Work Package 6
Dissemination and communication

Deliverable D6.2

Preliminary dissemination plan

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## Delivery D6.2

**Preliminary dissemination plan**

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# Table of Contents

1. Introduction ........................................................................................................................ 5  
   1.1. Project overview ..................................................................................................... 5  
   1.2. Dissemination objectives and aims ........................................................................ 6  
   1.3. Summary of dissemination outcomes and planning (roadmap) ......................... 9  
   1.4. Partner competencies for dissemination ............................................................. 11  
2. Dissemination strategy ..................................................................................................... 13  
   2.1. Procedures ........................................................................................................... 13  
   2.2. Expected results ................................................................................................... 13  
   2.3. Partner specific dissemination plan methodology .............................................. 14  
3. Communication ................................................................................................................ 19  
   3.1. Corporate image ................................................................................................... 19  
   3.1.1. Logo .................................................................................................................. 19  
   3.1.2. Claim ............................................................................................................... 22  
   3.1.1. Templates ........................................................................................................... 23  
   3.2. Communication tools and activities ..................................................................... 24  
   3.2.1. Brochures ......................................................................................................... 24  
   3.2.2. Posters ............................................................................................................. 26  
   3.2.3. Video ............................................................................................................... 26  
   3.2.4. Digital presentation ......................................................................................... 26  
   3.2.5. Best Practice and standardization Guide ......................................................... 26  
   3.2.6. Partner contributions ....................................................................................... 27  
   3.2.7. Communication in Pilot Hospitals .................................................................... 28  
   3.2.8. Media communication and public relations ..................................................... 30  
   3.2.9. Website ............................................................................................................ 35  
   3.2.10. Editorial plan .................................................................................................. 36  
   3.2.11. Social media communication ....................................................................... 38  
   3.2.12. Newsletters .................................................................................................... 39  
   3.2.13. Conferences, exhibitions, workshops and awards ......................................... 41  
   3.2.14. Publications .................................................................................................... 44  
   3.2.15. Contacts with EU Commission and other projects ...................................... 46  

Page 3 of 51
4. Measurement of activities ............................................................................................... 49
5. Conclusions....................................................................................................................... 50
6. References........................................................................................................................ 51
1. Introduction

This document has been produced in the framework of Green@Hospital project “web-based energy management system for the optimization of the energy consumption in Hospitals” and in particular it is related to WP 6 as Deliverable 6.2 “Preliminary dissemination plan”, a public report (open to all interested stakeholders) produced by the end of month 6 (August 2012).

The deliverable describes the dissemination and awareness plan for the outcomes of the Green@Hospital project. It presents the overall approach used in order to disseminate and advertise, in an as much as possible optimized way, the set of results of the project. It provides a preliminary view of the anticipated public results, and describes the target groups, the dissemination channels and instruments of the project.

At the end of every year, a dissemination and exploitation report will be produced describing the dissemination activities performed during the period analyzed. These deliverables are identified with the codes D6.3, D6.4 and D6.6.

Some indicators are also suggested in order to assess the efficiency and efficacy of the various dissemination actions.

1.1. Project overview

Hospitals are known to be large energy consumers and in most European countries the high proportion of ageing building stocks makes hospitals amongst the least energy efficient public buildings.

Nowadays there is a growing urgency to achieve real energy savings from existing building stocks and to build more sustainable new hospitals.

The Green@Hospital project aims at integrating the latest ICT solutions in order to obtain a significant energy saving in existing hospital buildings, through a better management of energy resources and losses reduction.

Within the project a Web-based Energy Management and Control Systems – Web-EMCS– will be developed. It will integrate, monitor and control multiple buildings systems at the
component level. Moreover models to assess the energy savings will be developed and algorithms for consumption optimization implemented.

The proposed solution will be also supported by a Maintenance Energy Service, specifically developed and integrated in the Web-EMCS to maintain optimal energy efficiency after initial efforts.

Four different hospitals have been selected across Europe to take part in the pilot in order to demonstrate the validity of the proposed solution under real operating conditions. Each hospital will make specific areas available selected considering the presence of: 1) renewable energy sources, 2) already available building management systems that can be easily integrated in the Web-EMCS, 3) refurbishing plans aiming at energy efficiency improvement.

The study will be the basis for possible replications of the solutions taking into account savings and return of investments.

The work carried on in the three years of the project is structured to reach six main scientific objectives listed below.

**Objective 1** - To develop a standard benchmarking model for energy measurement in hospital environment

**Objective 2** - To develop and integrate a Web-EMCS

**Objective 3** - To develop holistic control algorithms for energy consumption optimization

**Objective 4** - To implement and validate the proposed solution (Pilots)

**Objective 5** - To implement a Maintenance service

**Objective 6** - To disseminate the project results and to educate users

### 1.2. Dissemination objectives and aims

Main objective of the preliminary dissemination plan is to collect dissemination activities planned by each partner starting from both current and future potential contacts of each partner with its own stakeholder.

In particular specific objectives are:

- to inform stakeholders using different channels and tools (e.g. Website, electronic brochures, newsletters, digital presentation, video);
Deliverable D6.2
Preliminary dissemination plan

- to engage interested key people through actions of Publicity and Projection (e.g. articles and announcements in printed publications, local magazines and electronic publications);
- to promote awareness among the different target groups - from users to citizens -, about project and its key issues (e.g. organizing workshops, site visits in hospitals, creating communication network and participating to thematic conferences and events);
- to increase visibility by means of EU Commission dissemination actions and to develop common initiatives with other European projects working on similar themes (e.g. participating to workshops organized by the European Commission or in the framework of other funded projects or inviting other projects partners to join meetings organized in the framework of the Green@Hospital project);
- to involve the scientific community stimulating the debate about the project themes and involving directly students and researchers in the project activities;
- to develop a group of potential customers who are suited for and interested in a marketable products resulting from Green@Hospital project.

Furthermore, aim of preliminary dissemination plan is to maximize the social and economic impact of the proposed solution at a European level.

From a methodological point of view WP6 is divided into three different tasks.
Task 6.1 has been divided into three different actions:
  o Action of informing which includes:
    • publication of a dedicated Website (planned and launched by month 3);
    • publications of hardcopy and electronic brochures, newsletters of briefing and information (by month 9 after 2\textsuperscript{nd} transnational meeting);
    • production of a multimedia DVD ROM with the results of the project (by month 32);
    • production of a VIDEO of the Green@Hospital project; (by month 24);
  o Actions of Publicity and Projection which includes:
• Publication of the related articles and announcements in printed publications, local magazines and electronic publications such as:
  ▪ Local publications.
  ▪ Printed publications of the participating institutions.
  ▪ Electronic Publications (e.g., in various national and international portals).

  o Actions of promotion which include:
    • Organization of workshops in all participating countries inviting Hospital Facility and Energy Managers;
    • Organization of site visits in hospitals;
    • Creation of a group and a network of communication among different hospitals to publicize the project, the implementation process and the awareness of the importance of efficient management of hospital facilities;
    • Presentation of the project objectives and first results during the meetings of the IEA Task 40;
    • Participation to thematic International conferences;
    • Participation to workshops and events organized by the EC.

Task 6.2 Standardization

The results achieved within this project will be proposed as best practice to the European Committee for Standardization (CEN). To get involved in the standardization process the partners of the project will contact their National Standardization Bodies. The partners involved in the project represent different types of stakeholders with significant interest in the hospital world. The results of the project can lead to a European norm about ICT architecture in hospitals.

Task 6.3 Exploitation

The Green@Hospital consortium is well positioned to enable exploitation in many dimensions.

