported growth in U.S. healthcare philanthropy year over year. However, the rate of growth is slowing, see graphic below.

While 2009 numbers are not yet finalized, preliminary analysis indicates that healthcare organizations took an even more significant hit last year.

Giving Trend of AHP Survey Respondents

1 Giving USA 2008 and 2009, annual reports on philanthropy published by the Giving Institute
2 The Association for Healthcare Philanthropy’s Annual Report on Giving 2006-2008
**Uncertain Times**

Since the beginning of the economic downturn in December 2007, many organizations have struggled to achieve the same fundraising goals with fewer resources. Therefore, return on investment from fundraising has declined as it takes more effort to secure a gift. Organizations that are fairing best in this economy are those with a solid mission and case for support, and those who have expanded or diversified their fundraising strategies. Particularly successful organizations have invested in their fundraising during the recession by maintaining or actually growing their fundraising staff. Those who have followed this strategy are raising more dollars and are well positioned for an aggressive ramp up as the economy improves.

In February 2009, the healthcare fundraising community avoided a significant setback. The House of Representatives Economic Stimulus Bill H.R 1 that was put before the Senate included privacy limitations on access to patient data. A surprise to many key followers of healthcare fundraising legislation, the proposed language would have blocked hospital development offices and healthcare organizations from accessing the names and addresses of patients—directly and significantly affecting their grateful patient programs and fundraising efforts. Within a few short days, the healthcare fundraising community rallied by contacting lawmakers and congressional leaders to ultimately defeat this portion of the bill; however, it also raised awareness over the direct correlation between healthcare legislation and fundraising effectiveness.

To this point, the most sweeping healthcare reform bill in recent history, H.R. 3590, was passed by the Senate and signed into law on March 23, 2010. The full effects of this bill on philanthropy remain to be seen; however the expectation is that if donors are unsure of the future of healthcare, they are less likely to commit to supporting their healthcare organization. William C. McGinly, AHP President and CEO, explains, “Healthcare reform is unsettling for donors--they are uncertain about their future access to services and that, through a more unified approach to medicine, there will no longer be a need for philanthropy.”

Most recently, the Department of Health and Human Services, Office for Civil Rights (HHS) announced in July 2010 a proposed rulemaking on modifications to HIPAA regulations as outlined within the Health Information Technology for Economic and Clinical Health Act (HITECH). The proposed changes with regard to fundraising language include clearer language in the area of opt-out language and privacy practices, as well as the potential addition of department/outcome information. This legislative action could actually work to the benefit of hospital and healthcare fundraisers.

These latest events prove there is a need for healthcare fundraising professionals to follow healthcare legislation closely as it could contain language that directly impacts the scope and effectiveness of their work. Organizations can also encourage continued giving by educating their constituents about healthcare reform and the importance of continued philanthropic support.

**Grateful Patient Giving**

While most, if not all, healthcare organizations seek private funding from non-patient donors, patient fundraising continues to rise as organizations strive to ensure the future of their healthcare operations.

In a survey conducted in 2007 by the Association of Healthcare Philanthropy (AHP), approximately half of participating healthcare organizations systematically contact past patients (i.e. “grateful patients”) within three months of discharge. While this involved either an in-person meeting and/or a direct solicitation, most took a more conservative approach by utilizing direct mail, newsletters and brochures as the primary cultivation vehicle.

Almost 40% of WealthEngine’s healthcare clients have implemented some form of Grateful Patient Program through regular patient screening, representing a 13% increase in the last 12 months.

Engaging in grateful patient fundraising is a growing trend and one that is essential for the overall success of a hospital’s financing efforts, yet it requires more than independent efforts by the development department. Creating a philanthropic ethos is critical for the success of any fundraising effort—grateful patient or otherwise. Hospitals across the country are realizing the need for greater transparency of development activities and actions and, as a result, are openly communicating their strategies and practices to individuals beyond the development and executive levels. Hospital development executives have been forced to become more sophisticated in their strategies and processes as much of the success and failure of their institutions rides on their shoulders. While once considered a secondary means of generating revenue, hospital philanthropy is now unquestionably an essential lifeblood needed to support a hospital in its services and offerings to the community.

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3 According to http://www.nber.org/cycles/recessions_faq.html, the recession officially began in December 2007
4 AHP Recession Surveys 2008 and 2009
5 WealthEngine interview with William C. McGinly, President and CEO of AHP, March 11, 2010
6 2007 AHP Grateful Patient Communications Survey
HIPAA Regulations: What Information Can an Organization Use for Fundraising?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted on August 21, 1996 to ensure the privacy of protected health information (PHI). In addition to patient privacy issues, HIPAA includes specific language on fundraising practices as an important part of healthcare operations. Prospect research is the collection and analysis of information to identify new philanthropic gift potential, or to further qualify known donors in an effort to advance a fundraising program. Fundraising practices, including prospect research, need to be conducted in accordance with HIPAA compliance, often guided by a HIPAA compliance officer and/or a legal or risk management department.

Other PHI, such as department of service, may possibly be obtained by development if the patient signs a HIPAA authorization form.

HIPAA regulations state that healthcare organizations must give patients the right to opt-out of fundraising activities. If a patient chooses to opt-out, the development office must do its best to honor this request by not sending the patient fundraising communications. This process often starts at the admissions level by flagging patients who have opted out in the system and/or excluding this flag for any census reports prepared for the fundraising department.

According to the 2007 AHP Survey, healthcare fundraisers perceived a negative impact of HIPAA enactment on development goals. But other research illustrates that, despite an initial effect on fundraising effectiveness, development departments have not experienced dramatic impact on their ability to solicit donations from patients. In effect, what was once considered daunting and confusing legislation is now perceived as more manageable as hospitals and healthcare organizations have developed fundraising practices that are effective with patient constituents and comply with HIPAA regulation.

About the Survey

In April 2008, WealthEngine conducted a survey of our healthcare clients regarding best practices in their data mining and fundraising management areas. We sent 668 surveys to multiple contacts at 271 healthcare organizations. At the conclusion of our survey, 59 organizations responded representing 21% of the universe surveyed.

The survey questions included:
- Information regarding size of the healthcare organization
- Size of the fundraising department
- Standard fundraising practices including:
  - Screening
  - Integrating research results into a donor management system (DMS)
  - Implementation of results
  - Prospects identified
  - Dollars raised

See Appendix 1 for a complete list of survey questions.

HIPAA Compliance: what demographic info can be used for fundraising?

- Name
- Address
- Phone
- E-mail
- Gender
- Date of Birth and/or age
- Insurance status
- Date of service

See Appendix 1 for a complete list of survey questions.
Key Highlights

Screening Data: Vendor Selection and Frequency

According to the survey, more than 79% of respondents have conducted a wealth screening with WealthEngine, 14% utilized another vendor, and 5% had not yet conducted a wealth screening. Of those that had conducted a screening, 46% of respondents are screening data on a frequent basis (daily, weekly or monthly). Others screen on a biannual or annual basis (13%) while others may screen less frequently, including those that do not have a set schedule as a part of their screening plan. Together these organizations estimate that on average an additional $980,000 was raised from prospects newly identified through the screening process.

It is worth noting that in the roughly 18 months since the survey was conducted, a larger number of hospitals and healthcare organizations have begun more frequent, targeted screening.

See Appendix 1: Segmentation of Survey Results and Appendix 2: Action Plan for Best Practice Implementation.

Size of Organization

The largest number of respondents (64%) work in a healthcare organization that has five or fewer medical facilities. Fourteen percent of respondents work in a healthcare organization that has six to ten medical facilities and the remainder work in organizations that have more than ten facilities. Due to the wide range of healthcare organizations that responded to the survey, we have separated the healthcare organizations into five logical segments to help better identify best practices within organizations of a particular size, see graphic below.

### ABOUT THE RESPONDENTS

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. of Facilities</strong></td>
<td>0-1*</td>
<td>2 - 5</td>
<td>6 - 16</td>
<td>≥ 17</td>
</tr>
<tr>
<td><strong>No. of Beds</strong></td>
<td>&lt;750</td>
<td>25 - 1,250*</td>
<td>148 - 3,000**</td>
<td>≤ 4,003</td>
</tr>
<tr>
<td><strong>No. of Inpatients</strong></td>
<td>150 - 32,000</td>
<td>8,000 - 91,250</td>
<td>≤ 149,000</td>
<td>≤ 161,955</td>
</tr>
<tr>
<td><strong>No. of Outpatients</strong></td>
<td>900 - 827,300</td>
<td>≤ 633,152</td>
<td>≤ 3 million</td>
<td>25,000 - 5,600,796</td>
</tr>
<tr>
<td><strong>Avg. Amt. Raised by Newly Identified Prospects</strong></td>
<td>$2,466,000</td>
<td>$157,000</td>
<td>$141,000</td>
<td>$334,000</td>
</tr>
<tr>
<td><strong>Percentage</strong></td>
<td>30%</td>
<td>34%</td>
<td>24%</td>
<td>12%</td>
</tr>
</tbody>
</table>

* One organization listed that they had 10,000 beds with facilities/beds/visits consistent with other Small Organizations
** One organization listed that they had 10,000 beds with facilities/beds/visits consistent with other Medium Organizations

*Note that a total of 31 healthcare organizations responded to this survey included four healthcare fundraising organizations that do not operate healthcare facilities. Given their close affilition with the healthcare vertical and the value added of their input, we opted to include their data in our review.
Executive Summary

Healthcare organizations have traditionally relied upon sources other than fundraising as the primary means of financial support. Until recently, most operated with revenue streams predominantly comprised of insurance premiums, patient payments, as well as Medicare and other related state and federal government subsidies.

The rise in chronic conditions, the aging U.S. population, as well as a growing focus on preventative care, comes with an increased demand for services that both challenges the hospital infrastructure and puts a growing emphasis on the need for capital improvement and technological growth. Declining reimbursement and subsidy dollars leave a widening gap between the covered cost of care provided and the operational expenses associated with providing care. Finally, according to a 2009 AHP recession study, 85% of responding organizations have reported that the recession has negatively impacted healthcare operations. Put together, these conditions brew a perfect storm, forcing healthcare organizations to expand their approach to traditional funding sources.

Enter Philanthropy

Providing the source for much needed monetary capital, healthcare fundraising is a critical means of support for many hospitals and healthcare organizations. As the need for dollars has increased, and the perception of healthcare philanthropy has shifted, fundraising departments have grown to rely on prospect research to identify key donors to make their fundraising process more efficient and effective. What was once a supplemental funding source to the revenue stream, is now a critical budget element. McGinly notes, “Prospect research is 101 Fundraising – it is a very professional way to conduct business. Identifying prospects who have capacity and affinity to give is key and an essential element of what an organization has to do to be both efficient and effective. However, few hospitals have the capacity to do all of the internal research, so using a third-party service provider can be a useful way to support fundraising goals.” The result is that healthcare fundraising is carefully scrutinized. Development executives have become more creative, efficient and progressive in their efforts, working in tandem with prospect research personnel and/or providers to better identify, target and track donors and prospects.

About the Report

This study is sponsored by WealthEngine, a wealth identification and prospect research company that has worked with nonprofit organizations since 1991. As more and more healthcare organizations joined the ranks of our growing client base, understanding and enhancing healthcare fundraising practices quickly became a strength of our company. Both our deep nonprofit knowledge and research staff from the healthcare field allow us to help healthcare fundraisers identify innovative approaches to prospect research. In an effort to better understand trends in healthcare philanthropy and the role of wealth identification and analytics, we conducted online and telephone surveys of our healthcare clients in April 2008.

Our intent was to:

- Profile innovative organizations that have adopted a strategic approach to using data mining for major gift and other fundraising efforts, and
- Share the best practices that have contributed to their success.

We surveyed 600+ individuals at 271 healthcare organizations and received submissions from 59 institutions, a 21% organizational response rate. Based on these findings, we identified nine best practices for using prospect research in healthcare philanthropy. According to our research, healthcare fundraising organizations:

1. Design an implementation plan
2. Establish a data confirmation and validation process
3. Create a stakeholder prospecting strategy
4. Screen frequently and regularly
5. Use proactive research tactics
6. Integrate results
7. Institute peer screenings
8. Engage in prospect management
9. Measure return on investment and other performance metrics

7 The Effect of the Economic Recession on Healthcare Philosophy, AHP Survey - December 2009
8 WealthEngine’s roots date back to 1991, when its predecessor company - Prospects of Wealth & Resources (POW&R) - began to serve non-profit and commercial organizations with an innovative wealth identification screening tool. In early 2000, the entire company was overhauled and the product offering was redesigned to capitalize on newly available research technologies, including a proprietary loop analysis algorithm for data mining.
WealthEngine: Best Practices for Prospect Research in Healthcare Fundraising

## Best Practice

1. Implementation Planning

Organizations that successfully use screening data in their prospecting and fundraising operations have a plan in place to guide and streamline the process. The plan, often called an implementation plan, is a multifaceted approach covering all aspects of data implementation. An implementation plan defines the who, what and how in a fundraising operation. Each organization should develop its own unique implementation plan for single or frequent screenings based on factors that are pertinent to the organization's fundraising operation. In addition, the implementation plan should be developed and flow from the organization's strategic plan.

An implementation plan serves to provide guidelines for:

- Segmentation of donors
- Leveraging the value of the screening by specifying data usage across fundraising program areas
- Prioritizing workload
- Identifying additional wealth indicators
- Establishing benchmarks and tracking metrics
- Enabling the tracking of return on investment
- Identifying potential challenges and ways to overcome them
- Outlining strategies and practices to achieve fundraising success

Fifty-eight percent of the respondents reported that they had a fundraising implementation plan in place to maximize their screening results. The following percentages refer to the respondents who answered positively to having an implementation plan:

- 88% Use key staff as gatekeeper for data
- 74% Set up a timeline for using results
- 68% Import data into DMS
- 79% Assign new prospects to managers
- 85% Systematically qualify/validate prospects
- 59% Document security policy

Fifty-eight percent of the respondents reported that they had a fundraising implementation plan in place to maximize usage of their screening results. Those who do employ an implementation plan answered several questions regarding the specific details of their plans.

