



Swedish Medical Center *and the* University of Washington

A study of comprehensive campaigns,
the drivers of their successes
and applications to arts campaigns



Who we are and where we're from

INTRODUCTIONS & BACKGROUND

Becca Kelly

- **Dickinson College** (1992-1995)

Prospect Research, Annual Giving



- **Duke University** (1995-1999)

Major Gifts



- **Seattle Symphony** (1999-2004)

Director of Development



- **Swedish Medical Center** (2004- present)

VP, Development



Lisa Thomas

- **University of Washington**

AVP, Campaign 2010 – present

Major Gifts 2005-2010

Research & Relationship Management 2000-2005

Research 1994-2000

Swedish Medical Center

In 1908, Dr. Nils Johanson, a surgeon and Swedish immigrant, convinced 10 of his fellow Swedish-Americans to buy \$1,000 bonds in order to open Swedish Hospital.



Dr. Johanson's dream was to provide Seattle with a first-class nonprofit hospital.

On June 1, 1910, nearly two years after the original incorporation, a lease was signed on a two-story apartment house at 1733 Belmont Ave. The 24-bed facility began accepting patients just a few months later.

Swedish has grown to become the largest nonprofit health provider in the Greater Seattle area with 11,000 employees, more than 2,800 physicians and 1,700 volunteers.

Swedish Medical Center

- Five hospital campuses (First Hill, Cherry Hill, Ballard, Edmonds and Issaquah)
- An emergency room and specialty center in Redmond (East King County) and the Mill Creek area in Everett
- Swedish Medical Group – a network of more than 100 primary-care and specialty clinics located throughout the Greater Puget Sound area
- In addition to general medical and surgical care including robotic-assisted surgery, Swedish is known as a regional referral center, providing specialized treatment in areas such as cardiovascular care, cancer care, neuroscience, orthopedics, high-risk obstetrics, pediatric specialties, organ transplantation and clinical research.

University of Washington

- Teaching
 - Established in 1861 (one of the oldest Universities on the west coast)
 - Three campuses (Seattle, Bothell, Tacoma)
 - ~50,000 students
- Research
 - Top recipient of federal research funding
 - #1 among US universities in technologies licensed & commercialization agreements
- Service
 - UW Medicine: 4 hospitals, 9 neighborhood clinics, Level 1 Trauma Center
 - Top producer of Peace Corps members

Philanthropy at Swedish

- \$6M per year – annual giving and events
- One campaign - \$20M for Cancer pavilion 1999-2001
- Campaign conducted by consultant
- 13 gifts of \$1M+ in nearly 100 year history
- Physicians unaware of the power of philanthropy, or their role in fundraising
- ...But, much opportunity due to *lack* of donor & volunteer fatigue

Philanthropy at the UW

- Donor-driven philanthropy (highly restricted)
- Integrated, institutionalized advancement
- Central/Distributed Staff model
- Open cultivation

Campaign for Swedish

- 7 year, \$100M comprehensive campaign
- Neurosciences, Heart, Women & Infants, Pediatrics, Cancer, Community Health, Unrestricted
- Deployed staff as in university campaign – MGO assigned to each service line
- Used events as a platform for major gift recognition (deadline)
- Reached goal 18 months early, during worst economic crisis (2007-2014)
- Completed campaign December 31, 2013 at \$130M

Campaigns at the UW

- Campaign for Washington (1987-1992)
 - Goal: \$250M
 - Received: 267M
- Campaign UW: Creating Futures (2000-2008)
 - Goal: \$2B
 - Revised Goal: \$2.5B
 - Received: \$2.68B
- “Campaign III”
 - Goal: TBD



Keys to Campaigns

SUCCESS DRIVERS

Success Driver #1: Feasibility Study

Allowed us to crystallize the vision and priorities

- Forum to tell us what no one would tell us
- Opportunity for volunteers to self-identify

Success Driver #1: Feasibility Study

Opportunity to get feedback in a variety of ways

- Opportunities beyond “traditional” feasibility studies
- Critical importance of hearing from constituents

Success Driver #2: Physician Giving

*Leadership of the organization
demonstrating belief in the mission*

- Once the physicians had bought into the campaign and made personal gifts, they were much more willing to talk with patients about the campaign priorities.
- \$12M of \$130M was given by physicians.

Success Driver #2: Physician Giving

Engage every constituency in the campaign

- The greater the number of people “all-in,” the larger the success
- Consider “overlooked” constituencies

Success Driver #3: Staff

Most critical key to success

- Sought entrepreneurial, confident team members.
- Make the case for ROI to be able to compensate competitively, and/or offer other benefits.

Success Driver #3: Staff

Fundraising is a relationship-based business:

People are the key

- Increase and sustain higher levels of private support
- Smart, kind and hard-working

Success Driver #4: Set Priorities

Select most attractive priorities for philanthropy

- Cherry-picked most compelling needs of the organization for campaign priorities
- Built major gift strategy around anchor lead gifts
- Did not fund every need with philanthropy, just the “coolest” ones (MS Center, Women’s Cancer Center, Pregnancy & Newborn Center, etc.)

Success Driver #4: Set Priorities

Start with aspirational organizational vision

- Bold visions inspire transformational giving
- Investing in priorities moves you toward vision
- “If you have more than three priorities...you have none.” — *Jim Collins*

Success Driver #5: Momentum

Build momentum through a series of wins

- Break campaign into a series of success milestones to sustain momentum, confidence and a willingness to participate from volunteer leaders.
- Build in artificial benchmarks and celebrate successes.

Expressing Gratitude

Thank you.

THE **CAMPAIGN** FOR **SWEDISH**