• Industries: they will consider the results for adoption directly within their product roadmaps or other commercial services.
• Universities and Research Centers: academic partners will have the chance to use their latest and most innovative research outcomes in a challenging application and will perform technology transfer to SMEs and Government agencies.

• Hospitals: they will directly benefit from the obtained energy saving and from the exploitation plan which will allow them to obtain further energy and economic benefits after the end of the project.

There will be a separate exploitation document for the project detailing how the partners will benefit from the results of the project.

Starting from the aforementioned methodology for the whole WP6, the approach is based on:

• involvement of all partners (internal dissemination) because each partner has its own contacts (external dissemination);

• well-balanced communications mix in order to reach the target groups through the identification of a stakeholder map and the realization of a message mapping matrix.

1.3. Summary of dissemination outcomes and planning (roadmap)

At a general level, dissemination activities can be classified in internal and external dissemination where:

• **internal** dissemination is planned to involve all partners of the Green@Hospital consortium and it is aimed at creating a synergy and sharing knowledge and expertise;

• **external** dissemination is planned to involve the technical and scientific community, (including standardization bodies and other hospital structures) and it is aimed at diffusing and strengthening the methodology proposed in the Green@Hospital project at a European and international level.

As regards **internal** dissemination AEA-Loccioni Group, as project coordinator, has great responsibility for the project internal dissemination activities within its “planner” role. In details within these activities it is possible to mention:

• A file server to share documents (the platform is already available in a restricted area of the project website).

• The organization of project meetings (according to project timetable and project plan).
• The organization of technical meetings for the industrial and research partners in order to create and receive feedback and, at the same time, create awareness about potential project results exploitation.

• The production of an internal contact list for project members containing email addresses and phone numbers targeted to better identify who is working in the project and what he/she is doing for the project.

• The set up and update of a mailing list. Initially common for project presentation for all stakeholders but then maybe customized in order to draw a better attention from each target group.

• The organization of thematic workshops according to the needs of the target group and/or achieved results.

It is important to remark that the dissemination process also involves the challenge to create, within partnership, of the necessary culture to give future to the Green@Hospital project beyond its natural life (36 months) thus creating new opportunities for the market. For this activity the consolidated internal tools and procedure for education training and communication will be shared among the partners.

With reference to external dissemination below a list of what has already been produced or will be realized is presented:

• Logo – Corporate image: at the beginning of the project a logo – corporate image for Green@Hospitals projects has been created; it was agreed during the kick off meeting in Ancona.

• Project brochure: at the initial phase of the project, the consortium has already agreed on a brochure in English containing key information about the project: partners, technology approach, validation and prototyping.

• Poster: what just illustrated for the brochure can be valid for posters, a different tool complementary to the brochure for project dissemination.

• Project website: project website has been launched according to project timetable at the end of month 3. It is finalized to provide dissemination of project activities, white papers, and advances. User interest groups: Green@Hospital will establish user
interest groups at least in the European countries of the consortium, such as system integrators, energy managers, ESCOs, etc.

- Conferences, exhibitions and workshops: the consortium will also be responsible for attending conferences, exhibitions and seminars in order to diffuse the awareness on the project. These appointments will be very useful for providing feedback from other hospitals on the project results. The consortium will also organize three workshops during the project, towards its end during which the reactions of the user group hospitals will be useful for the assessment work in the relative exploitation deliverable.

- Best Practice and standardization guide: due to the high interest in the topic addressed in the Green@Hospital project, the consortium will take the opportunity to collaborate to the preparation of a Best Practice Guide, dedicated to engineers who want to apply the Green@Hospital approach and benchmarking model in hospital structures.

- Contacts with EU Commission and other projects in order to share the results of funded European projects disseminating the results of Green@Hospital project.

1.4. Partner competencies for dissemination

The initial design to build a partnership for Green@Hospital project composed of an organization of healthcare system unit with a technical partner for each country is a key element also for dissemination.

It is a great added value for the project to involve partners belonging to different categories such as:

- Healthcare system/Hospitals Organizations having specific competencies in dealing with energy efficiency as technology users, in direct contact with final users (patients/citizens and staff) and strictly related to other organizations of public administration;

- Universities involved in research activities about ICT and energy efficiency with research and education competencies and interest among scientific community and towards innovation;
• SME and industries with technical competencies in transforming innovation into new and concrete market opportunities.

Each partner has its own network and its own target groups. Involving all the partners in the dissemination activities produces wide results because each partner can share its contacts. The coordination of the dissemination activity is finalized to reach a well balanced communication mix tailored for the different target groups.
2. **Dissemination strategy**

Dissemination strategy comes up from a mix of rationality and creativity. Some details about procedures, expected results, target groups, instruments and activities are presented in the following paragraphs.

2.1. **Procedures**

Considering that every partner of Green@Hospital project has competencies regards energy efficiency in hospitals, each partner has its own relations and network and its own resources to carry on the dissemination activities planned in the WP6. Therefore communication and dissemination initiatives are left to “partners creativity”.

This dissemination plan that can be considered as a preliminary descriptions of the activities planned by each partner and inside this framework each partner is free to:

- create and implement planned communication and dissemination activities tailored on its own target group;
- suggest and realize further communication and dissemination activities according to new and dynamic opportunities.

It is important to remark that producing evidence about each activity is essential. Evidences should be uploaded inside the Green@Hospital website reserved area (folder named ‘dissemination’) targeted to collect proofs of dissemination (only the activities joined to a file – a document/a report/a picture - have been realized).

Procedures described are also valid for the dissemination of new contents and R&D results and in this case what agreed in the CA (Consortium Agreement) and IPR (Intellectual Property Rights) sections has to be respected.

2.2. **Expected results**

For the dissemination activities expected results are:

- proactive involvement of all partners for both dissemination and exploitation of project results;
- identification of different stakeholder maps produced by each partner (according to its own competencies, contacts and network);
• production of message mapping matrix by which it could be possible to draw stakeholder attention;
• implementation of a well-balanced communications mix.

2.3. Partner specific dissemination plan methodology

Involvement of all partners is a key issue because during all project life every organization has an increasing potential space where to find out interested key actors as represented in Figure 1.

It is expected that for the project duration each partner will develop appropriate relations in order to involve key actors.

This approach has been proposed during the kickoff meeting by the WP 6 leader and all partners agreed on it. It is the result of a benchmarking action based on the following references:

• suggestions provided by Italian contact point (APRE) gathered during a specific course held in Ancona last November, 9th 2011;
• approach developed in the framework of a successful case history in a previous EU project (A Small collaborative project named “Food labelling to advance better education for life” whose acronym is FLABEL Re: 211905);
Deliverable D6.2
Preliminary dissemination plan

- approaches suggested by Green@Hospital project consortium partners who come from 3 different groups: Industries, Universities and Research Centres and Pilot Hospitals.

In order to implement the proposed approach, the following detailed activities have been planned:

- production of a template for the map of stakeholders by WP 6 leader;
- partners have been invited to develop their own map of stakeholder so that it could be easy to “structure” its own idea about stakeholder (dividing in policy makers - local, national, EU - researchers of scientific community, industries and SME, civil society - citizens, associations,... – media);
- production of a template for the Message mapping matrix by WP 6 leader. Partners have been invited to develop and to use the message matrix; it is a “creative” tool inducing each partner to “reflect, collect feelings/reaction and create/suggest a strategy” to catch stakeholder attention.

Target groups identification has been realized by each partner through the initial stakeholder map reported in Figure 2.