The above results indicate that the majority of organizations conducting prospect research on a regular basis have an implementation plan or at least portions of an implementation plan in place.

By developing an implementation plan prior to conducting a major screening, an organization can maximize its results and also ensure the success of its fundraising efforts. Other key components in an implementation plan that weren't covered in the survey but should be considered within a healthcare environment include:

- How the organization will work within HIPAA regulations
- How opt-in and/or opt-out patient requests are tracked
- How to structure differing strategies for both patients and donors
- Set up a mechanism for measuring the short and long-term return on investment from screening

See appendix 3 for a sample implementation plan

Best Practices Bottom Line: A thorough implementation plan provides a road map for fundraising success across the organization.
Cleveland Clinic
Applying Prospect Research and Management Strategy to Drive Growth

For Steve Fitch, Prospect Management Director at Cleveland Clinic, integrating the Research/Prospect Management group with the development staff has become a personal mission. “When I first joined Cleveland Clinic in 2002, we had three researchers who were hidden away, never to see or meet with development officers. Today, there are five of us and Research/Prospect Management has evolved into an essential part of the fundraising team.” The results can be found in the total dollars raised—overall fundraising has grown by 54% since 2002.

Proactive Research Nets Major Gift Prospects

Cleveland Clinic is in prospect research mode every day. For example, Research Supervisor Shaw Mumford uses prospect research to identify a prospect’s real estate, stock holdings, philanthropic donations, business ownership and foundation leadership positions to determine a donor and/or prospects propensity to give to the Clinic. From the research, the team assigns ratings and giving capacity to support cultivation approaches and ask amounts. Sometimes, success comes swiftly. For example, Development Researcher Lisa Tersigni recently had a string of big hits—in a three day period, she identified four $5M prospects who were already giving to the Clinic at modest levels. In another case, a first time, $250 donor was found to have a $5M capacity.

One important component to the program is monthly grateful patient screenings. Staying well within HIPAA guidelines, the value of grateful patient screenings helps target those constituents at a time when they have the highest propensity to give—within 3 months of care. Due to the large number of patients visiting Cleveland Clinic, a screening can quickly identify prospects for various campaigns, allowing the development team to focus first on those with the greatest potential at each gift level.

Prior to the initiation of the monthly screenings, development officers cleansed their pipelines, tightening their donor and prospect lists. “We wanted to make the most of every opportunity, focusing first on those with the greatest potential. Now, we are really on track in knowing how many records will be returned at a major gift level from each monthly screening,” says Fitch. “It has become a predictable and critical business process—which is critical to our planning, especially as it pertains to broader fundraising goals. From this strategic approach, our new challenge is what we’ll do when each development officer hits their threshold of manageable prospect names. A full pipeline is a great problem to have.”

“Prospect research is a critical part of our fundraising process. It helps us to ascertain giving capacity among recent donors and identify our best prospects. We also use regular, monthly grateful patient screenings to prioritize and segment our prospect lists into manageable groups. The result is simple—our development officers’ pipelines are full and the ratings and analytics we apply to our ask amounts ensure that ask amounts are on target.”

—Steve Fitch, Prospect Management Director
Best Practice in Action

Adapting to the Surge of New Prospects

One side effect to the screenings and surge of higher level major gifts prospects is what to do with those prospects that are still promising candidates, but at lower gift levels. Suzanne Sopa, Director of Annual Giving, explains, “With the development officers’ plates full, we didn't want to lose a chance to cultivate those who fell into our mid-level range. If we followed our traditional Annual Giving process, these prospects—still at fairly high gift levels—would be moved to telephone and direct mail campaigns. Instead, we created a new ‘Special Gifts’ category to offer a higher touch approach so that we don't reduce gift levels from those we consider to be the ‘magic in the middle’.”

Looking Ahead

Fitch is prepared for the continued growth in their prospect management program. “Monthly patient screenings are a big part of our ongoing fundraising efforts,” says Fitch, “As well, the team is focused on creating more structure and formalization to their prospect management process, especially through improved evaluation.” Overall, Cleveland Clinic has found success by unifying their prospect research and management platform, instituting a strategic grateful patient screening program, and adapting to the surge in prospects by creating new gift categories. Today, they’re poised to reap the rewards from a consistent screening program and a flexible, fully integrated development team. Explains Fitch, “Every day our team takes another step that will ultimately make each patient and donor’s experience better. Planning, research and adaptability have helped us achieve remarkable results over the past eight years—consistency and accountability for our work is what will take us to even new heights.”

“Because of our screening success, we’ve had to rethink where mid-level prospects fit within our gift programs. We are testing the theory that those in our mid-range will give at higher levels if they receive a high touch approach over traditional phone and direct mail campaigns. We believe that this strategy will result in a greater return on investment from those we deem to be the ‘magic in the middle’.”

—Suzanne Sopa, Director of Annual Giving
Best Practice

Initial Data Confirmation and Data Validation

Process Documentation

When developing an implementation plan, it is essential for organizations to outline, in detail, the initial data confirmation and validation process.

Initial Data Confirmation

Initial data confirmation is the process of cleaning the data in an organization’s database or the list(s) that will be screened or reviewed for fundraising efforts. In order to ensure the data is as clean as possible prior to screening, fundraising staff should:

- Ensure contact information is entered as consistently as possible. Many donor management programs encourage standard United States Postal Service formatting and can identify records that are not formatted correctly.
- Regularly check for duplicates and combine records when possible.
- Standardize gift entry procedures (including hard and soft credits, honor/remembrance gifts, etc.).

The challenge always lies in the details of the data. An organization can improve the success of its screening results by working with the cleanest input data—verified through a 3rd party overlay (national change of address) and, in some cases (planned giving being one), investing in a date of birth overlay to ensure that the data and the scoring metrics are as accurate as possible. A screening provider has the ability to enhance your data by applying sophisticated analysis and logic in developing a score that measures both giving capacity and inclination to give. The results are only as good as the data provided, thus an early effort invested in cleansing your data will make the results more accurate and actionable.

Data Validation

Data validation is the process of confirming the results of research efforts through data mining analysis.

Some organizations may wish to validate every piece of data; however, this can be time consuming and may not lead to the best results. Therefore, it may prove beneficial to develop a strategy to validate the minimum amount of data that allows the organization to yield the maximum return on investment (ROI).

If the goal of completing a grateful patient screening is to identify potential new prospects for a higher-end solicitation, applying some of the scores and ratings provided by the screening provider can help the organization save time in determining whether an individual is a potential prospect. For example, for each record, WealthEngine provides a Propensity to Give (P2G) score as well as a distinct Quality of Match (QOM) score for each piece of matched data linked to the record. You will have different QOM scores for real estate, private and/or public company information, demographic factors, philanthropy, etc. This is helpful as the user can quickly review the full database of records to determine what level of validation is required for groups of records with different rankings and match scores, eliminating

What is the P2G

The Propensity to Give Score (P2G) is a rating based on a sophisticated formula used when researching donors and prospects. The score identifies and ranks those individuals most qualified to support a particular organization. The P2G score is especially useful when segmenting large files for multiple development efforts. WealthEngine analysis shows that individuals with better P2G scores yield larger personal contributions.

What is the QOM

The Quality of Match Score (QOM) is calculated to provide a “confidence” gauge that each piece of data is accurately matched to the right prospect. QOM also serves as a simple tool for segmenting and evaluating WealthEngine screening results.
the need to validate each record individually. Whether an organization engages WealthEngine or another service provider to screen potential prospects, it is important for those validating the data to have a solid understanding of each of the data sources.

When reviewing data sources, the following questions should be addressed:

• Is the data from a regulatory or voluntary source?
• How current is the information and how often is the data updated?
• Are there particular benefits of and limitations to specific data sources?
• Are there unique data sets that can enhance the value of the screening results?

Answering the questions above prior to validating the data will allow the prospect researcher to choose which data sources to verify.

Hard asset data (tangible assets including physical assets and financial holdings such as real estate, stocks, etc.) can be identified through a number of public sources. The challenge, however, is to determine how to translate this hard asset information into a measurement of a prospect’s likelihood to give:

• Across the philanthropic spectrum,
• To health-related organizations, and
• To a specific institution.

The process of screening donors and prospects to target those individuals with the greatest potential—i.e. the high yield donors—is what advances fundraising activity from a reactive process to a proactive strategy. Data mining brings a quantitative element to a segmentation plan, which in turn supplies researchers and development officers with the tools they need to set and follow a strategy to guide their fundraising efforts.

In developing an organization’s validation process, it is also important to consider whether to delete or set aside inconclusive data from a giving capacity calculation. This tactic may be especially useful if an organization is interested in the ability of an entire family, rather than a single individual, to give. A user could essentially note the information found but exclude it from the giving capacity calculation for the specific individual.

Finally, it is essential for the organization to document and share its validation process with anyone accessing the data in order to ensure there are no questions as to why a certain data set was or was not included. Buy-in from key stakeholders can be particularly useful at this point and will help future implementation activity. The process should outline when data will be modified, how data will be modified, and how the modifications will be tracked.

Best Practices Bottom Line: A solid validation strategy ensures prospects identified through prospect research are aligned to yield the highest fundraising results.
Yale-New Haven Hospital
Data Confirmation and Validation Strategy for Regular Screening Supports 300% Growth in Major Gifts

Qaya Thompson, Development Researcher at Yale-New Haven Hospital (YNHH), doesn’t believe in creating any barriers to prospect research. “I support seven development officers (DOs),” says Thompson, “and I want them to have accurate wealth information when and where they need it, as timing is everything in fundraising. All of our development staff have access to FindWealth Online and use it as their primary prospect research tool.”

The development officers have been shown how to use and interpret the analytics, such as the WealthEngine gift capacity ratings and P2G™ (propensity to give) scores, which are also integrated into YNHH’s Raiser’s Edge database. Thompson adds, “If they need further information or justification of data, I do in-depth research and create a more comprehensive profile.”

This inclusive strategy has paid off. Conducted during a capital campaign, major gifts ($10,000+) to the hospital have grown by nearly 300% since 2005. Thompson also estimates that patient giving; although there is no current tracking process dedicated to patient giving exclusively; has grown ten-fold over that same time period.

A Work in Progress

According to Thompson, YNHH’s data confirmation process is still a work in progress, “as we gain experience from routine screening, we continue to fine-tune the process to identify those individuals who are most capable of making a gift.” There are certain populations that are excluded from patient screenings. For example, maternity and psychiatric patients are omitted, as well as patients with certain insurance coverages.

After the initial data confirmation has been completed, the records are sent to WealthEngine on a routine basis. Most screenings are done on a daily and weekly basis. These numbers can total upwards of 425 records per week, including weekends.

“At first, we conducted only monthly and weekly screenings but we realized that we were missing potential prospects who were admitted through the emergency areas. This prompted us to initiate daily screenings,” says Thompson, “being able to connect with our patients during their stay is the most effective strategy when cultivating future major gifts.”
**Best Practice in Action**

**Action Plan**

The prime goal in the Development Office is to review the screened lists as early as possible in order to connect with patients before they are discharged.

The entire system is a work in progress and changes are made as needed to make sure that the process produces the best results.

The DOs offer complimentary guest parking and meal tickets as well as information on the New Haven area to try and make the hospital visit more comfortable for both the patient and their families. The Development Office has adopted a “Moves Management” process to track the progress of cultivation. All moves and actions, including phone calls and face to face visits, are entered into Raiser’s Edge by the DOs upon completion. This way members of the development staff can review all correspondence between the department and hospital donors or prospects.

“Those who do not meet the gift capacity levels for major gift solicitation are added to our acquisition appeal mailings,” says Thompson. By doing this they are not only identifying high major gift candidates, but also increasing their lists for appeal mailings.

The results show that major gifts now make up a greater percentage of the overall contribution total. In 2005, major gifts comprised 62% of overall contributions. With the increase in daily and weekly screenings by 2009, major gifts had grown to account for 77% of overall contributions. This development in giving coincided with the Campaign for the Smilow Cancer Hospital at Yale-New Haven. Frequency based screenings helped identify patients who should be visited during their hospital stays which resulted in an increase in major gifts to the campaign.

“When it comes to data confirmation and validation, you only get what you put in. Our experience with daily and weekly screening has allowed us to fine tune our procedure for the best cultivation strategy. We have an efficient workflow in place that ensures that our data is clean and that we are targeting the right prospects.”

—Qaya Thompson, Development Researcher
Healthcare fundraising is an institutional size effort. Nowhere is cross functional communication important than in the prospecting process, especially given the nuances surrounding which activities are allowed in fundraising as related to HIPAA. By involving the entire development team as well as board members, trustees, physicians, volunteers and other medical staff in both prospecting and fundraising efforts, an organization can reap the rewards of a multi-level approach while maintaining cost-effectiveness and maximizing the dollars raised.

