

Building a Fundraising Team

The Problem

The merger of Beth Israel Hospital and the NE Deaconess Hospital had a devastating effect on philanthropy. In the years following the merger, donations declined significantly each year, falling from \$30M raised annually, to an all time low of \$8M in 2002. BIDMC lost most of its donor and prospect base due to the difficult financial times for BIDMC, continual leadership transition, and physician attrition. The Office of Development had been reduced from 45 FTES to just 4 FTES. BIDMC was not able to rely on any philanthropic funding for facility upgrade or renovations, investments in staffing, and had barely any operating budget relief. The critical need for fundraising was recognized by the President and CEO, the Chair of the Board, and members of the Board of Directors.

Aim/Goal

The goal was clear - rebuild the Office of Development in order to increase philanthropic support, bring back the donors and prospects who had become disenfranchised, build the pipeline for future giving, and build a brand for BIDMC that would provide donor confidence to enable giving. (Add specific goals here - \$ and staffing)

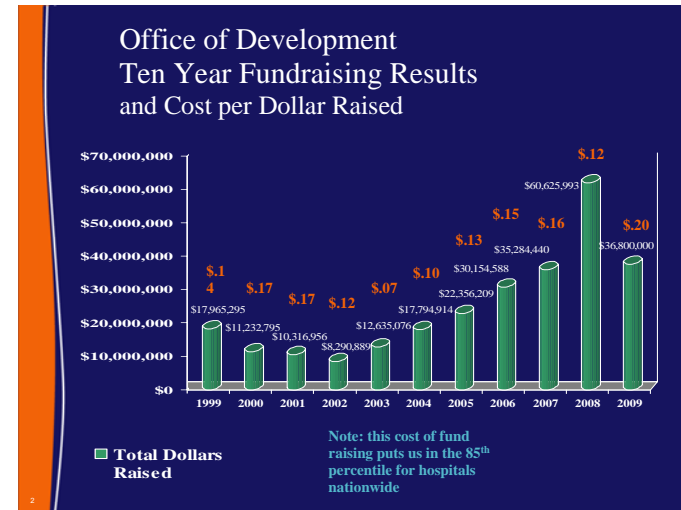
The Team

- Ted Cutler, Member, Board of Directors
- Kris Laping, Senior Vice President, Office of Development
- Paul Levy, President and CEO
- Samantha Sherman, Executive Director of Development
- Lois Silverman, Chair, Development Committee
- Carl Sloane, Chair, Board of Directors
- Laura Sobel, Executive Director of Principal Gifts

The Interventions

- Intense outreach to BIDMC's founding families with emphasis on relationship building with focus on receiving feedback
- Create the President's Society
- Establish development operations, donor relations, events, and publications to support major gift initiatives, relationship building, and brand development
- Recruit, hire, and train fundraising professionals
- Ongoing review of total dollars raised, number of new and returning donors, and number of gifts.

The Results/Progress to Date



Lessons Learned

We were surprised at the overwhelming response we had from our founding families and the pent up desire to rebuild a robust fundraising initiative at BIDMC. Many board members and donors expressed interest in launching a capital campaign much earlier than we anticipated. We took this opportunity to maximize interest and leverage giving which showed in our yearly results.

One of the unintended consequences of our rapid growth was an underinvestment in our operations area. As we accelerated our frontline team, we learned that we should have equally invested in operational structure.

Next Steps/What Should Happen Next

The landscape of fundraising has changed significantly with the economic downturn. We have responded in the following way:

- Soft launch of Grateful Nation (see next poster!)
- Maintain intense focus on relationship building with increased visit metrics for the frontline fundraising staff
- Broad outreach to develop our pipeline for future giving – identification of grateful patients, close collaboration with caregivers, and partnering with board members to bring new people into the BIDMC community



Beth Israel Deaconess
Medical Center



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