A standard stakeholder map has been produced and sent to all partners so that each one had the opportunity to customize it.
In details the following stakeholders have been individuated:

1. **Suppliers**
   a. SME and industries involved in the energy and plants sector;
   b. SME and industries involved in the software and hardware sector;

2. **Users**
   a. Citizens;
   b. Patients;
   c. Hospital Managers (both public and private);
   d. Managers of other public buildings (both public and private);

3. **Opinion leaders**
   a. Civil society (Energy Community, associations of patients, trade unions, ...);
   b. Universities;
   c. Scientific Community;
   d. Media;

4. **Policy Makers**
   a. Health Ministry;
   b. Local administrators;
Deliverable D6.2
Preliminary dissemination plan

c. Environment Ministry
d. EU Energy Directorate;
e. Other EU institutions (EACI Agency, ...)

Then a target group analysis has been realized as reported in Table 1:

Table 1 Message mapping matrix

<table>
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<tr>
<th>Stakeholders</th>
<th>Target group 1</th>
<th>Target group 2</th>
<th>Target group 3</th>
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<td>Actual perception</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content (message)</td>
<td></td>
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<tr>
<td>Difference (Content - perception)</td>
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<tr>
<td>Channel</td>
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<tr>
<td>Tool</td>
<td></td>
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<td></td>
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<tr>
<td>Intensity</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Impact</td>
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</table>

The Message mapping matrix makes easier to identify the best methods to get stakeholders and tailored strategies for each group. The matrix will be filled in with key information such as:

a. **Target group**: a short a description of the target groups identified by each partner;
b. **Actual perception**: actual target group perception concerning “efficiency in public buildings”;
c. **Content (message)**: the message expected by the target group arising from dissemination of Green@Hospital project;
d. **Difference** (Content vs perception): it is the key message for the target group and it is the added value of Green@Hospital project. The definition of a core specific message for each stakeholder gives the opportunity to get their attention;
e. **Channel**: the channel each partner is planning to use to reach the target group (e.g. meeting, presentation, round table, newsletters ...)
f. **Tool**: the tool that each partner suggests to produce (e.g. scientific paper, press article, ...)

Page 17 of 51
g. **Intensity**: how many times it is better to get in touch with the target group (e.g. once, every 4 months, daily ...)

h. **Impact**: it is a/some parameter/s targeted to assess impact of partner dissemination for the target group.

The maps completed by each partner and other key information have been reported as Annex of this deliverable.
3. Communication

3.1. Corporate image

3.1.1. Logo

A logo is a graphic mark used to aid and to promote instant public recognition of a company and, in a restricted meaning, also of a single project.

For this reason, the creation of a project identity moves from the creation of a logo, a clear and simple image able to embody the Green@Hospital project, to create awareness on it and to attract the attention of the target groups.

As first step in designing the logo, we have fixed few keywords related to the project contents:

✓ energy consumption
✓ energy efficiency
✓ energy saving
✓ sustainability
✓ renewable energy sources
✓ ICT solutions
✓ building management
✓ hospital
✓ health
✓ green

Playing with these words it has been possible to optimize the first logo proposal, and design the others.

During the negotiation phase of the project, a draft of logo was designed (Figure 3) to make the Green@Hospital activities visible among the partners and move them towards a sense of belonging.
Figure 3  Draft logo

This first logo was a logotype composed of the entire name of the project and an image, a leaf.

Colour, considered as important to brand recognition, is also associated with certain emotions; in fact Green is often associated with the health sector and, especially in the last years, with the clean side of energy.

According to this, even more coherent with the project name, it was easy to associate the project to a leaf which usually refers to the concept of sustainability.

On 20th March 2012, during the kick-off meeting, other examples of logos were proposed, and the choice was made by all the partners.

![Figure 4 Logo proposals](image)

After the presentation of the proposals, the consortium partner unanimously chose the proposal 1. This proposal is a new version of the first logo, used for the internal communication.
Compared to the first, it was simplified and the H was moved out of the leaf, giving it more visibility, as H is the international icon for hospitals.

The leaf image has been chosen as an example of a sustainable (and possible) behavior because the leaf is able to generate by itself all the energy it needs, using the sun.

The consortium partners chose this version of the logo, because of its simplicity and its clear reference to the project vision. Thanks to this feature the logo is easy to be recognized and associated with the project.

The logo is available in two versions, one with only the name (Figure 5), to be used when there is no matter of explaining the contents and when the logo is used with dimensions under 5 cm of length. The second version, instead, is complete of explanation (Figure 6).

After the selection of the logo, it was possible to implement the brand image, by creating the standards to adopt in the logo replication: elements, colors, fonts, etc.

In designing documents and other communication tools it is also possible to use the leaf as an image, to enrich the contents and improve the final result.

The logo is composed of two colours: white and green (CMYK 60-0-90-0, RGB 117-184-67, WEB #75B843, PANTONE 361C) and is always written with only G and H as capital letters. The official font of the logo is Myriad and it can be used in all the graphical activities as official font. The logo has been designed to be recognizable in different dimensions, up to 2 cm in length. It has also its black & white and negative version (Figure 7).
3.1.2. Claim

An important step for the preliminary communication activities is the definition of a project slogan, as an additional element to increase the awareness of the project and to make it more recognizable.

Starting from the same keywords used for the logo, different slogans have been proposed as specified below:

1. energy saving for health improving
2. save the earth, improve your health
3. save energy in a safe hospital
4. save energy for a safe health
5. from earth care to health care
6. care your health with less energy
7. care your health with safe energy
8. re-energize your health care

At the end the slogan chosen has been the last one and, with little changes, the final one was: **Re-energize health care.**

Re-energize is composed by re- and energize: Re- is a prefix, originally occurring in loanwords from Latin, used with the meaning “again” and, close to ‘energize’ implying the action to give a new life to the energy, to intend it in a new way. The whole concept, completed with ‘health care’ is able to simply contextualize the project in both ambient ‘energy’ and ‘hospital’.
This non-technical meaning of the slogan has been chosen to give strength to the communication towards all targets. The explanation of the logo, in fact, is simple to be understood from scientific and technical targets, but others, as citizens, clinicians, patients or public administrations need a more emphatic meaning to be attracted by the Green@Hospital project.

3.1.1. Templates

After the definition of the brand image it was possible to define all the communication instruments, as letterhead (Figure 8), template for slide presentations (Figure 9) and written documents (Figure 10), to enable uniform appearance and to provide basic information about the project.

All the templates are uploaded on the website reserved area, to be at partners’ disposal. Each template contains similar elements, all fundamental to identify the project:

- Green@Hospital logo
- EU and CIP logos
- Project contract number
- Partners logos
- website address

Figure 8  Letterhead template
3.2. Communication tools and activities

3.2.1. Brochures

The Green@Hospital brochure is designed as a 3-fold document containing the main information about the project (Figure 11).

The objectives of the brochure are:

- to inform hospital users and staff about the ongoing activities and to predispose them to a more sustainable behavior.
- to attract end-user interest for the technology and facilitate a wider deployment across Europe.
• to increase the project deployment towards technical and scientific target groups

Figure 11  Project brochure

The brochure is able to speak to different targets, since it contains both technical information and communication topics. In fact, it is possible to find information about scenario, objectives, impact, EU program and partners but it also contains a section where images and text highlight the attention not only on the scientific impact but also on the social one.

With the ‘Re-energize health care’ claim the attention is focused on people, hospitals and environment, because everyone getting in contact with the project needs to find their own reasons to feel as part of it. That it is why we tried to find benefits that also involve citizens and patients, giving further value to the project.