Our discussions with survey respondents and experience with clients have shown us that when involving additional stakeholders in fundraising, an organization can be successful while maintaining HIPAA compliance. This group comprised of physicians and front-line healthcare workers, coupled with strategic volunteers (board members, trustees, event chairs, etc.), is in a unique position to identify and interact with new prospects for the fundraising operation. In order for such a multi-level strategy to be successful, it is imperative that each stakeholder have a keen understanding of the organization’s fundraising goals and tools available. Some examples of how each stakeholder can best be prepared for healthcare fundraising include:

**Internal**

**Inside the Fundraising Office**

- Develop a solid understanding of HIPAA regulations as they pertain to:
  - Protected Health Information (PHI) that is allowed to be transmitted to development
  - Emerging philanthropic trends with regard to healthcare fundraising
- Decide whether providing patients an opt-in or opt-out option for HIPAA compliance will work best for your organization and within your community
- Create an internal training curriculum for existing and new staff that covers HIPAA regulations and how they apply to fundraising practices. Hold regular review sessions to ensure any new developments/changes are conveyed to staff
- Develop and disseminate research and cultivation strategies for current patients, past patients, level of giving (planned giving, major gift, annual fund), non-donors and current/lapsed donors and ensure strategy is tracked through prospect management
- Set clearly defined goals and develop benchmarking tools to ensure staff remains on target and adjusts approach when necessary

**With Board/Trustees/Physicians/Medical Staff**

- Create buy-in among internal constituents through education and success stories
- Develop a prospect referral mechanism for capturing prospect information provided by medical staff
- Clearly define the strategy as it applies to specific groups of prospects including patients, prospect referrals, etc.
- Set regular meetings/educational settings to maintain transparency, discuss performance against fundraising benchmarks and identify any adjustments in strategy
External

Among Patients and Community

- Ensure transparency—document fundraising process and provide an overview/statement to patients at admission, within publications, and on organization Web site
- Provide opt-in or opt-out documentation (depending on strategy)
- Ensure HIPAA authorization form is signed by prospect prior to discussing their specific healthcare experience
- Publish research and fundraising process including information on:
  - How and when a patient will be contacted
  - What protected health information (PHI) is allowed through HIPAA
  - How opt-in/opt-out information is tracked and information on how to opt-in/opt-out
  - Contact information for HIPAA compliance officer and fundraising department
- Ensure research and fundraising practices are publicly available through the organization’s Web site and through other marketing materials such as tear sheets, brochures, newsletters, etc.
- Proactively educate the community on the value of fundraising activities and the results of those activities

Many hospitals fall into the trap of neglecting to effectively enfranchise key staff. Organizations tend to overlook key groups that have the potential to be effective fundraisers given their proximity to the prospective donors and their passion for the overall mission of the organization. By involving physicians, board members, etc. in the fundraising process an organization can significantly increase not only dollars raised, but also community support.

Best Practices Bottom Line: Involving key stakeholders in the fundraising process can lead to increased funds for the organization.
Penn Medicine
Leveraging Physicians to Advance Grateful Patient Program

The University of Pennsylvania School of Medicine and Health System (Penn Medicine) is a five facility network with 1,500 beds. In 2003, Penn Medicine received 72 gifts of $25,000+ from grateful patients. Due to their strategic use of physicians to promote their grateful patient program, that number increased to 201 in 2008 and accounted for half of their total gifts over $25,000.

Physicians can be excellent fundraisers—from Penn Medicine’s 3,300 physicians, the development department looks for those who meet three key characteristics: they are caring, have access to model candidates and are interested in actively supporting Penn Medicine in general. Currently, 75 “key” physician partners are actively involved in Penn Medicine’s development efforts. All of these physician partners have been formally trained on how to identify potential prospects and are asked to dedicate 10-15 hours a year to fundraising. A senior physician “leader”—appointed jointly by the Dean and CEO—works closely with this leadership team of physicians and strives to foster a culture of education, interest, and support for the grateful patient program.

Steps for success with physician involvement:

- Identify and engage a core group of physicians as “philanthropic partners”
- Support physician partners as you would your top volunteers
- Make the best use of your physicians’ time and regularly report on development activity
- Encourage administrative leadership to promote and recognize physician involvement in philanthropy
- Create development plans in close cooperation with physician leaders
- Focus physician attention on securing major gifts from individuals
- Use vested senior physicians to build culture among other physicians
- Train physicians on the donor development process in your organization

Concierge program helps launch the discussion—Penn Medicine’s concierge program for major donors supports physician efforts by providing an added level of personalized services and amenities for VIPs and friends. The program provides comfort and peace of mind to patients that all their needs are met and that their care is seamlessly coordinated by expert staff and the best physicians.

A critical factor to success in using physicians for prospecting, however, rests with the execution of development department staff. Development officers need to be responsive in the cultivation and solicitation of a grateful patient prospect after physician identification and prospect qualification. Using quick, online research and/or frequently screened data can bypass long research profiles and better position the development officer and physician to engage the prospect in a timely and appropriate manner.

During the past five years, Penn Medicine has found that most of its major donors are motivated by a personal or family experience with a specific disease so certain physicians are better positioned to engage their patients in discussions about philanthropic support.
Frequent Wealth Screening

Wealth screening is a data enhancement process where basic demographic and HIPAA-compliant information—typically name, address, and other contact information—is provided to a prospect research screening provider. The screening provider in turn supplies detailed demographic, biographical, financial, and/or philanthropic information on individuals screened back to the organization. Some of the more sophisticated screening providers also often include a rating or ranking system to help identify and segment prospects for a more targeted fundraising approach. Frequent screening has proven effective in helping healthcare organizations streamline their fundraising operation and keep the prospect pipelines full with actionable information on newly qualified prospects.

According to WealthEngine’s survey, respondents from single-facility organizations reported that while they had not been conducting daily screenings, five out of the thirteen reported that they conduct weekly or monthly screenings. The remainder of this group did not have a set schedule for screening or were screening less frequently—every two or five years. Although only one of the large facilities responding to our survey conducts frequent screening, its data mining schedule is indicative of what we have seen with similar-sized client organizations. In addition, our survey results show small and medium healthcare organizations were more likely to screen their data at a higher frequency (daily, weekly or monthly).

See appendix 4 for a sample frequent screening workflow and how to build a HIPAA-compliant screening file.

How frequently do respondents conduct wealth screenings?

According to survey respondents, those who conduct frequent screening do so according to the following schedules:

However since WealthEngine’s survey, a trend toward more frequent patient screening has emerged. In 2008, 23% of WealthEngine’s healthcare client base performed regular screening ranging in frequency from daily to quarterly. Today, almost 40% of hospitals are performing regularly screening with 52% of those opting for daily screening.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>68 out of 291 perform regular screening (23%)</td>
<td>126 out of 350 perform regular screening (36%)</td>
</tr>
<tr>
<td></td>
<td>30 perform screening daily (44%)</td>
<td>65 perform screening daily (52%)</td>
</tr>
<tr>
<td></td>
<td>10 perform screening weekly (15%)</td>
<td>18 perform screening weekly (14%)</td>
</tr>
<tr>
<td></td>
<td>23 perform screening monthly (34%)</td>
<td>34 perform screening monthly (27%)</td>
</tr>
<tr>
<td></td>
<td>5 perform screening quarterly (7%)</td>
<td>9 perform screening quarterly (7%)</td>
</tr>
</tbody>
</table>
Research indicates that healthcare organizations that connect with a patient during or shortly after his or her visit have a greater likelihood of receiving a philanthropic gift. In fact, some research indicates that former patients are most inclined to donate within two months of receiving care. The likelihood falls by 50% after four months.

So, why aren’t more organizations conducting screenings on a frequent basis? Frequent screenings require an implementation plan and a significant commitment to handle the data as it becomes available. Some organizations may not have enough staff or resources to manage patient screening data on a daily, weekly or monthly basis. Others may avoid patient screening altogether due to misconstrued concerns about HIPAA compliance or limitations set by their communities or Board of Trustees.

However, organizations that have committed to regular screening and those that have a systematic process in place to flag high value prospects upon admission to the facility stand a much better chance of successfully securing major gifts from patients following care.

**Best Practices Bottom Line:** Regular screening allows the organization to streamline fundraising processes while continually refreshing the pipeline with highly qualified prospects.
Saint Barnabas Healthcare System

Frequent Screenings for Efficient Donor Cultivation

Saint Barnabas Healthcare System (SBHCS) is a medium-sized, nine facility organization in New Jersey that began conducting frequent screenings in early 2008. Prior to that, they screened donors annually and depending on the group, did biannual or annual outreach to patients. By conducting monthly patient screenings they were able to reduce their pool of 9,000+ monthly patients to a more manageable 100-150 qualified prospects and connect with them in a much more targeted, efficient manner.

**Monthly Strategy**—Careful review and segmentation of screening findings just after a patient has been discharged helps SBHCS proactively approach donors for the right gift at the right time. It also creates a workflow for ongoing, organized prospecting. The screenings identify individuals with a high propensity to give who are approached first, as well as individuals with an apparent connection to the organization’s “Inner Circle.” WealthEngine’s research has shown that contacting the patient within three months of discharge improves the likelihood of receiving a gift.

- Approximately one month after discharge, qualified prospects receive a letter from the Vice President of their facility with a brochure highlighting hospital achievements and needs
- Five weeks later, a solicitation is mailed to the same group
- High propensity to give (P2G) ranking and annuity prospects are also sent a planned giving postcard
- Others are added to the specific mailing lists to receive newsletters and articles so there is always ongoing outreach

**Inner Circle & Circle of Friends**—Use of Inner Circle and Circle of Friends research tools to support SBHCS’s grateful patient program is possible despite strict HIPAA regulations. During patient screenings, individuals are tagged as having a relationship to organization VIP’s. Development staff then approaches the VIP’s for an introduction or suggestion on gift capacity with the assurance that these prospects have an interest because they recently received care. HIPAA prevents discussion on how or why the individual has been identified as a strong prospect so SBHCS uses the Inner Circle and Circle of Friends to flag and act on connections without offering detail to VIP’s on where the prospect came from.

**Diplomat Program**—The new Diplomat Program initiative, launched by the Monmouth Medical Center Foundation, a member of SBHCS, was developed to target major and long-time donors as well as members of the Foundation’s VIPs. Patients with connections to the Foundation’s Inner Circle are sent an invitation to notify the Diplomat Program Manager whenever they might be seeking medical care in the hospital system. The Diplomat Program Manager helps ease the patient’s stay in the medical center and can make arrangements for the comfort of family members – little, non-medical touches that often make a stressful time easier for a potential prospect.

- Donor alert system notifies the development office by e-mail and mobile device five minutes after a patient is admitted. The alert contains the patient’s name and location of inpatient/outpatient/same day surgery.
- When Diplomat members are admitted, they are automatically treated to a higher level of service including a private room if available, personal visit from development, and other benefits.

**Inner Circle**
The Inner Circle refers to an organization’s VIPs – individuals who serve as board members, trustees, prior trustees, major gift donors, etc., who provide assistance in major gift fundraising efforts.

Another research tool, the Circle of Friends, is a network of individuals who sit on corporate or philanthropic boards with your prospects and donors. The Inner Circle and Circle of Friends can be used separately or combined. When combined, the two groups identify known connections that organizations use to prospect for new major gifts and identify links for involving VIPs in fundraising efforts.
In many organizations, prospect research is conducted as a reactive process with researchers responding to specific requests to profile a specific individual, a group of individuals, a business, or a foundation. A researcher has the dual challenge of:

- Supporting the fundraiser’s need for information on prospects identified outside of research (i.e. brought to researcher from a development officer or other member of fundraising team)
- Ensuring that the prospect pool is properly maintained and refreshed

Today, highly successful organizations develop strategies for incorporating a proactive research process to renew and diversify the prospect pool, grow the prospect population, and incorporate research staff expertise deeper into the fundraising office and overall philanthropic mission.

An effective proactive research strategy specifies:

- At what point a new pipeline is needed as determined by quantifiable metrics such as:
  - Stage in campaign
  - Percentage of donors
  - Propensity of remaining prospects in the pool yet to give
- How and where to document:
  - Which prospects were found proactively
  - How they were identified
- Processes for:
  - Managing proactively found prospects
  - Research requirements that may be above and beyond that of known prospects

---

**Balance Proactive Versus Reactive Research Strategies**

**Reactive: Directed by Development Officer**
1. Development officer requests info on a prospect
2. Researcher follows up on request

**Proactive: Initiated by Research Department**
1. Researcher uses database, central files, online tools and wealth screening to identify prospects
2. Prospect researcher provides development officer additional prospects for pipeline
• Point in the process when prospect should be passed along to a major gift officer or other fundraising staff member

• A method and tool for gathering feedback from other staff on fundraising efforts with proactively identified prospects
  • May be done through prospect review meetings
  • Should be tracked in donor or client management system

• Analysis procedures including:
  • Documenting analytical tools used and their effectiveness in finding successful donors

• Presentation of analysis to key individuals in the fundraising process, both inside and outside of the fundraising office

• When opportunities for prospect research exist:
  • When prospects are not segmented according to giving capacity and inclination
  • When there is less than one prospect researcher on staff
  • When there is no process identified and research sources highlighted as part of that process
  • When screening has not been conducted or has not been conducted in some time

• Percentage of lapsed donors remaining in pool

• Propensity of remaining prospects in the pool yet to give, etc.

See Appendix 5: Sample Prospect Tracking Form

Best Practices Bottom Line: Highly successful organizations strike a balance between proactive and reactive prospect research strategies, ensuring that prospect pipelines are diverse and regularly refreshed
Loyola University Health System
Proactive Research Feeds Growing Grateful Patient Program

“We rely heavily on prospect research in all that we do,” says Tony Englert, vice president development & external affairs at Loyola University Health System. “We began applying prospect research to our fundraising efforts about 10 years ago and have been increasingly committed to a systematic strategy throughout the years. In fact, our proactive prospect research strategy feeds into all of our fundraising activities, delivering strong results dramatically increasing giving to Loyola.”

Explains Englert, “While we were in a campaign for some of those ‘boom’ years, our prospect research strategy was developed to support long-term major gift growth. For example, prior to the campaign, our board was more operational and had not necessarily focused on fundraising. However, we used prospect research to review our board for gift capacity and then created a subcommittee of strong donor candidates. As well, we created a President’s Council of non-board members focused on development. The first time the health system board was asked to give was in 2007 during the silent phase of the campaign.

Patient Screening Strategy

Another contributor to the proactive strategy is the active recruitment of grateful patients as donors. Loyola’s routine screening mix ensures that no opportunity is missed to connect with a major gift prospect while they are on public census (onsite) and that patients are segmented and targeted for the right fundraising initiative within the best timeframe—30-60 days after receiving care. Loyola's program follows:

- **Daily inpatient review**—40-50 patients are identified daily for immediate contact. On average, 52% of those screened with a capacity of $100,000 or higher are still on public census, creating opportunity for development staff to connect with potential donors.

- **Monthly inpatient and outpatient review**—approximately 7,000 individuals are screened each month. Staff follow-up is done via telephone or direct mail, depending on gift capacity. A shift in screening vendors and use of WealthEngine analytics for direct mail appeals has resulted in a 24% increase in the number of gifts and a 30% increase in average gift amounts in the first three quarters of 2010 compared to 2009 giving.

- **Occasional groups**—smaller groups, such as the school of medicine alumni, are screened for special events, annual fund and other targeted projects.

“Much of our excitement moving forward has to do with the potential ahead of us,” says Englert. Loyola has established the groundwork through regular screening and have enough metrics in place to forecast. All indicators show that they are on an upward path to attain higher levels of success with our grateful patient program.
Donor Management System Integration

Loyola uses BSR Advance as its donor management system (DMS). To ensure that key prospect data is captured and available to the development team, Loyola follows the following process:

- First, patient data is sent to WealthEngine daily. The results are returned to a research analyst prior to arrival for work. The analyst reviews and validates the findings, circulating the prospects to the development team by mid-morning.
- Validation involves identifying anyone with a $250,000 or higher gift capacity. The analyst compares real estate to tax accessor records, reviews WealthEngine’s data from MarketGuide, D&B and other key databases. “At first, we looked at anyone with a $100,000+ gift capacity, but found the volume too high for timely action so we adjusted the capacity level to better fit our workflow,” explains the analyst.
- The data is then de-duped with Loyola’s “match report;” a turnkey report that flags any new patient who is already a possible match in the database. If they are a match, the patient record is linked to the database. No patient records are kept in Loyola’s DMS BSR Advance database.
- A report for development officers is produced for the designated prospect manager.

Prospect Cultivation

A staff member may visit the patient if they are still onsite, and then follows up with a note or phone call. She qualifies each prospect and the prospect is transitioned to a major gift officer.

<table>
<thead>
<tr>
<th>In Hospital Visit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Attempted</td>
<td>300</td>
</tr>
<tr>
<td>Number Accomplished (patient still on site)</td>
<td>172</td>
</tr>
<tr>
<td>% Ratio</td>
<td>57%</td>
</tr>
</tbody>
</table>

“Of the 172 that were visited within the last nine months, six have been transitioned to major gift officers as having a strong likelihood to give,” explains Englert. “Remember, these are brand new prospects with a capacity of $250,000 or higher—so the return on investment from just one gift is significant.”

Englert summarizes, “Giving from individuals represents roughly 65% of our overall fundraising (from both the medical school alumni and patients). Forty percent of the overall dollars raised ($16.7M in 2009) comes from our friends of the health system—patients, family members of patients and the community. It all boils down to the importance of screening in terms of expediency. Everyone knows that gratitude decreases with time; we have instituted a proactive strategy for moving on the data in a timely and integrated manner.”
Donor Management System integration can be useful from a time and data management perspective. Ideally, when working with screened patient data, the screening results should be housed in a central location, such as a prospect management system or Donor Management System, alongside other prospects (donors and non-donors) to ensure an appropriate strategy is assigned.

Many have seen the benefit of integrating their screening results into their Donor Management System (DMS) or Client Relation Management System (CRM). The process for integration involves exporting data from an organization’s screening results into a format that their DMS or CRM recognizes. Many screening products can export data into a variety of file types including Microsoft Excel (.xls), comma-separated value (.csv), and text (.txt). Most file types available can then be imported into a variety of DMS and CRM systems.

The benefit of integrating key screening results, including patient screening data, is that it:

- Allows the fundraising team to house information on all prospects (patients, donors & non-donors) in one location
- Ensures that tasks are assigned systematically & based on both giving capacity scoring and affinity to the organization
- Provides the ability to include screening ratings & scores along with other data points housed in DMS or CRM in reports and/or lists
- Allows for sharing of data mining results to a wider audience in an easy to access format

Of the 59 survey respondents, 41% listed that they had integrated their screening results into their donor management system. Reasons for not integrating data include time and/or resource constraints, lack of technical knowledge, confusion surrounding the import process, or a need to validate the data prior to integration. Due to patient privacy issues, a few healthcare clients responded that they do not integrate patient screening results into their DMS so as not to commingle patient data with individuals who have contributed to the organization. In this last situation, having a separate prospect management system to handle incoming patient data will enable an organization to develop targeted strategies to move a former patient into an organization’s DMS once they become a donor.

By integrating screening results into a prospect management system or DMS, an organization will get the most use of its mined data. Integration allows the organization to conduct a side-by-side comparison of donors, patients, and non-donors, ensuring that the best prospects are effectively tracked through prospect management.
Beebe Medical Foundation
Creates Seamless Prospecting Workflow

Beebe Medical Foundation is a single, 280 bed facility in Lewes, DE. Their implementation plan includes targeting grateful patients, immediate analysis of recent donors and integration into their donor management system (DMS). Some of their strategies include:

**New Patients**—Monthly screening of inpatient, emergency care, cancer, cardiac, and physical-therapy patients from the previous month. They exclude those under 30 years old and any charity care. The file is de-duped against patients from last six months so they don’t screen or solicit the same patient twice and then they:

- Mail to all screened patients except those without match data
- Track the response rate from monthly mailings (consistent at 1.3% with average gift of $77)
- Call top five to ten screened patients in addition to mailing

“DMS integration is a great resource for me; I can find major donor prospects among my annual donors and choose who to call on immediately following their gift. The prospect research ratings are handy—there are many donors who we’ve chosen to reach out to personally after a small annual gift because the gift capacity rating is right in our report. I use a similar report for other prospecting lists, like when I travel out of the area.”

–Alex Sydnor, Executive Director, Beebe Medical Foundation

**Donors**—Each week the development staff runs a report and meets to discuss the previous week’s donors (see sample below). The report contains information from their DMS system: donor’s name, giving info and other prospect information. It also includes their prospect research data—RFM, inclination to give, giving capacity, P2G (Propensity to Give), influence, etc.—to help identify future gift potential and possible known relationships. Top prospects are called for appreciation, seeking appointment, or other action.

### Sample Weekly Report

| Donor A Address | Address Type: (Home, Business, Other) | Contact Information:  
| Home Phone  
| Work Phone  
| E-mail | DMS Information  
Last Donation: $20  
Type: Memorial Gift  
Largest Donation: $500  
First Donation: $500  
Donation Total: $520  
Date: 7/11/2008  
No. of Gifts: 2 | WealthEngine Data  
Giving Capacity: $11,137  
Inclination Rating: 1  
Influence Rating: 3  
RFM Recency: 71  
RFM Frequency: 60  
RFM Money: 73  
P2G: 4 – 0 = Annual Fund Prospect |
| Donor B Address | Address Type: (Home, Business, Other) | Contact Information:  
| Home Phone  
| Work Phone  
| E-mail | DMS Information  
Last Donation: $100  
Type: Unsolicited  
Largest Donation: $100  
First Donation: $100  
Donation Total: $100  
Date: 1/27/2009  
No. of Gifts: 1 | WealthEngine Data  
Giving Capacity: $107,827  
Inclination Rating: 2  
Influence Rating: 4  
RFM Recency: 87  
RFM Frequency: 41  
RFM Money: 52  
P2G: 2 – 5 = Major Gift Prospect |
| Donor C Address | Address Type: (Home, Business, Other) | Contact Information:  
| Home Phone  
| Work Phone  
| E-mail | DMS Information  
Last Donation: $525  
Type: Golf Classic  
Largest Donation: $50,000  
First Donation: $100  
Donation Total: $73,140  
Date: 10/4/2008  
No. of Gifts: 7 | WealthEngine Data  
Giving Capacity: $1,322,000  
Inclination Rating: 1  
Influence Rating: 1  
RFM Recency: 98  
RFM Frequency: 85  
RFM Money: 83  
WE Inner Circle Flag: Y  
WE P2G: 1 – 0 = Major Gift, Capital Campaign or Planned Giving |
Volunteers often play a significant role within a non-profit organization. Gathering groups of board members, physicians, key volunteers and staff in order to put a list of their peers in front of them for assessment as prospective donors is an effective way of enfranchising all levels in the fundraising process. Used with great success by many colleges and universities, hospitals and healthcare organizations are beginning to see the value in this substantive approach. A peer screening can be known by many different names; “silent screening,” “external screening,” or “outside screening.” A peer screening is used to make a long list of prospects shorter. It also provides a great platform to cultivate key volunteers and board members and, if your organization is planning for a capital campaign, to introduce them to your campaign goals.

A peer screening can be used in connection with a hard asset screening to validate results and to uncover personal connections between your key fundraising volunteers and your key prospects.

### Benefits of Peer Screening

- Becomes an effective tool to assess leadership and major gift prospects as well as potential donors
- Serves the goal of creating a culture of philanthropy by involving many facets of the organization in the process
- Assists fundraising efforts, and when properly administered it can also help solidify board and volunteer relationships
- Identifies individuals who may be able to donate time and talent to the organization as well as dollars
- Lends a human element to the prospecting process and gives the fundraising staff a richer understanding of their population, their commitments and reasons for giving

Peer screening requires clarity, precision and planning. Communication of fundraising goals, intent and confidentiality policy compliance is essential, especially with physicians who may be somewhat averse to the fundraising process. Much like HIPAA concerns, peer screening is not readily understood and, in order to be successful, needs great clarification and commitment.

Why conduct peer screenings? Other means of prospect research help build a “view” of each prospect or donor. These views can be limited by the nature of the resource. Often these research resources do not include a personal qualification of the individual under consideration. Peer screening brings this personal evaluation of the prospect or donor, and therefore adds additional information that cannot be garnered from other resources. This is a key component in gaining what is a 360 degree view of a prospect or donor. The more an organization knows about its prospects or donors, the better it can personalize its fundraising strategy. Peer screening can help an organization:

- Cultivate a core group of prospects
- Further qualify ratings from other sources
- Determine inclination and affinity for the organization's mission
- Identify known philanthropic, business, or personal connections between prospects – who knows whom

There are many ways an organization can structure a peer screening program. How an organization structures the program really depends on the organization and what will yield the best results. When beginning a peer screening program there are several questions that should be asked to develop a successful program:

- What is the goal of the peer screening session?
- Should the sessions be “silent” or should it be conducted as a group with everyone giving input?
- Who should be invited to participate? e.g. board, alumni, parents, volunteers, staff
- What type of information should be captured?
  - Organizational affinity
  - Giving capacity
  - Confirmation of connections
  - Relationship with individuals they are rating. For instance, are they personal friends, business associates, or known by reputation only?
- Would they be willing to solicit the individual?
- Do you want to know the source of the individual’s wealth? e.g. inherited vs. business
• What are the responsibilities of the individuals involved?
  • Who on the fundraising team is tasked with preparation, session administration and follow through?
  • What are the staff requirements?
  • Who is responsible for communicating requirements?
  • What should attendees be expected to accomplish during the session?
  • Should a key volunteer become involved in order to facilitate the session with their peers or does it make more sense for a staff person to assume this responsibility?
• How should the lists be structured?
  • Should each member use the same list or should the list be customized to review only prospects that the organization believes they may know best?
  • Should the lists be compiled geographically, alphabetically, by industry, or other criteria?
• What type of information should be included on your list?
  • Name
  • Address
  • Giving Range
  • Last Gift Date
  • Affiliation with healthcare system
• What is the action plan for the results?
• What is the monetary investment needed to make this a successful event?
• How can an organization motivate the attendees to participate?
  • For example, having a physician or other key executive who can speak to the state of the organization or bring some other compelling case to kick off the session can result in greater success.

Incorporating these elements into a peer screening program will ensure smooth and productive sessions that will pay dividends by allowing the broadest prospect review by a wide range of volunteers. Many individuals will be more comfortable giving input in a “silent” screening than a group type of screening, in which everyone gives input.

This structured engagement of volunteers further enhances the fundraising culture of an organization by strengthening the understanding and relationship of key stakeholders into its mission and goals. The end result is two-fold—by solidifying both the knowledge resources and bolstering crucial internal support for the fundraising mission. Peer screening is an effective way for an organization to both engage its key stakeholders while gaining vital information to enhance the fundraising operation.

See Appendix 6: Sample Peer Review Form

Best Practices Bottom Line: Peer screening creates a strong “culture of philanthropy” and helps to identify highly-qualified prospects for a variety of fundraising programs.
A successful prospect management system can help a fundraising operation be more effective and efficient. Prospect management is the process of tracking the relationship between a donor or prospective donor and your organization. Prospect management can help inform an organization's fundraising efforts in every stage of a solicitation cycle.

According to our survey results, more than 77% of all respondents utilize a prospect management process in their organization. At a minimum, these organizations are tracking whether a prospect is assigned to a prospect manager or not, whether they have been contacted, and where the prospect is in the solicitation cycle.

A well-designed and implemented prospect management system can guide the fundraising operation by providing key metrics regarding the impact fundraising has on the organization’s financial bottom line. By tracking what potential gifts are in the pipeline for different program areas and their estimated closing date, organizations can anticipate future revenue and determine whether the current pipeline has the capacity to meet stated financial and programmatic goals.

As mentioned in Best Practice #5, prospect research goals should align with the strategic needs of the organization. Prospect management can assist in tracking against the attainment of those goals. For example, if a major gift officer of a certain program area is accountable for raising $2 million in a given year, prospect management can help identify whether that major gift officer has enough prospects in his/her portfolio, at the appropriate stages of prospect development, to meet that goal.

Those who serve in a prospect management role often serve in conjunction with or as a liaison between prospect research and other fundraising teams, by coordinating and driving the prospects through the prospect pipeline.