After the first version, in English, the Green@Hospital brochure has been translated into all the partners’ languages, and will be available by the end of August. The need to translate was born in order to increase the dissemination potential and to reach not only scientific targets but also patients, citizens and clinicians who do not speak English.
The brochure will be distributed to the consortium partners, to the hospitals taking part in the Pilots and used during specific events, conference and exhibitions.

3.2.2. Posters

By the end of 2012 two releases of a poster about the Green@Hospital project will be designed.

The need of two releases is the same for the brochure, in fact one release will be dedicated to scientific and technical dissemination, during conferences or in the partners’ premises, while the other release will be used in hospitals and during events dedicated to non-technical targets.

3.2.3. Video

The dissemination plan includes a video production by the end of the second year of the project that will be in March 2014. The video will contain a short description of the project and its objectives and will be focused on the advantages for people, hospitals and environment but will also highlight the technical innovation and the research activities able to represent the scientific value of the project.

During the last months of 2013 the storyboard will be definitively designed and the procedures and final output will be deeply described in the deliverable D6.5.

3.2.4. Digital presentation

Another important tool for the project dissemination will be a presentation able to describe the different aspects, objectives advantages and results of the project.

The file format has to be defined: it could be a slide presentation, or a Prezi presentation. This detail will be defined by the end of the project.

3.2.5. Best Practice and standardization Guide

Due to the high interest in the topic addressed in the Green@Hospital project, the consortium will take the opportunity to collaborate to the preparation of a Best Practice
Guide, dedicated to hospitals and other public buildings designers and managers who want to apply the Green@Hospital approach and benchmarking model in hospital structures. The guide will describe in a practical manner key project elements such as:

- Prerequisites for using the Green@Hospital platform
- Benchmarking model to be used as a reference model for assessing the hospital energy consumption
- Best Practices to introduce the Green@Hospital platform, according to the engineering methodology

The Green@Hospital project aims at introducing innovative procedures and technologies which aspire to become a standard. The Consortium plans to involve the Technical Committees preparing and presenting a summary of the final report in order to select the appropriate Standardization Bodies: e.g. European Committee for Standardization (CEN).

3.2.6. Partner contributions

The dissemination of the Green@Hospital project can ensure satisfactory results only if each partner invests time and resources to improve both internal and external communication. It means that, according to the possibilities and the instruments available, all partners are asked to produce and share content, news and information about the project.

The minimum contribution consists in communicating the project in the corporate website and intranet, with a link to the Green@Hospital website, in producing posts as described in the editorial plan (paragraph 3.2.10) and sharing information in Corporate social media channels, if existing.

Partners that have further tools at their disposal will use them by contributing to the project dissemination.

Below are the details about some further partners’ tools:

**Schneider Electric**

- Solution Toolbox (ST): repository of all the case studies of SCH, for in-house use and for external communication (through SCH websites). A case study for this project will be prepared and uploaded in ST, available both internally and externally.
• Energy University: a website to access all the SCH e-learning, multimedia, training modules on specific topics. A 1-hour training module oriented to marketing/sales people will be realized. It will present the contents of the project, the value proposition to use with the potential customer during the promotion and sales activities, elements relating to the budget assessment for a typical project.

• Integration in the standard SCH Project Specifications for the Healthcare segment. The standard Project Specification documents are used inside SCH when it is involved in the activities of designing a new hospital, or it answers to a tender to build a new hospital. The document highlights and describes all the special features of SCH solutions, in order to build the technical documentation to support all phases of the project (guidelines at an early stage, the contract specification at the design stage).

• Articles periodically published in the corporate intranet. Those articles will disseminate the most important results achieved by the project.

• Website: SCH will use the section dedicated to the Healthcare market of its corporate website, daily visited by thousands of visitors, to give a worldwide visibility to the project itself.

AEA – Loccioni Group

• AEA-Loccioni Group can share the information, according to the content, in different websites: intranet, loccioni.com, research.loccioni.com, energy.loccioni.com, humancare.loccioni.com.

• AEA-Loccioni Group will also collect the press review in its corporate website, as far as each partners is suggested to do using the tools at its disposal.

• AEA-Loccioni Group will widely disseminate the project results through social networks such as Linkedin, Facebook and Twitter.

3.2.7. Communication in Pilot Hospitals

The dissemination of the Green@Hospital project and the communication to staff, patients and citizens about Green@Hospital results are key issues basically for Pilot
Hospitals. Everyone getting in contact with one of the Pilot Hospitals as patient, visitor or suppliers should easily recognize that the organization is also working for a better energy efficiency: high level of attention not only on healthcare but on saving too.

Communication in all 4 Pilot Hospitals will be realized as described below:

- **Before Pilot implementation**: through brochures and posters that will be available in different public areas of the Hospital where there is a continuous flow and presence of people (entrance hall, waiting rooms for ambulatories and/or diagnostics, reception point).

- **During Pilot implementation** in addition to the above mentioned posters and brochures a notice board about the project will be settled and displayed in places accessible to the public. Furthermore, a textile roll-up describing the project will be produced and settled close to the notice board in order to create a sort of “Green@Hospital project corner”. Of course the same roll-up will be used to present and promote the project during other events (e.g. fairs), keeping the number of printed documents at a minimum. In the same period an Informative screens (TV) will be installed where visitors can get on-line information about pilot implementation figures (initial level of efficiency in selected solution sets, actual level of efficiency after the introduction of innovation, total euro saving from the beginning of pilot implementation).

- **After Pilot implementation and over the end of the project** roll-up and monitor will remain available to visitors inside Public Hospitals for over 8 months after the end of the project.

During all three periods staff and close associates will be informed about project as well as about project pilot implementation through short articles/news in:

- Intranet/internet website;
- Corporate review
- Newsletter
3.2.8. Media communication and public relations

The use of Medias (traditional or digital) represents the key instrument to disseminate the Green@Hospital project as a best practice in hospitals and in the field of ICT applied to energy efficiency in buildings.

The Green@Hospital project deals with innovation, health and energy in order to involve, inform and sensitize suppliers, policy makers, financing bodies, opinion leaders, other ICT European projects and final users.

The goal is to produce for every Country involved in the project, at least a couple of publications per year on the traditional media channels and to create a relevant and interactive community on social Medias.

The most suitable National and International communication channels for the dissemination of Green@Hospital are:

**Generic newspapers**

Important National newspapers known to all stakeholders with a strong impact in terms of recognition from professionals who can influence economic and technological trends, as well from the big audience.

**Newspapers in the Healthcare sector**

Newspapers that specifically deal with healthcare and innovation, targeted to insiders of the sector, such as hospital managers, clinicians and managers of public buildings.

**Newspapers in the Energy sector**

Newspapers interested in the sustainability field dealing with energy efficiency, technology and new projects, targeted to experts in the energy sector: energy industry suppliers, opinion leaders in environmental problems, sensitive users interested in a clean and respected world, representatives of other European projects connected to energy efficiency and to renewable energies.
Local Press

The different newspapers considered as local by each partner, including daily papers, magazines, TV or radio. They will inform the territory about the excellence of the project involving the area, giving the feeling of being protagonists and actors of innovation, involving all local stakeholders as well.

Radio and TV

Topical and reporting programs or programs focused on the specific topics which can be useful to get to all stakeholders, thanks to their feature of being very fast and effective in terms of emotions and information delivered.

Generic and trade on-line newspapers

Traditional on-line websites, blogs having an influence on trends as well as websites disseminating information, besides their capacity to get to their stakeholders without filters, they also have no local ties. Thus, news published on online newspapers have the benefit of an intrinsic internationality. The only real filter, with no impact on the value of “non-territoriality”, is the knowledge of the used language.