Other areas where prospect management can impact an organization include:

- Reviewing development officer portfolios and assigning prospects
- Assisting with development strategy
- Confirming or adjusting ratings, inclination ratings, or ask amounts
- Monitoring the length of time prospects are in a particular stage in the solicitation cycle
- Providing performance metrics by individual or fundraising team
- Tracking the success of a grateful patient program or other initiatives
- Identifying trends in giving to the organization
- Informing campaign planning and execution

To build a successful prospect management system, it is imperative to identify what the organization would like to measure. Some example questions to review include:

- What reports need to be run regularly?
  - Prospect pipeline report
  - Pending solicitations report
  - Financial reports
  - Campaign progress report
  - Relationships under management report
  - Number of meaningful contacts completed
• What data sets would be valuable in informing the fundraising operation?
  • Prospect research data
  • Inclination for a certain program within the healthcare organization
  • Length of time in solicitation stage
  • Fundraising actions
  • Capacity rating and inclination for program or organization
  • Team responsible for prospect relationship
• Fundraising staff
• Physician
• Executive staff
• Board member
• Other volunteer
• What information is needed to demonstrate progress on goals?
  • Cost per dollar raised
  • Return on investment
  • % of gift amount received vs. goal
  • Solicitation success rate
  • Percent of portfolio managed (number of prospects with a “move” in a given year or period)
• What types of reporting mechanisms are needed for an individual, department, or an entire organization?
  • HIPAA-compliant patient reports
  • Fundraising reports
  • Dashboards
  • Alerts/Reminders
• VIP or concierge program alerts
• Opt-out or opt-in notifications

The answers to the questions above can help identify what should be tracked and how that information should be entered into the organization's donor management system. By involving key stakeholders that would benefit most from prospect management, organizations can help ensure that duplication is minimized in the areas of data entry and report generation, and the prospect management function is a streamlined and systematized process.

Best Practices Bottom Line: A strong prospect management system allows organization to identify prospecting potential and inform the fundraising operation.
Tracking and measuring return on investment (ROI) is critical for every fundraising organization. Return on investment compares net revenue for a particular fundraising activity to the expense associated with that activity. The resulting ratio provides a quantitative measure of the financial benefit achieved. A closely related concept is cost to raise a dollar (CRD), the inverse of ROI. CRD is a more familiar and frequently used measure of program performance in many fundraising offices.

\[
\text{ROI} = \frac{\text{net revenue}}{\text{expense of investment}}
\]

\[
\text{CRD} = \frac{\text{expense of investment}}{\text{net revenue}}
\]

In order for ROI to be a meaningful measure for management, board and other decision makers, it must be calculated independently for different fundraising programs. A grateful patient mail outreach, for instance, would achieve a different ROI (and CRD) than a major gift initiative. Additionally, ROI (and CRD) should be calculated and compared over time. A minimum of three years of comparative data is recommended to provide optimal results for analysis of program performance.

When considering the ROI or CRD for fundraising programs within a healthcare environment, it is important to consider all investments that impact the ultimate return. Prospect research activities, such as individual research, frequent screenings of patients, and batch screenings of existing donors, are activities that positively impact the organizational ROI because they improve fundraising effectiveness and efficiency.

The object of prospect research is to appropriately identify and segment prospective donors. Good research will illuminate:

- the best contact method or channel (face to face, telephone, email or mail)
- the right ask amount
- the right project or cause

Organizations investing in research, and employing strategies to enhance solicitation outcomes based on increased prospect knowledge, will see a spike in ROI (or a dip in CRD) after initiating a research program.

In addition to ROI and CRD, there are a number of other metrics organizations may want to consider monitoring:

- Number of new donors acquired
- Number of donors increasing (or decreasing) their gifts
- Response rates to specific appeals
- Number of contacts or touch points from initial contact to gift closure
- Time from prospect identification to gift closure
- Number of solicitations or proposals made
- Number of closed gifts

Metrics to consider tracking and monitoring that apply specifically to prospect research include:

- Number of new prospects identified by source
- Number of new prospects qualified by source
- Number of new prospects contributing by source
- Number of prospects identified by capacity rating
- Time from identification to assignment
- Capacity vs. target ratings
- Target amount vs. amount received

Organizations calculating ROI or CRD are able to evaluate their fundraising programs, individually and overall, against prior year’s performance. They are also able to compare their results against similar organizations and industry standards.

The collection and tracking of ROI and other metrics also provides management with the data it needs to forecast results, set reasonable goals and make well-founded resource allocations. In addition, periodic review of key metrics facilitates the implementation of mid-course strategic or tactical corrections.

See Appendix 7: Measuring Return on Investment from Wealth Screening
As previously discussed, successful philanthropic strategy relies on a host of stakeholders—fundraising staff, hospital personnel, physicians, board members, patients, donors, and the community at large. A critical element to success is engendering trust among these stakeholders in the policies and processes of fundraising. Once the development team is successfully measuring ROI and tracking other meaningful metrics, it should report fundraising performance to both its internal and external stakeholders. Regular reporting of research and fundraising performance helps demonstrate the commitment of the development office to accountability and transparency and builds credibility. Taken a step further, demonstrable, positive ROI is an essential component of the organizational case for support.

Highly successful development offices make skillful performance reporting part of their strategic plans. They tactically focus on ROI and other financial and research metrics and high presentation standards. A deliberate, consistent and professional performance reporting process ensures that the goals, initiatives and successes of the fundraising department are effectively communicated to all internal and external stakeholders.

**Useful benchmarks include:**

- Track research efforts to specific gifts
- Validate screening vendor’s metrics against your success rate
- Measure Return on Investment (ROI) of unscreened compared to screened prospects
- Include cost per dollar raised—measure quarterly and annually
- Note percentage of grateful patients referred by physicians
- List amount of funds generated from regular screening compared to total fundraising
- Provide percentage of physicians/staff giving, giving major gifts, historical trends of staff giving
- Document tools used to make major gifts programs successful

**Best Practices Bottom Line:** Measuring return on investment and tracking other key performance metrics for fundraising and research is essential for program evaluation and planning, as well as building credibility with key stakeholders.
St. Vincent’s Foundation
Structured Approach, Dramatic Results

Scott Powell, Director of Development at St. Vincent’s Foundation in Birmingham, Alabama wishes he had a dedicated team of prospect researchers to support the Foundation’s development efforts. Instead, Powell explains, “everyone does prospect research to some degree” with success coming from a structured approach combining weekly grateful patient screenings, a comprehensive moves management program and careful examination of return on investment (ROI).

Following a $23M capital campaign, St. Vincent’s applied the structured approach to retain campaign donors and to reach out to new prospects through their grateful patient program. The result is remarkable; pre-campaign gift levels averaged $2M per year, post-campaign gift levels average 50-100% higher, per year. How did they do it? “It comes down to two possibilities,” says Powell. “We’ve either done a good job at retaining donors or our prospect research and moves management programs are highly successful. The reality is that both are true.”

Further examining the success of St. Vincent’s efforts, Powell took the average number of gifts made at both the $1,000 and $10,000 level made during the three years prior to their capital campaign and compared them to the average number of gifts made in the three years following the campaign.

<table>
<thead>
<tr>
<th>Gift Size</th>
<th>Average Annual # in Three Years Prior to Campaign</th>
<th>Average Annual # in Three Years Following Campaign</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1000</td>
<td>147</td>
<td>184</td>
<td>25%</td>
</tr>
<tr>
<td>$10,000</td>
<td>37</td>
<td>60</td>
<td>62%</td>
</tr>
</tbody>
</table>

With a 62% increase in $10,000 gifts, the strategy is working. Says Powell, “Using prospect research to identify and target top prospects, employing open communication through moves management and applying aggressive retention tactics are now a way of life for us. It’s what we do, what we rely on and part of our standard process.”

Weekly Grateful Patients’ Screenings

In 2008, St. Vincent’s started screening approx. 3,500-4,000 patients on a weekly basis through WealthEngine’s WebExpress, a swift and systematic prospect screening tool for routine batches of donors and prospects. St. Vincent’s screened more than 182,000 individuals in 2009; predominately patients but also smaller groups of memorial gift donors, board members and donors to the capital campaign. The weekly screening combines patient lists from four care sites with a total of 800 beds. The lists are uploaded to WealthEngine every Friday, at midmorning, with the results returned by noon that same day. “Our strategy is to not waste any time—or opportunity. Today, almost all of our gifts come from our grateful patient program and every donor is screened before a gift is ever made.”

Powell takes the results and uses WealthEngine’s P2G™ score, a reliable metric that indicates a prospect’s Propensity to Give, to prioritize and segment the list for various development efforts. Each week, Powell takes the top 50 prospects as identified by WealthEngine and shares the list with development officers during their routine prospect meeting. Any matches determined to be incorrect are removed with the top 50 profiles added to a master list shared with the board of directors every few months for peer screening purposes.
Direct Mail Success

The weekly list is further segmented by the P2G score, all of those identified by WealthEngine as qualified prospects are sent to the annual fund. Any below that threshold are culled from the mailing list. St. Vincent’s first began mailing to the list after collecting two months of prospects. However, due to the success of the program, they have accelerated their program to mail to new lists every two weeks.

“After we started screening with WealthEngine, we looked at the acquisition rate of the mailing and the cost to raise a dollar,” says Powell. “The results show three important findings. First, that by mailing to those identified by WealthEngine to be our best prospects, we have seen a higher response rate. Second, our cost to raise a dollar has gone down significantly because we no longer waste expense in mailing to individuals who are unlikely to give. Finally, our spring mailings traditionally have a lower acquisition rate, however, they are now at levels consistent with our best rates from our more successful fall pre-screening mailings.”

Screening prior to a mailing helps to cut mailing costs and better target the appropriate audience. For example, two donors responded to a grateful patient mailing with a $100-150 first time gift. These gifts were high enough to raise attention and warrant more thorough research through FindWealth Online, where wealth and high gift capacity was confirmed in each case. Explains Powell, “In the first case, we noticed the individual had an affiliation to similar health-related organizations; critical information that helped with an ask that resulted in a $10,000 gift. In the second case, we identified the donor’s Circle of Friends and found a connection to one of our board members. We then secured a $15,000 gift.”

Streamlined Structure

“The value of regular screening and proactive prospect research is the constant influx of new, qualified and actionable prospects into the pipeline,” says Powell. “WealthEngine identifies highly qualified prospects for us out of the mess of information that could potentially be a barrier to success. With 4,000 patients coming through our doors each week, we would never be able to rank and segment our best prospects for various initiatives, much less call them. Applying prospect research, particularly regular screening, to our grateful patient program provides structure, insight, convenience and action. It allows us to focus our limited staff resources on those with the highest potential and greatest gift capacity.”

An additional benefit to prospect research is the credibility that it brings to the development office. “Prior to our use of screening, we briefed key members of the board on the product,” notes Powell. “Today, not only does our hospital leadership know about prospect research, we’ve shown them the proof behind ask amounts for major gift donors and prospects. Often, we’ll discuss a prospect with a board member and immediately pull up their online profile. The data gives us instant credibility and there is collective agreement among staff and leadership that the ROI is obvious—it’s a valid use of time and expense.”

<table>
<thead>
<tr>
<th>Date</th>
<th>Acquisition Rate</th>
<th>Cost to Raise a Dollar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2007 (pre-WealthEngine screening)</td>
<td>0.8%</td>
<td>$1.18</td>
</tr>
<tr>
<td>Spring 2008 (pre-WealthEngine screening)</td>
<td>0.65%</td>
<td>$1.51</td>
</tr>
<tr>
<td>Fall 2008 (first use of screening)</td>
<td>1.5%</td>
<td>$0.80</td>
</tr>
<tr>
<td>Spring 2009</td>
<td>0.8%</td>
<td>$1.05</td>
</tr>
<tr>
<td>Fall 2009</td>
<td>0.9%</td>
<td>$0.50</td>
</tr>
</tbody>
</table>

―Scott Powell, Director of Development
Conclusion

Healthcare philanthropy is in a tight spot as it weatheres the recession and the impact of healthcare reform. Those that are finding success are investing in their fundraising efforts, not scaling back. In addition, well-designed, carefully implemented fundraising initiatives are taking healthcare philanthropy to new heights in both sophistication and dollars raised.

The results from our 2008 survey and our own experience over the past 20 years show that healthcare organizations, on the whole, recognize the need for a targeted approach to philanthropy. Many nonprofit organizations have historically relied heavily upon fundraising departments for the financial support needed to further their mission. In contrast, healthcare organizations until recently have not strategically invested in philanthropy, viewing fundraising as a supplementary revenue stream.

With over 30% of the 2008 U.S. population aged 50-84\(^9\), and the rational assumption that this demographic has a growing need for healthcare and hospital services, healthcare is at the precipice of substantial growth. However, the current state of healthcare—including government regulation and reimbursement, the need for major capital investments at many institutions, the skyrocketing cost of goods and services purchased\(^{10}\), and the volatility of the investment market—pressures fundraising to support increasing fiscal demands. Growing need for healthcare among consumers would suggest that there are more opportunities to capitalize upon fundraising trends such as grateful patient gifts, but it will take careful effort and planning for healthcare organizations to fully realize the true philanthropic potential of the changing consumer demographic.

With the best practices identified herein, organizations will be able to incorporate prospect research into their fundraising efforts to confront the fiscal challenges faced by so many healthcare organizations. These best practices are designed to inform, motivate and provide direction on how to sustain the growing needs of healthcare fundraising using data mining as a key mechanism for success. Dedicated groups who make an investment to fundraise strategically while cultivating a broad web of donors and prospects will find success in their efforts and garner support from key constituencies. Finally, systematic prospect research and data mining efforts can assist an organization’s overall fundraising efforts, foster a culture of philanthropy and position the organization for growth.

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High-level strategies that support successful incorporation of fundraising best practices

- Ingratiate fundraising efforts throughout all levels of the healthcare organization
- Communicate fundraising plans and strategies effectively to relevant stakeholders
- Focus on ongoing fundraising campaigns

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\(^9\) Quick Health Facts 2008: A Compilation of Selected State Data Research Report, Leigh Purvis, Lynda Flowers, AARP Public Policy Institute, April 2008

\(^{10}\) AHA analysis of American Hospital Association Annual Survey data, 2001-2006
Appendices

Appendices

1 Appendix

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APPENDIX 1A: Survey Questions

1. Tell us about your healthcare organization:
   A. How many medical facilities are part of your health system?
   B. How many beds are in your hospital or healthcare system?
   C. What is the average number of patients seen at your facility in a given week?
   D. How many inpatient visits does your organization have each year?
   E. How many outpatient visits does your organization have each year?