Social Medias

They include all digital medias (with the potential of getting to all stakeholders) having the feature of not just informing - like traditional press - but also being interactive, giving the opportunity of a peer to peer and real-time interaction between stakeholders and target groups. Some of these social medias are Facebook, Twitter, Linkedin and Forum (the Social Network topic will be discussed in a dedicated section).

In order to improve the awareness and enhance the value of Green@Hospital - according to the newspapers that are used and targets that have to be reached - communication activities have to focus on the following topics reported in Table 2:
Table 2: Communication topics

<table>
<thead>
<tr>
<th>Technological innovation</th>
<th>Enhance the value of territory</th>
</tr>
</thead>
<tbody>
<tr>
<td>To tell new instruments for the optimal hospital management</td>
<td>To give the opportunity to the partner’s single territories to feel involved in an international innovation process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multidisciplinary International project</th>
<th>A model to replicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>To stress out how Green@Hospital started from a partnership between Countries and Partners of different nationalities, merging different cultures and competences.</td>
<td>With the results achieved in the three years of the project, to show how Green@Hospital has become a benchmark for the hospital of the future.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Economic opportunity</th>
<th>The environmental value</th>
</tr>
</thead>
<tbody>
<tr>
<td>To stress out how an integrated and improved management of hospital activities represent a source for new opportunities. Saving and not wasting allow in fact to start new projects.</td>
<td>It is of great relevance and interest to stress out how a better process and building management helps the environment and creates health.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partnership between the Public and Private</th>
<th>Benefits for the end users</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enhance the relationship between private and public bodies, where the public becomes actor and promoter of innovation.</td>
<td>To improve the comfort for patients and clinicians and to increase the resources available for healing patients. This will create an important reference and improve the recognition of the best practice.</td>
</tr>
</tbody>
</table>

Communication with Medias during the 3 years of the project will be periodical, systematic and coordinated among the different partners. According to the single phases of the projects and to the newspaper type, the most appropriate moments and topics to tell about the project and its evolutions will be identified.

Different phases of the project will specifically be focused as follows:

- plenary technical meetings
- review meetings
- workshops
- events
Deliverable D6.2
Preliminary dissemination plan

or on the different evolution phases:

• technical inspections (first year of the project)
• installation (second year of the project)
• measure acquisition (third year of the project)

Every time, the potential and needs of communication will be properly evaluated.

The published press release will be the concrete result of the cohesive work of all partners, as well as the real and objective value of the project dissemination: it will not be possible to record and count all the people reached by project dissemination beside their single and explicit action. The number of publications will represent a success factor but quality will surely represent a distinguishing factor.

Press release will be collected in a dedicated area of the Green@Hospital website, easily reachable by all the target groups and stakeholders. Each partner will also collect the press review in its corporate website.

In case of particularly important newspapers publications, posts will also be published in the Green@Hospital website. If appropriate, it can also be published in the websites of the single partners as well.

To collect all the news published about the Green@Hospital project an automated press review is needed, so the contribution of partners that have such systems at their disposal becomes very important.

In the meantime, according to what previously stated, it is indispensable to produce an evidence about each dissemination activity and for this reason each partner should upload inside the Green@Hospital website reserved area (folder named ‘dissemination’) a proof of dissemination.

The Work method

In order to achieve the dissemination goals set by the Green@Hospital project, the communication team and the press offices of the different partners will periodically communicate, coordinated by the press office of AEA-Loccioni Group (Sonia Cucchi s.cucchi@loccioni.com).
The collaboration among partners on communication and on external relations will allow an improved effectiveness in the achievement of results and will strengthen the teamwork.

Starting from September 2012, the group will discuss on the half-yearly situation according to the crucial project steps, coordinating themselves in writing the texts and on their dissemination (a cohesive management of activities becomes essential, especially for partners of the same Nation).

Every six months, a basic document will be written including the achieved results and the adequate communication goals.

The planned steps will be:

- Collection of communication and press office contacts (mail, phone, skype, linkedin)
- Sharing contacts among partners
- Writing an activity agenda
- Definition of the main newspapers for each Country
- Identification of the publication periods
- Writing of the texts (the different press releases and the basic blocs for each single topic)
- Standardizing the press release

At the end of the project, an extended and massive communication on the conclusion and the results of the work will be done and depending on the results achieved further forms of enhancement will be evaluated besides the general diffusion of press releases. If necessary, an itinerant press conference will be organised, where the project will be directly explained by the protagonist.

The team work can organise and coordinate itself through traditional instruments as phone or email, and via conference call and Skype.
3.2.9. Website

The project website is an important dissemination tool, playing a key role in the communication of the various stakeholders and targets and collecting all the information, news and other communication and technical activities about the project.

The main objective is to provide information about Green@Hospital to the widest possible audience, for that reason the website (greenhospital-project.eu) is rich of contents about the project and it is constantly updated with different information, thanks to the possibility to write posts with a simple editor (Wordpress based site).

The website needs to reflect the core identity and has to be attractive to engage visitors. The aspect has been therefore designed to be fresh and dynamic, in order to be different from other scientific websites. It is necessary because some important targets, as citizens, hospitals and patients, will get in contact with the project during they everyday life experience, and they need to feel comfortable when they reach the website to gain information on the project. For this reason the homepage contains boxes where the attention is pointed out on the pilot hospitals and on the advantages of the project for people, hospitals and environment.

A detailed description of the Website structure has been provided in deliverable D6.1 Green@Hospital Website submitted at the end of May 2012.

From D6.1 publication some upgrades of the website have been done or are planned for the near future:

- Newsletter area: a section where people who get in touch with the project can subscribe to receive the latest news about the project leaving their name, email address and choosing to be classified in a specific stakeholder category;
- Social Media area: a section with the link to the project and companies pages available in social networks;
- Press room area: a section where all the articles published about Green@Hospital are listed.
Explicit actions will be realized in the close future in order to increase Green@Hospital website visibility to the public among Internet search engines such as Google since we noticed that many European project websites had this difficulty.

3.2.10. Editorial plan

Updating the website, especially for the posts section, is responsibility of the project coordinator (AEA-Loccioni Group) but the contents need to be provided by all the partners. In order to give guidelines, an editorial plan has been drafted, with arguments and topics to report.

In order to achieve the maximum of benefits by investing time in social media, all partners planned an agenda of contributions. Once a month, a partner writes a blog post concerning their own experience about the project. In each post open comments allow conversations that every user is able to reach. The aim is to involve each partner in a mutual experience.

Each partner sends his contribution to AEA-Loccioni Group Communication Coordinator (Isabella Terzoni, i.terzoni@loccioni.com) which deals with reviews, editing and uploading. Any contribution shall consist in original production of information (content creation) or in sharing relevant topics.

Content creation

Content creation is related to the experience of each partner and it is freely decided by the author according to his own experience. Anyway, it is possible to suggest a series of interesting topics depending on he type of partner.

Hospitals:
- patient interviews: status comfort of patient, psychological effect of being hospitalized in a “green hospital”
- staff interviews: perception of environmental improvement, usability of Web-based Energy Management and Control Systems
- installations (in partnership with technical partners)
- economical and comfort results

**Technological partners:**
- technological solutions, installations (in partnership with hospitals), improvements, partial outcomes, operating efficiency, local expertise, payback period of tested solutions.

**Scientific contributions:**
- innovation, elaboration of benchmarking model, holistic control strategy, users education.

Green@Hospital project gives great importance to knowledge exchange. Any suggestion on possible linkable content is appreciated and will be taken into consideration. Each partner can bring value providing resources for further remarks and enhancements.