2. Tell us about your fundraising program:
   A. How many development officers do you have on staff?
   B. How many prospect researchers do you have on staff?
   C. Who else is involved in fundraising for your organization?
      i. Hospital Staff
      ii. Volunteers (board members, committee members, other volunteers)
      iii. Other
      iv. If other, please specify: ________________________________
   D. What type of prospect research does your organization typically engage in?
      i. Proactive prospect research
      ii. Reactive prospect research
      iii. Both
      iv. We do not actively conduct prospect research
      v. Other
      vi. If other, please specify: ________________________________

3. Are you currently in a campaign?
   A. Yes
   B. No

4. Are you planning for a campaign? (Go to question 5 if question 4 is No.)
   A. Yes
   B. No

5. Do you need more prospects to meet your current fundraising goals?
   A. Yes
   B. No

6. Do you need to qualify your current prospects?
   A. Yes
   B. No

7. Please tell us a bit about your prospecting process:
   A. How many prospects are seen per year?
   B. By how many staff members?
   C. Do you use a prospect management or moves management system?
      i. Yes
      ii. No
8. Tell us more about your experience with your most recent screening and/or data mining data:
   A. Our most recent screening was completed with: (Choose one)  
   B. We screen our data: (Choose one)  

9. Please rank your screening vendor in the following areas (1=lowest, 5=highest):
   A. Ease of use  
   B. File transfer and delivery  
   C. Importing results into Donor or Client Management System  
   D. Reporting  
   E. Data segmentation  
   F. Data modeling  
   G. Usefulness of ratings and scores  
   H. Customer service and technical support  

10. Please share some basic measures of your screening:
    A. How many new prospects were identified?  
    B. How many existing prospects were qualified?  
    C. How many existing prospects were disqualified?  
    D. How many of the screened prospects were seen by personnel?  
    E. How many resulted in gifts?  
    F. Did you have an implementation plan?  
       i. Yes  
       ii. No  

11. Did your implementation plan include the following:
    A. Assigning a key person to work with/make decisions regarding screening results?  
    B. A time line for utilizing the results?  
    C. Plans to determine which pieces of data to integrate into Donor or Client Management System?  
    D. A method to assign new prospects to fundraising managers?  
    E. A method to qualify or validate the prospects?  
    F. A policy to determine who would have access to results?  

12. How do you segment your database in preparation for screening?  

13. Tell us about your success with screened prospects:
    A. Estimate the dollar amount raised by screened prospects that you identified PRIOR to your screening  
    B. Estimate the dollar amount raised by newly identified prospects  
    C. What was the time frame for cultivating your previously identified prospects?  
    D. What was the time frame for cultivating your newly identified prospects?  
    E. How long did it take to validate the screening results?  
    F. How many records were validated? (% of total)?  
    G. Did you use the data to identify any of the following:  
    H. Planned gift prospects mailings  
       • Face-to-face meetings  
       • Did you present the screening results to your leadership/board of trustees?
• How many people have access to the screened data?
• Please tell us a bit about your Donor/Client Management system?

I. What Donor or Client Management System do you use? (Choose one)

J. Have you integrated your screening results into your Donor or Client Management System?
   i. Yes
   ii. No

14. Which fields did you import?
   A. Giving capacity
   B. Financial rating
   C. Vendor scores
   D. Other
   E. If other, please specify: ________________________________

15. Why not?

16. Please tell us a bit about your donor database:
   A. What is the size of your donor database?

17. What is the overall composition of your donor database? Please fill in the approximate percentage (%) for each of the following. Total should not exceed 100%:
   A. Current Patients
   B. Former patients
   C. Patient family members
   D. Staff
   E. Community members
   F. Corporations/organizations/foundations
   G. Other

18. What is the size of your prospect pool? (numbers or percentages?)
   A. Assigned
   B. Unassigned
   C. To be qualified

19. What are some of your other research resources? Mark all that apply.
   A. Mail house or direct mail
   B. List purchase
   C. Industry specific tools
   D. Other
   E. If other, please specify:

20. Please enter your contact information so we can mail you your Starbucks gift card and include you in the American Express gift card drawing!
   A. Name:
   B. Organization:
   C. Mailing Address:
   D. Email Address:
# APPENDIX 1B: Segmentation of Survey Results

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Single</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>Related</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Unique Organization Respondents</td>
<td>13</td>
<td>20</td>
<td>14</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many medical facilities are part of your health system?</td>
<td>1</td>
<td>6</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>How many beds are in your hospital or healthcare system?</td>
<td>25</td>
<td>1,667</td>
<td>2,039</td>
<td>0</td>
</tr>
<tr>
<td>What is the average number of patients seen at your facility in a given week?</td>
<td>15</td>
<td>3,916</td>
<td>28,373</td>
<td>0</td>
</tr>
<tr>
<td>How many inpatient visits does your organization have each year?</td>
<td>150</td>
<td>11,514</td>
<td>85,046</td>
<td>0</td>
</tr>
<tr>
<td>How many outpatient visits does your organization have each year?</td>
<td>900</td>
<td>254,582</td>
<td>2,081,730</td>
<td>0</td>
</tr>
<tr>
<td>How many development officers do you have on staff?</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>How many prospect researchers do you have on staff?</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Who else is involved in fundraising for your organization?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Staff</td>
<td>7</td>
<td>14</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Volunteers (board/committee members, other volunteers)</td>
<td>12</td>
<td>19</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>What type of prospect research does your organization typically conduct?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proactive prospect research only</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Reactive prospect research only</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Both</td>
<td>12</td>
<td>14</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>We do not actively conduct prospect research</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type of Organization</td>
<td>Single</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td>Number of Unique Organization Respondents</td>
<td>13</td>
<td>20</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Are you currently in a campaign?</td>
<td>Yes</td>
<td>9</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>4</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Are you planning for a campaign?</td>
<td>Yes</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Do you need more prospects to meet your current fundraising goals?</td>
<td>Yes</td>
<td>9</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Do you need to qualify your current prospects?</td>
<td>Yes</td>
<td>11</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>How many prospects are seen per year?</td>
<td>Low</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>1,100</td>
<td>9,000</td>
<td>2,000</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>164</td>
<td>648</td>
<td>387</td>
</tr>
<tr>
<td>By how many staff members?</td>
<td>Low</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>5</td>
<td>450</td>
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<td>10</td>
<td>15</td>
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<td></td>
<td>No</td>
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<td>10</td>
<td>18</td>
<td>9</td>
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<td></td>
<td>Another Vendor</td>
<td>2</td>
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<td>4</td>
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<td></td>
<td>We have not screened our data</td>
<td>1</td>
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<td>Every Six Months</td>
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<td>Every Year</td>
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<tr>
<td></td>
<td>Every Two Years</td>
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<tr>
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<td>Every Five Years</td>
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<td>Do Not Screen Our Data</td>
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<td>Large</td>
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<td></td>
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<tr>
<td>How many new prospects were identified?</td>
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<tr>
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<td>181</td>
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<td>How many existing prospects were qualified?</td>
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<td>Average</td>
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<td>4</td>
<td>11</td>
<td>81</td>
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<tr>
<td>Did you have an implementation plan?</td>
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<tr>
<td>Yes</td>
<td>7</td>
<td>11</td>
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<td>4</td>
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<td>n/a</td>
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<tr>
<td>Did your implementation plan include:</td>
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<tr>
<td>Assigning a key person to work with/make decisions regarding screening results</td>
<td>6</td>
<td>10</td>
<td>9</td>
<td>3</td>
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<tr>
<td>A time line for utilizing the results</td>
<td>5</td>
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<td>9</td>
<td>3</td>
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<tr>
<td>Plans to determine what data to integrate into Donor or Client Management System</td>
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<td>7</td>
<td>8</td>
<td>3</td>
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<tr>
<td>A method to assign new prospects to fundraising managers</td>
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<tr>
<td>A method to qualify or validate the prospects</td>
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<tr>
<td>A policy to determine who would have access to results</td>
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<tr>
<td>Estimate the dollar amount raised by screened prospects that you identified PRIOR to your screening.</td>
<td></td>
<td></td>
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<tr>
<td>Low</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
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<td>$25,000,000</td>
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<td>$329,350</td>
<td>$750,785</td>
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<td>Estimate the dollar amount raised by newly identified prospects.</td>
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<tr>
<td>Low</td>
<td>$-</td>
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<td>$-</td>
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<td>High</td>
<td>$28,000,000</td>
<td>$1,000,000</td>
<td>$17,000,000</td>
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<td>$140,500</td>
<td>$1,437,692</td>
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</tr>
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<td>0 / 0</td>
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<tr>
<td>7-12 Months</td>
<td>3 / 2</td>
<td>6 / 4</td>
<td>4 / 4</td>
<td>2 / 0</td>
</tr>
<tr>
<td>13 - 18 Months</td>
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<td>0 / 0</td>
<td>0 / 0</td>
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<tr>
<td>Over 18 Months</td>
<td>3 / 4</td>
<td>1 / 1</td>
<td>1 / 1</td>
<td>2 / 4</td>
</tr>
<tr>
<td>No Set Schedule</td>
<td>2 / 3</td>
<td>7 / 8</td>
<td>4 / 5</td>
<td>1 / 1</td>
</tr>
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<td>0 / 0</td>
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<td>How long did it take to validate the screening results?</td>
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<tr>
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<td>4</td>
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<td>1</td>
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<td>4-6 Months</td>
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<td>Over 18 Months</td>
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<td>Ongoing</td>
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<tr>
<td>How many records were validated? (% of total)?</td>
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<td>0%</td>
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<td>Less Than 50%</td>
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<td>8</td>
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<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Did you use the data to identify any of the following:</td>
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<tr>
<td>Planned Gift Prospects</td>
<td>7</td>
<td>16</td>
<td>6</td>
<td>5</td>
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<tr>
<td>Mailings</td>
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<td>10</td>
<td>3</td>
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<td>Face-to-face Meetings</td>
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<td>14</td>
<td>10</td>
<td>5</td>
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<td>Did you present the screening results to your leadership/board of trustees?</td>
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<tr>
<td>Yes</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>4</td>
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<td>7</td>
<td>14</td>
<td>9</td>
<td>2</td>
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<td>N/A</td>
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<td>1</td>
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<tr>
<td>How many people have access to the screened data?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Low</td>
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<td>1</td>
<td>3</td>
<td>3</td>
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<tr>
<td>High</td>
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<tr>
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<td>4</td>
<td>4</td>
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<td>Medium</td>
<td>Large</td>
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<tr>
<td>Number of Unique Organization Respondents</td>
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<td>20</td>
<td>14</td>
<td>5</td>
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<tr>
<td>What Donor or Client Management System do you use?</td>
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<td>DonorPerfect</td>
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<td>Other</td>
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<tr>
<td>Have you integrated your screening results into your Donor or Client Management System?</td>
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<tr>
<td>Yes</td>
<td>5</td>
<td>9</td>
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<td>11</td>
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<td>What data have you integrated?</td>
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<td>Giving capacity</td>
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<td>35%</td>
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## Type of Organization

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### Community Members

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### Corporations/Organizations/Foundations

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### Other

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### What is the size of your prospect pool?

#### Assigned

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#### Unassigned

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#### To be qualified

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### What are some of your other research resources?

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<th>Medium</th>
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<td>List purchase</td>
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<td>Industry specific tools</td>
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<td>3</td>
<td>2</td>
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<td>Other</td>
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<td>5</td>
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<td>5</td>
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</table>
### APPENDIX 2: Action Plan for Best Practice Implementation

Every organization must develop a fundraising strategy that not only meets the resources currently in place, but also must meld well with the culture of philanthropy that it has established within its community. Below are recommended priorities for best practice implementation for single, small, medium, and large facility organizations to best maximize their fundraising efforts.

#### Single Facility Action Plan

**Example:**
- Single facility healthcare organization
- Development staff of 5
- ~13,000 in donor database
- Conducts frequent screening of patient data on a monthly basis
- Currently in a campaign

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Best Practice</th>
<th>Rationale</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Best Practice #1: Implementation Planning</td>
<td>Everything starts here. Proper planning will help an organization identify its strengths, weaknesses, and resources.</td>
<td>Immediately</td>
</tr>
<tr>
<td>2.</td>
<td>Best Practice #5: Balance Proactive versus Reactive Research Strategies</td>
<td>Smaller healthcare organizations who do not have the resources for frequent screening need to focus on ensuring that there is a steady stream of new prospects in addition to cultivating previous donors.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.</td>
<td>Best Practice #3: Enfranchise Multi-Level Research Support</td>
<td>Developing a culture of philanthropy takes time but is essential for success. As smaller organizations may not have the development staff to handle all fundraising tasks, involving Board and Trustee members as well as physicians and other medical staff may prove to be an essential asset to development strategy.</td>
<td>3-24 Months prior to campaign launch</td>
</tr>
<tr>
<td>4.</td>
<td>Best Practice #2: Initial Data Confirmation and Data Validation Process Documentation</td>
<td>Good screening results come from good data. Whether the organization is screening patient data, non-donors, donors, or current prospects, clean data can eliminate the false positives and the need to rescreen.</td>
<td>3-6 Months prior to campaign launch</td>
</tr>
<tr>
<td>5.</td>
<td>Best Practice #7: Peer Screening</td>
<td>In addition to educating the Trustees, Board members, and medical staff about fundraising and HIPAA guidelines, peer screening enfranchises multiple levels of the organization in the fundraising process and builds upon culture of philanthropy. It also helps determine strong prospects for targeting.</td>
<td>6-12 Months prior to campaign launch</td>
</tr>
<tr>
<td>6.</td>
<td>Best Practice #6: Integration with Donor Management System</td>
<td>Allows organization to compare and contrast donors, patients, and non-donors—ensuring that truly the best prospects are managed through prospect management.</td>
<td>Ongoing— all research, contacts, and other cultivation information should be tracked on a regular basis</td>
</tr>
<tr>
<td>7.</td>
<td>Best Practice #4: Frequent Screening</td>
<td>Healthcare organizations that connect with a patient during or shortly after his or her visit have a greater likelihood of receiving a philanthropic gift. Frequent screening allows for timely identification of new potential donors maximizing the potential to reach them soon after their hospital stay.</td>
<td>Ongoing—as resources allow</td>
</tr>
<tr>
<td>8.</td>
<td>Best Practice #8: Performance Reporting</td>
<td>Engenders trust in the strategy and process of fundraising.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
# Small Facility Action Plan

## Example:
- Two facility healthcare organization
- Development staff of 4
- ~8,000 in donor database
- Conducts frequent screening of patient data on a quarterly basis
- Currently in a campaign

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Best Practice</th>
<th>Rationale</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Best Practice #1: Implementation Planning</td>
<td>Everything starts here. Proper planning will help an organization identify its strengths, weaknesses, and resources.</td>
<td>Immediately</td>
</tr>
<tr>
<td>2.</td>
<td>Best Practice #5: Balance Proactive versus Reactive Research Strategies</td>
<td>Developing a strategy at the onset tees up for a more successful campaign—research strategy is one element of overall department mission. Smaller healthcare organizations who do not have the resources for frequent screening need to focus on ensuring that there is a steady stream of new prospects in addition to cultivating previous donors.</td>
<td>3-6 Months prior to campaign launch</td>
</tr>
<tr>
<td>3.</td>
<td>Best Practice #3: Enfranchise Multi-Level Research Support</td>
<td>Develop a culture of philanthropy—takes time and is needed for success. As smaller organizations may not have the development staff to handle all fundraising tasks, involving Board and Trustee members as well as physicians and other medical staff may prove to be an essential asset to development strategy.</td>
<td>3-24 Months prior to campaign launch</td>
</tr>
<tr>
<td>4.</td>
<td>Best Practice #2: Initial Data Confirmation and Data Validation Process Documentation</td>
<td>Good screening results come from good data. Whether the organization is screening patient data, non-donors, donors, or current prospects, clean data can eliminate the false positives and the need to rescreen.</td>
<td>3-6 Months prior to campaign launch</td>
</tr>
<tr>
<td>5.</td>
<td>Best Practice #7: Peer Screening</td>
<td>In addition to educating the Trustees, Board members, and medical staff about fundraising and HIPAA guidelines, peer screening enfranchises multiple levels of the organization in the fundraising process—builds upon culture of philanthropy. Helps determine strong prospects for targeting.</td>
<td>6-12 Months prior to campaign launch</td>
</tr>
<tr>
<td>6.</td>
<td>Best Practice #6: Integration with Donor Management System</td>
<td>Allows organization to compare and contrast donors, patients, and non-donors - ensuring that truly the best prospects are managed through prospect management.</td>
<td>Ongoing—all research, contacts, and other cultivation information should be tracked on a regular basis</td>
</tr>
<tr>
<td>7.</td>
<td>Best Practice #4: Frequent Screening</td>
<td>Healthcare organizations that connect with a patient during or shortly after his or her visit have a greater likelihood of receiving a philanthropic gift. Frequent screening allows for timely identification of new potential donors maximizing the potential to reach them soon after their hospital stay.</td>
<td>Ongoing—as resources allow</td>
</tr>
<tr>
<td>8.</td>
<td>Best Practice #8: Performance Reporting</td>
<td>Engenders trust in the strategy and process of fundraising.</td>
<td>Ongoing</td>
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## Medium Facility Action Plan

**Example:**
- Nine facility healthcare organization
- Development staff of 21
- ~90,000 in donor database
- Conducts annual screening
- Currently in a campaign

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Best Practice</th>
<th>Rationale</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Best Practice #1: Implementation Planning</td>
<td>Everything starts here. Proper planning will help an organization identify its strengths, weaknesses, and resources.</td>
<td>Immediately</td>
</tr>
<tr>
<td>2.</td>
<td>Best Practice #3: Enfranchise Multi-Level Research Support</td>
<td>As medium and large facilities tend to screen more often, it’s even more pertinent for organizations to include their Board, Trustees, physicians, and other medical staff in fundraising efforts. Their involvement keeps key stakeholders informed of HIPAA policies and broadens the understanding of strategy.</td>
<td>3-24 Months prior to campaign launch</td>
</tr>
<tr>
<td>3.</td>
<td>Best Practice #2: Initial Data Confirmation and Data Validation Process Documentation</td>
<td>It is important for organizations to run periodic checks to ensure that addresses are entered consistently and relationships are linked correctly (spouse to spouse, child to parent, board member to known prospect, etc.) If data is not clean, it may be necessary to hire a consultant or purchase an NCOA or DOB overlay to supplement the data.</td>
<td>3-6 Months prior to campaign launch</td>
</tr>
<tr>
<td>4.</td>
<td>Best Practice #5: Balance Proactive versus Reactive Research Strategies</td>
<td>Prior to screening, it is important for organizations to outline how much research will be done for what type of prospect to ensure there is a strong balance of research for current prospects as well as time to identify new prospects.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.</td>
<td>Best Practice #7: Peer Screening</td>
<td>Peer screening can help pinpoint specific groups of prospects to target for a multi-level strategy and will also provide the opportunity for individuals outside of the development staff to participate in fundraising efforts.</td>
<td>6-12 Months prior to campaign launch</td>
</tr>
<tr>
<td>6.</td>
<td>Best Practice #4: Frequent Screening</td>
<td>Frequent screening on a daily, weekly, or monthly basis can help identify prospects early and help maximize an organization’s fundraising strategy. Frequent screening requires a significant commitment; however, the rewards are often worth the effort.</td>
<td>Ongoing—as resources allow</td>
</tr>
<tr>
<td>7.</td>
<td>Best Practice #6: Integration with Donor Management System</td>
<td>Allows organization to compare and contrast donors, patients, and non-donors - ensuring that truly the best prospects are managed through prospect management.</td>
<td>Ongoing—all research, contacts, and other cultivation information should be tracked on a regular basis</td>
</tr>
<tr>
<td>8.</td>
<td>Best Practice #8: Performance Reporting</td>
<td>Engenders trust in the strategy and process of fundraising.</td>
<td>Ongoing</td>
</tr>
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</table>
**Large Facility Action Plan**

**Example:**
- 200 facility healthcare organization
- Development staff of 33
- ~160,000 in donor database
- Conducts frequent screening of patient data on a monthly basis
- Currently in a campaign

<table>
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<tr>
<th>Priority Level</th>
<th>Best Practice</th>
<th>Rationale</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Best Practice #1: Implementation Planning</td>
<td>Everything starts here. Proper planning will help an organization identify its strengths, weaknesses, and resources.</td>
<td>Immediately</td>
</tr>
<tr>
<td>2.</td>
<td>Best Practice #3: Enfranchise Multi-Level Research Support</td>
<td>Develop a culture of philanthropy by providing tools and education. As medium and large facilities tend to screen more often, it’s even more pertinent for organizations to include their Board, Trustees, physicians, and other medical staff in fundraising efforts. The process takes time and is needed for success.</td>
<td>3-24 Months prior to campaign launch</td>
</tr>
<tr>
<td>3.</td>
<td>Best Practice #2: Initial Data Confirmation and Data Validation Process Documentation</td>
<td>Good data both on the development side as well as through admissions or hospital census data. Ensure processes are in place to encourage accuracy and consistency with data entry.</td>
<td>3-6 Months prior to campaign launch</td>
</tr>
<tr>
<td>4.</td>
<td>Best Practice #4: Frequent Screening</td>
<td>Frequent screening (daily, weekly, or monthly) is a must for larger healthcare organizations. Research indicates that connecting with a patient within three months (preferably during his or her stay) increases the likelihood of receiving a philanthropic gift.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.</td>
<td>Best Practice #5: Balance Proactive versus Reactive Research Strategies</td>
<td>Developing a strategy at the onset supports a more successful campaign and a research strategy is critical to the overall department mission.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.</td>
<td>Best Practice #6: Integration with Donor Management System</td>
<td>Allows organization to compare and contrast donors, patients, and non-donors in one place and ensures an appropriate strategy can be assigned to all potential prospects.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>7.</td>
<td>Best Practice #7: Peer Screening</td>
<td>Larger organizations should employ peer screening on a more regular basis as new prospects are identified through frequent screening and other research efforts.</td>
<td>Ongoing—Continually have peers review new prospects at board or trustee meetings or another strategy sessions as appropriate.</td>
</tr>
<tr>
<td>8.</td>
<td>Best Practice #8: Performance Reporting</td>
<td>Engenders trust in the strategy and process of fundraising.</td>
<td>Ongoing</td>
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</table>
APPENDIX 3: Implementation Planning for Frequent Screening

I. Who is our client today?

Many healthcare institutions choose to screen their current admittance lists or census populations for the purpose of knowing who is currently using their facilities or services. There are several possible reasons for wanting to know this information:

1. To identify potential major gift prospects (prospect identification)
2. To identify current donors and VIP’s (donor stewardship)

In either case, there are a number of actions that organizations can take upon identifying prospects and/or donors:

a. They may want to take actions to positively affect the person’s experience while in the facility
   • Visitation (mgo, stewardship officer, medical liaison, other?)
   • Perks—VIP services, concierge service, etc.
   • Goody bag delivery/educational information
   • Acknowledgment and appreciation of current/past support

b. They may want to quickly capitalize on the connection shortly after their discharge
   • Fast-track qualified prospects into major gift track with prompt post-discharge visitation
   • Prompt follow up letter or phone call (by president, chairman, director or other VIP)
   • Invitation to special event or membership program
   • High-end grateful patient solicitation or cultivation

If you want to identify major gift prospects, donors and VIPs who are utilizing your services now for the purpose of positively impacting their stay, or to quickly engage them upon discharge, you should choose a daily screening process.

II. Who was our client recently?

Organizations may also choose to screen patients for the purpose of identifying who was in their facilities, or used their services, recently. Again, there may be several reasons for wanting to determine this information:

1. To identify potential major gift prospects (prospect identification)
2. To segment and/or stratify prospects for grateful patient fundraising initiatives

Again, there are numerous actions an organization may want to pursue with the intelligence gathered from a screening of recently discharged clients:

a. They may want to initiate personalized cultivation strategies for certain segments or individuals considered major gift prospects. These actions may be similar or identical to those identified above:
   • Fast-track qualified prospects into major gift track with post-discharge visitation
   • Follow-up letter or phone call (by president, chairman, director or other VIP)
   • Invitation to special event or membership program
   • High-end grateful patient solicitation or cultivation

b. They may want to capitalize on the positive feelings of recently discharged patients, deemed most likely and able to give, by contacting them with a fundraising appeal
   • Grateful patient mailing
   • Telephone solicitation
   • E-solicitation
If you want to identify prospects, donors and VIPs who have utilized your services recently for the purpose of quickly engaging them through a grateful patient outreach effort after discharge, you could choose a daily, weekly or monthly screening process.

III. Organizations planning a frequent screening process should carefully think through the process.

1. What is your primary goal, and what is the best method for accomplishing the goal?

   If your primary goal is to identify major gift prospects, donors or VIPs, will you initiate actions to affect their experience of your facilities or services? If so, daily screening is the best method to accomplish your purpose. If you plan to initiate major gift cultivation activities or initiate grateful patient appeals shortly after discharge, then a daily, weekly or monthly process may be right.

2. What criteria will we use to select a list to submit for screening?

   If you are interested in knowing who your client is today, you might consider pulling a list of your daily census or a list of new admits. If you are interested in screening your recent patients, you can consider pulling a list of discharges. The benefit of looking at the discharges is that those with negative outcomes may be excluded.

   No matter what list you select, you may also want to consider excluding certain demographic segments from the pre-screened submission list. Some organizations will exclude:
   - Medicaid
   - Self-pay
   - Behavioral Health clients
   - Pediatrics
   - Young adults (under 30, 40 or 50)
   - Certain demographic regions, by zip code or zip plus four
   - Those who have opted-out of fundraising communications under HIPAA guidelines should be excluded

3. What criteria will we use to identify the subjects of our activities?

   When you have decided on your primary goal, the best method to achieve the goal, and the input file criteria, it is time to consider what criteria you will use to determine which actions to apply to specific screened segments.

   A. If you are screening to identify new major gift prospects, what specific attributes describe a major gift prospect for your institution? Some organizations consider:
      - a specific, minimum estimated giving capacity
      - a particular propensity to give score
      - assets over a certain level
      - affinity or connection factors such as number of hospital visits in a set period of time, or number of family members treated

      Once you have decided what factors to consider, it will be easy to segment your file into those who meet the minimum requirement(s) and those who don’t. In instances where you are segmenting for the ultimate purpose of major gift cultivation, a quick data/record validation process is recommended.

      For each record or individual who will be the subject of specific, personalized actions, answer these questions: Is this data matched correctly to my prospect? Does s/he appear to be a good major gift prospect? If you can answer “yes” to these questions, then you will be reasonably confident that following through with your planned actions steps will not be a waste of effort or resources.

   B. If you are screening to segment a list for mailing or other grateful patient outreach, will you mail to all constituents, regardless of capacity, propensity, or affinity? Many organizations mail only to the
segments that have some identified capacity and propensity to give. This decision will depend on your budget and other resources, as well as your stated goals. It is easy to test the response to a direct mail appeal, so you may want to mail to the entire group the first time, and calculate your response rate, cost to raise a dollar (CRD) and return on Investment (ROI) for individual segments. This will give you important and quantifiable feedback to enable you to maximize your returns for future grateful patient outreach.

4. Which actions will we take and who will be responsible for the follow through?

Once you have segmented your file appropriately for the purpose(s) you have identified, it is imperative that you have a plan to address specific actions to be taken, and the person responsible for performing the actions. This plan should also address the communication flow from person to person so that each responsible person has the right information and data to make the best decisions in a timely way. It is also very important that data concerning individuals' wealth attributes, demographics, or patient status does not circulate through more staff than absolutely necessary, so your plan should address how access to data will be appropriately limited.