The Table 3 below contains a quantitative planning of the whole partners contributions for the three years of the project. This table will be updated, and this paragraph completed, after the collection of all the contributions concerning the planning of conferences and press releases.

**Table 3 Activities per partner**

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<thead>
<tr>
<th></th>
<th>AGE</th>
<th>DEE</th>
<th>IFTEC</th>
<th>IREC</th>
<th>AEA</th>
<th>SCH</th>
<th>TUC</th>
<th>SGH</th>
<th>HML</th>
<th>AOR</th>
<th>SAS</th>
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<tr>
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<td>0</td>
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<td>4</td>
<td>3</td>
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<td>0</td>
<td>3</td>
<td>0</td>
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<tr>
<td>WP breakthrough</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>3</td>
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<td>0</td>
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<td>Papers and conferences</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<td>Project meetings</td>
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<td>1</td>
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<tr>
<td>Events and workshops</td>
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<tr>
<td>News from similar research projects</td>
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<tr>
<td>News and innovation in the Energy field</td>
<td>2</td>
<td>2</td>
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<td>2</td>
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<td></td>
<td></td>
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<tr>
<td>News and innovation in the health care field</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Activities and results reached</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<td></td>
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<tr>
<td>Interviews on citizens, patients and clinicians</td>
<td></td>
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</tbody>
</table>
3.2.11. Social media communication

Social Media (SM) can provide greater immediacy to the information in the online world. Short posts to blogs, social networking (Facebook) or micro blogs (Twitter) can be made without the development and testing overhead of updating the project’s website. However, these instruments need a good strategy of networking and company branding. The key factor about all social media channels is that they will be only effective if they are regularly and frequently updated with new contents. All project partners (technological partners, research centers and hospitals) commit to improve their presence online and to provide contributions to the different channels employed.

Each partner is supposed to be engaged in social media sharing contents according to his own social media policy. Anyway the largest possible spread of each updating is appreciated.

Social Media enables user to build social networks, to easily share resources, to collaborate in an interactive and user-friendly way, and to produce and consume online content simultaneously. The exploitation of Web 2.0 technologies allows enhancing the real experience by offering collaborative environments, peer-learning features (bookmarking and tagging), etc.

Visiting other blogs and leaving comments (including a link back) or exchanging links allows generating traffic site and increase the Website exposure. Recent updates of Google give greater importance to content promotion with social media than to SEO activity.

Social Media communication includes several tools and networks as:

- **Blog**: Green@Hospital Website was born as a Wordpress platform blog. Blog is the best instrument to aggregate content and to create a project history describing the progress of the project. We plan a continuous updating, thanks to scheduling posts of each partner. To increase the website relevance exchanges and interactions with relevant blogs on energy
and health topics are very important. The search for this blogs will be part of the dissemination activity.

- **Linkedin**: The aim of Linkedin is connecting people in the world of work. Sharing updates of the project on the company page of the partners can be useful to spread contents through the relationship web of each company. Among the project partners, only two hospitals (Chania and Mollet) do not have a Linkedin profile. All the other partners are presents on this social network with a corporate profile. It means that each partner will share the information published on the project website and therefore increase the dissemination. Through established relationships and participation in groups it is possible to improve the company network in a selective way.

- **Facebook**: Facebook is the social site that counts the greatest number of users. Ninety-two percent of marketers are using Facebook and 72% plan to increase their activities. On average, each user has got 130 Facebook friends. These data offer a very good potential of diffusion. Moreover Facebook page are easily found by search engines and each content shared from the blog can be easier indexed. Post, pictures and comments tell real experience in a very suggestive and rapid way. Partners will use their corporate page to share information and news about the project. At the moment only AEA and SCH can count on a Corporate Facebook account.

- **Twitter**: microblogging as Twitter fulfils a need for a faster mode of communication. By encouraging shorter posts, it reduces requirement of time and for content creation. This is also one of its main differentiating factors from blogging in general. If partners have also profiles in this social network, they can contribute to communicate the project, under the common ashtag #Green@Hospital. At the moment AEA and SCH are on Twitter.

### 3.2.12. Newsletters

Green@Hospital electronic newsletter will be implemented from September 2012. It will periodically communicate the news published in the website, the list of published articles, referring to the respective newspapers and also other information that could be newsworthy for the different targets.
The newsletters will be quarterly produced (frequency will be regularly reviewed) and distributed first to a contact list made by each partner, and also to everyone else subscribing the service. In each newsletter there will be the option to unsubscribe the service.

From the end of August in the Green@Hospital website there will be an area where it is possible to subscribe the newsletter and read the newsletters review.

To avoid to send newsletters with a non interesting argument for some target groups, during the subscribing some information will be asked, to classify the people in different target groups and in order to send them only newsletters with appropriate news.

The registered user could be represented with these targets:

- Clinicians
- Citizens and patients
- Public institutions and associations
- Technical and scientific stakeholders
- Press

The first newsletter, in September 2012, will be the same for each target group then, with the increasing of information and activities, will be produced ad hoc per each target group.

The language will be in English because the whole Green@Hospital communication is in English and each target is able to read it. The only target that could have problem is ‘citizens and patients’, but the ones who are interested in the project and subscribe the newsletter are supposed to have a middle-high cultural level and to understand English.

In August the layout will be designed, it will be very simple and coherent with the rest of communication, including the fundamental information listed on Paragraph 3.1.1. in its header and footer. News will be composed of title, subtitle and excerpt (limited to about 300 words), a link to read all the news on the Green@Hospital website and an interesting image able to catch the attention.

Electronic newsletter is a tool to sell the project, its outcomes and the project partners, so it needs to be written in order to enhance positive aspects, advantages and innovations.
Thanks to the website Google Analytics service it will be possible to see the percentage of readers that will visit the website as a consequence of newsletters.

### 3.2.13. Conferences, exhibitions, workshops and awards

Participation to different events is a key opportunity not only to collect best practices and share information but also to disseminate the project results.

The Consortium will organize/attend three different main categories of events during the project life: conferences, exhibitions and workshops.

**Conferences**

Conferences are the best opportunity to present results achieved and solutions developed to a wide audience. Green@Hospital consortium plans to submit to conferences and scientific journals at least 12 articles during the three years of the project.

Green@Hospital project is interested in the conferences dealing with energy efficiency, ICT, waste reduction, public buildings, Heating Ventilation and Air Conditioning and Data Centers.

Therefore the following conferences have been selected so far as interesting for the project:

- **REHVA World Congress CLIMA**; It is the leading international scientific congress in the field of HVAC (Heating, Ventilating and Air-Conditioning) which will take place in Prague, capital of the Czech Republic, in June 16-19, 2013.
- **ICT 2012, Brussels Expo**; ICT is organized by the European Commission every two years and hosted by the Belgian Presidency of the European Union.
- **ICT for sustainable homes**; It is an annual conference whose main theme is how ICT can contribute to making homes “greener” (ICT for energy management, for environment monitoring, etc.) and how ICT can ensure a more sustainable life (ICT for the elderly and the handicapped, ICT for all, ICT for social networking and interaction with local services, etc.)
- **Dynastee – Dynamic Analysis, Simulation and testing applied to the Energy and Environmental performances of buildings**; DYNASTEE Network (DYNASTEE stands for:
Deliverable D6.2
Preliminary dissemination plan

“DYNamic Analysis, Simulation and Testing applied to the Energy and Environmental performance of buildings”) organizes every year Workshops and forums about the potentialities of dynamic simulation in the building design sector.