For those who want to positively affect the experience of clients today, how will this occur? Will the patient, or the patient’s family, be visited by a hospital or foundation official? Will a goody bag with appropriate amenities and educational literature be delivered? Will the patient receive room, parking or meal upgrades? Whatever the action, plan it in advance, follow it consistently, and keep a record of any contacts, so you can measure the success of your initiatives later.

Anyone deemed a major gift prospect and receiving personalized contact from the healthcare or foundation staff should be tracked appropriately. For most organizations this will mean tracking those individuals from within their Donor Management System (DMS). Therefore, one of the activities will be to create new records in the DMS and integrate the wealth indicators and any contact information or feedback. Normally, the database administrator or gifts processing personnel would be responsible for these actions.

For entities choosing to engage in patient visitation, consider the following:

- **Patient visits are never solicitation opportunities or events.**
- **Always check with medical personnel to ensure that the patient is able and willing to receive visitors.**
- **Keep your visit brief and focused on initiating a positive relationship with the patient and/or the patient’s family. The patient/family should know the visitor is there to enhance the patient’s comfort, well-being, peace of mind and sense of security. Not for any potential benefit or future payoff to the organization.**
- **Appropriate follow up after the patient is released from the hospital will be an essential element of the overall strategy.**
- **Organizations assign visitation to a variety of staff members. It is important to find the right fit for this duty. Some choices include: Major Gift Officer or other Foundation representative, Stewardship Officer, medical liaison, etc. This individual should be patient-focused, as well as observant. Training in capturing clues relevant to the fundraising team is advised.**

For those screening to determine who was recently a user of our facilities or services, there may be multiple actions outlined.

a. Some organizations will want to use the data to determine which individuals are potential major gift prospects. For these, the immediate action will be to send a personalized letter or place a phone call. The letter or call should come from the highest ranking institution or foundation representative appropriate to the patient’s prospect potential. If the initial contact is well-received, further follow-up should include plans for a face-to-face meeting. Again, it is essential that all contacts with major gift prospects be recorded and tracked, so these prospects should be added to the DMS unless there are strict prohibitions against this practice.

b. If you are screening to provide additional data to improve your grateful patient direct mail, telethon, or
e-solicitation efforts, you may want to select different ask amounts, or ask “strings,” for different segments of the patient file. Many organizations find that they can improve their average gift size by asking for larger gifts from those who have the identified capacity to give. A helpful exercise in making this determination is to calculate the average gift size for certain populations. Then base your ask amount or ask string for like populations on that average. Our research shows that average gift sizes do correlate positively with higher capacity and better propensity scores.

Most organizations do not include grateful patient prospect or patient lists in their DMS systems until that person has either:

- Become a donor by contributing to the organization
- Or been qualified as a potential major gift prospect where tracking contacts and actions is essential to successful cultivation

5. What outcomes will need to be achieved in order to claim success?

In order to gauge the success of your frequent screening/grateful patient outreach efforts, it is essential that you track your results consistently.

- When prospects/patients become donors, record the appeal they responded to, as well as the date and method by which they were identified as prospects.
- When you complete a mailing, calculate response rates, CRD and ROI
- Track major gift identification, qualification, cultivation and solicitation activities, remembering to tie each prospect identified to the research source from which s/he was identified and the date s/he was identified. Doing this will enable you to accurately gauge the success of different methods of prospect identification and determine if they ultimately result in more donors and more closed gifts.
- Using a systematic prospect tracking and management system will also allow you to measure
  - the length of time it takes to cultivate and solicit major gift prospects under management
  - how often and effectively these prospects are contacted
  - and any variances in the qualified capacity amount, the “ask” amount, and the ultimate gift amount

All of these measures will be important in evaluating the effectiveness of your screening investment as well as the major gift program it ultimately supports.
APPENDIX 4A: Building a HIPAA-Compliant Screening File

When working with patient data, it’s important to ensure that all data is handled with the utmost security. The privacy and security of an organization’s patient records are vital to its fundraising success. Steps an organization can take to maintain the privacy of its constituency include:

1. Limit the number of individuals on staff who have access to patient data
2. Only send information that is pertinent for the screening results to be conclusive
3. Ensure only HIPAA-compliant information is supplied to the screening vendor:
   - Name
   - Address
   - Phone
   - E-mail
   - Gender
   - Date of Birth and/or age
   - Insurance status
   - Date of service

Please note that additional PHI such as pediatric status, guarantor information, business name, spouse information and other contact information may be considered allowable PHI for some organizations as well and can lend to a more robust screening result.

- Other PHI, such as department of service, may possibly be obtained by development if the patient signs a HIPAA authorization form. It is important that organizations work internally with their HIPAA compliance officer, legal, or risk management teams to ensure that data meets the federal HIPAA guidelines.
- Exclude any non-allowable PHI information from the input files, including anything relating to diagnosis.
- Exclude anyone from screening who has chosen to “opt-out” of fundraising activities. Make sure you have a process in place to receive notification of opt-out elections and to track these over time.

4. Do not transfer files by standard email—use secure methods such as Secure File Transfer Protocol (SFTP) or file encryption.

Many organizations choose to limit certain criteria to limit their numbers screened and also to help identify the best potential prospects available. Some examples include:

- Focusing on particular age groups
- Inpatient, outpatient, or clinical patients
- Insurance status
  - Psychiatry
  - Medicaid
  - Medicare
  - Prison inmates
  - Self-pay
APPENDIX 4B: Sample Frequent Screening Workflow

**Patient List from IT/Admissions**

- **Patient Screening Sample Workflow**
  - **Do we need a signed HIPAA Authorization?**
    - Yes: **Get HIPAA Authorization**
    - No: **Is this an MG Donor or Prospect?**
  - **Is Name in DMS?**
    - Yes: **Is Name in DMS?**
    - No: **Segment Results**
  - **Brief validation and attempt contact**
    - Yes: **P2G 1 or 2**
    - No: **Add to Grateful Patient Mailing List**
  - **Grateful Patient Mailing if Budget Allows**
    - Yes: **P2G 3**
    - No: **P2G 4 or 5**

- **Assign MGO**
- **MGO or other staff visit or call**
- **Make Annual Fund Task**
- **Add Names / Ratings to DMS**
- **Cultivation Plan**
- **Mail within 30 Days of Service**

- **Cultivation**
- **Qualified Prospect?**
  - Yes: **Cultivation Plan**
  - No: **Assign MGO**
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<th>Proposal</th>
<th>Amount</th>
<th>Manager</th>
<th>Solicitor</th>
<th>Stage</th>
<th>Proposal Date</th>
<th>Confirmation Date</th>
<th>Comments</th>
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<td>Bioethicist - Position Endowment</td>
<td>$2,000,000</td>
<td>Torres, Rafael</td>
<td>Messina, Messina</td>
<td>Qualification</td>
<td>10/15/2009</td>
<td>9/15/2009</td>
<td>Will begin cultivation after gala. Will visit in fall — interest may be scholarship or student research.</td>
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<td>Lecture Series - Environmental Science</td>
<td>$900,000</td>
<td>Johnson, John</td>
<td>Peterson, Peterson</td>
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<td>10/25/2009</td>
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<td>Scholarship - Arts &amp; Letters</td>
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<td>Harris, Harris</td>
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<td>10/30/2009</td>
<td>9/30/2009</td>
<td>Verbal commitment.</td>
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<td>Belchap, Belchap</td>
<td>Identification</td>
<td>10/30/2009</td>
<td>10/10/2010</td>
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<td>11/15/2009</td>
<td>11/15/2009</td>
<td>Wrong project. Revisit after the 1st of the year.</td>
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<td>Healthclub - Equipment</td>
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<td>Zmudo, Bill</td>
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<td>11/15/2009</td>
<td>11/15/2009</td>
<td>Revisit in fall — interest may be scholarship or student research.</td>
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**TOTAL PIPELINE** $11,805,000

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APPENDIX 7: Measuring Return on Investment from Wealth Screening

Every organization should make plans to evaluate the success of their wealth screening. Has the returned information been put to use? Has it positively impacted the organizations fundraising programs? Has the investment in data and modeling paid off? Is it an investment worth making again in the future?

In order to help organizations plan proactively for this important component of the screening process, WealthEngine suggests collecting and analyzing the data outlined in the attached worksheets:

- Major and leadership gifts
- Prospect/portfolio analysis
- Direct mail

Depending on the components of your fundraising program, you may also want to measure your results in planned giving, annual fund leadership solicitations and other fundraising activities.

Major Gifts

For Major Gifts, we suggest you analyze the research findings by segmenting the data into three categories:

- Prospects highly rated by the screening but not previously identified by your organization
- Prospects highly rated by the screening and already under management by your organization
- Prospects not highly rated by the screening but under management by the organization

Screening data can help your organization improve your fundraising efficiency in all three categories of prospects. By measuring results with WealthEngine’s P2G Score and/or Capacity Ratings, you will quickly be able to see what segmentation strategy will be most productive for you to pursue in future screenings. The worksheet provided as Appendix 1a: Measuring Return on Investment from Wealth Screening—Major and Leadership Gifts will help capture the information necessary for this analysis.

Prospect/Portfolio Analysis

Collecting the information suggested in Appendix 1b: Measuring Return on Investment from Wealth Screening—Prospect/Portfolio Analysis will enable you to compare the gift amounts you are receiving from prospects based on their WealthEngine rating and their internal prospect research rating. This will be invaluable as you evaluate the ability of your major gifts program to make appropriate asks and to obtain maximum gift commitments from prospects. One of the most common shortcomings in major gift programs is “under-asking.” It will also be useful benchmarking data when completing capacity studies or feasibility studies for future campaigns.

Annual Fund/Direct Mail

In annual fund, your screening will help improve your fundraising efficiency by:

- Identifying potential leadership givers
- Identifying high potential/low interest prospects that may be best engaged through the annual fund before cultivating for a major gift
- Segmenting your direct mail prospects.

It is in conjunction with these direct mail efforts that we have provided Appendix 1c: Measuring Return on Investment from Wealth Screening—Direct Mail. Simply fill in the total pieces mailed, # of gifts received, and dollars raised for your choice of mailing segments, and the cost per dollar raised, average gift size, and response rate will be calculated for each segment. Again, this will quickly enable you to identify those mailing segments that are most productive and others where the return on investment is less than ideal.
## Major and Leadership Gifts

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<th>Amount</th>
<th>Date Received</th>
<th>Estimated Giving Capacity</th>
<th>P2G Rating</th>
<th>Internal Rating</th>
<th>Stage at Screening (identification, qualification, cultivation, solicitation, or stewardship)</th>
<th>Length of Cultivation (in months)</th>
<th>Research Time Invested (in months)</th>
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Major Gifts:

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<th>Date of screening (mo/yr):</th>
<th>Today's date (mo/yr):</th>
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</table>
1. What is your minimum major gift amount?                                 |                            |                      |
2. How many staff are devoted to major gifts cultivation and solicitation? (please express as full-time equivalents) |                            |                      |
3. How many major gifts did you close the year before your screening?      |                            |                      |
4. What is the total $ raised in major gifts the year before your screening? (express as full-time equivalents) |                            |                      |
5. Average time to research a screened prospect? (to produce a full profile) |                            |                      |
6. Average time to research a non-screened prospect? (to produce a full profile) |                            |                      |
7. Average time to validate a WealthEngine record to verify provided information does or does not pertain to prospect? |                            |                      |
8. How many staff are devoted to research and prospect management activities? |                            |                      |
9. What is your $ goal for major gifts this year?                          |                            |                      |
10. How many prospects were under management before screening?              |                            |                      |

Prospect/Portfolio Analysis

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## Direct Mail Appeal Name

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<tr>
<th></th>
<th>WealthEngine P2G Ratings</th>
<th>WealthEngine Capacity Ratings</th>
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<tbody>
<tr>
<td>1. Total cost of mailing</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>2. Total pieces mailed</td>
<td>0</td>
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<tr>
<td>3. Total # of gifts received</td>
<td>0.00%</td>
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<tr>
<td>4. Total dollars raised</td>
<td>0</td>
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<tr>
<td>5. Cost per dollar raised</td>
<td>0</td>
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<td>6. Average gift size</td>
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<tr>
<td>7. Response rate</td>
<td>0.00%</td>
<td>0.00%</td>
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<tr>
<td>8. Mailing type (R, A, L, S)</td>
<td>Mailing Type Key: R= Renewal, A= Acquisition, L= LYBUNT, S= SYBUNT</td>
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<tr>
<td>9. Ask string (or ask amount) based on giving capacity? List:</td>
<td>Y/N</td>
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<tr>
<td>10. Ask string (or ask amount) based on P2G score? List:</td>
<td>Y/N</td>
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<tr>
<td>11. Ask string (or ask amount) based on custom model? Describe:</td>
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<tr>
<td>12. Ask string (or ask amount) generic? List:</td>
<td>Y/N</td>
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**INSTRUCTIONS—Please Provide:**

1. Total Cost of Mailing (printing, postage, mailhouse charges, etc.)
2. Total Pieces Mailed
3. The Number of Gifts Received (not dollar amount)
4. Total Dollars Received (gross receipts)
5, 6, 7. The spreadsheet will calculate (5) Cost per Dollar Raised (Total Cost/Dollars Received), (6) Average Gift Size (Dollars Received/Number of Gifts) and (7) Response Rate (Number of Gifts/Total Pieces Mailed). If you enter the information (1,2,3, & 4) separately for different P2G Ratings or Capacity Ratings in the columns provided, the spreadsheet will calculate each measure separately. In this way, you can compare the results of one mailing segment to that of another and quickly determine the most cost effective mailing segments.
8. Please indicate the mailing type—Renewal (sent to current donors), Acquisition (sent to never givers), LYBUNT (sent to donors who are 1-year lapsed), or SYBUNT (sent to donors who are 2+ years lapsed).
9,10,11,12. For future reference, indicate the ask amounts, ranges, or strings you are soliciting from each segment. This can be provided in the column associated with a P2G Rating or Capacity Rating.