- ECHE – European Conference on Healthcare Engineering; It is a bi-annual event of the European regional group (IFHE Europe) of the International Federation of Hospital Engineering (IFHE), which comprises more than thirty associations in Hospital engineering from all continents.

- Smart Greens 2013 9th – 10th May Aachen Germany 2nd International Conference on Smart Grids and Green IT Systems. The conference focuses on solutions for all aspects of Green Computing such as energy efficiency, carbon footprint reduction and cooling management.

- FORUM PA: it is an annual event about innovation in public administration; a place where it is possible to aggregate processes and innovative networks that, beginning from the exhibition, spread on web and territory. FORUM PA takes place each year in May at Fiera di Roma.

- Annual Dutch hospital conference (e.g. Global GS1 Healthcare Conference.)

- The conference of the International Building Performance Simulation Association (IBPSA) is the largest conference on building simulation. The 2013 edition will be held in Chambery (France), and the G@H consortium (P4 – IREC) will submit an abstract for a conference paper (http://www.bs2013.fr/)

Exhibitions

Exhibitions are a key appointment for industrial partners to show their technologies and skills to other industries, universities, research centers and public administrations. Green@Hospital project can be presented alone or together with other projects and activities.

Every year a list of possible exhibitions will be prepared and shared among the partners. An initial list is reported below:

- Energy Day: it is an initiative promoted by Rome Municipality in the framework of the Sustainable Energy Week organized by the European Union. One of the objectives of
Deliverable D6.2  

Preliminary dissemination plan

this event is the dissemination of research projects on the theme of sustainability and energy efficiency.

- **Ecomondo**: it is a benchmark exhibition for Italian and European companies that see environmental-friendliness as the key to competitiveness and the perfect challenge for their business.

- **Festival Energia Spiegata**: it is an event held in Perugia (Italy) and other countries. Talk shows, conferences and debates organized on the theme of energy and sustainable development.

- **Futura Energy Meeting**: it is a meeting on the topic of Renewable Energy and Green economy held in Pesaro (Italy).

- **Smart City Exhibition2012**: it is the new exhibition arising from the partnership between FORUM PA and Bologna Fiere. A 3 days exhibition, at Fiera di Bologna (Italy), characterized by meetings, workshops and much more. This initiative becomes a must in this particular moment where politics for smart cities is a national and European priority.

- **“Environmental week” (on “earth day 2012”) in Mollet (Spain).**

**Workshops**

Green@Hospital partners will attend workshops organized by the EU Commission and other research projects, on the ‘ICT for Energy Efficiency’ theme such as:

- **“The impact of ICT in energy efficient neighborhoods”** organized by the IREEN project (Contract number: 285627) during the Innovative City Convention 2012 held in Nice the 6th and 7th June 2012.

- **ICT PSP Workshop** on the methodology for energy-efficiency measurements applicable to ICT in buildings held last 2nd of May 2012 in Brussels involving representatives from 13 ICT PSP running projects on the theme of energy efficiency in building.

Workshops will be also organized in the framework of Green@Hospital project addressing hospital energy managers, ESCOs, maintenance companies and public administration personnel. Each Workshop will be hosted by a different Country in order to disseminate the result of the project among as many stakeholders as possible also
considering that each partner has in his network a list of organizations interested in energy efficiency, healthcare, renewable energy sources and ICT. Below the scheduled plan for the workshops:

- Crete at month 20 titled “Standard benchmarking model for European Hospitals: strategies to reduce energy consumption in Hospitals”. In this workshop stakeholders related to the project will be initially informed about the progress of the project and the hospitals participating to it. Further on, the methodology for the energy audit of pilot hospitals and in general the products of WP2 “Pilot’s solution set data analysis” will be presented to the stakeholders. It is expected that the participants of the workshop will be satisfied with the technical information provided to them and an open round table discussing all the questions will be organized at the end of the workshop increasing the level of external dissemination.

- Granada at month 30 titled “Algorithm for the optimization of the energy performances of ICT based energy solution sets in Hospitals”

- Ancona at month 36 titled “How to reduce by 20% the energy consumption of an Hospital: the Green@Hospital experience”. This workshops will be planned in the framework of the dissemination activities organized for the end of the project. Real monitored data will be available to demonstrate the efficacy of the solution sets tested within the project. A wide audience will be invited to the workshop and different stakeholders group should populate the audience: public administrations, hospital managers and companies interested to learn how ICT technologies can make a hospital greener.

The workshops will be organized just after the planned technical meeting in order to encourage the participation of all the partners of the project and to facilitate the creation of a European network of organization interested in energy efficiency in hospitals.

3.2.14. Publications

The scientific and the technical community are two important stakeholders of the Green@Hospital project. Publications in journals, conferences, technical papers and white papers are the tools chosen by the project partners to address this audience. At least 12
publications have to be presented by the end of the project. The planned number of articles published each year increases moving towards the end of the project: 2 publications are expected during the first year of the project, 4 during the second year and 6 during the last year. Publications responsibility will be equally distributed among the partners considering their skills and their involvement in the different tasks of the project. The publication list presented in Table 4 below is the result of the contribution of each partner as shown in the annex of this deliverable.

Table 4 Publication per theme and partner

<table>
<thead>
<tr>
<th>Year</th>
<th>Theme</th>
<th>Leading partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Energy saving in data centers</td>
<td>AEA - AOR</td>
</tr>
<tr>
<td>1</td>
<td>Fuzzy models</td>
<td>TUC</td>
</tr>
<tr>
<td>2</td>
<td>Web-Energy Management and Control System development</td>
<td>AEA</td>
</tr>
<tr>
<td>2</td>
<td>Optimization algorithms development</td>
<td>TUC</td>
</tr>
<tr>
<td>2</td>
<td>Energy saving solution sets in Hospitals</td>
<td>SCH</td>
</tr>
<tr>
<td>2</td>
<td>Classic technique models applied to Hospitals</td>
<td>IREC</td>
</tr>
<tr>
<td>3</td>
<td>Geothermal system optimization</td>
<td>IFTECH</td>
</tr>
<tr>
<td>3</td>
<td>Energy saving solutions in Hospitals in different climatic conditions</td>
<td>IREC</td>
</tr>
<tr>
<td>3</td>
<td>Benefits of an optimized BMS in the management of an Hospital building</td>
<td>AGE</td>
</tr>
<tr>
<td>3</td>
<td>Re-design option to optimize energy savings in Hospitals</td>
<td>DEE</td>
</tr>
<tr>
<td>3</td>
<td>Impact of the Green@Hospital project on a European scale</td>
<td>AEA</td>
</tr>
<tr>
<td>3</td>
<td>Analysis of the economic / financial aspect of the project.</td>
<td>SCH</td>
</tr>
</tbody>
</table>

The content of the publications and their leading partners can change during the project but the total number of publications cannot be below 12 because the number of publications is considered as a key performance indicator of the project.

The Green@Hospital advances will be likely published in highly ranked scientific journals such as:

- Energy and Buildings, ELSEVIER
- Automation in Construction, ELSEVIER
- Energy Conversion and Management, ELSEVIER
- IEEE Transactions on Smart Grid
The project results will also be published in the transactions of the conferences where it is presented.

3.2.15. Contacts with EU Commission and other projects

The European Commission encourages the cooperation among different funded project with similar objectives as stated by the Project officer during the negotiation meeting.

The Green@Hospital project aims at being an active actor in the cooperation with other projects. The cooperation activities will be coordinated in the framework of WP6 Dissemination and Communication.

The cooperation can be realized at different levels:
- Sharing a common methodology
- Exchanging best practices and project results
- Participating to workshops and other initiatives

With respect to the methodology Green@Hospital participates to the cycle of Workshops (one Workshop per year) organized in the framework of the project eeMeasure. This project aims at developing a common methodology to calculate energy savings in non-residential projects. This methodology should be based on the residential project methodology already developed by previous ICT PSP projects. Moreover eeMeasure wishes to provide a software tool and a guide to enable ICT PSP projects to enter energy savings data and produce a quantitative analysis of the energy saving potential of ICT solutions in buildings. Green@Hospital supports the eeMeasure project not only attending workshops but also actively participating to the WIKI and Forum called ValMet (Validation and Energy Efficiency Measurement Methodologies) and the other activities organized by the eeMeasure project.

The Workshops organized in the framework of the eeMeasure project are a good way to meet representatives from other ICT PSP projects. Green@Hospital project wishes to cooperate with some of the projects involved in the user groups of the eeMeasure project listed below:
- SMARTSPACES: Saving Energy in Europe’s Public Buildings Using ICT (Grant agreement: 297273)
- EDISON: Bringing the past into the future (Grant agreement: 297386)
Deliverable D6.2

Preliminary dissemination plan

- Smart Build: Implementing Smart Information and Communication Technology (ICT) concepts for energy efficiency in public buildings (Grant agreement: 297288)
- VerySchool: Learning by doing (Grant agreement: 279313)
- 3E Houses: Saving Energy & the Environment across Europe (Grant agreement: 250491)
- e3soho: Energy efficiency in European Social Housing (Grant agreement: 250497)
- ICE Wish: Demonstrating through Intelligent Control Energy and Water wastage reductions In European Social Housing (Grant agreement: 270898)
- SHOWE-IT: Energy and Water saving in social housing (Grant agreement: 270951)

Green@Hospital will take into consideration also the results of the already closed projects such as:

- Save Energy (Grant agreement: 238882)
- Hospilot: Intelligent Energy Efficiency Control in Hospitals (Grant Agreement: 238933)

Particular attention will be paid to the cooperation with the Hospilot project because of its focus on hospitals. The project, officially closed at the end of February 2012 and it developed a decision support tool for hospital managers. The tools developed and the results achieved by the Hospilot project will be taken into great consideration and a constant dialogue between the two project consortia will be carried on.

The Green@Hospital project partners intend to maintain contacts with the project mentioned above and to create new contacts with other projects in order to share experiences and help each other diffuse awareness and results.

One example is the already established relationship with the IREEN project (Grant Agreement: 285627) which aims at creating an ICT roadmap for Energy-Efficient Neighbourhoods. The Green@Hospital project has been chosen as a key element of the stakeholders group which will contribute to the analysis of the different scenarios described by the IREEN project.

Joint activities among Green@Hospital and other projects include but are not limited to:

- cross referencing other projects’ websites. In this way visitors of a project website can be easily directed to other similar projects;
• participating to other projects’ events and inviting other projects participants to Green@Hospital events and workshops;
• informing through newsletters and other promotional materials the other projects participants of the Green@Hospital breakthroughs.

The grade of cooperation with other projects will be evaluated through the Performance Indicators described in the paragraph “Measurement of activities”.

EU commission dissemination actions: a particular attention will be addressed to EU commission dissemination actions in order to increase visibility of the Green@Hospital project, the Green@Hospital Consortium will heavily use European dissemination tools to publish results and guidelines for other projects; dissemination tools will include CORDIS news, Research EU and CORDIS press service.

3.2.16. Masters, thesis, lectures, student exchanges and PhD thesis

During the Green@Hospital project Technical University of Crete (P3) will suggest 2 senior student thesis related to WP4 (Model and algorithm development). Some lectures concerning the program can be organized for the post-graduate course. Two MSc Thesis are suggested by the Technical University of Crete. These thesis will be also related to WP4 (Model and algorithm development) and especially to T4.3 (BOC Algorithm development). Finally a PhD is planned to be completed by the end of the program.

Most of the research work by partner IREC will be included in one of its researcher’s PhD thesis which will be focused on energy efficient ventilation strategies in hospitals.
4. Measurement of activities

Key performance indicators have been identified to monitor the efficacy of the dissemination activity. Some of these indicators were already stated in the Performance Monitoring Table contained in the Description of work of Green@Hospital project and are listed in the table below.

Table 5 Performance Monitoring indicators stated for WP 6

<table>
<thead>
<tr>
<th>Code</th>
<th>Indicator</th>
<th>Expected Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Year 1</td>
</tr>
<tr>
<td>Obj 6.8</td>
<td>Number of website accesses</td>
<td>500</td>
</tr>
<tr>
<td>Obj 6.9</td>
<td>Publications</td>
<td>2</td>
</tr>
<tr>
<td>Obj 6.10</td>
<td>Letters of interest</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: page 51 Annex I - "Description of Work" Green@Hospital project

In addition with above indicators some other internal specific performance indicators have been added to measure the efficacy of the activities planned by the consortium as sum of the effort of each partner and listed in the annex to this deliverable.

Table 6 Other Monitoring indicators stated for WP 6

<table>
<thead>
<tr>
<th>Code</th>
<th>Indicator</th>
<th>Expected Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Year 1</td>
</tr>
<tr>
<td>Website</td>
<td>Number of posts</td>
<td>20</td>
</tr>
<tr>
<td>Website</td>
<td>Number of newsletter subscription</td>
<td>25</td>
</tr>
<tr>
<td>Brochure</td>
<td>Total number of brochure distributed</td>
<td>400</td>
</tr>
<tr>
<td>Posters</td>
<td>Number of posters installed in relevant places</td>
<td>8</td>
</tr>
<tr>
<td>Newsletters</td>
<td>Number of newsletters sent</td>
<td>10</td>
</tr>
<tr>
<td>Press</td>
<td>Number of publication on paper press</td>
<td>12</td>
</tr>
<tr>
<td>Press</td>
<td>Number of publication on online press</td>
<td>12</td>
</tr>
<tr>
<td>Events</td>
<td>Number of conferences, exhibitions and workshops where the project is presented</td>
<td>4</td>
</tr>
<tr>
<td>Social media</td>
<td>Number of feedbacks (ask for information) collected</td>
<td></td>
</tr>
<tr>
<td>Other projects</td>
<td>Number of participation to meetings organised by other projects</td>
<td>3</td>
</tr>
<tr>
<td>Other projects</td>
<td>Number of people from other projects participating to Green@Hospital meetings or events</td>
<td>0</td>
</tr>
</tbody>
</table>
5. Conclusions

According to partnership philosophy agreed during the kick-off meeting of Green@Hospital project, WP6 - Dissemination and Communication is a “living” work package made of both rational and creative activities.

In particular this Dissemination and Communication plan can be considered a starting point towards the creation and the establishment of a Green@Hospital network of stakeholders for mutual future business, according to ICT – PSP aims. For this reason, dissemination plans have been specified by each partner and reported as Annex of this document.

In fact underlining the two, seemingly, opposite aspects of this plan it is very important to specify that:

- this report is a key important document showing future activities concerning WP6. These activities are good indicators about what has been planned to do;
- the dynamicity of dissemination activities is probably best parameter to measure dissemination efficacy. The differences between planned and realised activities can be considered an indicator of the “adaptability” of the project to the stakeholders feedbacks.

This last aspect is the main reason of the further reports planned for WP6 targeted to monitor dissemination and communication activities which are:

- D6.3 Rolling dissemination report at month 12
- D6.4 Rolling dissemination and exploitation report at month 24
- D6.6 Final dissemination and exploitation report at month 36
6. References